



Intersubjectivity, Social Inclusion and Meaning Making in Prison Environments

Eugenia Jenny Kontosthenous

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The thesis is submitted in partial fulfilment of the requirements for the award of the degree of Doctor of Forensic Psychology of the University of Portsmouth.

Declaration

Whilst registered as a candidate for the Professional Doctorate in Forensic Psychology at the University of Portsmouth, I have not been registered for any other research award. The results and conclusions embodied in this thesis are the work of the named candidate and have not been submitted for any other academic award.

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Dissemination

Conference presentation

Study Two (empirical study) was presented at the annual conference of the Consortium of Therapeutic Communities (TCTC) titled '*Creating Therapeutic Relationships, Intimacy, Inclusion and Intelligent Kindness*' at Cumberland Lodge in Windsor, on 13th November 2019.

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Glossary

BPS: British Psychological Society

DoH: Department of Health

DTC: Democratic Therapeutic Community

HCPC: Health and Care Professions Council

HMP: Her Majesty's Prisons

Intersubjectivity: the shared perception of reality between two or more individuals (Munroe, 2019)

MoJ: Ministry of Justice

PIPE: Psychologically Informed Planned Environment

PRT: Prison Reform Trust

Residents: prisoners living in a custodial therapeutic community

SOTP: Sex Offender Treatment Programme

YOI: Young Offenders Institution

Please note that this thesis followed APA style 7th Edition (2020).

Abstract

Prison environments do not constitute social vacuums but opportunities for positive social interaction with others are rare. Mistrust and hypervigilance are ingrained to custodial environments and prisoners often find themselves fighting a one man war against the prison system. They may desire to connect but may adopt a defensive or protective stance in order to shield themselves from the unknown and potentially harmful intentions of others. Our current understanding is that previous experiences of maladaptive relating can be counterproductive in an individual's attempt to connect with others. The challenges of the prison reality are not limited to prisoners but extend to prison staff. Previous research has failed to qualitatively explore the ways that prison staff navigates through the opposing dynamics inherent to their role; the balance of care and custody can have severe implication for the wellbeing of staff but can also contribute to personal growth and contentedness with their job, as suggested by the present qualitative systematic review. Every social interaction in custody, every contact, matters and can have a transformative potential. Some custodial environments operate as therapeutic communities and provide relational opportunities as an intervention to aid rehabilitation. Research has repeatedly and successfully attempted to establish whether the therapeutic community interventions work but it has yet to explore how they work. The present empirical project responds to the need for understanding of the processes that allow reconciliation and encourage meaningful interaction, shared understanding and co-constructed meaning. Six interviews were conducted with residents from therapeutic communities at HMP Grendon and analysed using Interpretative Phenomenological Analysis. The results of this project branch off to a more intersubjective approach, fundamentally interactionist that encourages a shift in perspective from making sense of to making sense with.

Study One

Prison Staff Experiences of Care and Control

Abstract

Introduction: Current concerns about prisons in England and Wales are discussed and the reader is introduced to the different aspects of the prison officer role. Contextual information about specifically designed and therapeutic custodial environments is presented along with information on how these environments can inform practice in mainstream prisons. **Aim:** The purpose of this systematic review is to explore ways prison staff negotiate the inherent to their role care-custody dichotomy across different custodial environments. **Method:** a total of eight qualitative studies were reviewed; four were conducted in a prison therapeutic community, one in a PIPE and three studies in mainstream prisons. Participants were male and female prison officers and therapy staff. Common themes were identified between the results of all reviewed studies and data was synthesised using qualitative methodology.

Results: The following themes were identified: role conflict between care and custody; impact of prison work on staff wellbeing and contribution to burnout; professional and personal development and acquisition of new skills and job satisfaction. **Limitations:** Methodological limitations such as the exclusion of quantitative studies, susceptibility to bias and geographical limitations. **Originality:** First qualitative systematic review to explore prison staff experiences across establishments in terms of the challenges between the punitive and rehabilitative aspects of their role.

Introduction

To the general public, the prison community is concealed behind the notable security of high walls and razor wire; an environment accessible to few. Most people who have not been to a prison may have representations of what the environment and prisoners are like and the role of prison officers within it. The media depicts prisons largely as unsafe, noisy, crowded places, dominated by drugs and disorder and this is not far from the truth. Many would agree that current conditions in prison in England and Wales are deteriorating, with rates of violence and self-harm increasing whilst overcrowding remains a significant issue.

Indeed, the 2018 Prison Reform Trust (PRT) factfile highlighted the ‘depressing decline in standards of safety and decency’ in prisons in this country (p. 4). In 2018, HMPs Bedford, Birmingham, Exeter and Liverpool were issued urgent notifications by the Chief Inspector of Prisons, highlighting serious concerns over prison safety, provision of purposeful activities, focus on rehabilitation and efforts to treat prisoners respectfully (Garside, Grimshaw, Ford & Mills, 2018).

This picture is little changed in 2019; HMP Lewes was placed in ‘special measures’ following the results of an inspection that took place in 2016. During an unannounced inspection in 2019, HMP Lewes did not show any signs of improvement. Furthermore, HMP Bristol and HMP Feltham (Young Offenders Institute) received urgent notifications due to serious concerns raised by the Chief Inspector of Prisons with regard to prisoner safety, levels of prisoner self-harm and lack of prison focus on rehabilitation.

It is indisputable that prisons in England and Wales are struggling to provide a safe environment for the incarcerated. The reasons are numerous and to a large extent interdependent. Cuts in funding, restricted resources, a growing prison population with complex needs such as self-harming behaviours, mental health problems and use of illegal

substances together with staffing and retention issues are contributing factors to the current situation.

Meanwhile, the prison population is rising steadily and has grown by 70% since the 1970s (PRT, 2018). A number of factors are responsible for this increase such as more individuals being incarcerated but also an increase in reconviction rates and recalls to prison following release.

Staff-Prisoner Relationships

Historically, prison research has highlighted that attention to relationships between officers and prisoners is essential to the understanding of both the prisoner and staff experience of custody (Crawley, 2004; Gredecki & Ireland, 2012; Liebling & Price, 2001; Liebling, Price & Shefer, 2010; Stevens, 2011, 2012, 2013b; Sparks, Bottoms & Hay, 1996; Sykes, 1958; Trotter, 1993). Warr (2008, pg.18) spoke about the ‘stunningly profound’ impact that officers can have on prisoners explaining that it can have the potential to be positive and maybe even transformative.

Attempting to conceptualise prisons without taking into consideration the roles and responsibilities of prison officers and how these may impact on their relationships with prisoners, is a supremely challenging task. The Princess Royal, Patron for the Butler Trust, a charitable organisation promoting excellence in prison work, has encapsulated in one sentence the work of officers in UK prisons:

‘The work of prison officers is, by its very nature, largely hidden from the public they serve, and yet affects both individuals and society in profound ways. (#HiddenHeroes: The Prison Officer booklet, 2019 p. 3)’.

Perceptions of the prison officer role are varied in the literature. Officers have been described as ‘turnkeys’ (Tait, 2008) and are widely known in the prison slang as ‘screws’ but are rarely described as professionals or as having a coherent professional identity. Liebling and Price (2001) discussed the peacekeeping aspect of the role of a prison officer by carrying out operational ‘turnkey’ tasks whilst making sure the establishment runs smoothly and order is maintained.

Prison officers are expected to carry out operational duties to maintain the order, discipline and security of the prison whilst simultaneously having to demonstrate care and respect to the incarcerated. In a 2009 publication, the Howard League for Penal Reform considered the role of the prison officer beyond the operational, ‘turnkey’ tasks. Consideration was given to the fact that officers’ duties often extend beyond the ‘nuts and bolts’ and ‘roll check’ tasks and have come to include the delivery of specialist interventions focusing on addressing offending behaviour.

In terms of their custodial responsibilities, Scott (2006) commented on the variety of ways available to prison officers to ensure their power over prisoners; these include using their authority and in extreme circumstances coercion, which can take the form of threats to discipline, use of force (physical restraint) and segregation. Using personal authority is better explained as using discretion and applying rules in a selective manner (Carrabine, 2004; Scott, 2006). Drake (2011) described that the use of discretion is critical within the role of an officer in prison. However, discretion can be perceived as a double-edged sword: officers are capable of diffusing and de-escalating situations that might arise between themselves and prisoners by using their discretion. Not all situations lead to physical restraint or prisoners being taken to the segregation unit. Equally, prisoners can be punished by losing their privileges or roles on the wing. Consequently, the use of discretion inherently carries an element of inconsistency (Grapendaal, 1990).

Lerman & Paige (2012) offer an interesting point about the prison officers' role in the rehabilitation of offenders. They argue that prior to the standardised interventions to address offending behaviour, part of the officers' duties and responsibilities was to rehabilitate offenders. Since the introduction of standardised offending behaviour programmes, the delivery of these interventions has mostly been the responsibility of civilian prison staff, although some prison officers remain involved. This has been seen as limiting considerably the involvement of prison officers within the delivery of such interventions.

Interestingly, in therapeutic prisons, programmes to address offending behaviour are delivered jointly by clinicians and prison officers, who receive training in order to facilitate group sessions. In therapeutic custodial environments, offender rehabilitation is not considered as mono-dimensional; therefore it is not believed that offending behaviour can be addressed exclusively through the successful completion of offending behaviour programmes.

The 1991 White Paper 'Custody, Care and Justice', introduced a structure for better staff-prisoner relationships through the development of personal officer schemes, and maintained that officers should be 'ready to offer ordinary human support' (Home Office, 1991, p. 14). This belief relied on the notion that caring is a natural activity that does not require further elaboration in the prison context.

The Case of Prison Therapeutic Environments

Morris (2002) noted the incongruity in the roles of a prison officer in a therapeutic environment. He noted that in a therapeutic community the prison officer needs to provide not only custodial but also emotional containment. Security, the protection of the public, is the primary and valued aim of custodial environments.

Custodial therapeutic communities are primarily prison environments (Brown, Miller, Northey & O'Neill, 2014) and although attention to security contributes to predictability of the environment (Liebling, 2011) the dichotomy of control and care in prisons is complex. Care interpretations by prison officers vary significantly and according to Tait (2011) the officers' length of service and idiosyncratic characteristics along with the establishment's working conditions can impact on these interpretations. For prisoners, the experience of 'being cared for' (p. 449) was characterised by officer responsivity to their needs and conversely, absence of care was described as disregard and indifference (Tait, 2011).

Prison Officer-Prisoner Relationships

It has been suggested in the literature that more emphasis should be placed on the improvement of staff-prisoner relationships in order to alleviate the current difficulties faced by the Prison Service as it is believed that prison officers play a central role in prisoner well-being and rehabilitation (Crewe, 2006; Walker, Egan, Jackson & Tonkin, 2018). The present systematic review explores studies that have focused on the experiences of prison officers in prison environments in terms of working with and developing relationships with prisoners.

Undoubtedly, efforts have been made to improve staff-prisoner relationships, making them more meaningful while taking into consideration the limited resources available within the custodial environment. Under the 'Every Contact Matters' scheme, HMP/YOI Portland was the first establishment to introduce the 'Five Minute Intervention' pilot in 2014. Officers received training on how to turn an interaction with a prisoner into a meaningful intervention with a focus on rehabilitation. Officers participating in training under this scheme developed skills such as active listening by dedicating time to listen to the issues raised by prisoners and communicating encouragement and giving hope for rehabilitation (Kenny & Webster, 2015).

A qualitative research report on the effectiveness of this intervention found that trained officers reported to have observed better relationships and improved rapport building with prisoners and encouraged prisoners to develop problem-solving abilities (Kenny & Webster, 2015). It was reported that prisoners' experiences of the 'Five Minute Intervention' were along similar lines; prisoners reported receiving care and support from officers and engaging in more meaningful interactions (Tate, Blagden & Mann, 2017).

This scheme was introduced in ten further establishments and although there is evidence indicating the effectiveness of the intervention (Tate, Blagden & Mann, 2017; Vickers-Pinchbeck, 2019), it is clear that further research is required.

Nonetheless, it is important to note that the Five Minute Intervention should not be considered a stand-alone intervention but rather a means to enhance and strengthen rapport building between officers and prisoners.

Despite the introduction of this and other similar initiatives, relationships and daily interactions of prison officers and prisoners in mainstream prisons in England and Wales continue to present considerable challenges, especially in terms of meaning and effectiveness, particularly when compared with interactions taking place in therapeutic prisons.

Conversely, specialist therapeutic approaches exist within custodial environments that place professional relationships and meaningful interactions between prisoners and staff in the centrality of their work (NOMS & DH, 2012). This arises from the recognition that daily interactions between staff and residents can have a significant impact on the residents' progress and psychosocial development (Turner & Bolger, 2015).

Evidently, within such environments it is recognised that the role of staff is key in the modelling of pro-social behaviours but also challenging inappropriate behaviour (Turley, Payne & Webster, 2013).

Contextual Information

In order to understand the impact of social interactions between staff and prisoners in a prison environment, it is important to take into consideration contextual information regarding therapeutic environments within prison establishments such as therapeutic communities and Psychologically Informed Planned Environments (PIPEs).

Therapeutic Communities and PIPEs are services provided by the Offender Personality Disorder (OPD) Pathway, a jointly commissioned programme between NHS England and Her Majesty's Prison & Probation Service (HMPPS). The aim of this programme is to provide a pathway of services for individuals with offending behaviour and personality difficulties that make it likely for these individuals to attract a diagnosis of personality disorder.

Therapeutic communities have their origins in social psychiatry and provide a physical and psychological framework within which therapy is provided. The aims are to provide psychological containment, a safer physical and psychological environment and encourage participation in daily activities and decisions in relation to the community. Essentially, therapeutic communities aim to enable individuals to experience a sense of belonging, which is their central concept (Pearce & Pickard, 2013).

Therapeutic communities have been found to contribute to prisoner rehabilitation and desistance from crime (Jensen & Kane, 2012) and their effectiveness has been examined in various systematic reviews and meta-analyses, especially in relation to recidivism and substance misuse (Mitchell, Wilson, Eggers & MacKenzie, 2012).

Prisoners in a therapeutic community are typically individuals who have committed serious offences. Part of the prisoners' responsibilities in the therapeutic community is to actively participate in group therapy which aims to allow prisoners to explore past traumatic experiences, maladaptive patterns of relating to others and dysfunctional behaviours that may

contribute to offending behaviour and act as barriers to rehabilitation and desistance from crime (Stevens, 2013b). As members of a therapeutic community, prisoners are expected to not engage in self-damaging (self-harming) or drug-taking behaviours.

The Consortium of Therapeutic Communities (TCTC, 2013) described the following as ‘core values of a therapeutic environment’ that characterise and underpin practice in a therapeutic community environment; the experience of being respected and valued by others; the development of healthy attachment and learning how to relate to others in a healthy way; tolerating and accepting others by finding a balance; behaviour is seen as having meaning and is perceived as a means of communication (i.e., communicating distress through dysfunctional behaviour); the experience of containment in a safe and supportive environment; relationships between community members are interdependent; active participation and involvement and shared decision-making which promotes a sense of responsibility and agency; attention to process and reflection as opposed to acting impulsively;

In England, there are a number of custodial environments that are run in accordance with the standards of a therapeutic community for men and women. The first democratic therapeutic community in this country, HMP Grendon, opened in the 1960s and still operates as a public sector prison. Located in the village of Grendon Underwood, in Buckinghamshire, HMP Grendon is a category B prison. There is no segregation unit in the establishment, which comprises six wings that work as autonomous therapeutic communities.

In a very recent publication, Akerman (2019) explained the areas of overlap between Democratic Therapeutic Communities (DTC) and Concept Therapeutic Communities (CTC) for addictions. It is evident in Akerman’s (2019) paper that although CTCs focus on abstinence from substances, their principles have been applied in correctional settings. DeLeon (2000) has contributed significantly to the application of CTC in correctional

settings and has examined extensively the effectiveness and cost effectiveness of TCs.

DeLeon (2000) concluded that TCs contribute to lower rates of substance misuse and criminality and highlighted the moderating aspect of time spent in treatment.

Significantly, whilst both DTCs and TCs focus on identity development and the acquirement of prosocial values, CTCs tend to focus on the individual while DTCs put the community in the centre of the intervention. Additionally, CTCs employ recovered addicts to work as mentors and provide guidance and inspiration to abstain from substances. DTCs are staffed by professionals, prison officers and therapists and the psychological and social environment enables the development of relationships between residents but also between residents and staff (Akerman, 2019).

Psychologically Informed Planned Environments

Psychologically Informed Planned Environments are defined as specifically designed, contained environments where staff members receive training in order to develop an increased psychological understanding of their work with high risk high harm offenders (MOJ and DoH, 2012).

In a PIPE, every decision is ‘thought about’ from a psychologically informed perspective. The emphasis is on the provision of a social environment safe enough for the residents to feel contained in (Jones, 2018). According to the PIPE model, prison officers work alongside psychologists and other mental health practitioners, with staff training and development being in the core of the model.

Essentially the PIPE model attempts to mirror the experience of community living. The wing environment is used as an agent in this therapeutic approach in which staff are attempting to understand how the environment can best support those prisoners with complex needs.

The working model of the PIPE is underpinned by attachment theory (Bowlby, 1969). With this in mind, the aim of both operational and clinical staff is to provide a ‘good enough’ experience (Winnicott, 1986) and psychological containment. Certain characteristics of the enabling features of a PIPE such as service user involvement in decision making about the environment, are fundamentally different to what prisoners on mainstream prison wings experience.

How Can Therapeutic Environments Inform Practice in Mainstream Prisons?

The centrality of the relationships between prison officers and prisoners is well documented in prison literature (Beijersbergen, Dirkzwager, van der Laan, & Nieuwbeerta, 2016; Bond & Gemmell, 2014; Crewe, 2011; Crewe, Liebling & Hulley, 2015; King, 2009; Liebling, 2011; Sparks, Bottoms & Hay, 1996; Vyas, Spain, Rawlinson, 2017).

In a typical day in prison, officers and prisoners interact throughout, having opportunities to interact both formally and informally. In the morning, officers working on the landings unlock prisoners for work (predominantly off the wing) before performing operational tasks such as cell searches and checking ‘locks, bolts and bars’ in prisoners’ cells. Interactions between staff and prisoners are more formal at this time and this is usually the part of day when all individuals in the prison are focused on their tasks. Returning to the wing at midday is a busy time of day for both prisoners and officers. Interactions between staff and prisoners occur more spontaneously during this time and they may be more informal in context. Meal times are typically rushed, the physical environment is loud and noisy and officers have a challenging task to maintain control and order during these busy times. In the afternoon some prisoners are unlocked and return to their places of work or use the gymnasium before returning to the wing for their evening meal. Similarly, dinner is a busy time of day but it generally feels more relaxed and less formal.

Staff have opportunities to play pool with prisoners or have informal conversations about sports or television programmes. Prisoners can also approach staff for support with ‘applications’ (prisoners’ written requests). However, Liebling (2011) notes that spontaneous informal interactions and general conversations between prisoners and officers are not part of the prison life norm. This is predominantly due to officers being aware of prisoners’ conditioning attempts and also due to officers attempting to keep firm boundaries.

Nevertheless, it is important to recognise that the word ‘relationship’ can make officers as well as prisoners uncomfortable, as noted in previous research (Liebling, 2011). Indeed, relationships typically characterise behaviours that are not within the sphere of what is acceptable and appropriate within the prison world. Interactions cannot be too formal or rigid but cannot be too informal either. Equally, prisoners and officers should not be too close as their relationship will be deemed inappropriate but they should not be too distant, as their relationship will be considered counter-effective to any attempts for rehabilitation.

Crawley (2004) noted that the staff-prisoner relationships are at the heart of dynamic security and have the potential to be ‘emotionally charged’ (p.414), due to the time prison officers spend interacting with prisoners in the prison environment. According to Kinman et al., (2016) this level of interaction can be a contributing factor to officer burn-out.

Attention has been drawn to the fact that although research has established the therapeutic impact of therapeutic community interventions on offenders, there is not much evidence to show the impact of therapy on officers working in a therapeutic community (Vyas et al., 2017).

Whilst recognising the complexity of the current situation in mainstream prisons and the factors contributing to it, it is crucial to consider the experiences of uniformed and non-uniformed prison staff in terms of staff-prisoner relationships and staff interactions with prisoners. More specifically, attention should be directed to the experiences of prison staff in

terms of coping in the prison environment despite its potential to be hostile and unsafe. Furthermore, more consideration should be given to the ways prison staff relate to prisoners and how the narratives of the tragic realities of the lives of prisoners affect them.

Prison staff is a broad term which does not exclusively refer to prison officers but includes staff that have prisoner contact such as therapy staff and intervention facilitators.

Purpose of Systematic Review

This systematic review forms part of a thesis interested in examining experiences of social inclusion and meaning making at HMP Grendon, a prison that works exclusively as a democratic therapeutic community. In this environment, social interaction and relationships between residents and staff are an integral part of the therapeutic process.

The focus of the empirical research project (study two) is on what this experience is like for prisoners (typically referred to as 'residents' within that context) living in a therapeutic community. Nonetheless, I recognise the importance of considering how staff members working in a therapeutic community make sense of the social context and their interactions with residents and what, if any, is the role of the environment in those interpersonal dynamics.

The present systematic review aims to examine how prison staff experience working with offenders in a variety of prison settings such as therapeutic communities, PIPES and mainstream prisons. Its purpose is to explore how prison staff experience the care-custody dichotomy inherent to their role.

With that in mind, it considers findings in a continuum, with findings from therapeutic communities research sited on one end of the continuum and findings from mainstream prisons sited on the other, in an attempt to get an in-depth understanding of the impact of working with offenders on prison staff and the characteristics of this experience.

I originally aimed to include studies of prison officers working in therapeutic communities. However, it became apparent that there is a considerable lack of available studies focusing exclusively on the experiences of prison officers working in a therapeutic community. Consequently, the review criteria were expanded to include qualitative studies in mainstream prisons. Therefore, the present systematic review also presents findings of studies examining the characteristics of staff-prisoner relationships in mainstream prisons.

Method

Qualitative Systematic Review

This systematic review of qualitative studies was completed in accordance with the policies and guidelines for systematic reviews as described by the Campbell Collaboration (2019). The Campbell Collaboration is responsible for the dissemination of systematic reviews of research evidence on interventions and policies and is particularly focused on the identification and evaluation of interventions.

There is evidence that the inclusion of qualitative studies in systematic reviews can be a challenging task (Dixon-Woods, Fitzpatrick & Roberts, 2001). The Campbell Collaboration Guidance notes that qualitative reviews cannot provide primary evidence for intervention effectiveness but ‘can help paint a richer picture of the intervention, its effects, how or why it produces those effects (or not)’ (p. 12). In an attempt to address these concerns, the Campbell Collaboration has published guidelines on the use of qualitative studies in systematic reviews, promoting the importance of those studies in conceptualising research evidence. The systematic review protocol devised in accordance with the Campbell Collaboration guidelines, contained inclusion and exclusion criteria, included studies’ research methods and data analysis.

Search Strategy

I performed searches in databases including EBSCO Discovery (full access through University of Portsmouth library) and Google Scholar. Search filters were applied and only articles published in peer reviewed journals were identified for further review. In addition to this, in order to maximise the available literature and to ensure that all relevant publications and papers were reviewed, I comprehensively reviewed all volumes of the International Journal of Therapeutic Communities published by Emerald, believed to be the only available peer-reviewed journal publishing articles related to therapeutic community research.

I performed searches in the Cochrane Library and the Campbell Collaboration databases for relevant published systematic reviews. However, no relevant systematic reviews were identified. One potential explanation for this lies in the qualitative nature of the systematic review. Campbell and Cochrane's position on qualitative systematic reviews is discussed earlier in this review. Please refer to appendix 1 for the detailed search strategy.

Study Selection and Article Identification

All identified articles were reviewed against the inclusion and exclusion criteria.

The present systematic review is concerned with the experiences of prison officers and prison staff in client-facing roles working in therapeutic prisons, PIPEs and mainstream prisons. All available qualitative studies have been reviewed, as I was interested to explore 'what matters' as opposed to 'what works' (Petticrew & Roberts, 2008). As such, quantitative studies and randomised- control trials have been excluded from this systematic review. It was felt that quantitative studies might have been unable to capture the non-quantifiable experience of 'what it is like'.

To be included in this systematic review, studies must have been published in peer reviewed journals to ensure the quality and validity of the identified publications as well as

the expertise of the authors. In terms of research methodology, included studies must have used qualitative methodology to collect and analyse their data. The research sample for the original review must have been prison staff working in a therapeutic community. With the systematic review criteria broadened to include more studies, the study sample must have included prison staff in mainstream prisons and staff facilitating interventions in mainstream prisons.

Only studies in the English language were included in the systematic review and a geographical restriction was applied to all included studies. Studies conducted in therapeutic communities and prison establishments outside England and Wales were not included in the review. This is due to the significant differences between the prison system in England and Wales and the penal systems in Scotland, Northern Ireland and the United States. There were no restrictions in the sample size in terms of gender of prison staff and prisoners.

Studies conducted in environments that were not of a forensic nature were excluded from the present systematic review. In addition to this, studies of therapeutic communities aiming exclusively to address substance misuse were not included in this systematic review since I felt that they might have included implications for evaluation of intervention effectiveness.

According to Siddaway, Wood and Hedges (2019), systematic reviews should be able to provide implications for policy and practice. In order to accommodate this, the research criteria for this systematic review were limited to studies published between 2010-2019 to ensure that the most recent studies were reviewed, in accordance with the most recent developments in the policies of the Prison Service in England and Wales. In addition to this, a specific time frame was applied in an attempt to include studies that considered the most recent challenges faced by prison staff. These include the introduction of novel psychoactive substances (NPS) and rise in violence, which has doubled between 2010 and 2019 (Institute

for Government, 2019), budget cuts introduced in 2010 and the reduction by 26% of frontline prison staff between 2010-2017 (MoJ, 2019). This search strategy returned 3146 results in the initial searches across the four databases. A total of 47 studies were identified following an initial screening of the study abstract and were saved on EBSCO database, including duplicates. Following this, 16 duplicates were identified and removed, leaving a total of 31 studies.

The second screening of the studies was performed against the inclusion criteria described above. At this stage of the study identification, the remaining studies were reviewed against the research questions. A further 22 quantitative studies were identified and excluded as the EBSCO search results returned some quantitative studies regardless of the search criteria specifying the exclusion of quantitative studies. Mixed method studies were not completely excluded but the qualitative strand of each study was included in this review. Some of the identified qualitative studies included prison staff as well as resident interviews. I did not exclude these from the systematic review but only included the account of staff members in the findings.

Additionally, in four of the excluded studies, participants had no offending history and the therapeutic community environment was designed for the treatment of addictions. Furthermore, of the excluded studies, three took place outside the United Kingdom.

Subsequently, I accessed and reviewed the full text studies, performing a third screening against inclusion and exclusion criteria: nine articles remained and were re-read and evaluated against the criteria for study quality (please see appendix 2). One study referring to the job demands and mental health of prison officers in England and Wales (Kinman, Clements & Hart, 2017) was excluded due to its quantitative methodology.

In addition to this, one book chapter which fitted the inclusion criteria was identified and included in the review. The book has been peer reviewed by Adshead (2011) and the review was published in a peer-reviewed journal.

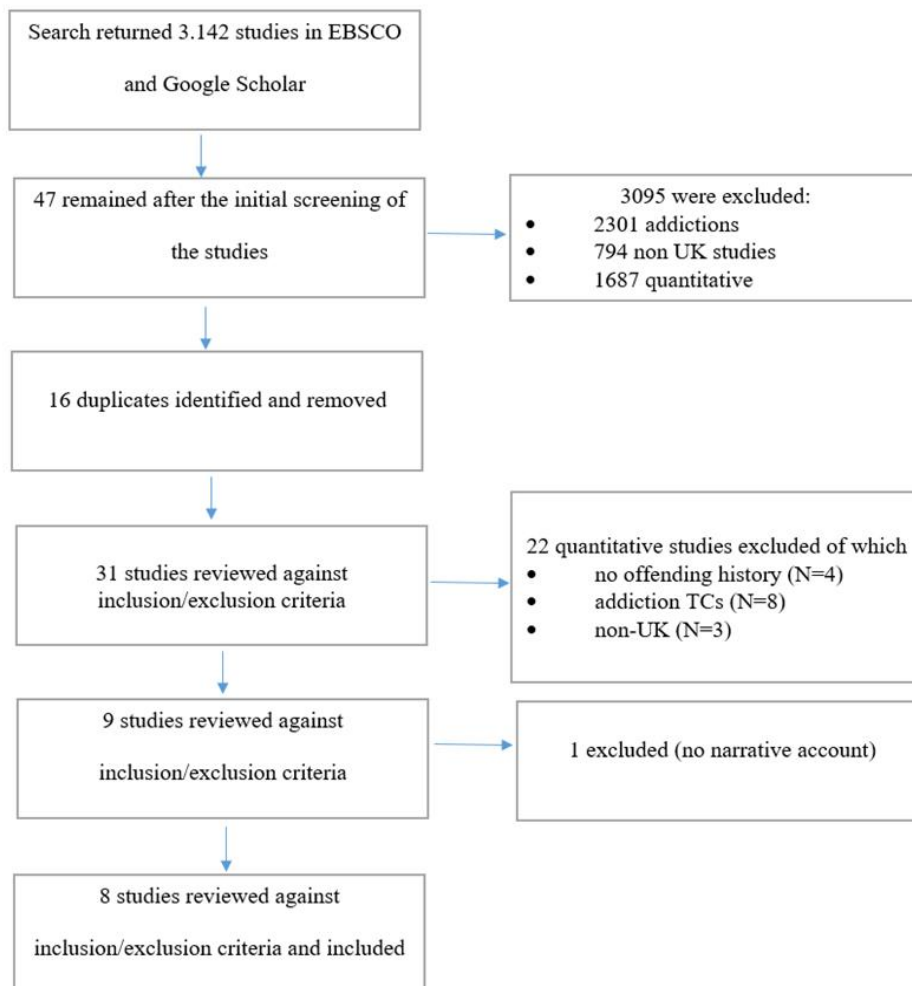


Figure 1. *Study Selection Process*

Evaluation of Study Quality

In order to assess the quality of the selected studies, an established qualitative research quality checklist was utilised. The Critical Appraisal Skills Programme (CASP, 2018) checklist is a 10-item tool designed to assess the methodological quality of selected papers for review was used for the present systematic review. This was deemed appropriate

as it is commonly used in qualitative reviews of evidence. According to CASP study quality should be assessed considering the following three broad issues: (a) are the results of the study valid (b) what are the results and (c) will the results help locally? Please see appendix 2.1 for the full list of questions assigned to each of the three sections. The Evaluation of Study Quality can be found in appendix 2, table 1.3.

Overall, the quality of the studies included in the present systematic review was good, based on the criteria defined by CASP. Following the recommendation by CASP, a quality score was not assigned in this case. Only two studies (Stevens, 2013a; Tait, 2011) scored No, both in question 7 (have ethical issues been taken into consideration?) and one study (Tait, 2011) question 11 (how valuable is the research?).

Risk of Bias

The Campbell Collaboration guidance relating to systematic reviews suggests that the researcher(s) should develop a clear plan to evaluate and address risk of bias. As discussed previously, this is a systematic review of qualitative studies concerned with lived experience and not an evaluation of interventions.

For this particular systematic review, being aware of the risk of bias in the identification, presentation and interpretation of studies and findings, I developed a clear plan to minimise this risk. The reviewed studies were not limited to those already known to myself. Rather, searches of databases were performed using a clear search strategy, in order to identify further studies relevant to the review question. The search inclusion and exclusion criteria were also used as a means to minimise risk of bias. In addition to this, the criteria mentioned above were developed in order to evaluate the quality of the included studies. I am aware that the use of search limiters such as geographical location, method of analysis and year of publication, may contribute to selection bias, ignoring a large body of research.

Results

The eight reviewed studies and their characteristics are presented in the table below.

Table 1.1 Summary of Studies

Study	Participants	Setting	Data Collection	Data Analysis
Blagden, Winder & Hames (2016)	16 participants: three from senior management, three psychologists, five prison officers, four group facilitators/trainee psychologists, one prison librarian	DTC (Sex Offenders)	Mixed methods- focus on qualitative strand. Semi-structured interviews	Thematic analysis
Bond & Gemmell (2014)	Five prison officers, age range 33-53 years old, two females and three males with range of prison service experience between four and 12 years	Lifer PIPE	Semi-structured interviews	IPA
Collins & Nee (2010)	Two male and two female therapy staff, age range 25-44, prison service experience range between four and seven years	Mainstream, SOTP facilitators	Semi-structured interviews	Foucaudian Discourse Analysis
McManus (2010)	Eight participants, five male and three female officers, mean age was 39.5 and length of service was 28.1 months/	DTC	Semi-structured interviews	IPA

Stevens (2013a)	Six female staff members, five of which therapy staff and one uniformed	four worked at HMP Grendon, two at unspecified DTC, small group, art and psychodrama facilitators	Fieldwork	Liberal Grounded Theory
Tait (2011)	45 prison officers (10 men and 11 women working in the women's prison and 14 men and 10 women working in the men's prison)	Two local mainstream prisons (male and female)	Fieldwork	Thematic coding (NVivo software package)
Vyas, Spain & Rawlinson (2017)	Eight female participants, age range 27-60 years and length of service between one and 27 years	DTC (female staff)	Semi-structured interviews	Thematic analysis
Walker, Egan, Jackson & Tonkin (2018)	Seven prison officers, age range 30-57 years, experience working in a TC ranged from 2.5-22 years	Category B DTC	Semi-structured interviews	Thematic analysis

Research Methodology Characteristics of Included Studies

The studies included in the review involved varied qualitative methods of data analysis such as Interpretative Phenomenological Analysis (two studies); thematic analysis (three studies); thematic coding (one study); Foucaudian Discourse Analysis (one study); Liberal Grounded Theory (one study). The primary method of data collection for all included studies was via group or individual interview (seven studies) followed by related fieldwork (two studies) with one study being a combination of fieldwork and interviews.

Research Setting

All studies took place in uncontrolled, natural, context specific settings. Of the eight studies, four were conducted in a therapeutic community prison establishment, one in a PIPE and three studies were conducted in mainstream prison establishments.

Participant Characteristics

Study participants were predominantly male and female officers. However, three studies interviewed non-uniformed staff including psychologists and a librarian (Blagden, Winder & Hames, 2016) and therapy staff and group facilitators (Blagden, Winder & Hames, 2016; Collins & Nee, 2010; Stevens, 2013a). Of those, two were conducted in a therapeutic environment focusing on the provision of therapy to sex offenders (Blagden, Winder & Hames, 2016; Collins & Nee, 2010). Stevens's (2013a) study was based on her research project which included interviews with male and female prison officers and male and female residents in democratic therapeutic communities. In one study (Vyas, Spain & Rawlinson, 2017) interviews were conducted with female officers working in a democratic therapeutic community. All studies except one (Stevens, 2013a) included information about staff length of service. One study described that they aimed for 'a spread of experience; (Tait, 2011, p.442) however, this was not quantified.

Narrative Data Synthesis

Qualitative data synthesis has been recognised as a challenging task for researchers (Dixon-Woods et. al., 2001) although it is acknowledged that the contribution of such reviews to scientific knowledge and understanding is critical. The Campbell Collaboration and Cochrane Library supports qualitative systematic reviews, adopting the position that such reviews provide a comprehensive understanding of the phenomenon under investigation.

For the present systematic review, it was considered appropriate to carry out a narrative data synthesis of the main findings of the reviewed studies. Guidance produced by Popay et al., (2006) suggests that narrative synthesis is a systematic way to present findings of both qualitative and quantitative studies. Findings are not presented with a view to compare the experiences of staff members in mainstream and therapeutic environments as direct comparison between experiences was not desired. This is due to recognising the obvious contextual differences between mainstream wings and therapeutic communities and PIPEs.

The guidance from Popay et al., (2006) suggests that there are specific steps in Narrative Data Synthesis and include: the development of a theoretical model of how the interventions work, why and for whom, the development of a preliminary synthesis, the exploration of relationships within and between the studies and lastly an assessment of the robustness of the synthesis. The first stage was completed in the form of a literature review which formed part of this systematic review. The process of completing the second stage involved familiarising with the studies and devising a data summary table with the themes and subthemes of each study. The papers were then read and re-read in an attempt to identify relationships between those. This step was also fulfilled in stages; studies conducted in therapeutic environments were reviewed separately to those conducted in mainstream environments. Subsequently the identified themes from the different categories were reviewed and it transpired that the emerging themes and subthemes were very similar.

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The identified themes and subthemes are presented below under four headings, (Table 2). The fourth stage of Narrative Data Synthesis, involving the assessment of robustness of the synthesis was partially completed. This systematic review did not review intervention effectiveness and according to Popay et al., (2006), part of the fourth step is the review of evidence for and against the intervention(s). However, this step also involves the review of the generalizability of the findings across different groups and populations. The findings of this review indicate the universality in the experience of staff working in custodial environments. The robustness of the synthesis was also considered at the end of the previous step, when overlapping themes were identified across different environments.

Table 1.2 Identified Themes

Theme one
Role Conflict

Theme two
Impact of Prison Work

Theme three
Professional and Personal Development

Theme four
Job Satisfaction

Theme one: Role Conflict

In all but two studies, prison staff described experiencing conflict in their dual roles of providing care and custody. This was particularly evident for prison officers working in mainstream prisons (Tait, 2011) and officers working with sex offenders (Collins & Nee, 2010). Tait (2011) was able to develop a typology of prison officers working in mainstream wings, with one of those being ‘conflicted’, describing the inconsistencies of the provision of care in a custodial setting.

Further, prison staff working in therapeutic communities and PIPE wings described experiencing difficulties with providing care in a custodial environment.

Uniformed staff in the study by Bond and Gemmell (2014) described the role conflict as a ‘culture clash’ (p. 87) in terms of having a clear set of custodial responsibilities and tasks to ensure order and discipline in the establishment whilst observing the psychological element of their work on the PIPE. In his study within a democratic therapeutic community, McManus (2010) found that uniformed staff experienced a conflict between the security and therapy aspects of their role. More specifically, study participants reported a difficulty to contextualise offences committed by the individuals they had been working in a therapeutic capacity with.

Forming and sustaining relationships within a prison environment was another area of internal conflict for staff who found it challenging to be exposed to the dark narratives and distressing stories of prisoners whilst maintaining their therapeutic and empathetic stance.

The dichotomy in the prison officer role was further highlighted in the study by Walker et al., (2018) in terms of uniformed staff with experience of working in mainstream environments. It was highlighted that adapting to the therapeutic environment was a challenging process which required an incorporation of therapeutic elements into custodial practice.

However, in all studies it was reported that prison staff were able to experience positive aspects associated with their role. In all studies that took place in a therapeutic community in particular, it was evident that a change in culture was an influential factor that underpinned the interactions between staff and residents and alleviated the experience of role conflict. Cultural change refers to shifting the emphasis from a 'them and us' culture to a more inclusive, 'sincere' (Stevens, 2013a, p. 483) co-existing relationship. A them and us culture has been described extensively in group relations and social psychology and is suggested that this group division can encourage stigmatization, othering and social rejection (Kurzban & Neuberg, 2005).

Prison officers and prison staff reported an ability to make use of the opportunities to offer support that could aid rehabilitation within a therapeutic environment.

Participants in Bond and Gemell's (2014) study for example reported feeling confident that the sex offender treatment programme would support treatment and rehabilitation as there is a clear direction and purpose in this particular intervention. This finding was echoed in the study by Blagden et al., (2016) who found that the positive environment of the community fostered positive relationships and enabled growth. These examples indicate how a shift in prison staff culture can relieve some of the negativity in which offenders are perceived in traditional prison officer cultures (Stevens, 2013a, Tait, 2011). Crucially, it transpired that in all environments, prison staff experience difficulty in

negotiating the care and control aspects inherent in their role, especially for those staff members working in therapeutic environments.

Theme two: Impact of Prison work

It is reported by Vyas et al., (2017) that interviewees highlighted the inevitable psychological impact of their work. McManus (2010) made reference to the fear of being stigmatised particularly when working with sexual offenders and attributed this to countertransference or the staff's reaction to the prisoners. Others have described this as 'moral contamination' (p.4) (Crawley, 2004). Interviewees in Collins and Nee's (2010) study approached the impact of working with sex offenders very pragmatically, reporting that it would be unrealistic for the work not to influence their disposition towards offenders. More specifically, staff described that it was challenging to see the person beyond the offence and maintain hope that perpetrators of sexual offences can desist from crime.

The 'conflicted' officer as described by Tait (2011) was the officer impacted the most from working with prisoners, whom they saw as 'needy' (p.448). For this category of officer in Tait's (2011) typology, care and control were intertwined. The provision of care was not consistent but rather it was unpredictable, changing to punitive when the conflicted officer felt manipulated by prisoners. It transpired that conflicted officers tended to find it difficult to disengage from work, reporting they often found themselves thinking about work (Tait, 2011). It can be argued that these officers felt that they were tasked with the reformation of prisoners, who they could rehabilitate with their influence.

Interestingly, Bond and Gemmell (2014) found a sense of camaraderie described as 'collective mood' (p. 89), in officers working in a PIPE; officers reported that they valued each other's support and that they experience a sense of connectedness to their colleagues, despite the presence of highly expressed emotion from prisoners, which was described to

have a detrimental effect to the staff mood. The impact of emotional instability on staff can be detrimental and contribute to burn-out, as described by Bond and Gemmell (2014). This finding was echoed in McManus (2010), Collins and Nee (2010) and Walker et al., (2018).

Theme three: Professional and Personal Development

Vyas et al. (2017) reported that the experiences of female staff working in a therapeutic community were positive in terms of professional and personal development, despite the ‘incredible dedication’ (p.33) that was required in order to fulfill the role. More specifically, participants felt that their work contributed to the development of skills and qualities such as increased self-confidence through the development of a skillset through training. This skillset enabled allowed officers to understand group dynamics and risk management processes more effectively. Lastly, interviewees reported being able to translate certain aspects of the therapeutic community model into their mode of operating at work (Vyas et al., 2017).

Prison officers working in therapeutic establishments reported feeling that their work had a positive impact on their relationships with residents and it had contributed to the positive and rehabilitative culture of the environment (Blagden et al., 2016).

Some of the reviewed studies referred to officers in therapeutic establishments acquiring skills such as empathy and developing a better awareness of their ability to experience interpersonal connectedness, not only as part of their officer role but as part of their global social identity (Vyas et al., 2017; Walker et al., 2018). In this context, changes to global social identity encompass the development of interpersonal skills such as empathy, applicable to relationships outside the custodial environment. Interviewees in McManus’s (2010) study reported that they developed the ability to care for themselves by managing their workload and monitoring their stress levels in order to protect themselves from the

impact of their work. In addition to this, interviewees reported experiencing growth on a personal and professional level, as an outcome of working in a therapeutic environment (McManus, 2010)

Officers in Tait's (2011) study did not report how working with prisoners contributed to their development. Conversely, interviewees in the study by Collins and Nee (2010) which was also conducted in a mainstream environment, reported that the delivery of an intervention targeting sex offending, contributed to their own awareness and understanding of relational patterns and emotions. The findings by Walker et. al., (2018) showed that staff in a therapeutic environment developed a variety of skills in order to work more effectively with residents such as empathy and compassion but also active listening.

Theme four: Job Satisfaction

All prison officers in the reviewed studies identified that some of the challenging aspects of their work increased their job satisfaction and had a positive impact on their self-esteem. In the study of McManus (2010) participants mentioned the rewarding aspects of the role despite the challenges brought by the duality of the officer and carer roles. The role was described as meaningful by the participants in Vyas et al. (2017) study, particularly in terms of the officers' work adhering to the values of the therapeutic community. Along similar lines were the results of the studies by Collins and Nee (2010) and Walker et al. (2018) although in this case, job satisfaction came when staff observed change in offenders; this was echoed by the 'true carer' in Tait's (2011) study.

In Stevens' (2013a) work, it was evident that officers requested a transfer from a mainstream custodial environment to a therapeutic environment, indicating that they were more focused on the rehabilitative rather than the punitive aspect of incarceration. The psychological and physical environment of a therapeutic community was perceived as

meaningful, in terms of its fundamental positive disposition toward meaningful interactions between staff and residents. Participants in the Bond and Gemmell (2014) study described these interactions as rewarding.

Discussion

Role Conflict

The findings of this systematic review with regard to the role dichotomy of staff working with offenders are consistent with observations in the literature. Upon discussing the complexity of the prison officers' role, Gredecki and Horrocks (2017) offered a useful insight. They described a diverse range of roles and duties including administration, maintaining the prison order and providing physical and psychological containment whilst acting as firemen and emergency responders when required. It has been suggested that these identities are based on the officers' multifarious roles as supervisor, carer and controller (Gredecki & Horrocks, 2017).

Within prison establishments in England and Wales, prison officer duties extend to assisting the rehabilitation of offenders (Walker et. al., 2015, 2018). Unlike officers in therapeutic communities, prison officers in mainstream prisons are not expected to participate in therapy or co-facilitate therapeutic interventions with clinical staff. Therefore, it is important to recognise that there may be a conflict between the operational role of a prison officer and the delivery of therapeutic duties. Consequently, being an officer in a therapeutic community requires finding a balance between the punitive and the rehabilitative aspects of the role. This role duality can be difficult to conceptualise, especially for officers with recent experience of working in mainstream prisons.

In the present review, role conflict was one of the emerging themes in seven out of eight reviewed studies. Polden (2010) explained that this phenomenon is not unique to

therapeutic communities; Freestone et al. (2015) in their systematic review of the impact of working with prisoners with personality disorder found that a clash between care and custody roles is experienced by officers working in a PIPE. This finding was confirmed by one of the studies included in this review (Bond & Gemmell, 2014).

Crucially, careful consideration should be given to the discomfort that prison officers may experience with the notion of 'care as a concept' (Crawley, 2004). Nonetheless, care is seen as an integral element of a therapeutic environment and represents the link that strengthens staff and resident relationships (Ross & Auty, 2018; Tait, 2008). Interpersonal skills such as empathy were described by prison staff as difficult to experience at times, as described earlier (McManus, 2010, Vyas et al., 2017; Walker et al., 2018) are not only applicable to officers but to prisoners too as they can learn how to change their patterns of relating and adopt a more prosocial identity as a result (Newberry, 2010). In a therapeutic custodial setting, officers are encouraged to develop skills that in turn encourage residents to make those changes by modelling behaviour that shows tolerance, genuineness and trust and values the process of therapy, as described earlier by Blagden et al. (2016). In a mainstream setting, this takes place to a lesser extent, in the realms of schemes such as the key working and the 'Every Contact Matters' schemes.

However, inherent challenges in providing therapy in a custodial environment have been discussed in the literature and need to be taken into consideration. Researchers agree that staff in a custodial environment can experience powerful emotions in response to their interactions with individuals that have inflicted harm on other people. McLure (2004) highlighted the challenging position that staff members in custodial environments find themselves in, in terms of maintaining professional integrity whilst attempting to contain their 'feelings of rage, disgust, despair, mistrust, fear and anxiety' (p. 85) particularly when interacting with offenders. This internal conflict has also been highlighted in research

(Akerman, 2010; Akerman & Geraghty, 2016; McManus, 2010) in the context of providing therapy and maintaining therapeutic alliance.

Along similar lines, Farrenkopf (1992) in exploring the impact of working with sex offenders, found that challenges are identifiable in the following domains: emotional, cognitive, behavioural and family life. Staff might find it difficult to experience and show empathy to prisoners and residents and might also struggle to see the person as separate from the offence. The emotional impact of working with sex offenders was reflected on the study by Collins and Nee (2010). It has been suggested that reflective practice and peer support can ameliorate the impact of these strong responses that can be provoked by the dark narratives of prisoners (Polden, 2010; Vyas et al., 2017).

Finally, it is crucial to recognise that this experience of role conflict is not uniquely attributed to prison officers. Residents in a therapeutic community who have previously been in mainstream establishments might experience difficulties in developing trusting relationships staff members and other residents (Walker et al., 2015).

The culture of a therapeutic community enables and promotes tolerance and fosters prosocial, interpersonal relationships but this is not a position that community members automatically arrive at. Instead, it is an evolving process and requires conditions to be appropriate not only for residents but also for staff to feel comfortable enough to be part of the community.

In their research, Ross and Auty (2018) found that often, residents' relationships with prison staff and other residents had the power to re-enact the past and can carry a re-traumatising or restoring potential. As such, previous patterns of maladaptive relating are identified, unpicked and explored with the help of community members in the safe physical and psychological space of the community. Under the restrictions inherent to the custodial

environment where the focus is on the maintenance of order and security and much less on social interactions, the impact on relationships between staff and prisoners can be profound.

Power Imbalance

When considering staff-prisoner relationships, attention needs to be given to the power imbalance ingrained in the interactions between the two groups. The reality of mainstream prisons is that the exercise of power and authority underpin daily interactions between prisoners and prison officers. This power imbalance complicates the relational dynamics between those two groups further.

Prison regimes that provide a range of meaningful activities, acknowledge and take into consideration living conditions and enable good working relationships between staff and prisoners, have been described in the literature as ‘healthy’ (Moran & Jewkes, 2015).

Gredecki & Ireland (2012) have suggested that the prison officers’ attitude influences the perception of prisoners, in that a more positive attitude is more likely to contribute to interpersonal connection and therefore add meaning to interactions between staff and prisoners. Haigh (2013) noted that in therapeutic communities, there is a notion of a ‘transitional space’ where interactions occur between residents and residents and staff. The social environment of a therapeutic community can offer the opportunity to ‘unpick’ past experiences of social exclusion and trauma through the provision of a safe environment where individuals can acquire a sense of being valued and understood (Burlingame, Fuhriman, & Johnson, 2001). This experience of belonging fosters healthier experiences of relating which are boundaried and are as secure as possible, since the environment of the therapeutic community offers psychological containment. Considering that in therapeutic environments staff often represent an attachment figure (Crittenden, 2006), the importance of boundaries is paramount. Boundaries in a therapeutic community provide psychological

containment and can allow for secure base to be experienced and internalised as the environment and the relationship are stable and predictable (Adshead, 2014; Haigh & Worrall, 2002).

Prison officer roles such as Tait's (2011) 'conflicted' officer vacillate between care and control, exercising control when feeling manipulated by prisoners. For prisoners with previous experiences of maladaptive attachment, where care was provided conditionally or was provided in an unpredictable manner, this can be counterproductive. Adshead (2014) has commented on the potential re-enactment of previous traumatic experiences of attachment difficulties which will further compromise the prisoners' ability to reconnect with others. Instead, this unpredictability in the provision of care may further contribute to prisoners experiences of ambivalence; a desire to connect and receive care as a natural and instinctive activity but engage in self-protective behaviours, such as disengagement.

Crewe (2006) noted that the combination of rigid professional boundaries and power imbalance may compromise the genuineness and authenticity of interactions between officers and prisoners. Power imbalance dynamics can be considered as disempowering, especially in light of significant evidence available in the literature on the rehabilitative impact of certain conditions such as good enough social interactions (Auty & Liebling, 2019). In their 2018 paper, Ross and Auty explored what a sample of the residents thought would facilitate change in a therapeutic community. Amongst the identified themes was the notion of consistent boundaries that encourage a therapeutic relationship.

Other than the presence of a power imbalance and its implications for the interactions between staff and prisoners, there are other factors that lead to impoverished interactions; chiefly related to the organisational structure of the prison officer role. Shift patterns, especially when combined with periods of leave, can mean that officers are absent for a period of time from the wing. At times, prisoners might find it difficult to approach other

officers for support when necessary, especially if no previously established rapport exists which can have an impact on continuity, which is considered a paramount factor for relationship building (Liebling, 2011).

Furthermore, wing dynamics are changeable and even small changes in the prisoner mix can bring about major shifts in wing dynamics. Officers have reported needing to readjust to the wing after a period of leave. In those prison environments where social interactions are placed in the centrality of the prison work, it becomes evident that an understanding of one's self and others is encouraged. This then contributes to the co-construction of meaning of past and current behaviours and difficulties and ultimately contributes to change.

From Punitive to Positive

It may appear counter intuitive to believe that an austere prison environment may offer a rich therapeutic potential. The Right Honorable David Gauke MP has stressed that 'people go to prison *as* punishment, not *for* punishment' (Prisoner Policy Network, 2019, p.19). It is worth reflecting on this distinction, as it is not a new concept. Crewe et. al., (2015) observed that in private sector prisons this distinction is embedded in staff culture with officers viewing themselves as the agents of a service rather than 'deliverers of punishment' (p. 321). Research suggests that typically, prison officers appear to be unconvinced by the effectiveness of offending behaviour programmes in prisons, especially for those convicted of sexual offences. This notion was evident in the second theme two of this systematic review, indicating that prison staff experienced negative impacts as a result of working with sex offenders. Aside from the stigmatisation experienced on a social level, they found it difficult to see the person as separate to their offence.

Indeed, Johnson, Hughes and Ireland (2007) found that prison officers tend to view sexual offenders in a more punitive light compared to prisoners convicted of non-sexual offences. Mistrust characterised the relationships between officers and prisoners with officers reporting that prisoners were not trustworthy and were generally unpredictable and volatile (Gredecki & Horrocks, 2017). These observed characteristics and the reciprocal lack of trust were exacerbated by the element of security provision in the role of prison officers.

It has been argued that ultimately, perceiving prisoners as ‘bad and untrustworthy’ (p. 303) excuses and explains the fact that they are in prison (Gredecki & Horrocks, 2017). This view could potentially enable officers to perform their security duties whilst allowing them to distance themselves from the prisoners. This process of de-humanisation allows officers to detach themselves from prisoners, especially when they find themselves in the dilemma of care or control (Stohr, Lovrich & Wood, 1996).

Previous quantitative research has found that prison officers with a friendly interpersonal style were more enthusiastic about working with all prisoners, including those with more complex presentations compared to officers with a more controlling or passive interpersonal style (Gredecki & Ireland, 2012).

Gender Differences

The majority of the reviewed studies included interviews with female staff members and one was conducted exclusively with female prison staff in a therapeutic community. With the exception of Tait (2011) associating gender with the provision of care in mainstream prison environments, no other studies presented evidence of gender differences. Research outside of this review has identified minimal gender differences in the delivery of the operational roles and duties of a prison officer. However, Arnold, Liebling and Tait (2012) have noted that often, female prison officers typically offer a more ‘personalised,

human service approach' (p. 478). In addition to this, Stevens (2013b) explored the relevance of prison officers' gender in the rehabilitation process in a therapeutic community and found that for both residents and staff, female prison officers in a therapeutic community play a significant role in offender rehabilitation. It is suggested that the presence of female officers enables the development of attachment between residents and female staff, who are seen as naturally able to provide care but also to defuse tensions during incidents of verbal aggression that might often arise in a custodial environment. Female staff were described as 'safer' than men and more able to motivate and encourage residents to develop empathy and sensitivity, especially toward female victims.

Nevertheless, Crewe (2006) and Stevens (2013b) noted that it is important to consider that female officers can be perceived as a threat by male prisoners, in terms of gender dominance and attitudes of hypermasculinity and that consequently, devaluing and degrading a female member of staff could be easier than doing so to a male member of staff.

Impact of Prison Work

In the present review it has been discussed that working with prisoners can have an impact not only at a professional but at a personal level also. Findings presented earlier in this review showed that prolonged offender contact, especially when working with individuals with complex needs and personality difficulties can be stressful and can impact on mental wellbeing and lead to burn out (Bond & Gemmell, 2014).

It has been recommended that individuals embarking upon a job role with an element of emotional intensity should be able to differentiate between their personal and professional life (Ashforth & Kreiner, 2002), a finding which is consistent with that described by McManus (2010). Furthermore, Ashforth and Humphrey (1995) described the four most prevalent ways to deal with the emotional aspect of high intensity roles and suggested that

individuals engage either in neutralising the emotional impact, buffering it (or avoiding it), overemphasising it or normalising it, thus making it more socially acceptable.

Further research into the impact of offender contact on emergency services workers such as police officers has been well-researched. Indeed, a study by Johnson et al. (2005) confirmed that psychological health was significantly compromised for police officers compared to other occupations. This has been further confirmed by other relevant studies (Griffin et. al., 2010; Lambert, Hogan & Altheimer, 2010). Interestingly, police officers' contact with offenders is not as prolonged as it is for prison officers, who spend the entirety of their working day with prisoners.

In his book about doing prison work, Crawley (2004) suggested that contact with offenders in a therapeutic capacity can engender a 'fear of moral contamination' (p.281). This notion is not uncommon in studies examining the impact of working with perpetrators of sexual offences and the impact of those offences on staff. This finding is consistent with the findings in the study by McManus (2010).

Furthermore, Kinman, Clements and Hart (2016) reported findings showing that prison officers have the poorest mental wellbeing compared to other emergency services personnel. The impact of environmental factors such as prison culture on the mental wellbeing of prison staff was explored by Nurse, Woodcock and Ormsby (2003). They found that poor organisation and lack of resources can exacerbate stress levels and lead to burn-out in prison officers.

Brookes (2010) published a study that examined the support mechanisms in place for prison officers working with sexual offenders in a therapeutic community setting; it was identified that supervision, the opportunity to de-brief and the opportunity to attend training were very useful for the officers' well-being and provided evidence of a supportive work

environment (Brookes, 2010). This finding is not dissimilar to the positive impact of peer support and team cohesion described earlier by Bond and Gemmell (2014).

These observations in the literature highlight the pivotal role of engagement in reflective practice as a way to alleviate experiences of vicarious traumatisation (McCann & Pearlman, 1990) and reduce burn-out in prison staff. Understanding the way prison staff experience interpersonal relationships with offenders, including being unable to see the person separate from the offence, can contribute to the expressions of empathy and sincerity. These qualities can contribute to positive responses from prisoners and become important parts of the treatment engagement (Kadambi & Truscott, 2003).

Statistics reveal that in just under half of the prisons inspected in the period 2016 to 2017, prison officers had inadequate training regarding knowing when to request support from the mental health team (HM Chief Inspector of prisons, 2017). Contrary to other professionals working in prison establishments, such as mental health professionals or staff working in the prison education department, prison officers do not usually receive specialist training before they join the Prison Service. Concerningly, prison officers usually do not receive specialist training when delivering accredited offending behaviour programmes and group interventions, which has been found to have the potential to increase offending behaviour.

Job Satisfaction

The impact of working with individuals with complex emotional needs described earlier as paradoxically may bring job satisfaction (Vyas et al., 2017). Similar findings have been reported by Freestone et al. (2015) and Kurtz and Turner (2007) who, despite identifying stress and burn-out as a consequence of working with this particular client group, they concluded that staff often gain satisfaction from challenges of the work place.

Limitations

The findings of this systematic review should be interpreted with a consideration given to its limitations in terms of the included studies. Future systematic reviews could expand the inclusion criteria to include further sources such as quantitative studies and ‘grey literature’ such as government papers and doctoral theses. This may enable researchers to access and screen unpublished studies in addition to journals that may not have been peer-reviewed.

Another limitation is that the qualitative nature of this systematic review may make it susceptible to bias. Undoubtedly, uncontrolled studies have the potential to be susceptible to bias (Petticrew & Roberts, 2008). As noted earlier in this review, one way to avoid risk of identification and selection bias could be to solicit independent review in order to evaluate the identification criteria, the chosen studies and the criteria assessing the quality of the included studies. Due to time limitations and the fact that this research was conducted by myself as a lone researcher, an independent review in order to eliminate identification and selection bias, was not completed.

According to the hierarchy of research evidence, systematic reviews are positioned at the top of the pyramid of evidence, providing the most robust way to systematically review all available studies on a particular topic. A systematic review involves a comprehensive critical appraisal of research designs used in the studies under review, and applies pre-defined criteria.

The present systematic review is not concerned with the effectiveness of interventions or the appraisal of research designs. Consequently, evaluation of the findings of each included study and generalisation of these findings can be challenging since by their very nature, qualitative studies are open to interpretation and focus on lived experience. This

means that different researchers may have interpreted the reviewed study findings differently and may have identified different themes.

An additional limitation of data generalisation is that due to the diversity of professional staff groups and establishments, findings cannot be generalised across custodial environments, such as the female prison estate. Further, findings cannot be generalised across all therapeutic communities since some therapeutic communities specialise in the treatment of addiction whilst others are intended for individuals with a forensic history.

I am mindful that restricting the reviewed studies to those of qualitative methodology excluded quantitative studies which might have provided useful input.

Finally, restricting the reviewed studies to those written in the English language and referring to studies conducted in prison establishments in England and Wales, potentially excludes relevant research findings from other languages and other countries, limiting the generalisability of findings.

Conclusions

This systematic review employed the use of qualitative research in order to identify the experiences of prison staff working in negotiating the dual aspects of their role, working with offenders in therapeutic, psychologically informed and mainstream prison environments in England and Wales.

Overwhelmingly, this review found that prison staff and in particular prison officers value their opportunities to interact with prisoners in all environments. Drawing upon studies that involved interviews and fieldwork with prison staff including therapists and officers, male and female, in mainstream and therapeutic environments, this systematic review found that often staff experience a clash between the punitive and therapeutic aspects of their role. Staff working in all environments reported that working with offenders, particularly with

those who have committed sexual offences, can have a negative impact on the experience of interpersonal relationships. Prison staff particularly in therapeutic environments found their jobs rewarding and enabling them to achieve personal and professional development.

Changing Public Perception

Fundamentally, prisons are environments for containment and management of those intentionally deprived of their liberty. They are rarely regarded as therapeutic environments and it is often believed that there is an incompatibility between prisons and therapy (Collins & Nee, 2010; Hardesty, Champion & Champion, 2007; Pont et al., 2012; Walsh, 2009).

The findings of this review have highlighted the need to focus more on the physical and psychological environment, including working continually to improve staff-prisoner relationships. More initiatives such as the keyworking scheme are needed and both further research and the continual evaluation of such interventions to develop an evidence-base of what works in mainstream prisons whilst applying the principles of therapeutic and specifically designed prison environments.

A Comment on Data Synthesis

The synthesis of data that draws upon smaller scale research in the experiences of officers in mainstream and democratic therapeutic prisons has highlighted the need for a more thorough investigation of the characteristics of staff-prisoner relationships. Some custodial environments offer opportunities for meaningful interactions and foster truly relational interventions which allow social reintegration of otherwise stigmatised and alienated offender groups.

The empirical project which forms the second part of this thesis explores what these interactions are like for residents in a prison therapeutic community. However, it is clear that

more consideration should be given to the ways prison staff experience the physical and psychological environment and what are the factors that enable or hinder social interactions with prisoners and colleagues. This systematic review highlighted that prison staff can vacillate between care and custody, often finding it difficult to incorporate care into their role, especially when confronted with the dark narratives of serious offending. In the extraordinary prison therapeutic communities, qualities such as empathy, care and responsiveness may exacerbate this conflict between care and custody.

Recommendations and Future Implications

This systematic review was conducted as part of the requirements for the completion of my doctoral thesis. Nevertheless, the findings can be used to provide an in-depth understanding of the experiences of prison officers in therapeutic communities, PIPEs and mainstream prisons in terms of their care and custody role. The findings of this review can be used to further understand how this dichotomy may impact staff relationships and the interactions between staff and prisoners across custodial environments. The use of CASP to evaluate the quality of the selected studies has positively contributed to the validity of the findings. However, two studies did not explicitly make reference to ethical considerations and one did not explicitly refer to future implications. Going forward the pivotal role of confidentiality in research should be honoured by researchers, in order to provide reassurance that ethical practice has been adhered to. Furthermore, research implications should be mentioned as part of standard practice in order to inform future research and practice and highlight the applicability of the study findings into the objective reality of custodial environments.

Crawley (2004) acknowledged that to date, there has been limited interest concerning the psychosocial impact of prison work on prison staff and prison officers. This systematic

review has attempted to pull together data in order to present relevant research findings and inform future research projects. I acknowledge that the impact of prison work on prison staff is of a diverse and multifactorial nature and may depend on several factors such as the nature of the prison environment and the provision of support, peer or managerial, to prison staff. Larger scale research may provide beneficial evidence on the impact of prison work in staff groups working in a custodial setting.

Therapeutic environments such as PIPEs and therapeutic communities are environments that foster social interaction and promote values of rehabilitation and inclusion. Mainstream prisons have severe limitations due to the considerable lack of resources and the greater focus of staff on security and less so on rehabilitation. In therapeutic prison environments, support is available to uniformed staff and takes different forms, varying from peer support to reflective practice and supervision. Staff in mainstream prison environments often lack the support to process and make sense of their experiences. Staff in PIPEs and therapeutic communities receive training and are more psychologically-informed, thereby enabling them to work more effectively with residents with complex needs. Prison officers in mainstream prisons are rarely given the opportunities to develop a better understanding of 'the pains of imprisonment' (Sykes, 1958). With all this in mind, further research should be conducted to explore the impact of team cohesion and the provision of support on prison staff in all types of custodial environments.

As indicated by the findings of this systematic review, a deeper understanding of group processes and dynamics contributes to professional and personal growth. Going forward, good practice (such as strengthening team cohesion by reflective practice and regular supervision) taking place within custodial environments could be shared with other establishments and potentially aid the development of policy and practice around staff training and skills development. These opportunities could shield staff against burn-out and

may encourage the development of positive relational opportunities between staff and prisoners. Literature suggests that positive relationships between staff and offenders correlates with treatment motivation and maintenance (Mann, Hanson, & Thornton, 2010; Mann & Shingler, 2006).

Furthermore, it be useful to explore the impact of prison work and the experiences of prison staff and officers taking into account cultural differences, including collecting data from culturally diverse establishments in London or broadening the research criteria to include studies conducted outside of the UK. Jones (2018) borrowed the term ‘culturally competent staff’ (p.104) to highlight the need for cultural sensitivity, especially well dealing with traumatised individuals and encourages reflective practice for staff to identify cultural insensitivity practices and ways to deal with it.

The first part of the systematic review focused on the extensive challenges faced by prison staff and the Prison Service and has indicated how these challenges can have a detrimental effect on attempts to support and rehabilitate prisoners. Considering the tremendous financial and social cost of reoffending (Polden, 2010), it is pivotal to explore new avenues that could encourage change within the prison system. It is evident in the literature that offending behaviour intervention facilitators put limited trust on behaviour modification interventions, particularly in terms of maintenance of behaviour (Collins & Nee, 2010). This can be further exacerbated by the fact that staff have no means of confirming that change has actually occurred. The findings of this systematic review have highlighted the need to arrive to a deeper understanding of the interaction dynamics and the potential for positive interactions between prison staff and prisoners that would surpass behaviour modification. Further research would contribute to the development of an empirically nuanced conceptual framework about how prisoners can be encouraged to re-connect, develop and crucially maintain pro-social behaviours. The development of future offending

behaviour interventions should have a strong person-centred element. Shifting the focus of interventions from making sense of the deviant or violent behaviour to making sense with the prisoners may prove a valuable step in offender rehabilitation and desistance.

The findings of the reviewed studies are encouraging in the sense that there is certainly potential across custodial environments to improve the psychological and physical conditions of imprisonment. This would extend beyond making imprisonment 'easy' to making it 'meaningful'. Crucially, the need to improve the custodial reality for staff as well as prisoners is far from absent. Opportunities to reconnect whilst adhering to boundaries that are found in abundance in therapeutic environments could be adapted and applied to mainstream custodial environments. Schemes such as 'Every Contact Matters' could be expanded further and provided with practical resources (such as staff members to provide supervision or debriefing) in order to become more engrained in the practices of the mainstream prisons.

Lastly, the insight provided into the conflict experienced by prison staff whilst navigating their caring and custodial aspects of their role should be explored further. Future research would be valuable, especially in therapeutic custodial environments (PIPEs and TCs), where prison officers are expected to adopt a psychologically informed way of working with offenders. A deeper understanding of the experiences of newly appointed prison officers in therapeutic environments could inform policy related to staff induction and training. Training may include raising awareness on psychological concepts such as the attachment theory and support the development of links between theory and practice. Other concepts may include group dynamics and awareness of therapy interfering behaviours, such as drug taking and self-harming, which have a detrimental effect on the safety of the environment and are resource-intensive, contributing to burn-out.

Originality and contributions*Qualitative Methodology of Systematic Review*

Systematic reviews provide information about intervention effectiveness and it is clear that their methodology is more often than not quantitative. With previous systematic reviews having extensively explored the effectiveness of Therapeutic Communities, the current project set out to explore not *what works* but rather *what matters*. It consequently embarked upon a qualitative systematic review, following the principles of Narrative Data Synthesis (Popay et al., 2006). To my knowledge this is the first qualitative systematic review to consider prison staff across the prison estate, identifying a clear gap in the research which would benefit from further exploration. Furthermore, the findings contribute to our understanding of the ways prison staff negotiate the dichotomy between care and custody.

Study Two

A study of Intersubjectivity, Social Inclusion and Meaning Making in a Therapeutic Community

Abstract

Introduction: Literature suggests that social encounters can have a remedial impact on individuals that have experienced multiple adversities and social exclusion. Mainstream custodial environments have been criticised for providing an unsafe physical and psychological environment and limited opportunities for positive interactions. The provision of a safe, supportive and enabling environment has been linked with the facilitation of therapeutic change in prison therapeutic communities, where ordinary social interaction is valued and encouraged. **Aim:** To explore the elements in the prison therapeutic community environment that enable a connectedness and make interactions truly intersubjective, enabling individuals to reconcile with themselves and others. **Method:** Semi-structured interviews with six residents from two therapeutic communities at HMP Grendon produced narratives which were subsequently analysed following the principles of Interpretative Phenomenological Analysis. **Results:** Three themes were identified: relating to others, community living and motivation to engage. The emphasis is on the co-construction of a shared meaning and understanding with other residents and the importance of trust and physical and psychological safety. Even when residents experience ambivalence and dilemmas, pragmatism allows them to be grounded within the community and securely move towards rehabilitation. **Limitations:** Very limited data from individuals that have committed sexual offences leaves a gap in their experiences of sharedness and jointness within a therapeutic community and their opportunities to reconcile and reconnect. Individual interviews prevented the observation of intersubjectivity between community members in the here and now. **Originality and implications:** The applicability of a fundamentally psychoanalytical and theoretical concept (intersubjectivity) within an empirical project marks

the emergence of a new concept within Forensic Psychology. The theoretical framework of this project has important implications in the way trauma is perceived and suggests a shift in perspective from a fundamentally cognitive to a relational and interactional concept. Avenues for further research are discussed focusing on the creation of the necessary conditions to strengthen social relationships in custodial settings.

Introduction

Literature on prisoner rehabilitation and desistance from crime has shown an increasing recognition of the role of the social environment in the development of a new identity, meaning making through narrative, sense of belonging and connectedness. As highlighted by previous research (Veale, Gilbert, Wheatley & Naismith, 2015), there are areas in need of further exploration which are related to the facilitation of change and the experience of group processes within a therapeutic community. Perceptions of the therapeutic environment in relation to narratives of social inclusion and belonging, perhaps in contrast to previous experiences of social exclusion is a matter that in particular needs further exploration (Needs & Adair- Stantiall, 2018).

The therapeutic nature of the therapeutic community environment elevates the likelihood of capturing narratives related to transitions and change as residents are ‘standing on the edge of change’. It is important to note that this transition is not hypothesised to be sourced from ‘within’ the person; instead, the focus is on the interpersonal factors informed by the framework of a relational environment. In other words, this transition is informed by what goes on between individuals (Needs, 2018).

Many individuals that form the forensic population are likely to have experienced multiple adversities, which makes the nature of their difficulties complex, characterised by guardedness and mistrust. Mainstream prison wings rarely offer positive relational opportunities, often instead promoting prison subculture and threat responses (Scott, 2015; Shuker, 2018).

In order to be able to make sense of their experiences, reflect on past behaviours and develop a stable self-identity, individuals require a safe, supportive and enabling environment that provides psychological containment of distress and encourages openness and communication. These conditions have also been seen as necessary facilitators of therapeutic

change in therapeutic communities and psychologically informed custodial environments (Haigh, 2013; Mikulincer & Shaver, 2007). In order to be able to understand the facilitation of change in terms of identity and rehabilitation, it is necessary to develop an understanding of contextual influences in a therapeutic community environment.

The Origins of Therapeutic Communities

Therapeutic community interventions for offender rehabilitation have been part of the criminal justice system for many years. The origins of therapeutic communities can be traced back to the Second World War; these communities were residential programmes for ‘shell-shocked’ soldiers that aimed at providing treatment and rehabilitation underpinned by psychoanalytic principles without neglecting to draw upon the developing understanding of sociopsychological principles of group processes (Stevens, 2013b). The modern term that would describe ‘shell-shock’ best is post-traumatic stress disorder.

Around the same time, psychiatrist Maxwell Jones began sharing with his patients the outcomes of his research on a non-medical condition termed ‘effort syndrome’, not dissimilar to the modern diagnosis of panic attacks (VandenBos, 2007), which was first observed in American soldiers that appeared to have strong psychosomatic symptomatology (Stevens, 2013b). Group discussions were encouraged whilst interactions amongst the peer group but also between patients and staff were seen as beneficial by Jones (1952) who had essentially created the conditions for flattened hierarchy. This notion was later described by Rapoport (1960) as one of the core components of a therapeutic community.

In 1943, Bion and Rickman in Northfield military psychiatric hospital in Birmingham, attempted to treat the ‘social elements of patients’ neuroses’ (Roberts, 1997, p.14) by attempting to alleviate the devastating social impact of war through group participation and group interaction.

In 1945, Tom Main's work in Northfield hospital is considered to have created the 'philosophy' (Stevens, 2013b, p. 18) underpinning therapeutic communities. However, it is noted that Main was not the first to use the term 'therapeutic community'; Harry Stack Sullivan spoke about a 'therapeutic camp or community' in an essay in 1939 (Mills & Harrison, 2007, p. 215).

Prison Therapeutic Communities

The East-Hubert Institution (Parker, 2007) opened in 1962 as the first prison democratic therapeutic community (DTC). It is now known as HMP Grendon and is the only prison in this country to run exclusively as a democratic therapeutic community.

The guiding principles underpinning DTC practice are: democratisation, communality, reality confrontation and permissiveness (Haigh, 2013; Polden, 2010; Rapoport, 1960; Stevens, 2010). Democratisation refers to involving the whole community in shared decision making (in accordance with prison requirements and limitations). Communality refers to co-existing respectfully and reality confrontation to keeping self and each other accountable for their actions through constructive feedback. Lastly, permissiveness describes a culture of tolerance and acceptance of others. In addition to these principles, Shuker (2018) described the values of decency, humanity and respect as critical for the successful operation of therapeutic communities in prisons.

Providing Therapy in Prison- a Paradox?

It can be argued that the stringent and inflexible prison environment can provide limited opportunities for meaningful relating to others and social development. Prisons are by default environments where social exclusion and alienation thrives and these experiences are particularly true for individuals facing long imprisonment (Hulley, Crewe & Wright, 2015;

Liem & Kunst, 2013). This experience of social isolation in custody was radically termed 'social death', however this concept is not new and has been applied to other settings such as nursing homes and mental health hospitals (Stearns, Swanson & Etie, 2019).

Consequently, individuals in custodial environments are likely to experience rejection and social isolation. Interestingly, Eisenberger and Lieberman (2004) noted that the physical and emotional pain are not experienced differently by individuals as the two have common neural networks and mechanisms. These 'overlapping neural processes' (Eisenberger & Lieberman, 2004, p. 298) indicate that experiencing social exclusion can literally be painful. Furthermore, the fundamental need to belong has been attributed to the distant past of human evolution when physical survival and group membership were inextricably linked (Baumeister & Leary, 1995).

Prisoners are often faced with survival dilemmas where they can either be vulnerable and be victimised or be tough and victimise others (Scott, 2015; Shuker, 2018). Social interactions are often fuelled by elements of prison subculture such as violence, illegal substances and contraband (such as mobile phones). Relationships with officers can be volatile and authority is usually rejected and resisted. Consequently, all these factors make the mainstream environment unlikely to offer conditions for connectedness, carry a therapeutic potential or encourage opportunities for change and desistance from crime.

Conversely, specifically designed prison environments, such as therapeutic communities, have an enhanced therapeutic potential which stems from their focus on the social context (Shuker, 2018). It has been suggested that focusing on the social context can have a mitigating impact on the experience of stressors in an organisational setting (Bliese & Britt, 2001). Furthermore, Needs (2018) warned that focusing predominantly on the person without taking the social context into account, would lead to an oversimplification of the offending behavior. Similarly, Shuker (2018) emphasised that the social context is necessary

in our attempt to understand offending behaviour. In therapeutic environments, the focus is on the consideration of the environment as a major contributor for delivery and effectiveness of therapy. In such environments, social interactions are enabled, encouraged and are intentional. Intentionality here refers to the shared understanding that is constructed and maintained within an environment that focuses on relationships.

Therapeutic communities are underpinned by the values of respect, decency and humanity (Brown, Miller, Northey & O'Neil, 2014; Shuker, 2018) which create the conditions for a safe environment that fosters healthy, professional and reciprocal relationships between community members. A sense of agency and responsibility are embedded in the environment. The objective of a custodial therapeutic community is not to purely contain prisoners. Rather, the predictability of the structured psychosocial environment allows community members to experience connectedness and safety and engage in 'transformative dialogue' (Gergen, 2009 p. 250) with other community members.

Reciprocal interpersonal exchanges between community members contribute to the experience of connectedness (Ware et al., 2007). Connectedness for Rettie (2003) goes beyond being socially present and encompasses a level of psychological involvement. According to Haigh (2013), experiences of connectedness in a therapeutic community are characterised by diversity in the sense that each member not only brings different qualities to the community but is also entitled to their own opinion and perspective, which can be different to the one held by the community.

Open communication and participation in the daily life of the community allows members to influence the structure of the community. The principle of 'flattened hierarchy' (Rapoport, 1960) or 'fluid authority' as it was later described to accommodate this value in the limitations of a custodial setting (Clarke, 2017; Haigh, 2013; Kemp, 2010) is embedded in community living perhaps less within the original definition of the term and more so

within the realms of active participation in the community. Brown et al. (2014) note that in a custodial environment it is unrealistic to expect a complete absence of hierarchy.

In a therapeutic community, authority is not assumed but is co-constructed within the group and shared with the group members. Everyone is expected to contribute and every community member is valuable. Clarke (2017) suggests that this notion of fluid hierarchy contributes to connectedness between community members and there is no place for the divisive 'them and us' culture.

TC Effectiveness and Evidence Base

The effectiveness of therapeutic community interventions has been extensively studied (Haigh, 2017) and has not been limited to prison therapeutic communities. There is a large evidence base for therapeutic communities for the treatment of addictions (DeLeon, 2000) and the overlap between the two is significant. Arguably, the pathway to recovery is by no means a linear process, involving personal and contextual factors which play a significant role in achieving recovery from substance misuse in a therapeutic environment (Kougiali, Fasulo, Needs & Van Laar, 2019).

The effectiveness of democratic therapeutic community interventions in custodial environments has been extensively researched but the focus has chiefly been on reconviction rates (Haigh, 2002; Shine & Morris, 2000; Shuker & Newton, 2008; Stevens, 2013b). Lees, Manning and Rawlings (1999) note that focusing on reconviction rates would mean that we would neglect to recognise other positive changes made by community members.

Shuker (2010) notes that therapeutic communities have provided considerable positive intervention outcomes for offenders in the criminal justice setting. However, so far it has been challenging to pinpoint the specific parts of the intervention that may be more beneficial than others in terms of offender rehabilitation. In other words, the research

community is not fully aware of the capacity of the positive changes that can be brought about by therapeutic community interventions in the prison environment. Furthermore, this would suggest that perhaps certain aspects of the therapeutic community interventions could be found applicable to and beneficial for mainstream prison environments. That said, it is evident that we have yet to see how and why therapeutic communities work (Brown et al., 2014; De Leon, 2000; Kougiali et al., 2019; Maruna & Lebel, 2012).

This insight into the process and the dynamics related to change has yet to be achieved as the research world has for a long time focused on ‘what works’ in forensic environments to aid rehabilitation and desistance (Brown, et al., 2014; Kougiali et. al, 2019). Therapeutic interventions in mainstream custodial environments have been criticised as ineffective, a belief held predominantly due to the fact that manualised interventions typically fail to consider the process of change and desistance (McNeill, 2012). Similarly, the clinical effectiveness of the therapeutic community intervention should not be the objective of a therapeutic community; rather the emphasis should be on the relationships that are fostered within the interpersonal environment (Dickey & Ware, 2008) as it is these relationships that will model the relationships with the outside world and prepare the offender to desist from crime (McNeill, 2012).

The Role of Narrative in Meaning Making: an Intersubjective Process

In the desistance literature, it is noted that the role of self-narratives is central (Burnett & Maruna, 2006) while Rocque, Posick and Paternoster (2016) argue that changes in offender identity and adoption of a more prosocial identity can predict desistance from crime.

For narrative identity theorists, the construction of identity is facilitated over the course of life through the integration of experiences into a life story (Stone, 2015). Social injustices and exclusion can have a detrimental effect on the construction of meaning and the

impact of traumatic past experiences may increase this sense of alienation from others (Needs, 2018). The development of a new identity, away from criminal values and the construction of a new self-narrative that promotes and sustains desistance could be through what Maruna describes as "tragic optimism": the ability to find meaning in the darkest parts of our past. This post-traumatic growth (Tedeschi & Calhoun, 2004; Vanhooren, Leijssen & Dezutter, 2017) is defined by change in the individual's views and perceptions of self and others which inevitably has an impact on the way this individual relates to others. Narratives provide the opportunity to contextualise and make sense of the past, explore the meanings of the current experience of incarceration and inform the future.

Having meaning in life has been positively linked with experiences of connectedness and belonging (Stavrova & Luhmann, 2016). In the therapeutic community context, meaning is co-created with other members and narratives of residents are influenced by the principles and values that underpin the community (Shuker, 2018).

When encountered with stressful life events, individuals often embark on a process of assigning meaning to these events. The examination of how this process is facilitated has attracted the attention of theorists from various areas of psychology; they have recognised the pivotal role of this process in the contextualisation of the human experience (Park, 2010; Yalom, 1980). More specifically, the process of making meaning has been considered in the context of loss, bereavement and trauma as well as in the context of violent offending (Adshead, 2014; Armour, 2003; Currier, Holland & Neimeyer, 2006; Gillies & Neimeyer, 2006; Janoff-Bulman, McPherson-Frantz, 1997; Neimeyer, 2006; Park, 2010; Park & Folkman, 1997).

Experts agree that the definition of meaning has conceptual difficulties (Ferrito, Needs & Adshead, 2017; Park, 2010). However, there seems to be agreement that meaning 'connects things' (Baumeister, 1999, p.15) and the process of making meaning is a process of

making sense of the experience, searching for benefits and acquiring changes in identity (Neimeyer, 2006).

Park (2010) has proposed a meaning-making model underpinned by various theorists in an attempt to explore the process of making meaning when one is confronted with adversity. Park (2010) suggests that individuals hold global meaning comprising of core schemas and belief patterns about the world, the self and the interactions between the two but also values and subjective goals about all aspects of the human experience including the notions of relationships and achievements.

Typically, the occurrence of a particular event leads the individual to develop a situational meaning, which includes evaluations of the event in light of the schemas and patterns existing within the individual's personal global meaning (Park, 2010). If the individual identifies a discrepancy in meaning between their crystallised core schemas and the situational meaning then it will experience distress. Subsequently, the individual engages in further meaning making in order to either make the situational meaning match with the global meaning or engage in a process of altering the global meaning in order to encompass situational meaning. These processes have been termed assimilation and accommodation respectively (Joseph & Linley, 2005).

Ferrito et al. (2017) described the abilities to make meaning as unique to each individual but noted that the inherent complexity of making meaning of life events involving violence and aggression, is a far intricate process not only for the victims and their families but so too for the perpetrators. There is paucity of research relating to exploring meaning making in perpetrators of violence (Ferrito et al., 2017) however, it is acknowledged that the embarkation of an individual on a mission to make meaning from lived experiences may engender positivity of self-identity. A potential subsequence of this exploration and attaining a self-identity is the development of more pro-social values and a more adaptive and healthy

way of relating to others (Giordano, Cernkovich & Rudolf, 2002; Laub and Sampson, 1993, 2003; Maruna, 2001; Stevens, 2012).

Offenders, particularly those who have committed crimes of interpersonal violence are more likely to desist from reoffending and have demonstrated positive outcomes when they engage in meaning making (Maruna, 2001; McAdams et al., 1997; Stavrova & Luhmann, 2016; Wright, Crawford & Sebastian, 2007). It can be argued that the exploration of the narratives of offenders can enrich our understanding of violent offending (Presser, 2009; Youngs & Canter, 2012) and support them engage in meaning-making.

The application of narratives to re-construct and shape meanings of individuals with offending behaviour is not a new concept; Adshead (2014) worked with perpetrators of homicide of a stranger in a high secure psychiatric hospital and described the process of meaning making in a group setting. Adshead (2014) states that narratives are re-constructed, context is included and meaning is gradually assigned to the stories which enables a deeper understanding of the behaviour surrounding the offence. When these narratives become coherent and encompass attempts to make meaning of the offending behaviour and develop a reformed script (a new story), then the likelihood of desistance from crime is higher (Maruna, 2001).

Undoubtedly, the offender's willingness to participate in the process is a pre-requisite to successful rehabilitation. In order to make sense of one's offending behaviour inherently requires the individual to shift from avoiding or denying the behaviour to engaging in the process of accepting it. Acceptance is dynamic in nature and requires the individual to take responsibility for their actions. Crucially, this process of acceptance cannot occur in social isolation but it must proceed within the social context (De Jaegher & Froese, 2009; Ferrito et al., 2017).

The Co-construction of a Narrative Identity in the Interpersonal Context

It has been suggested by Jenkins (2014) that the process of identity conceptualisation is a dynamic process rather than a concept one has or arrives at.

In the field of substance misuse, group membership and the development of a social identity have been found to play a significant role in the journey to recovery for individuals with substance misuse. Theorists have drawn upon Social Identity Theory (Tajfel et al., 1979) to explore what enables recovery from substances in the context of a therapeutic community and have found that the emergence of a new social identity is critical as it effectively gives permission to the individual to transition from the identity of an addict to the identity of a recovered individual.

Research by Best et al. (2014) has concluded that emphasis needs to be shifted from the personal to the interpersonal aspect of recovery, suggesting that the development of a recovery identity is possible within a recovery group.

This transition in identity has also been captured in Stevens' (2012, 2013b) work presenting data from HMPs Grendon, Gartree and Send. Stevens (2012, 2013b) suggests that the therapeutic community regime, which is radically different to the mainstream prison environment (p. ii), encourages and facilitates a transitional identity through re-construction of the narrative trajectory of community residents. This she notes, enables the emergence of a 'replacement self' (Stevens, 2012 p. 6).

Narratives have been described as 'tools of meaning-making' (Kougiali, et. al., 2019, p.8) and are considered to play a crucial role in offender desistance. The work of Maruna (2001) on identity reconstruction through narrative is well acknowledged in the field of offender rehabilitation and desistance from crime.

Identity reconstruction is seen as a process of making meaning, enriched with psychological and social variables. Maruna (2001) observed that narratives of persistent

offenders focused predominantly on what prevented desistance, whilst their narrative was characterised by loss of hope and externalisation of blame. Conversely, offenders that had desisted from crime focused on transforming their previous experiences and identities through a wish to give something back. These acts of redemption were empowered by narratives of hope and agency (Maruna, 2001).

The dynamic nature of the desisting offenders' narratives suggests a strong sense of agency and responsibility but also control over the lives of desisting offenders (Maruna, 2001). These elements have been found to be fundamental for rehabilitation and desistance (Liem & Richardson, 2014) which is clearly a socially mediated process (Kougiali et al. 2019 p. 25).

It is important therefore to recognise that narrative identities do not develop in a vacuum but rather, are shaped by social interactions and emerge within these (Davies & Harré, 1990; Presser, 2010).

Intersubjectivity

According to Gillespie and Cornish (2010), intersubjectivity is a conceptually challenging notion; they attempt to define it as a shared understanding of an object and propose that research now needs to shift from analysing the individual to the analysis of relationships between individuals.

One of the ways to examine the intersubjective processes that occur between individuals is to examine the co-development of their narrative and the shared process of meaning making of their experiences. Of course, these concepts cannot take place outside the social environment and outside the context of interpersonal relationships. Salvatore and colleagues (2010) argue that the development of meaning is a dynamic, ever evolving process that emerges within the intersubjective space between the client and their therapist. It has

been suggested that examining the intersubjective processes of meaning making would allow a deeper understanding of the therapeutic process (Salvatore, Tebaldi & Poti, 2009).

Applying this into the context of a therapeutic community, meaning emerges and is co-constructed by the community, with group members engaging in a dialogue that facilitates new understandings and new meanings.

Salvatore et al., (2010) have suggested that so far, there have been considerable methodological limitations in the study of intersubjective meaning-making, explaining that analysis has focused on fragments and parts of the process (such as semantics). They propose a more holistic examination of the process although they acknowledge that there is a significant limitation in available methodologies. Nonetheless, Salvatore and colleagues (2010) suggest that the process of meaning making is studied at a systems level and the focus of this study is to be placed on the process itself.

Can intersubjectivity be observed through interviews?

Scepticism has surrounded intersubjectivity, which has been described as an ‘abstract principle’ rather than a ‘psychological phenomenon’ (Bohleber, 2013, p.94). This could raise the question of how intersubjectivity can be observed through one to one interviews.

Intersubjectivity is not observed during individual interviews but rather the shared understanding is conveyed through narrative which is then organised in emerging themes through the use of IPA. Individual narratives showed how subjective realities were co-constructed to form intersubjective realities, based on mutuality and reciprocal awareness.

Interviews carried out on a group level may have provided this study with a collectively shaped rather than a personal account of experiences. Simultaneously, group interviews may have accommodated the concern in the literature about the immediacy of

intersubjectivity (Bohleber, 2013, p. 94) and the focus on *hic et nunc* rather than a retrospective exploration of intersubjective experiences.

Method

Aims

The present research is a qualitative exploration of relational experiences of prisoners (henceforth referred to as residents) in a therapeutic community. The study aims to increase our understanding and awareness of residents' experiences of the interpersonal environment of a therapeutic community at a peer level and with professionals with whom residents come into contact and interact. The study also aims to explore the process of co-creation of meaning with other community members.

The purpose of this empirical study is to explore what is it like to be a member of a therapeutic community, how do residents make sense of their self and others within the community and what are the elements of the physical and psychological environment that contribute to reconciliation and encourage connectedness.

Ethics

I submitted an application for ethics review to the Science Faculty Ethics Committee (SFEC) of the University of Portsmouth, England. A favourable opinion (reference number: SFEC 2019-030) was received on 10th April 2019. The research proposal has granted ethical approval by Her Majesty's Prison and Probation Service (HMPPS) National Research Committee (NRC) on 9th July 2019.

I adhered to the British Psychological Society (BPS) code of human research ethics (2014), the BPS code of ethics (2018) and Health and Care Professions Council (HCPC) code of conduct (2016).

Participants and Recruitment

Research participants were residents at HMP Grendon, a category B prison operating exclusively as a therapeutic community. Participant recruitment took place during a meeting in August 2019 at HMP Grendon DTC. I met with six research representatives from A, C and D wings in order to introduce the objectives of the proposed study. Discussion between myself and residents was encouraged and facilitated and participant information sheets were given to all attendees (appendix 3). Each resident wrote their names and availability for interviews on a piece of paper that was left with staff at HMP Grendon.

I aimed to recruit a total of up to eight participants, consistent with the principles of the chosen method of analysis.

Gate passes were arranged for myself for three days, starting from 17th October 2019. On the first day I interviewed participants from C wing, then D wing and the third day the plan was to interview participants on A wing.

A list of names of 11 individuals was given to me upon arrival to HMP Grendon, six of which were residents I met with during the initial meeting. Five were residents on C and D wings that had heard about the project and expressed their interest to participate.

Six interviews in total with three participants from C and three from D wing were conducted. The two residents from A wing that had expressed interest in participating in the project, were not interviewed as they did not request backing from the community in time to enable them to participate in the project. This was due to a misunderstanding; the two A wing research representatives who attended the initial meeting with myself thought that backing was not required for this study. The remaining three individuals from C and D wings were not interviewed as they were not available when I was, due to clashes with their daily schedule (attending work or exercise).

Information about the demographic characteristics and offence types were relayed to myself by an administrator as computer access was not permitted. All participants were white and British. Their age range was between 26 and 64 years, with a mean age of 39 years. Five participants were convicted of a violent offence and one of an offence of a sexual nature. The offences included robbery (one participant), assault (one participant), burglary and theft (one participant), murder (two participants) and rape (one participant).

The elapsed time spent in the therapeutic community varied from one week to five years. All participants had been incarcerated for violent offences and all participants had been imprisoned for periods in excess of a decade.

Inclusion Criteria

Any resident willing to discuss their experience of being part of the DTC was welcome to participate in the study. Initially, I was not planning to interview residents that had been allocated to a wing less than two months. However, following the on-site meeting, it was felt that those contributions would provide valuable insight into the experiences of newly transferred residents and effectively capture the narratives of individuals as they were ‘transitioning into’ the community.

Exclusion Criteria

Therefore, no exclusion criteria were applied and the invitation to participate in the study was open to all individuals, on the condition that they resided in one of the therapeutic communities. Consequently, prisoners in the assessment unit of HMP Grendon were not approached.

Consent

I recognised that it was of paramount importance to ensure that all participants expressed in written format their informed, voluntary consent to participate. In order to achieve this, potential participants were given a participant information sheet (please see appendix 3) detailing the purpose of the research and what it would mean for them should they decide to participate.

A detailed consent form (please see appendix 4) was given to each participant prior to the commencement of each interview. None of the participants indicated that they required help reading or making sense of the form. The form was written in a clear way to ensure understanding and any specialist language and terms were avoided, with respect to the different levels of literacy in the prison population.

Semi-structured interview questions

In order to generate a list of questions for the semi-structured interview, I outlined a list of relevant topics, to inform the formation of the questions. The topics and initial questions for each topic were: **(a)** Environment, connectedness and relationships (initial question: how do you get on with others here?) **(b)** Relationships with staff (initial question: how are staff members here?) **(c)** Previous experiences of adversity (initial question: what was it like growing up?) **(d)** Transitions and change (what is coming next in your life story?). A combination of open and closed ended questions was used, in order to maintain some control over the discussion and navigate it to cover the topics outlined above and avoid overly-tangential accounts from the participants. Closed ended questions such as ‘do others see you differently now’ would allow me to request further elaboration ‘How so? What is different now? What have they noticed?’.

Data Collection

Data collection took place at HMP Grendon, a category B TC prison, made up of six wings, operating as relatively autonomous therapeutic communities. This includes one assessment and treatment preparation unit and five residential communities. One of the residential communities is for men whose offending has been sexually motivated and one wing for men with learning disabilities (TC plus).

The therapeutic activities at HMP Grendon include community meetings twice weekly, small groups three times a week and core creative therapies (such as art therapy).

Semi-structured interviews were conducted and I used an encrypted and password protected dictaphone to record them. Interviews took place in a quiet group room on C and D wings which had been pre-booked for the purpose of data collection. I had a list of questions to aid the interview process. The full list of interview questions can be found in appendix five. Interviews lasted between 30 and 60 minutes.

During the interview, most participants related their experiences in maximum security establishments and one participant spoke of time spent in a therapeutic unit for individuals with personality disorder and complex needs.

Data Saturation

Data saturation has been described as the ‘gold standard’ (Hancock, Amankwaa, Revell & Mueller, 2016, p. 2125) of research although there is an agreement in the literature that a clear set of guidelines indicating how much information is enough has not been developed (Fusch & Ness, 2015; Hale, Treharne & Kitas, 2008; Hancock et al., 2016).

In the words of Fusch and Ness (2015), when attempting to determine how much information is enough, the researcher should consider whether the available data is rich in quality or thick in quantity (p.1409). Data saturation in qualitative research is not simply

determined by the number of participants (Hancock et al., 2016). Instead, data saturation is thought to have been achieved when no new information comes to light within further interview. Hale et al., (2008) offer an interesting perspective on data saturation and IPA, suggesting that 'true data saturation is not possible' (p.91) but rather, it is more a case of finding everything the researcher could possibly find at this moment in time, in these particular circumstances.

For this particular project, I planned to recruit approximately eight participants. Interviews continued on C and D wings until all new information was repeated by participants. I had informed residents that had expressed an interest in participating in the research that they would be put on a waiting list. They were thanked for their interest to participate and were invited to the feedback meeting, following data analysis. I felt that after six interviews with residents of C and D wings, the account of A wing residents would be valuable and decided that data saturation had been achieved for residents with no sexual offending.

Data Analysis

All audio recordings and transcripts were stored in my password protected Google Drive account provided by the University of Portsmouth in a password-protected folder. Once transcription of audio files was completed, transcripts were anonymised. Transcripts were collated and line and page numbers were added for ease of reference and for identification of any emerging theme patterns.

Each transcript was analysed following the protocol of Interpretative Phenomenological Analysis (IPA, Smith, Jarman & Osbourne, 1999). More specifically, analysis of transcripts begun in the form of line by line analysis on a case-by-case basis in order to identify what is important for each participant.

Larkin and Thomson (2012) use the term 'staying close to the data' (p. 107) to describe this process. Reading and re-reading notes from the initial stage of coding, I identified emerging themes and patterns and engaged into the process of identifying potential relationships between themes and patterns.

Following this stage of analysis, information was organised in such way to being the development of a cohesive narrative to describe the experiences of each participant without neglecting to describe my experiences. Work was clustered around what matters and what are the meanings of it.

Interpretative Phenomenological Analysis

In Phenomenology, reality is perceived through the description of the lived experience. The existence of one perceived reality with common elements for individuals finding themselves in a particular situation is at the heart of Interpretative Phenomenological Analysis (IPA) which makes it a fundamentally subjective approach.

IPA is a qualitative analysis approach that analyses the way others make sense of their experiences. It is concerned with the exploration of meaning construction using narratives.

It is important to be mindful that IPA represents a contextual approach. More specifically, IPA explores particular experiences of particular individuals in a particular environment. In other words, it is concerned with what an experience means to an individual in a certain set of circumstances.

Undoubtedly, these experiences cannot be perceived or interpreted outside of interactions with other people and the world. IPA takes these interactions into account and suggests that it is these interactions with others and the world that shape individual experiences and perceptions of ourselves, others and the world. This 'intersubjective meaning making' (Larkin & Thompson, 2012 p. 103) offers authors the opportunity to explore which

experiences matter to the individual but also what the meaning and significance of these experiences is to the individual.

Inevitably, in the process of exploring and attempting to conceptualise the meaning of the experience, the researcher might find themselves asserting their own preconceptions, understandings, ideas or even biases about experiences identified by the participants. The ability in the researcher to recognise any potential researcher bias and reflect upon them is a valuable experience for the individual as IPA is a process that essentially calls for a double interpretation: not only the researcher engaging in the interpretation of the participant's narrative but also the interpretation of the researcher's own understanding of the narrative.

The process of IPA requires that individual narratives are examined carefully by the researcher in order to detect emerging themes and common elements in the narrative. Ross and Auty (2018) highlighted IPA as a method requiring engagement in a 'double hermeneutic' process (p. 65), whereby the author endeavours to make sense of the participant's narrative who is in turn endeavouring to find meaning of the experience.

For the purposes of this study, I identified IPA as most suitable method of analysis. The rationale for this decision was the notion that principles underpinning the IPA approach essentially provide the basis for the research question: what does it feel like to be part of a therapeutic community?

Results

Three superordinate themes were developed and nine subordinate themes (Table 2.1).

Table 2.1 Identified Themes

-
1. Relating to others
 - a. Trust
 - b. Support
 - c. Safety

 2. Community living
 - a. Responsibility and involvement
 - b. Boundaries and respect
 - c. Tolerating challenge

 3. Motivation to engage
 - a. Dilemmas and ambivalence
 - b. Disillusionment and being pragmatic
 - c. Previous experiences of exclusion
-

Theme 1. Relating to Others

This theme comprises three subordinate themes: trust, support and safety. All participants described the emphasis of the therapeutic community on relationship building between residents and between residents and staff. Without exception all residents referred to the three subthemes as essential components of the therapeutic community.

a. Trust

In the context of a prison therapeutic community, trusting others does not happen automatically. Indeed, residents acknowledged that sharing their stories with others required a level of trust and the ability to acknowledge vulnerability but not be burdened by it:

I think trust is huge and if you don't have that trust... everyone here 's in the same boat...when you've got to sit with these people and talk about your own trauma and trust that

they're not going to use that against you. They're not going to manipulate it in any way (Stephen, lines 204-207).

Well, yeah, [trust it is a big thing] because it's like you're talking about lots of things about your childhood. Okay. You talking about things you never told no one [inaudible]. For me, being 65 talks about things that happened 58 years ago. Yeah. I've never told anybody. So I'm telling this small group here, and you talked, you tend to bond with the smaller groups as well because that helps of course. Here you go. Small group. (Peter, lines 59-65).

Self-disclosure was not described as a barrier. Although trusting others happened gradually and it was presented as a natural process, it was enabled by the social environment. Interestingly, participants' did not make reference to their past experiences affecting their ability to trust others.

Breaking down barriers with officers and negotiating professional relationships with them was possible from as early on as arriving on the wing, often to the surprise of the new residents:

When I walked in reception here, the officer put his hand out, like...to shake my hand, you alright, my name is [...] and I just stood there, and I was like looking at him like, what are you doing? and I was like, wait, what are you doing? And he was like that's how we do things here mate.

Interviewer: what was that like?

Well, I said 'alright'. The only time on mains I would go to staff is if I needed toilet roll. Here is different. Here they are good people, do you know what I mean, I have made friends with them, if I was outside I'd go and have a drink with them. It's weird saying that and in my head I'm like, don't let my mates outside hear that (Matthew, lines 223-232)

The [prisoner] numbers here are low...they'll be two officers on the mainstream, two officers on the landing ...here there's always three or four and on here, everything gets done, nearly everything gets done. There is the work ethic as well, you know. (Peter, lines 790-794)

I was greeted with handshakes from members of staff, greeted by people who seemed to be genuinely interested in your journey (Stephen, lines 40-42)

So they encourage you to sit in the office with members of staff for instance, and you start building... a lot of people will have anti authority views coming from mainstream, prisons. So you're encouraged to have relationships, you know, positive communication with members of staff. And then my experience of coming over to here is...amplified in sense (Stephen, lines 111-117).

This experience of building trust during ordinary interactions with prison officers is echoed here:

In a mainstream environment, people are much more standoffish and so you don't build that relationship, so you don't really see a human being you just see a member of authority. Whereas here it's different because you get to know someone on a first name basis and you might just be talking about sport or something that happened on the TV or something like that, but over the course of time there's a certain element of trust that gets built up. Whereas that might not happen in the mainstream environment (Stephen, lines 187-195).

Stephen gently described how the officer as a 'member of authority' may have a pervasive influence on the way officers are perceived by prisoners. This influence is detrimental to the possibility of developing trust within a mainstream environment.

b. Support

Community support was an emerging subtheme for all participants. Support is inextricably linked with the other two subthemes of trust and safety. Peer support on a one to one basis offers a platform for reflection, although here, Peter describes a case of 'prison politics':

I've had conversations with people, they've ve said listen, you're hanging around with the wrong person here, you need to look at why he's hanging around with you...this fella is going to drag you down...I obviously take that on board (Peter, lines 672-675)

This culture of 'shadow motivations' do not seem to be exclusively a characteristic of mainstream prisons. Instead, to my surprise, Peter described how even in the supportive environment of a TC, individuals may have hidden agendas. The 'targeted' individual is unable to recognise that someone approaches them with an ulterior motive, until a third person or an outsider, offers a different perspective. In my view, this account may be an attempt to overly highlight the culture of transparency, honesty and support as opposed to relaying information about a culture of 'back stabbing'.

Experiences of support and encouragement were mentioned in the context of support from the staff team:

People in mainstream environments can...they, there's no support network there. No. Maybe you don't trust someone. Then how you letting go be able to go and speak to them about something important [...] or ask for help because you would think that they're in capable or too busy or whatever to...to help you with your own, with your own problem, which might not be property or you know, your canteen or...might be something about the way you feel and your emotional needs at that time. (Stephen, lines 211-222)

And all of the staff... they don't really share their own personal life, but they give you time, you know, and that's the difference.

Interviewer: how is that different?

well, I mean I guess I'll take it for granted now, but I mean I don't necessarily need as much time from them as what I probably did the first year I was here. I needed lots of support, lots of care and if we think about some of the newer members of our community, I see the ones that are there and that need the support and I understand it, but the thing is they [the officers] do get to know you and there's a few officers in particular they go on, but above and beyond. (Nathan, lines 301-308)

Support was also provided in the context of the wider community:

There's also a support network there as well, right, including staff, facilitators... (um), and it has to be because therapy for a lot of people would be very difficult (Stephen, 151-153)

Participants did not describe hesitation in asking for help or accepting support from other community members, despite the vulnerability inherent in this.

c. Safety

All participants made reference to tangible experiences of safety within the wing environment. Notably, no differentiation was identified in the participants' narratives between physical and psychological safety. Conversely, these two concepts appeared equally important:

I never lock my door, ever...some people do but I don't. I've never had nothing stolen here, unlike other jails. I mean, in other jails I've had people bust through the window and come in with litter pickers, stole my radio through the window. Here, it's safe... (Peter, lines 287-291).

And it's so massively different to mainstream. Yeah. Um, it's just, even the, the actual prisoners themselves seem to be much more relaxed as much more, less, less than, uh, less on the edge and let their guard down (Stephen, lines 145-148).

Suppose there's less on a wider scale, there's less anxieties around other things people because everyone is kind of on the same wave length. Everyone is trying to achieve something by being here. You kind of know there's not as much elements of danger. (Andrew, lines 150-156).

These accounts coincided with my experience of the TC environment during my visits for the interviews. The atmosphere on C, D and A wings was relaxed with no tensions observed.

One participant acknowledged that interacting with sex offenders is normal for Grendon:

I find that I don't care if I go to A wing and talk to people that are sex offenders. No problem for me. And I think also other people can that it's a downfall, right? Because you have to mix with these people, if you want a progress in this place, there's things you have to go and do with people from A wing. So I know I've never held that view [of avoiding sex offenders] from day one (Mark, lines 30-35).

This account encapsulates the inclusive philosophy of the community; it would be unlikely to observe this approach in a mainstream environment. In Grendon, residents are expected to contribute to a safe and inclusive environment, where interactions with other residents do not take place on the basis of their offence type. Perhaps residents are able to engage in reconciliation and accept that everyone deserves the opportunity to desist from crime, irrespective of who or how they have harmed in the past. The accounts of residents who have committed sexual offences would have been very valuable here, as I feel this provides an one-dimensional account of the experiences of safety.

Matthew reported that since he arrived in Grendon, he felt able to unpack, felt comfortable enough to call his cell a bedroom:

I've unpacked my bags and all my stuff's up on my wall...Cause that was one of the things I've noticed on the other wings, it should be on my file or something. It's always, I'm always prepared to move and get that ready to go and that. Right. But this is not the case now I've come here and after about four weeks I've unpacked and then put some pictures up and stuff like that. That felt weird because it was like I kept thinking I'm not ready to move if...you know what I mean. I felt a bit on edge and that and then I've come down here and I've unpacked straight away, put all my stuff in my cell, made it a bit like a bedroom as much as I can. (Matthew, lines 397-407).

His expectation to have to move shortly after landing on the wing was quickly replaced by feeling comfortable in the environment so much so that he decided to 'empty his bag' and 'put pictures on the walls'. The metaphors used here are striking: the environmental and psychological qualities of the community allowed Matthew to lower his guard and gave him the opportunity to feel comfortable and not hypervigilant, allow the community to handle the 'contents of his bag' by embracing the openness of the culture and the supportive nature of the environment.

Theme 2. Community Living

The second theme of community living cannot be understood without the first theme of relating to others. Indeed, these two themes have a coexistent relationship as community living cannot be sustained without trust, support and safety. These concepts are encapsulated within the therapeutic culture of HMP Grendon.

a. Responsibility and Involvement

Cultures that nurture practices of avoidance and resistance are not consistent with the therapeutic community ethos. Being actively present as a community member is an imperative part of each of the therapeutic communities at HMP Grendon and the expectation to be involved is clear to all residents. As one participant described:

there's a massive difference in, um...in mainstream prison, there's no real...the prisoners, don't have any sort of say anything, whereas you come here and I was amazed at the sort of inclusion that the prisoners have and there's certain jobs that you can get that in a way helps that process along with the individual (Stephen, lines 92-97).

Involvement in decision-making was described by Stephen who was recently allocated to the wing from the assessment unit:

like for instance, the chairman, so you, you'll be invited to meet people like yourself or you'll be invited to interview members of staff, uh, applying to work in Grendon, which would never happen in mainstream (Stephen, lines 97-100).

b. Boundaries and Respect

For participants, respect was linked with being treated as a human being:

[...] they call us a resident and actually you know that's quite humanizing being called a resident (Nathan, lines: 275-276).

[Officers are] willing to tell you the truth, but also treating, treating me as, as a man, not treating me as a captive (Nathan, lines: 312-314)

There's none of that you know 'get behind your door!' here, none of that...there is a human element (Nathan, lines: 315-317)

I was quite anxious coming here. I didn't know what to expect, everyone was being so nice...

Interviewer: did you consider people's motives?

No because it seemed quite genuine (Stephen, lines: 50-51, 60-61)

The human element in these interactions paired with the perceived authenticity of other community members may contribute to the development of a sense of worthiness; residents may feel permitted to see themselves as worthy of respect and perhaps even benevolence. Reinstating a sense of self-worth may alleviate experiences of shame, which in turn would allow for a larger capacity to reconnect with others.

Living respectfully is a cornerstone of community living, where everyone feels able to have a voice:

We have to exercise all of our own points of view and not often being able to talk by express my own point of view and have my own standpoint that um, I feel that kinda helps cause there's a confidence in that, people will either agree or disagree with you, but uh, you don't really get any really negatives from that. So I think, uh, yeah, I think it just helps cause I know I don't really have to be worried about what I am putting one putting out there (Andrew, lines 18-25).

However, living respectfully encompasses taking into consideration boundaries:

Interviewer: I noticed that you came into the office earlier.

Yes, you'd never be able to sit in an office and talk to somebody in their office in other jails. That that never happens, you know. But they'll chuck you out if you are inappropriately dressed, if you went in in slippers or shorts, they'd refuse. So there is rules. Boundaries...So

*if you go there [the office] and ask for your post you ain't gonna get it if you ain't got the right clothes on. You get told that.
(Stephen, lines: 337-345)*

For Stephen, each member of the community is expected to show responsibility and agency to contribute to the maintenance of boundaries and rules that underpin community living.

c. Tolerating Challenge

Being challenged by the community members, staff or residents is not dissimilar to the subtheme of active involvement and participation in the sense that residents attempting to avoid engagement will be challenged by the community. It is not unlikely for tensions to arise but these are contained within the emotional structure of the community.

Matthew described accepting and tolerating all aspects of community living has been challenging so far:

My first one [small group] lad in my group who was a sex offender and I didn't know before that, that was my first group before my big meeting, you know, anything. And when he said it he was sat next to me and everyone in the room went dead quiet because they said the blood had drained up on my face and I was shaking and um, I was just standing there and everyone thought I was just going to attack him. I was really struggling I couldn't even talk at for about a good 15, 20 minutes. I couldn't talk, I couldn't take my eyes off of him. Um, and then, uh, the meeting ended and staff talked to me and asked me if I was all right and I was just, it's just a shock to have someone sit down in front of me and say it up and not be able to do anything about it. It was tough man! (Matthew, lines: 169-181).

Matthew's story is incredibly powerful albeit dramatic. It looks like for him, during this challenge which seemed to last for a long time, it was difficult to hold his nerve and not react to the disclosure of sexual offending.

Mark described tolerance as crucial for the community, explaining that there was no other way but to learn to live with others:

In my last prison, I could form friendships and relationships differently. If someone annoyed me, I could distance myself from them. Right. I kind of, there'd be no objection to that. There'd be no fallout from it. There'd be no staff criticism for doing so. No expectations. That's exactly, that's it. And here there is no distance. No, if someone annoys you, get used to it (Mark, lines: 432-438).

All participants mentioned that developing tolerance to deal with being challenged has been a transformative experience that has provided them and others with skills for community living:

*You call someone straight and you say you are f***ing lying. You are lying. Even in the big room. And you can say that. Okay. What does that, what does that make you feel when you're eight, when you have the power to do something like that? Well the power in that is, I believe he is lying. Okay. And if he doesn't acknowledge that then what is he doing here? Of course I don't get any enjoyment from that [from challenging him. Do you understand? But it's happening. And them difficult questions help people. Because no one asked them before. What gives you right to put, empty a box of soap powder on the dining table? Why would you do that? You have to explore that. Would you do at home? Would you do that in your own home? No. Why are you doing here? That type of questions. If one person asked that question, the other four, would start ticking and that and then you get more helping (Stephen, lines: 162-176).*

Here, you are meant to challenge people and I've always been willing to do that without fear because I think if, if it's coming from the right place and you can help somebody see those parts of them, that's probably [what is]causing their offending. As much as people challenged me, often it's a helpful thing to do. And I feel they did that from day one (Nathan, lines: 83-88).

Stephen passionately contextualised challenge as embedded in the journey of personal discovery and understanding. For him and for Nathan, being challenged may encourage a realisation, a connection between their attitudes and their offending.

Theme 3. Motivation to Engage

Each participant described their decision to engage in the therapeutic community. For some this was described as the only way out of the prison system with others saw Grendon as an opportunity to 'grow' and develop prosocial skills. Within this theme, three subthemes were identified: dilemmas and ambivalence, disillusionment and previous experiences of exclusion.

a. Dilemmas and Ambivalence

This subtheme does not refer to negative experiences per se but instead, it encompasses a level of critical thinking and reflection. It can also be interpreted as tangible identity changes. Mark gave a detailed account of his experiences of ambivalence about the community and his position in it. For Mark, the thought of conforming with the group's decision was an uncomfortable experience as he perceived this decision as 'unethical'. Naturally, he stated that he became defensive of his values and point of view and felt targeted by the community:

I guess that is part of the community living is the case of saying, the community disagrees with my view. Why am I gonna do about it? Am I going to dig my heels in and say, no, I'm gonna stick to my guns or am I going to say I'll go along with the community? (Mark, lines: 288-292).

Consequently he explained that he entered a dilemma about his place within the therapeutic community and whether he should 'sacrifice' his values to remain in the community:

I believe this [my opinion] is right, so I'm gonna carry on with that. Even though that potentially could mean de-selection like...to me, conforming...when conforming means compromising my morals (Mark, lines: 199-204).

He explained that this dilemma was existential as the consequences of him being voted out of the therapeutic community would probably mean that his chances of being released becoming limited.

Dilemmas in the therapeutic community environment are not necessarily restricted to active choices that should be made during discussions in community groups but can also be related to the process of developing a new identity as part of the community.

Matthew offered an interesting perspective on identity change:

I'm not here to change completely. I am here to sort out why I keep offending. Do you know what I mean, why I keep committing robberies and hurting people like that and why I

*have that 'f*** it' attitude. I look at some people and they've just gone too far and I'm not sure whether it's the forcing yourself to do it, consciously sit there and think I'm going to do this or I'm going to do that today...they plan what they're going to do and that is really how they have changed their personality so much. They've gone from a quiet big criminal to that kind of person, from a big personality. Just such a, I don't know what the word would be. It'd be like a robot.*

Interviewer: So what would that feel like? Would it be scary?

Yeah. Cause I think I couldn't be like this where I live outside. How they are here you couldn't do that outside (Matthew, lines: 287-301).

It is possible that this narrative is an indicator of some level of resistance from Matthew in terms of attempting to maintain control over some parts of himself as he witnesses himself changing and being influenced by the social environment around him. For Matthew, identity change in the context of the therapeutic community might mean that his position in the 'outside' community threatened, because of the development of this new identity. These conflicting identities may offer an insight into the challenges of maintaining change outside of the therapeutic community setting.

Furthermore, obvious in the narrative of Mark was his negative attitude toward authority:

I think if I was to exhibit negative attitudes towards staff that would be put forward [for discussion in the community]. But on occasion, and it is only on occasion, I've seen negative attitudes from staff. They are very much in line with that. And I've had to kind of say a few times, come on, let's not pretend to Grendon does anything different then, cause it's not, if you're gonna do that...I have struggled with that because I do have historical anti-authority attitudes (Mark, lines 66-72).

This historical anti-authority attitude emerged in all but one participants' narratives:

For me, my relationship with officers hasn't been different to other places. I've been pretty lucky. I haven't experienced any sort of, um, like dishonest behaviour or corrupt behaviour or anything like that. So I've always got on with officers I think cause I'm quite polite and um, not as needy perhaps as others, you know, like demanding I think that's kind of encouraged positive relationships with them [the officers] and uh, that's been the same [as other prisons] (Andrew, lines: 35-40).

b. Disillusionment and Being Pragmatic

The subtheme of disillusionment does not refer to an unfulfilled expectation but instead, it is consistent with a more realistic, grounded and pragmatic view of the self and the world. Indeed, there is an overlap between the present subtheme and the subtheme of responsibility and involvement. Nathan's account offers a pragmatic version of the Grendon reality which is not different to other custodial environments:

Even though they say no, no, you're a resident. I've actually had the governor one said to me, no, no, no, you're a resident whilst I've got my prison ID and it's got 16 times prisoner written on it. So I know it's only a very small thing basically it's small things like this that although we are a therapeutic place, little things they still let us know (Nathan, lines 284-289).

It is possible that for Nathan, a small or 'trivial' thing is in fact a 'reality check'.

Perhaps being a resident and being a prisoner are not two mutually exclusive identity descriptors and incarceration (being a prisoner) does not have to be a barrier to community living (being a resident).

Indeed, even when disillusioned, residents were still able to foster hope:

[Being here] it is challenging, but I guess, you know, the alternative is equally challenging you know, probably it would be more comfortable to go back to day to day [means to return to mainstream prison. But to then cope with the fact that essentially I'm probably not getting out of jail would be a lot more challenging of course. Whereas here, day to day is very much more challenging but I have hope I feel closer to release than I've ever been (Mark, lines: 141-148).

Mark's account of his options as described here is very realistic, grounded and practical.

His engagement with the therapeutic community allows him to experience hope for the future and makes release a tangible reality.

I think the most, the most important thing to say that I've understood is when I leave here I'm going to be vulnerable. And as a 40 year old man, it's difficult to say that, but it's the truth. I have to understand and acknowledge, the first two years in open conditions and then when I'm released, probably the first five years I will be a vulnerable human being. And what that means is it doesn't mean that I'm going to allow people to walk all over me or I'm going to relapse back into drugs or it's all going to go wrong. I just have to acknowledge that actually that you know that um, I've got lots of faults and I've got lots of weaknesses that there are things in life that I've still not learnt and I've got to learn. (Nathan, lines: 462-473).

Nathan is prepared to admit that vulnerability will be part of his reality upon release. This is not perceived as a weakness or as something that he needs to compensate for by adopting a ‘macho’ attitude. Rather, vulnerability is seen as something to be acknowledged and taken into consideration.

c. Previous Experiences of Exclusion

One could argue that involvement and responsibility are agents of social inclusion, signifying an overlap between this subtheme and previously outlined subthemes. Experiences of alienation are particularly common in a prison population as prisons are physical boundaries between prisoners and society. Social exclusion can be further experienced by prisoners within the confines of the prison environment. Mark shared his experience of spending years in mainstream prison environment:

I came to prison when I was 16 years old. I fought so long. Um, and so I've grown up in prison. I, I've spent all of my adult life in prison, including kind of examining who I am, what I'm about, why I want to be about, do I want to be that guy that came to jail (Mark, lines: 172-175).

Mark’s honesty did not take away the heaviness of this fact. Conceptualising the self within the custodial context since the age of 16 suggests that certain subjectivities would have been exclusively formed within the limitations of the prison environment. Values, moral constructs and perceptions of self and others would have been developed with the lens of incarceration, possibly perpetuated by mistrust and lack of authenticity.

All participants made direct or indirect comparisons between Grendon and other establishments:

So when I came in [prison], I already got a vocabulary I was studying for a degree. So with that stuff, I think it breeds a separation to some people. ‘Oh well he thinks he's better’. I heard patronizing, condescending and I never meant to patronize anyone. Do you see what I mean? It, made me a bit separate and obviously when you come here, you know, there’s no grassing, no stitching people up in here (Nathan, lines: 73-77).

We do a lot here [in Grendon] that socially engages us, we do lots of work with universities. We have lots of charity events that we get involved with. Like it's not about just being locked up 23 hours a day, you know what I mean and attending work [talks about attending work in mainstream], there's a lot more social engagement here with the outside. (Nathan, lines: 193-198)

The interview findings indicated that belonging in the community and feeling valued, involved, heard and understood alleviated previous experiences of exclusion and allowed residents to find meaning in belonging to the community.

Discussion

Relating to Others

It was evident in the narratives of the research participants that relational opportunities form the intervention offered by HMP Grendon, characterised by trust, respect and authenticity. Brown and colleagues (2014) observed that these are the characteristics that 'allow the therapeutic process to take effect' (p. 41)

Experiences of physical and psychological safety are consistent with the provision of a secure base, a central concept in Attachment Theory and crucial for healthy psychosocial development (Ainsworth & Bowlby, 1991). However, it has been suggested that attention and recognition is given to capacities for and related to intersubjectivity, which is seen as fundamental to social interaction and personal development (Boston Change Process Study Group, 2002; Lyons-Ruth, 2007).

Lyons-Ruth (2007) suggests that attachment theory has the capacity to offer a framework for an improved understanding of intersubjective processes but recognises that intersubjectivity is a fundamental 'parameter of human functioning' (p. 11) that, unlike attachment theory, is not activated when the conditions are right (i.e., in healthy attachment) but rather is always present in interpersonal interactions. Essentially, it is suggested that

current research moves from a Bowlby-esque concept of provision of a secure base to the social environment providing the conditions for safe and meaningful relating.

Needs (2018) describes trust as a crucial aspect of the intersubjective experience and the pivotal role of a perceived psychological and social safety has been highlighted elsewhere (Mikulincer & Shaver, 2007; Pearlman & Courtois, 2005). The experienced sense of safety forces the perceived sense of threat to subside and elevates the likelihood for the individual to experience connectedness and belonging.

For individuals that had multiple and consistent experiences of rejection and social alienation, it would be unfair to expect change to take place in a 'linear' manner (Needs, 2018). Individuals with long histories of adversities are likely to be mistrusting of others, questioning their motives and intentions and expecting to be let down by them. The absence of a 'secure base', of consistent, predictable, reciprocal and healthy attachments to others hinders the experience of connectedness and belonging. The prison environment exacerbates this experience and solidifies experiences of loneliness and social isolation and social exclusion (Needs, 2018) where the individual is forced to be vigilant of others and hyper alert to threat. The absence of a secure base prevents meaningful, intersubjective exchanges and the social context is largely removed as the individual is othered. Relationships are ruptured and characterised by the absence of trust and reciprocity.

Conversely, a safe psychosocial community environment provides relational opportunities that encourage co-construction of meaning and the community provides a framework for reconciliation (Ferrito et al., 2017; Needs, 2018). As Shuker (2018) notes, vulnerability is safely expressed within the community context which is underpinned by a culture of openness, communication and trust.

Safety

Research into the social climate and perceived safety at HMP Grendon has produced similar results to the residents' narratives. Newberry (2010) found that safety was one of the highest scoring dimensions in a survey measuring the prison quality of life (MPQL, Liebling, Hulley & Crewe, 2011). In addition to this, Newberry (2010) found that 86 per cent of residents reported good relationships with officers at HMP Grendon.

Haigh (2013) characterised safety as an 'intangible quality' (p. 10) and Winnicott (1958, 1965) described that a 'holding environment' offers a crucial therapeutic component. Infants that have not been afforded experiences of emotional holding by their caregivers, experienced distress that was not contained or alleviated (Haigh, 2013). The infants' internal representations of themselves and others become polarised and they become unable to experience others as simultaneously 'good' and 'bad'. This compromised concept of self and others is found in individuals with personality disorder, who often have polarised rather than cohesive internal representations of their own selves and others (terms borrowed from Object Relations Theory, Fairburn, 1952). This fragmentation compromises the individual's ability to relate to others in a stable and consistent way.

The absence of psychological and physical safety would have had a pervasive impact on the experience of residents at HMP Grendon. The identified themes of trust, support and boundaries require the safety as an environmental modality.

Haigh (2013) notes that experiences of emotional containment in a therapeutic community provide the foundation stone for a holding environment, where distress can be expressed and processed without compromising emotional or physical safety. The space created between those requiring emotional containment and those providing it (which in the occasion of HMP Grendon is the community of staff and residents) becomes a safe space to experience emotions and negotiate relationships. It is understood that the presence of a safe

and supportive environment is imperative for the residents to be able to share their story, experience distress and develop the mechanisms to tolerate it. Shuker takes this further suggesting that containment should be expanded to connectedness (2018), highlighting the social dimension of these concepts, which cannot occur on an individual level. It has been recognised that experiencing connectedness in a therapeutic community can contribute positively to the provision of meaning (Stavrova & Luhmann, 2015).

Undoubtedly, mainstream prison wings rarely offer relational opportunities fitting these criteria but more so offer opportunities that promote prison subculture and perpetuate an unsafe and uncontained environment (Haigh, 2013). In the narratives of the research participants, it was highlighted that each community member has a personal responsibility to contribute to the provision of a safe and prosocial environment.

All participants made reference to the physical and emotional safety experienced within the community and explained that they did not hesitate to share their past experiences with the group. As for the new community members, it soon became evident to them that most residents shared similar histories. Yalom (1995) referred to the ‘universality’ of experience, which refers to the notion that the individual is not experiencing distress, difficulties and problems alone but rather, these experiences are common experiences between group members. This observation has also been made elsewhere in the literature as a positive contributing factor to rehabilitation (Long & Cope, 1980).

Reconstructing Dark Narratives

In their paper, Akerman and Geraghty (2016) discussed how therapeutic community residents make sense of the stories shared and discussed in therapy groups. Disclosure is facilitated within a culture of security, trust and reciprocity. Stories discussed, unpicked, formulated and processed and eventually, group members co-create meaning of the shared

narratives. Crucially, in each individual interview there was a strong sense of what Cain (1991) described as shared narrative.

Community Living

DeLeon (2000) used the term ‘insisted intimacy’ to describe the close physical and psychological proximity of residents in a therapeutic community. This is consistent with participants explaining that each community member is expected to be respectful, reflective, accountable and responsive, even when challenged. Undoubtedly, the capacities for respect, reflection and personal responsibility may differ between individuals. Newer residents may find it difficult to engage in the reflective dialogue as required during the facilitation of therapy groups. As they familiarise themselves with the processes and embark upon a self-understanding journey, challenges from strangers may be unwelcome and too threatening. Despite the fact that the new residents that participated in this review did not describe any particular difficulties associated with community living, this does not mean that other new residents will not find these processes unsettling.

It is worth reflecting that although community living has strong therapeutic potential but it may be experienced as ‘stressful’ by residents, especially those with negative previous experiences of treatment engagement.

Therapeutic communities are structured social environments (Shuker, 2018) and the community works hard to achieve healthy interpersonal relationships characterised by respect, reciprocity and boundaries. There is evidence in the literature that maintaining professional boundaries enables experiences of safety and emotional containment (Adshead, 2004; Haigh, 2013; Moore, 2012).

It is important to note that within secure environments that tend to house individuals with disruptive and fragmented attachments, the staff group often represents an attachment

figure (Crittenden, 2006; Newman, 2013). As described by participants in this study, being treated in humane terms undoubtedly has therapeutic value in itself, allowing the emergence of self-worth and encouraging residents to view themselves and others in a benevolent light, as capable to make good (Maruna, 2001). Within these interactions, clear boundaries are paramount, as they contribute to the predictability of the environment and the internalisation of a secure base (Adshead, 2004; Haigh & Worrall, 2002).

It is imperative, as Moore (2012) stresses that boundaries are not rigid and inflexible but instead, they provide a clear blueprint for what is permitted and what is not in that environment while adhering to good practice and being responsive to the needs of the community

Motivation to Engage

What emerged in participants' narratives was related to changes in identity that would be so drastic that the individual would be unable to recognise themselves. Another participant described an uncomfortable situation when the community's decision was directly inconsistent with his values. Previous research has highlighted this phenomenon as the emergence of possible future selves (Markus & Nurius, 1986); these selves consist of the desired future self but also the selves that one is worried they might become and the one they would not like to become. The emergence of possible selves is not a static process and requires one to engage in evaluation of the current self as well as the emerging selves. For the offender engaging in the process of desistance, the desired future self needs to be constructed in a way that its components become a blueprint of what one needs to do to achieve that identity. Equally, the individual needs to engage in an understanding of the components of the feared or undesired identity in order to avoid the development of that identity.

Other authors and theorists have used different terminology to describe the process of identity change in offenders. The onset of criminality in adolescence and the factors perpetuating it in adult life were described by Laub and Sampson (2003) who used the term 'turning point' to describe a lengthy and multifactorial process underpinned by the presence of social support in order to engage in identity change and desistance.

In this research, a turning point for all participants was chiefly the realisation that participating in a therapeutic community would allow them another opportunity to engage meaningfully, after years of imprisonment and failed previous attempts to engage in interventions to aid rehabilitation. I acknowledge that failure to engage puts the responsibility on the individual whereas failed previous interventions remove the sense of agency from the individual and place it solely on the intervention, implying one size fits all interventions that failed to deliver rehabilitation. Conversely, and as noted by Pearce and Pickard (2013), agency, together with belonging, is the other element of a successful therapeutic community intervention. In a therapeutic environment, agency is actively promoted as a value and expectation from residents which was confirmed in the participants' narratives.

Another term used by Giordano and colleagues (2002) is 'hook for change' which provides an opportunity to engage in the process of developing the desired identity.

In terms of the identified theme of ambivalence about the community and the new emerging identity, Matza (1964) used the term 'drift' to describe the non-linear desistance process; according to Matza (1964), the individual finds themselves in a process of drifting towards the new desisted self while encountering obstacles to achieve desistance and potentially engaging in criminal or antisocial behaviour. Crucially, this process was captured in at least two participants' narratives, describing incidents of verbal aggression which they perpetrated.

Carlsson (2011) offers the perspective that a 'turning point' and 'hook for change' do not inherently carry such purpose; in other words, the individual assigns meaning to those and uses them as a basis to develop a new identity. Maruna (2001) observed that often offenders identify reasons to desist from crime that can be described as 'strangely trivial' (p. 25). Furthermore, experiences of ambivalence described by participants can be viewed under the light of insecure attachments, where the individual experiences are not consistent and stable but instead there are elements of safety but also elements of shame and fear.

Ambivalence is experienced when the individual is torn between their desire to connect and the fear that they will be hurt, humiliated and abandoned. Responding with resistance to connect and participate can be seen as a form of protection of the self from deeply uncomfortable past experiences of relating. The implications for the individual in terms of finding their place in the community are obvious: this is likely to be the point to leave the community and drop-out of therapy as the previous negative and hurtful experiences are too intrusive to allow the individuals to experience the therapeutic community as a safe haven.

Many would agree that individuals who find themselves in custodial settings over a long period of time are likely to have previous negative expectations of services. This was noted particularly in the narratives of Matthew and Mark, who spoke openly about being let down by services in the past. However, this view of services did not seem to have extended to their view of the therapeutic community; rather, all participants were able to share with me narratives of hope for the future and it was noted that this experience of hope was indeed reinstated through the therapeutic community environment. This is consistent with the observation of Shuker (2018) that the therapeutic capacities of a community can promote hope and optimism (p. 221). Matthew's narrative in the subtheme safety discussed earlier highlights the qualities of the therapeutic environment that enabled him to engage: the

welcoming environment that felt ‘calm’ and ‘safe’, the presence of ‘structure’ and environmental predictability were amongst the conditions that were identified as making a real difference in the overall experience of the therapeutic community.

Implications for Practice and Recommendations

The environment of a therapeutic community is fundamentally relational, focusing on the development of healthy, professional relationships that encourage healing from past traumatic experiences and creates the conditions for change and rehabilitation.

The present thesis attempted to describe the different components of the interpersonal exchanges that take place in a therapeutic community between community members, residents and staff. These experienced features are facilitated within an intentional environment that seeks to create conditions for change. Generalisability of these findings is therefore limited outside of similar carefully thought about environments.

However, it can be argued that understanding the relational processes as experienced by participants in a democratic therapeutic community could give us an insight of ‘what goes on’ in therapy and perhaps even an understanding of how therapy works.

In previous research by Akerman and Geraghty (2016), it was suggested that understanding group processes could enable therapists to strengthen resilience in residents. This project explored the intersubjective processes as experienced by individual residents. Further research could explore these processes on a group-level, following the suggestion of Platow and Hunter (2014) that ‘intergroup relations should be studied on a group level’ (p. 840).

Nevertheless, the insight on how individuals respond to the relational community environment can be applied in mainstream prisons in an attempt to improve physical safety and staff–prisoner relationships. This can be done by encouraging a culture of respect

between prisoners and prisoners and staff by making interactions more meaningful and less representative of a divisive culture. Pockets of good practice such as the use of first names by officers and prisoners could be a small step towards instilling a sense of respect and humanity in those interactions. To that effect, it is recommended that we move beyond the evaluation of the social climate in prisons and implement therapeutic initiatives whilst paying special attention to the conditions that allow meaningful interpersonal exchanges.

Individuals belonging in a small, structured and safe community are allowed to participate in genuine intersubjective exchanges within an environment that has the capacity to be transformative in terms of their identity and experience of social inclusion. When these individuals move from a therapeutic community to a mainstream custodial environment, it is possible that the conditions and opportunities for relating will be less readily available. With that in mind, step down services can be offered to provide similar conditions and gradually re-introduce the individual back to the mainstream environment and ensure consolidation of their experience. This is particularly important as individuals in therapeutic communities are likely to attract lengthy custodial sentences.

Furthermore, in order to develop a broader understanding of the relational experiences and intersubjective processes that occur within communities of individuals, research could be conducted in other forensic environments, such as secure psychiatric units or psychologically informed planned environments (PIPEs). Further research in custodial therapeutic communities for female prisoners could shed further light to what the intersubjective processes are like for these individuals in their communities. Additionally, it would be interesting to see what these processes and dynamics would look like in non-forensic therapeutic communities.

In any case, we cannot afford to neglect the importance of accepting and taking responsibility for one's behaviour. The processes described in this project cannot be

implemented and experienced by individuals who are actively denying or minimising their offences and the impact on those on others.

With one exception, all research participants spoke about their experiences on the assessment unit, before they were allocated to their respective wings. This indicates that future research following residents in their journey from the assessment unit through to allocation may be beneficial in terms of transitions in identity, experiences of belonging to the community together with the construction of narratives with regard to the psychosocial environment. Further research may provide us with narrative accounts on the transformative potential of the environment and a deeper understanding of the process of developing interpersonal connectedness. Considering that one of the characteristics of therapeutic environments is staff consistency, future research could attempt to explore the experiences of uniformed staff in terms of interpersonal connectedness in a forensic therapeutic community setting.

To sum up, the findings of the present study are relevant to processes inherent to environments that take into serious consideration the social context and do not view the individual and its behaviour in isolation. Ultimately, individuals do not exist in a social vacuum but they respond to the environment around them (Cacioppo & Patrick, 2008).

Originality and Contributions

This empirical project has identified a number of concepts, methodological considerations and themes that constitute original contributions to the field of Forensic Psychology.

Intersubjectivity and forensic psychology

It has drawn upon terminology from psychoanalysis that has not yet been widely used in Forensic Psychology and has not been applied in this area before. The empirical

exploration of a fundamentally theoretical context branches the study of intersubjectivity off in a new direction. This study suggested that we ought to take into consideration the intersubjective processes within a therapeutic community, reflecting upon the fact that group systems are largely held together by their members' reciprocity (Henriksen & Nilsson, 2017; Jackson, 2018). This shared understanding needs to be explored further within systems that fundamentally view others in relation. Therefore, it is pivotal to shift our focus from making sense of others to making sense with others.

The present study has identified that there is merit in integrating the notion of care with the recognition of the importance of intersubjectivity and perspective of where the individual is at and where they are coming from. Care and intersubjectivity are largely interdependent areas. To be able to experience sharedness, empathy and sensitivity to the other person's needs and suffering is pivotal together with the motivational drive to be compassionate (Gilbert, 2009; Henriksen & Nilsson, 2017; May, 2017). Within the phenomenological context, empathy is perceived as 'a quasi-perceptual, intentional act' (Henriksen & Nilsson, 2017 p.6), making it fundamentally intersubjective and shifting interactions beyond kindness (or 'being nice' in the words of Needs & Adair-Stantiall, 2018 p. 32) into responsiveness (Kyselo, 2016; Mikulincer & Shaver, 2007). Indeed, it has transpired in previous research (Stevens, 2012) that prisoners perceived responsive officers as 'caring' which can be linked with what Ainsworth's and Bowlby's secure base. These experiences of empathy and care as natural activities are normalised within the Therapeutic Community context and are likely to contribute to the processes of reconciliation with the self and with others. Naturally, reconciliation may enable therapeutic community residents to re-connect with others and contribute to experiences of belonging instead of exclusion and social alienation (Needs, 2018).

Dilemmas and Ambivalence

Prisoners often find themselves fighting a one man war against the Prison Service and society. They may feel disconnected from others, desiring to connect but worrying they will be let down or hurt, due to previous experiences of maladaptive relating and the absence of a secure base. This protective (socially withdrawn) or defensive (i.e., justification of actions, excuses) stance (Schütz, 1998) are usually pejoratively described by staff as disengagement or engagement in external attribution. When asking imprisoned individuals to engage in therapy we are essentially asking them to set aside the habits of a lifetime whilst encouraging them to engage in disclosure which is inherently accompanied an enormous amount of vulnerability.

The findings of the empirical project in relation to dilemmas and ambivalence encourage the way of thinking of meeting the person where they are at and providing them with opportunities to reconnect with themselves, encouraging the development of a coherent sense of self and others, though the co-construction of meaning and intersubjectivity.

This finding has important implications for our therapeutic approach toward trauma. So far, few people have considered trauma outside of the cognitive context (i.e., distorted memories, Strange & Takarangi, 2015). Trauma separates the trauma survivor from other people (Needs, 2018) by questioning their sense of connectedness ('nobody understands') and undermining mutuality of trust. This angle of viewing traumatic experiences suggests that trauma has a deeply social and interpersonal aspect. The social context of a therapeutic community can provide opportunities to make sense of past traumatic experiences with others and co-construct meaning through the remedial impact of social interactions and contribute to the restoration of belonging and connectedness. Certainly, intersubjectivity is inherently present within these opportunities for connectedness.

This work points toward an emerging area for Forensic Psychology and marks a new direction in psychoanalysis, which is becoming increasingly intersubjective by moving from a subject-object relationship to a subject-subject relationship (Bohleber, 2013 p. 94), thus taking into consideration the interactional concepts and context (Boston Change Process Study Group, 2010; Lyons-Ruth, 2006; Stolorow, Brandchaft & Atwood, 2014). Crucially, this work extends beyond the exploration or the description of relational experiences in a therapeutic community and attempts to transform intersubjectivity from a theoretical concept to a psychological phenomenon.

Concluding Remarks

Lack of physical and psychological security, inability to experience connectedness combined with feelings of shame about offending behaviour, alienation from society and loved ones and consequently feeling cut-off are central in the narrative of offenders. These experiences are linked to increased vulnerability and experiences of being 'othered'. Leary and Baumeister (2000) and Baumeister, DeWall, Ciarocco and Twenge (2005) have noted the impact of experiencing social exclusion on emotion regulation, suggesting that it decreases the potential of the individual to regulate their emotions in a healthy way. They highlighted that attending to the need to belong contributes to an individual's perceived sense of safety on a physical and psychological level but also shapes and encourages the development of a coherent and stable identity provided that the group is governed by values of respect and trust.

Ultimately, this study has confirmed previous observations in the literature that ordinary social interaction has indeed therapeutic value (Haigh, 2013; Lakey, Vander Molen, Fies & Anrews, 2015; Whiteley & Collins, 1987). Therapeutic value is accelerated in a

therapeutic community environment as social interactions can be seen as a vehicle for therapy.

Sharing subjective realities with others can produce a combination of subjectivities and lead to a shared understanding, meaning making and purpose. This co-constructed reality in a group context can aid the ‘processing’ (Needs, 2018 p. 78) of past and current experiences in an intersubjective way which promotes group belonging and perceived connectedness and therefore, promotes social inclusion. It is important to recognise that a fundamental element of supportive group relationships is trust and respect and with these ingredients present, the social group can provide a basis for redemption and reconciliation (Ferrito et al., 2017).

Mascolo and Kallio (2020) note that psychological understanding arises from the processes taking place in the intersubjective space between individuals and cannot be conceptualised as objective or subjective.

Reflective Epilogue

Introduction

The two studies presented in this thesis attempted to give shape to the challenges and implications of living in a therapeutic community and working in a custodial environment in terms of interpersonal relationships and group processes. The purpose of this reflective epilogue is not to summarise what has already been said elsewhere in the thesis. Rather, this epilogue attempts to offer a platform for reflection on the two studies and the journey of this thesis.

In the first part of this thesis, my intention was to present data from previous qualitative studies in prisons in England and Wales that explored the relationships between prison officers and prisoners in therapeutic and mainstream environments.

My idea was that my two studies would contribute to the provision of a better understanding of the interpersonal exchanges taking place in therapeutic communities in England and Wales by focusing on the experiences as described by residents and staff. This was an attempt to offer a more holistic insight into the psychosocial climate of the therapeutic community environment.

Undoubtedly, identifying relevant qualitative studies that fulfilled the systematic review criteria was a challenging task, as the majority of studies were quantitative and some focused on examining the effectiveness of a therapeutic community (Lees, Manning, & Rawlings, 2004). Many would agree that the effectiveness of therapeutic communities has been an area that has received extensive research interest. In their study, Best et al. (2014) presented the findings of several studies examining the effectiveness of TCs including systematic reviews and meta-analyses and concluded that there is generally supportive evidence for the effectiveness of therapeutic communities. It is important to note that some of

those reviews included addiction therapeutic communities and data from international therapeutic communities, therefore were not limited to ones in the Prison Service in England and Wales.

Broadening the search criteria to include qualitative studies examining the experience of officers working across the prison estate, in therapeutic and mainstream environments, produced a few more suitable studies. However, I was not interested in embarking on a process of comparing the experiences of officers on each environment; my thinking was that this process would be pointless and the outcomes of the comparison would be predictable, since the environments are considerably different. Rather, I focused on identifying the similarities of the experiences of officers across different environments.

I am in a position to acknowledge that there remains a plethora of evidence to be collected and analysed in order to produce a deeper understanding of the experiences of prison officers. Furthermore, perhaps the (inevitable) comparison between the different prison environments should not be seen as something that needs to be avoided. My resistance to embark on a process that would highlight the differences between institutions did not benefit the systematic review presented in this thesis. Instead, it failed to acknowledge that there are obvious limits to the experiences of prison officers in mainstream prisons as opposed to PIPEs and therapeutic communities. Limited resources, limited and restricted interactions paired with a specific focus of mainstream prisons to contain and not connect (Shuker, 2018) calls for recognition of factors that can hinder the development of supportive relationships between prison officers and prisoners.

It is worth considering that therapeutic communities are considered a complicated intervention and a complex treatment process (Capone, Schroder, Clarke & Braham, 2016; Rutter & Tyrer, 2003; Shuker, 2010) that views relationships *as* the intervention (Middleton, 2015). The role and complexity of therapeutic relationships in institutions has not gone

unnoticed from as early as the first steps into the development of therapeutic communities (Capone et. al., 2016; Manning, 2013).

It has been evident in relevant literature that there is an area that therapeutic community research has neglected to explore further. This area of the intersubjective space in therapeutic community group work, the space where emotion and experiences are shared and meaning is co-created. This area of feeling connected, experiencing belonging, a sense of agency and control over one's life and therefore feeling socially accepted and de-othered. These experiences that are fundamentally relational were fascinating for me. Relational work is in the core of a therapeutic environment and represents the focus on the promotion of a strong sense of community with values such as shared responsibility, open communication and trust (Shuker, 2018).

The empirical project used the residents' narrative as a qualitative tool to explore the aspects of the community that contribute to the development of therapeutic relationships between residents and between residents and staff. Nonetheless, a deeper understanding of the reasons (why) and the process (how) therapeutic communities and PIPEs offer more opportunities to experience connectedness remains necessary. Further research and understanding may produce recommendations about strategies that can be employed to improve the current situation in mainstream prisons. Previous papers (Bennett & Shuker, 2010) have made recommendations on the application of features of the therapeutic environment to mainstream prisons however, it has been recognised that there is space for more research. This could extend to follow-up research of the attempts to apply these environmental features to mainstream prisons.

Timeframes and Deadlines

The completion of a professional doctorate within two years requires a significant amount of planning and organisation. The strict timeframe is unforgiving and at times, operating within these timeframes was challenging, as there was little room for flexibility. Diverting from the original idea would have been unwise and this was not an option even when situations outside my control occurred, such as delays in data collection or even purchasing a dictaphone that did not meet the security criteria at HMP Grendon due to missing an identification number.

My wish to provide a rich and empirically nuanced insight into the experiences of prison officers in prison environments should have led to an empirical project rather than a systematic review of previous literature. Consequently, the present thesis would have comprised two research projects on the intersubjective experiences of therapeutic community members, residents and staff. However, my systematic review was already underway whilst I applied and received ethical approval to conduct the empirical project at HMP Grendon. At that stage, due to time limitations, it felt unattainable and unrealistic to engage in two research projects especially having IPA as my chosen method of analysis.

Allowing time for data collection and analysis would have made it impossible to complete the course within the two year time limit. However, having completed the systematic review, my observations offer me the opportunity to suggest that future empirical research in the area should be conducted with prison officers working in a variety of prison environments, mainstream and therapeutic and not only across the male but also the female prison estate.

Challenges and changes of plan were not a characteristic of the later stages of this project. Rather, when I embarked upon this doctoral course, my original research idea was going to take place in a PIPE and explore meaning-making of adverse childhood experiences

and trauma and the impact of those experiences on recidivism. A placement change disabled this option and the original idea was completely transformed, without however losing its relational focus.

The Initial Meeting

A few weeks before data collection, I visited HMP Grendon to meet with residents representing each community. During that meeting I had the opportunity to describe my research project, aims and objectives and answer questions. I discussed with the representatives the logistics of data collection such as the use of the dictaphone, the approximate length of each interview and arranged convenient dates and times for data collection. I also discussed with the representatives my plan was to return to HMP Grendon to provide feedback and present the results of the study.

The original dialogue with the research representatives regarding my research idea centred around a resident being able to 'finding a place' in the community which I thought to be used in lieu of experiencing social acceptance.

I felt able to discuss the research idea with the representatives and explain that the main aim of the study is to explore the processes that have contributed to experiencing social inclusion, belonging and connectedness.

Following the initial meeting I developed a list of open-ended questions based on the dialogue and topics that emerged during the meeting, including: relationships with officers; development of qualities such as respect; attitudes toward other offenders and offence hierarchy and experiences of group participation.

Before this meeting, my experience of the environment of a therapeutic community and HMP Grendon in particular has been theoretical. However, I am able to acknowledge that my lack of experience of a therapeutic community environment contributed to my ability

to maintain my objectivity and remain distant enough from the environment. Being an external observer allowed me to approach the processes under research from a genuinely external basis, as an outsider looking in. I am in a position to acknowledge that should I have spent more time at HMP Grendon, my interpretations may have been different.

Limitations

The majority of the limitations of this study exist on a methodological level and inextricably linked to the available timeframe to complete this project.

I chose to meet with the participants on an individual basis to conduct semi-structured interviews that lasted between 30 minutes and an hour. Considering my interest to capture narratives relating to experiences of belonging and connectedness within a group and as a result experiencing social inclusion, group interviews or focus groups would have been more appropriate.

I am aware that focus groups are often perceived as group interviews, however, the two are separate methods (Parker & Tritter, 2006). Their distinctive feature is the role of the researcher; in focus groups, the researcher is an observer unlike the role of facilitator or investigator the researcher has in group interviews (Parker & Tritter, 2006) and for the present research, both methods would have been useful.

Residents at HMP Grendon participate in group work on a daily basis and they are encouraged to be open and reflective in those spaces. However, during the preliminary research meeting held at HMP Grendon between myself and research representatives from each community, some participants openly expressed their preference for the interviews to be conducted on a one to one basis rather than in a group format. Their rationale was that residents would take this opportunity to reflect on group processes outside a group setting. I am aware that literature suggests that group processes should be studied at group level

(Platow & Hunter, 2014) suggesting that interpersonal and social concepts cannot be explored outside of a group context or studied in isolation.

A further limitation of the empirical study as described earlier in this document is that sexual offenders who represent the most excluded and stigmatised group of offenders, not only within the prison community but outside the prison walls also, were very underrepresented. The vulnerabilities of individuals convicted of sexual offences are usually exacerbated by the austerity of the mainstream prison environment, where their physical safety is typically compromised. I am aware that offence hierarchy, othering and exclusion of sexual offenders has been perceived as a defence within a kleinian framework of splitting (Klein, 1975). Along similar lines, in the work of Maruna, Matravers and King (2010) it is noted that offenders can be described as either “gangsters” or sexual predators.

The results of this project would have been more representative of the community at HMP Grendon if the narratives of residents convicted of sexual offences were explored; particularly in relation to their experiences of social exclusion, connectedness, support, tolerance, respect, physical and psychological safety.

Using Interpretative Phenomenological Analysis as a Method

Reflecting upon my choice of method to analyse the research data, I concluded that I chose this method due to being familiar with it. Other methods such as discourse analysis and grounded theory, might have been suitable for this project however, they may have been unable to capture narratives of lived experience of residents at HMP Grendon.

Discourse analysis explores the discourse used to describe developing identities, activities and relationships (Starks & Brown-Trinidad, 2007) and it this method would have supported the identification of the elements that contribute to the development of positive relationships between residents and residents and prison officers. Future research in this area

may use discourse analysis to explore how new identities are constructed within the therapeutic community, which could be particularly applicable to newly transferred residents. Undoubtedly, discourse analysis would have given my research project a different direction and may have identified the description of experiences and narratives relating to the process of change rather than the opportunities for connectedness and social inclusion.

Grounded theory sits firmly within social theory (Starks & Brown-Trinidad, 2007) with its main focus being the exploration of concepts that are grounded within the experience in order to form a theory (Glaser and Strauss, 2017). The aim of this method is therefore to describe reality in a firmer way, organised enough to be put in a theoretical context. IPA on the other hand is concerned with a subjective depiction of reality which illustrates how individuals with lived experience describe and make sense of their experience (Smith, Jarman & Osbourne, 1999; Smith, Flowers & Larkin, 2009).

The notion that each individual has the capacity to self-reflect is the foundation of IPA (Pool, 2018). The ability to self-reflect was seen as fundamentally crucial for my research project, seeking to understand how residents in a therapeutic community co-create meaning and attach it to their experiences of social inclusion within the therapeutic community.

Larkin and Thomson (2012) explain that the researchers' biases and preconceptions need to be acknowledged but also accepted as part of the reality of doing IPA. As stated in elsewhere in this project, IPA is a method that celebrates the process of 'intersubjective meaning making' (Larkin & Thompson, 2012 p. 103). Therefore, eliminating the influences of the researcher would be inconsistent with IPA methodology as the interpretation of the data would not be a true representation of the interpersonal exchanges that it is attempting to explore.

Admittedly, I found it easier to elaborate on my interpretations of the data and the meaning I made of what the interviewees said after the completion of my viva voce examination. Engaging in the double hermeneutic process is embedded in IPA but being able to acknowledge and elaborate on this for me, having some distance from the data was necessary. Double hermeneutics contribute to the uniqueness of each researcher's interpretation as the meaning making of the data is a deeply intersubjective process. The meaning of the dialogue between the interviewer and the interviewee is further interpreted by the interviewer. These interpretations are not only influenced by what the interviewer thinks the interviewee said but also, by what other interviewees have said, whilst engaging in the process of theme construction. Essentially, different interviewers may have identified different themes as they may have assigned different meanings to the narrative accounts of the participants.

Furthermore, in a paper exploring the concepts of splitting and exclusion under a psychoanalytic lens (Hernandez-Tuber, 2015) it is observed that traditionally, psychoanalysis has operated within split and divided concepts which represents a 'principle of exclusion'. This principle can be applicable to all personal and interpersonal levels. In essence it can be argued that this duality is encapsulated in the way the individual is perceived as excluded, oppressed and fundamentally anti-social or as fundamentally sociable and eager to relate. This can impact on the way we work with our clients as we do not engage in the therapeutic process without bringing our own views and preconceptions of the world. Therefore, it is acknowledged that these views and preconceptions should be brought in the interpretation. Evidently, this is a common observation across theoretical perspectives.

Crucially, it has been argued (Willig, 2008) that IPA fails to recognise the role of language however, in this project, the data was analysed with attention to language and the construction of meaning and sense-making of experiences with other members of the

community. Meadows and Dodendorf (1999) have highlighted the difficulties of capturing the spoken word in text. In addition to this, IPA has been criticised for the interpretative influence of the researcher who engages in 'double hermeneutic' process (Ross & Auty, 2018, p. 65) in the analysis and interpretation of data. In order to attend to these concerns, sharing the interview transcripts with each participant and offering an opportunity for amendments could have been an option.

The risks inherent in this process are obvious; this process could lead to an endless dialogue between the researcher and participants on what was said and how it was perceived. In this particular case, due to time limits, time between data transcription and thesis submission was very limited which did not allow me to offer any feedback to research participants prior to the submission of the thesis. However, I recognise that sharing the transcripts with the participants may have been a way to avoid misinterpretations and encourage reflection.

Furthermore, I am able to recognise that the findings of this project were underpinned by narratives of ambivalence, dilemmas and disillusionment, which formed the subthemes of the third theme motivation to engage. Individuals that have been incarcerated for a prolonged period of time who might have attempted to engage in various offending behaviour programmes and interventions, might be willing to participate in the community and make it work, as they might see their options and opportunities for rehabilitation as limited and their potential for release minimal. Therapy engagement was explored by McMurrin and Ward (2010) who found that low motivation and resistance were predictors of poor engagement while Wild, Newton-Taylor and Alletto (1998) found higher levels of engagement in a self-selected sample.

Applying these findings to residents at HMP Grendon, it becomes obvious that they made an active choice to participate in therapy therefore, their motivation to make their

community work can be considered as high. With that in mind, we cannot simply assume that participating in therapy is a direct outcome of motivation to participate in it. Indeed, it has been well documented in the literature that individuals with a diagnosis of personality disorder typically engage in self-sabotaging behaviours which can act as obstacles to engagement in therapy (Gale, Clarbour & Rayner, 2018). These behaviours can interfere with therapy and may include violence, self-harming or drug taking. My understanding is that in a therapeutic community environment these behaviours would be identified and managed, with special attentions paid to relationship ruptures that may occur in the context of these behaviours.

Reflections on Results Synthesis

In both the empirical study and the systematic review, the narrative synthesis of the results was not a process that occurred in a linear way of steady progress. Rather, it took several attempts and involved reading and re-reading the available study findings and interview data.

In the systematic review, as discussed earlier, I avoided to synthesise the data in such way that would encourage comparison between different custodial environments. Rather, following numerous readings of the included studies, I focused on the identification of common themes that emerged in the studies.

In the empirical project, these common parts identified in the residents' narratives were arranged into three themes: relating to others, community living and motivation to engage and subthemes were embedded in each theme. I recognised from the early stages of the analysis that the identified subthemes did indeed overlap, highlighting that aspects of community living coexist and are interconnected.

Reflections on the Implications of the Project

The study of inter-group processes in a prison therapeutic environment can enable a deeper understanding of the elements of prison therapeutic communities that contribute to psychosocial connectedness between community members and allow residents to make meaning of past experiences. As discussed elsewhere in this thesis, by understanding how therapeutic community interventions work, we may be able to examine these processes further, with a view to maximise the effectiveness of these interventions. In addition to this and as attempted previously, the results may contribute to informing practice in mainstream environments in order to improve the psychosocial environment of prison wings and mitigate experiences of alienation and social exclusion.

It is clear that further qualitative research is necessary in order to continue to understand the intersubjective processes between members of therapeutic communities beyond HMP Grendon. Future projects could focus on female residents in therapeutic environments and perhaps explore the experiences of social inclusion and meaning making in communities aiming to address addiction and are not limited to a forensic population.

As discussed earlier, future research with groups rather than individual therapeutic community residents is necessary. It may be beneficial for future research projects to explore ‘what goes on’ during therapeutic community group meetings and explore concepts of connectedness, belonging and inclusion in the context of a group setting rather than individual narrative accounts of residents. The researcher in these projects could be an observer or a facilitator of group discussion.

Examining Intersubjective Processes in a Therapeutic Community

When I was originally introduced to the concept of intersubjectivity by my supervisor, I found that it was a challenging notion. An influential paper by Murakami (2003) has been

critical in my process of understanding how intersubjective processes can be explored within the social setting. It has been argued that intersubjective processes are fundamentally discursive in the sense that they occur in the social context, represent a socially constructed shared understanding and they can be negotiated and reformulated (Murakami, 2003).

Although Murakami (2003) examines intersubjectivity in the context of discourse analysis which is not theoretically applicable to this particular project, it raises interesting points about the complexity of qualitative interviewing. Consistent with the IPA and psychoanalytic views presented earlier in this reflective epilogue, Murakami (2003) spoke about impact of the interviewer on the qualitative interview 'situation' and explained that tasks such as consent forms, seating arrangements or the interview questions themselves can have an impact on the interpersonal relationship between the two parties. Furthermore, it was noted that idiosyncrasies, uncertainties and ethical dilemmas (Murakami, 2003, p. 238) are inherent qualities of qualitative interviewing.

Summary and Future Directions

The present thesis is a qualitative exploration of the role of the social context in relationship development between prison officers and prisoners in mainstream prisons, PIPEs and therapeutic communities.

The first part of the thesis, which constitutes a systematic review, focused on the experiences described by officers working across custodial environments. The second study, which constitutes the empirical project, explored the aspects of a prison therapeutic community that are seen by residents to contribute to the experience of social inclusion and connectedness and encourage the construction of meaning along with other community members.

The second study relied upon the narrative accounts of residents in a therapeutic community and has explored the meaning-making of past and current experiences using language as the vessel to convey these meanings. It has complimented previous research by focusing on the exploration of interpersonal processes without necessarily considering how these processes contribute to behavioural change.

This thesis is not an evaluative study of the effectiveness of a therapeutic community. Rather, it offers a descriptive, qualitative account of the experiences of prison officers in a variety of custodial settings together with the experiences of residents of a therapeutic community.

In qualitative research and in IPA in particular, the process of data analysis is long and overinvolved and requires time and space, physical and mental. This is to allow space and time for the researcher to develop their interpretations and reflections. This process is usually achieved by reading the transcripts several times and attempt to identify connections and relationships.

For the purposes of this reflective epilogue, an attempt to disentangle the first stages of data analysis would be challenging due to the rigorous examination of the transcripts and the different attempts to cluster the emerging patterns into distinctive, broad themes.

In this particular occasion, I found it challenging to group the identified patterns into separate themes without consistently acknowledging the areas the themes overlapped. An example of this is the subtheme of respect which is inherently present in trusting and supportive relationships and a pre-requisite to boundaried relationships.

In addition to this, I tried to stay true to the element of hope in the narrative of all participants however this at times seemed to clash with the pragmatic side of the participants' narratives, indicating disillusionment.

Choosing the word disillusionment to describe the particular experience that was conveyed in the participants' narratives was not easy, due to my awareness that it is indeed used in a negative context. I decided to use it but clarify that it was not indicating that the men were disappointed, upset or let down. Rather, it was an attempt to show that residents at Grendon therapeutic community had experienced a long history of challenges, setbacks, let-downs and losses; these experiences, as they emerged within this study, gave me the impression that the study participants has adopted a realistic and grounded attitude.

Engaging in discussion during the semi-structured interviews, it soon became apparent to me that each participant was a grounded individual; some more than others, all participants sat well within the process of developing a more pro-social, realistic and mature identity. In the words of Nathan: *'a lot of damage has been done and we are all responsible for our actions. That's the reality of it and for that we are incarcerated but we are all here for a reason'*.

Each participant spoke about imprisonment as part of their subjective and objective reality and if I was to identify one overarching umbrella theme, this is imprisonment. In a sense, all participants stated that HMP Grendon remains a category B establishment for individuals with complex needs and serious offending behaviour. The inevitability of this reality was present in the room, was captured in the interviews and narrative and was documented in the transcripts.

References

- Adshead, G (2011). Book Review: Grendon and the emergence of forensic therapeutic communities: developments in research and practice, *Journal of Forensic Psychiatry & Psychology*, 22(4), 620-627, DOI: 10.1080/14789949.2011.599652
- Adshead, G. (2014). Safety in numbers: Group therapy-based index offence work in secure psychiatric care. *Psychoanalytic psychotherapy*, 29(3), 295–310
- Ainsworth, M. S., & Bowlby, J. (1991). *An ethological approach to personality development*. *American psychologist*, 46(4), 333.
- Akerman, G. (2010). Undertaking therapy at HMP Grendon with men who have committed sexual offences. In Shuker, R., & Sullivan, E. (Eds.). *Grendon and the emergence of forensic therapeutic communities: Developments in research and practice*, John Wiley & Sons, Chichester 171-182.
- Akerman, G., & Geraghty, K.A. (2016). An exploration of clients' experiences of group therapy. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 37:101–108. <http://dx.doi.org/10.1108/TC-12-2015-0026>
- Akerman, G. (2019). Communal living as the agent of change. *The Wiley International Handbook of Correctional Psychology*, 590-602.
- Arnold, H., Liebling, A., & Tait, S. (2012). Prison officers and prison culture. In Jewkes, Y. (Ed.) *Handbook on Prisons*. Routledge, <https://doi.org/10.4324/9780203118191>
- Armour, M. (2003). Meaning making in the aftermath of homicide. *Death studies*, 27(6), 519-540.
- Ashforth, B. E., & Humphrey, R. H. (1995). Emotion in the workplace: A reappraisal. *Human relations*, 48(2), 97-125.

- Ashforth, B. E., & Kreiner, G. E. (2002). Normalizing emotion in organizations: Making the extraordinary seem ordinary. *Human Resource Management Review, 12*(2), 215-235.
- Auty, K. M., & Liebling, A. (2019). Exploring the relationship between prison social climate and reoffending. *Justice Quarterly, 1*-24.
- Baumeister, R. F. (1991). *The meanings of life*. Guilford.
- Baumeister, R. F., DeWall, C. N., Ciarocco, N. J., & Twenge, J. M. (2005). Social exclusion impairs self-regulation. *Journal of personality and social psychology, 88*(4), 589.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: desire for interpersonal attachments as a fundamental human motivation. *Psychological bulletin, 117*(3), 497.
- Beijersbergen, K. A., Dirkzwager, A. J., van der Laan, P. H., & Nieuwebeerta, P. (2016). A social building? Prison architecture and staff–prisoner relationships. *Crime & Delinquency, 62*(7), 843-874.
- Bennett, P., & Shuker, R. (2010). Improving prisoner- staff relationships: exporting Grendon's good practice. *The Howard Journal of Criminal Justice, 49*(5), 491-502.
- Best, D., I. Lubman, D., Savic, M., Wilson, A., Dingle, G., Alexander Haslam, S., Haslam, C., & Jetten, J. (2014). Social and transitional identity: exploring social networks and their significance in a therapeutic community setting. *Therapeutic Communities: The International Journal of Therapeutic Communities, 35*(1), 10-20.
- Blagden, N., Winder, B., & Hames, C. (2016). “They treat us like human beings”, Experiencing a therapeutic sex offenders prison: Impact on prisoners and staff and implications for treatment. *International journal of offender therapy and comparative criminology, 60*(4), 371-396.
- Bliese, P. D., & Britt, T. W. (2001). Social support, group consensus and stressor–strain relationships: Social context matters. *Journal of Organizational Behavior: The*

- International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 22(4), 425-436.
- Bohleber, W. (2013). The concept of intersubjectivity in psychoanalysis: Taking critical stock. *The International Journal of Psychoanalysis*, 94(4), 799-823.
- Bond, N., & Gemmell, L. (2014). Experiences of prison officers on a lifer psychologically informed planned environment. *Therapeutic Communities: The International Journal of Therapeutic Communities*.
- Boston Change Process Study Group. (2010). *Change in psychotherapy: A unifying paradigm*. Norton Professional Books
- Bowlby, J. (1969). Attachment and loss: Volume 1: Attachment. *The International Psychoanalytical Library*, 79:1-401.
- Brewer, G., & Whiteside, E. (2012). Workplace bullying and stress within the prison service. *Journal of Aggression, Conflict and Peace Research*, 4(2), 76-85.
- Brookes, M. (2010). Supporting uniformed officers delivering therapy within a prison therapeutic community for sexual offenders. *Mental Health Review Journal*, 15(4), 40-45.
- British Psychological Society. (2014). *Code of human research ethics*. British Psychological Society.
- British Psychological Society. (2018). *Code of ethics and conduct*. British Psychological Society.
- Brown, J., Miller, S., Northey, S., & O'Neill, D. (2014). Practice Issues and Research Overview. In Brown, J., Miller, S., Northey, S., & O'Neill, D. *What works in therapeutic prisons: Evaluating psychological change in Dovegate therapeutic community*. Springer.

- Boston Change Process Study Group (2002). Explicating the implicit: The local level and the microprocess of change in the analytic situation. *The International Journal of Psychoanalysis*, 83(5), 1051-1062.
- Burlingame, G. M., Fuhriman, A., & Johnson, J. E. (2001). Cohesion in group psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 38(4), 373.
- Burnett, R., & Maruna, S. (2006). The kindness of prisoners: Strengths-based resettlement in theory and in action. *Criminology & Criminal Justice*, 6(1), 83-106.
- Cacioppo, J. T., & Patrick, W. (2008). *Loneliness: Human nature and the need for social connection*. WW Norton & Company.
- Cain, C. (1991). Personal Stories: Identity acquisition and self- understanding in Alcoholics Anonymous. *Ethos*, 19(2), 210-253.
- Campbell Collaboration. (2019). Campbell systematic reviews: Policies and guidelines. Campbell Systematic Reviews, Version 1.4 available at: <https://wol-prod-cdn.literatumonline.com/pb-assets/assets/18911803/Campbell%20Policies%20and%20Guidelines%20v4.pdf>
- Capone, G., Schroder, T., Clarke, S., & Braham, L. (2016). Outcomes of therapeutic community treatment for personality disorder. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 37(2), 84-100.
- Carlsson, C. (2011). Using 'turning points' to understand processes of change in offending: Notes from a Swedish study on life courses and crime. *The British Journal of Criminology*, 52(1), 1-16.
- Carrabine, E. (2004). *Power, resistance, and discourse: A genealogy of the Strangeways Prison Riot*. Aldershot: Ashgate Publishing Limited

- Clarke, J. M. (2017). The case for “fluid” hierarchies in therapeutic communities. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 38(4), 207-216.
- Collins, S. & Nee, C. (2010). Factors influencing the process of change in sex offender interventions: Therapists’ experiences and perceptions. *Journal of Sexual Aggression*, 16(3), 311-331.
- The Consortium of Therapeutic Communities (2013). TC Core Values. Available at: <https://www.therapeuticcommunities.org/about-us/tc-core-values/>
- Crawley, E. (2002). Bringing it all back home? The impact of prison officers’ work on their families. *Probation Journal*, 49(4), 277-286.
- Crawley, E. M. (2004). Emotion and performance: Prison officers and the presentation of self in prisons. *Punishment & society*, 6(4), 411-427.
- Crewe, B. (2006). Male prisoners’ orientations towards female officers in an English prison. *Punishment and Society* 8(4):395-421
- Crewe, B. (2011). Soft power in prison: Implications for staff-prisoner relationships, liberty and legitimacy. *European Journal of Criminology* 8: 455-468
- Crewe, B., Liebling, A., & Hulley, S. (2015). Staff- prisoner relationships, staff professionalism, and the use of authority in public- and private-sector prisons. *Law & Social Inquiry*, 40(2), 309-344.
- Critical Appraisal Skills Programme (CASP, 2018). *10 questions to help you make sense of qualitative research*. Oxford Centre for Triple Value Healthcare, 2018 <https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf>
- Crittenden, P. M. (2006). A dynamic- maturational model of attachment. *Australian and New Zealand Journal of Family Therapy*, 27(2), 105-115.

- Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2006). Sense-making, grief, and the experience of violent loss: Toward a mediational model. *Death studies, 30*(5), 403-428.
- Dames, B., & Harré, R. (2001). Positioning: The discursive production of selves. *Discourse theory and practice: A reader, 20*, 261.
- Davies, B., & Harré, R. (1990). Positioning: The discursive production of selves. *Journal for the theory of social behaviour, 20*(1), 43-63.
- De Jaegher, H., & Froese, T. (2009). On the role of social interaction in individual agency. *Adaptive Behaviour, 17*(5), 444-460
- DeLeon, G. (2000). *The Therapeutic Community: Theory, Model, and Method*. Springer Publishing
- Dickey, B., & Ware, N. C. (2008). *Therapeutic communities and mental health system reform. Psychiatric rehabilitation journal, 32*(2), 105.
- Dixon- Woods, M., Fitzpatrick, R., & Roberts, K. (2001). Including qualitative research in systematic reviews: opportunities and problems. *Journal of evaluation in clinical practice, 7*(2), 125-133.
- Drake, D. (2011). The 'dangerous other' in maximum-security prisons. *Criminology & Criminal Justice, 11*(4), 367-382.
- Drennan, G., Law, K., & Alfred, D. (2013). Recovery in the forensic organization. In Drennan, G. & Alfred, D. (Eds.) *Secure recovery*. Routledge
- Eisenberger, N. I., & Lieberman, M. D. (2004). Why rejection hurts: a common neural alarm system for physical and social pain. *Trends in cognitive sciences, 8*(7), 294-300.
- Farrenkopf, T. (1992). What happens to therapists who work with sex offenders?. *Journal of Offender Rehabilitation, 18*(3-4), 217-224.
- Fairburn, W. R. D. (1952). *An object relations theory of personality*. Routledge

- Ferrito, M., Needs, A., & Adshead, G. (2017). Unveiling the shadows of meaning: Meaning-making for perpetrators of homicide. *Aggression and violent behaviour, 34*, 263-272.
- Freestone, M.C., Wilson, K., Jones, R., Mikton, C., Milsom, S., Sonigra, K., Taylor, C. & Campbell, C. (2015). The impact on staff of working with personality disordered offenders: a systemic review. *Plos One, 10*(8).
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The qualitative report, 20*(9), 1408.
- Gale, J., Clarbour, J., & Rayner, K. (2018). Psychologists' understanding of the factors influencing successful treatment in a secure forensic environment. *Journal of Forensic Practice, 20*(3), 167-178.
- Garside, R., Grimshaw, R, Ford, M., & Mills, H. (2018). UK justice policy review. Centre for Crime and Justice Studies.
- Gergen, K. J. (2009). *Realities and relationships: Soundings in social construction*. Harvard university press.
- Gilbert, P. (2009). Introducing compassion focused therapy. *Advances in Psychiatric Treatment, 15*, 199-208.
- Gillies, J., & Neimeyer, R. A. (2006). Loss, grief, and the search for significance: Toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology, 19*(1), 31-65.
- Gillespie, A., & Cornish, F. (2010). Intersubjectivity: Towards a dialogical analysis. *Journal for the theory of social behaviour, 40*(1), 19-46.
- Giordano, P., Cernkovich, S. and Rudolph, J. (2002). Gender, crime and desistance: Toward a theory of cognitive transformation. *American Journal of Sociology 107*(4): 990–1064

- Glaser, B. G., & Strauss, A. L. (2017). *Discovery of grounded theory: Strategies for qualitative research*. Routledge.
- Grapendaal, M. (1990). The inmate subculture in Dutch Therapeutic Community Prisons. *The British Journal of Criminology*, 30(3), 341-357.
- Gredecki, N. & Horrocks, C. (2017). Crafting Identity: constructions of the prison officer role. In Ireland, J. L., Ireland, C. A., Fisher, M., & Gredecki, N. (Eds.), *The Routledge International Handbook of Forensic Psychology in Secure Settings*. Taylor & Francis.
- Gredecki, N., & Ireland, J. L. (2012). Applications of interpersonal circumplex and complementarity theory to staff-prisoner relationships. *The British Journal of Forensic Practice*, 14(3), 180-191.
- Griffin, M. L., Hogan, N. L., Lambert, E. G., Tucker-Gail, K. A., & Baker, D. N. (2010). Job involvement, job stress, job satisfaction, and organizational commitment and the burnout of correctional staff. *Criminal Justice and behavior*, 37(2), 239-255.
- Haigh, R. (2002). *Therapeutic community research: past, present and future*. *Psychiatric Bulletin*, 26(2), 65-68.
- Haigh, R., & Worrall, A. (2002). The principles and therapeutic rationale of Therapeutic Communities. Available at: https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/therapeutic-communities-c-of-c/cofc-process-document-2019-2020.pdf?sfvrsn=77daf685_4
- Haigh, R. (2013). The quintessence of a therapeutic environment. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 34(1), 6-15.
- Haigh, R. (2017). Therapeutic communities enter the world of evidence-based practice. *The British Journal of Psychiatry*, 210(5), 313-314.

- Hale, E. D., Treharne, G. J., & Kitas, G. D. (2008). Qualitative methodologies II: a brief guide to applying interpretative phenomenological analysis in musculoskeletal care. *Musculoskeletal Care*, 6(2), 86-96.
- Hancock, M. E., Amankwaa, L., Revell, M. A., & Mueller, D. (2016). Focus group data saturation: A new approach to data analysis. *The Qualitative Report*, 21(11), 2124.
- Hardesty, K. N., Champion, D. R., & Champion, J. E. (2007). Jail Nurses: Perceptions, stigmatization, and working styles in correctional health care. *Journal of Correctional Health Care*, 13, 196-205.
- Harvey, J. (2014). Perceived physical health, psychological distress, and social support among prison officers. *The Prison Journal*, 94(2), 242-259.
- Henriksen, M. G., & Nilsson, L. S. (2017). *Intersubjectivity and psychopathology in the schizophrenia spectrum: complicated we, compensatory strategies, and self-disorders*. *Psychopathology*, 50(5), 321-333.
- Hernández-Tubert, R. (2015). Inclusion and Exclusion in Psychoanalysis: From Splitting to Integration in Our Theory and Practice. *Canadian Journal of Psychoanalysis*, 23(1), 179-186.
- HM Chief Inspector of Prisons (2017). *Annual Report 2016–17*, London: HM Stationery Office
- HM Inspectorate of Prisons (2018). HMP Dovegate Therapeutic Prison – impressive institution working with high-risk, violent men. Available at: <https://www.justiceinspectorates.gov.uk/hmiprisons/media/press-releases/2018/07/hmp-dovegate-therapeutic-prison-impressive-institution-working-with-high-risk-violent-men/>
- Howard League of Penal Reform. (2009). Turnkeys or professionals? A vision for the 21st century prison officer. Available at:

https://www.bl.uk/britishlibrary/~/_/media/bl/global/social-welfare/pdfs/non-secure/t/u/r/turnkeys-of-professionals-a-vision-for-the-21st-century-prison-officer.pdf

Hulley, S., Crewe, B., & Wright, S. (2015). Re-examining the problems of long-term imprisonment. *British Journal of Criminology*, 56(4), 769-792.

Institute for Government (2019). *Performance tracker 2019* retrieved from:

<https://www.instituteforgovernment.org.uk/publication/performance-tracker-2019/prisons>

Ireland, J. L. (2002). Bullying in. *Psychologist*, 15(3), 130.

Janoff-Bulman, R. McPherson, -Frantz, C., (1997). The impact of trauma on meaning: From meaningless world to meaningful life. *The transformation of meaning in psychological therapies: Integrating theory and practice*, 91-106.

Jenkins, R. (2014). *Social identity*. Routledge.

Jensen, E. L., & Kane, S. L. (2012). The effects of therapeutic community on recidivism up to four years after release from prison: A multisite study. *Criminal Justice and Behavior*, 39, 1075-1087.

Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P., & Millet, C. (2005). The experience of work-related stress across occupations. *Journal of managerial psychology*, 20(2), 178-187.

Johnson, H., Hughes, J. G., & Ireland, J. L. (2007). Attitudes towards sex offenders and the role of empathy, locus of control and training: A comparison between a probationer police and general public sample. *Police Journal*, 80, 28-54.

Jones, M. (1952). *Social Psychiatry: A Study of Therapeutic Communities*. Tavistock

Jones, L. (2018) Trauma informed care and 'good lives' in confinement: acknowledging and offsetting adverse impacts of chronic trauma and loss of liberty in Akerman, G.,

- Needs, A., & Bainbridge, C., *Transforming environments and rehabilitation: a guide for practitioners in forensic settings and criminal justice*. Routledge.
- Joseph, S., & Linley, P. A. (2005). Positive adjustment to threatening events: An organismic valuing theory of growth through adversity. *Review of general psychology*, 9(3), 262-280.
- Kadambi, M. A., & Truscott, D. (2003). Vicarious traumatization and burnout among therapists working with sex offenders. *Traumatology*, 9(4), 216-230.
- Kemp, R. (2010). The Emergence of Group and Community Therapies. *Existential Analysis: Journal of the Society for Existential Analysis*, 21(2).
- Kennard, D., & Lees, J. (2001). A checklist of standards for democratic therapeutic communities. *Therapeutic Communities, London Association of Therapeutic Communities* 22(2), 143-152.
- Kenny, T., & Webster, S. (2015). Experiences of prison officers delivering Five Minute Interventions at HMP/YOI Portland. *NOMS Analytical Summary*.
- King, S. (2009). Reconciling custodial and human service work: The complex role of the prison officer. *Current Issues in Criminal Justice*, 21(2), 257-272.
- Kinman, G., James Clements, A., & Hart, J. (2016). Work-related wellbeing in UK prison officers: A benchmarking approach. *International Journal of Workplace Health Management*, 9(3), 290-307.
- Kougiali, Z. G., Fasulo, A., Needs, A., & Van Laar, D. (2019). Broken and mended: therapeutic processes, recovery, and desistance in a substance use treatment programme for life-sentenced prisoners. In Best, D., & Colman, C. (Eds.) *Strengths-Based Approaches to Offending and Substance Use: From Drugs and Crime to Recovery and Desistance*. Routledge.
- Klein, M. (1975). *Envy and gratitude and other works*. New York Free Press

- Kurtz, A. and Turner, K. (2007). "An exploratory study of the needs of staff who care for offenders with a diagnosis of personality disorder". *Psychology and Psychotherapy*, 80(3), pp. 421-35
- Kurzban, R., & Neuberg, S. (2005). Managing Ingroup and Outgroup Relationships. In Buss, D.M. (Ed.), *The handbook of evolutionary psychology*. John Wiley & Sons
- Lakey, B., Vander Molen, R. J., Fles, E., & Andrews, J. (2016). Ordinary social interaction and the main effect between perceived support and affect. *Journal of personality*, 84(5), 671-684.
- Lambert, E. G., Hogan, N. L., & Altheimer, I. (2010). An exploratory examination of the consequences of burnout in terms of life satisfaction, turnover intent, and absenteeism among private correctional staff. *The Prison Journal*, 90(1), 94-114.)
- Larkin, M., & Thompson, A. R. (2012). Interpretative phenomenological analysis in mental health and psychotherapy research. *Qualitative research methods in mental health and psychotherapy*, 101-116 <https://10.1002/9781119973249>
- Laub, J. H., & Sampson, R. J. (1993). Turning points in the life course: Why change matters to the study of crime. *Criminology*, 31(3), 301-325.
- Laub, J. H. & Sampson, R. J. (2003). Life- course desisters? Trajectories of crime among delinquent boys followed to age 70. *Criminology*, 41(3), 555-592.
- Leary, M. R., & Baumeister, R. F. (2000). The nature and function of self-esteem: Sociometer theory. In *Advances in experimental social psychology* (Vol. 32, pp. 1-62). Academic Press.
- Lees, J., Manning, N., & Rawlings, B. (1999). *Therapeutic community effectiveness: A systematic international review of therapeutic community treatment for people with personality disorders and mentally disordered offenders*. Research Report. University of York

- Lees, J., Manning, N., & Rawlings, B. (2004). A culture of enquiry: Research evidence and the therapeutic community. *Psychiatric Quarterly*, 75(3), 279-294.
- Lees, J. (1999). Research: The importance of asking questions. In: Campling, P. & Haigh, R. (Eds.) (1999) *Therapeutic Communities Past, Present and Future*, London: Jessica Kingsley Publishers.
- Lees, J., Haigh, R., & Tucker, S. (2017). Therapeutic communities and group analysis. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 38(2), 87-107.
- Lerman, A. E., & Page, J. (2012). The state of the job: An embedded work role perspective on prison officer attitudes. *Punishment & Society*, 14(5), 503-529.
- Liebling, A. & Price, D. (2001). The Prison Officer. *Leyhill: Prison Service Journal*
- Liebling, A., Hulley, S., & Crewe, B. (2011). Conceptualising and measuring the quality of prison life. *The SAGE handbook of criminological research methods*, 358-372.
- Liebling, A. (2011). Distinctions and distinctiveness in the work of prison officers: Legitimacy and authority revisited. *European Journal of Criminology*, 8(6), 484-499.
- Liebling, A., Price, D., & Shefer, G. (2010). *The prison officer*. Willan.
- Liem, M., & Kunst, M. (2013). Is there a recognizable post-incarceration syndrome among released 'lifers'? *International Journal of Law and Psychiatry*, 36(3-4), 333-337.
doi:10.1016/j.ijlp.2013.04.012
- Liem, M., & Richardson, N. J. (2014). The role of transformation narratives in desistance among released lifers. *Criminal Justice and Behavior*, 41(6), 692-712.
- Long, L. D., & Cope, C. S. (1980). Curative factors in a male felony offender group. *Small Group Behavior*, 11(4), 389-398.

- Lopez, S. R. (1997). Cultural competence in psychotherapy: A guide for clinicians and their supervisors. In C.E. Watkins, Jr., (Eds), *Handbook of Psychotherapy Supervision*. Wiley
- Lyons-Ruth, K. (2006). Interfacing attachment and intersubjectivity: Perspective from the longitudinal study of disorganised attachment. *Psychoanalytic Inquiry*, 26(4), 595–616.
- Lyons-Ruth, K. (2007). The interface between attachment and intersubjectivity: Perspective from the longitudinal study of disorganized attachment. *Psychoanalytic Inquiry*, 26(4), 595-616.
- Mallett, R., Hagen-Zanker, J., Slater, R., & Duvendack, M. (2012). The benefits and challenges of using systematic reviews in international development research. *Journal of development effectiveness*, 4(3), 445-455.
- Manning, N. (2013). *The therapeutic community movement: Charisma and routinisation*. Routledge.
- Mann, R. E., Hanson, R. K., & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse: A Journal of Research and Treatment*, 22, 191–217.
doi:10.1177/1079063210366039
- Mann, R.E. & Shingler, J. (2006) Schema-driven cognition in sexual offenders: Theory, assessment and treatment. In W.L. Marshall, Y.M., Fernandez, L.E., Marshall & G.A. Serran (eds). *Sexual Offender Treatment – Controversial issues*. Chichester: John Wiley & Sons
- Martin, J. (2007). Triangles in context: A comment on Zittoun, Gillespie, Cornish, and Psaltis. *Human Development*, 50(4), 230.
- Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist*, 41(9), 954–969.

- Maruna, S. (2001). *Making good*. American Psychological Association
- Maruna, S., Matravers, A., & King, A. (2004). Disowning our shadow: A psychoanalytic approach to understanding punitive public attitudes. *Deviant Behavior, 25*(3), 277-299.
- Maruna, S., & LeBel, T. P. (2012). 4 The desistance paradigm in correctional practice: from programmes to lives. In McNeill, F., Raynor, P., & Trotter, C. (Eds.). *Offender Supervision: New directions in theory, research and practice*. Routledge.
- Mascolo, M. F., & Kallio, E. (2020). The phenomenology of between: An intersubjective epistemology for psychological science. *Journal of Constructivist Psychology, 33*(1), 1-28.
- Matza, D. (1964). *Delinquency and drift*. Willey and Sons New York
- May, J. (2017). Empathy and Intersubjectivity. In Maibom, H. (Ed.) (2017). *The Routledge handbook of philosophy of empathy*. Taylor & Francis.
- McAdams, D. P., Diamond, A., de St. Aubin, E., & Mansfield, E. (1997). Stories of commitment: The psychosocial construction of generative lives. *Journal of Personality and Social Psychology, 72*, 678–694
- McLure, L. (2004). Working with the unbearable. In Jones, D. (Ed.), *Working with dangerous people: The psychotherapy of violence*. Radcliffe Publishing.
- McManus, J. (2010), “The experience of officers in a therapeutic prison: an interpretative phenomenological analysis”, in Shuker, R. and Sullivan, E. (Eds), *Grendon and the Emergence of Forensic Therapeutic Communities: Development in Research and Practice*. Wiley-Blackwell
- McMurrin, M. (2009). Motivational interviewing with offenders: a systematic review. *Legal and Criminological Psychology, 14*(1) 83-110

- McMurrin, M., & Ward, T. (2010). Treatment readiness, treatment engagement and behaviour change. *Criminal Behaviour and Mental Health, 20*(2), 75-85.
- McNeill, F. (2012). Four forms of 'offender' rehabilitation: Towards an interdisciplinary perspective. *Legal and Criminological Psychology, 17*(1), 18-36.
- Meadows, L. M., & Dodendorf, D. M. (1999). Data management and interpretation-using computers to assist. *Doing qualitative research, 195-218*.
- Middleton, H. (2015). *Psychiatry reconsidered: From medical treatment to supportive understanding*. Springer. DOI: 10.1057/9781137384904
- Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. Guilford Press.
- Ministry of Justice & Department of Health. (2012). *A guide to Psychologically Informed Planned Environments (PIPEs)*.
- Ministry of Justice (2019) *HM Prison and Probation Service workforce statistics: March 2019*. London: Ministry of Justice
- Ministry of Justice (2018) *HM Prison and Probation Service workforce statistics: September 2018*, London: Ministry of Justice
- Mills, J. A., & Harrison, T. (2007). John Rickman, Wilfred Ruprecht Bion, and the origins of the therapeutic community. *History of psychology, 10*(1), 22.
- Mitchell, O., Wilson, D. B., Eggers, A., & MacKenzie, D. L. (2012). Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug courts. *Journal of Criminal Justice, 40*(1), 60-71.
- MOJ & DH (2012). *A Guide to Psychologically Informed Planned Environments (PIPEs)* Version 1. Ministry of Justice and Department of Health: London.
- Moore, E. (2012). Personality disorder: its impact on staff and the role of supervision. *Advances in psychiatric treatment, 18*(1), 44-55.

- Moran, D., & Jewkes, Y. (2015). Linking the carceral and the punitive state: A review of research on prison architecture, design, technology and the lived experience of carceral space. *Annales de géographie*, 2:163-184
- Morris, M. (2002). Managing the unmanageable: psychotherapy in Grendon Prison. *Criminal Behaviour and Mental Health*, 12(S2), S54-S67.
- Munroe, P. T. (2019). *Intersubjectivity*. The Blackwell Encyclopaedia of Sociology. <https://10.1002/9781405165518.wbeosi067.pub2>
- Murakami, K. (2003). Orientation to the setting: Discursively accomplished intersubjectivity. *Culture & Psychology*, 9(3), 233-248.
- National Offender Management Service & Department of Health (2012). *A guide to Psychologically Informed Planned Environments*. London: National Offender Management Service and Department of Health.
- Needs, A., & Adair-Stantiall, A. (2018). The social context of transition and rehabilitation. In Akerman, G., Needs, A., & Bainbridge, C. (Eds.) *Transforming Environments and Offender Rehabilitation: A Guide for Practitioners in Forensic Settings and Criminal Justice*. Routledge.
- Needs, A. (2018). Only connect: implications of social processes and contexts for understanding trauma. In Akerman, G., Needs, A., & Bainbridge, C. (Eds.) *Transforming Environments and Offender Rehabilitation: A Guide for Practitioners in Forensic Settings and Criminal Justice*. Routledge.
- Neimeyer, R. A. (2006). Complicated grief and the reconstruction of meaning: Conceptual and empirical contributions to a cognitive-constructivist model. *Clinical Psychology: Science and Practice*, 13, 141–145.
- Newberry, M. (2010). A synthesis of outcome research at Grendon therapeutic community prison. *Therapeutic Communities*, 31(4), 356-371.

- Newman, K. M. (2013). A more usable Winnicott. *Psychoanalytic Inquiry*, 33(1), 59-68.
- Nurse, J., Woodcock, P., & Ormsby, J. (2003). Influence of environmental factors on mental health within prisons: focus group study. *British Medical Journal* 327(7413), 480.
- Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of general psychology*, 1(2), 115-144.
- Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological bulletin*, 136(2), 257.
- Parker, A., & Tritter, J. (2006). Focus group method and methodology: current practice and recent debate. *International Journal of Research & Method in Education*, 29(1), 23-37. <http://10.1080/01406720500537304>
- Parker, M. (2007). *Dynamic security: The democratic therapeutic community in prison*. Jessica Kingsley Publishers.
- Pearlman, L. A., & Courtois, C. A. (2005). Clinical applications of the attachment framework: Relational treatment of complex trauma. *Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies*, 18(5), 449-459.
- Pearce, S., & Pickard, H. (2013). How therapeutic communities work: Specific factors related to positive outcome. *International Journal of Social Psychiatry*, 59(7), 636-645.
- Petticrew, M., & Roberts, H. (2008). *Systematic reviews in the social sciences: A practical guide*. John Wiley & Sons.
- Platow, M., & Hunter, J. A. (2014). Necessarily collectivistic. *The Psychologist*, 27, 838-841
- Polden, J. (2010). Behind locked doors: An exploration of therapeutic processes within a prison therapeutic community. *British Journal of Psychotherapy*, 26(4), 502-521.

Pont, J., Stover, H., & Wolff, H. (2012). Resolving ethical conflicts in practice and research;

Dual loyalty in prison health care. *Health Policy and Ethics*, 102(3), 475-480.

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., ... & Duffy, S.

(2006). Guidance on the conduct of narrative synthesis in systematic reviews.

<https://10.13140/2.1.1018.4643>

Pool, N. M. (2018). Looking Inward: Philosophical and Methodological Perspectives on

Phenomenological Self-Reflection. *Nursing science quarterly*, 31(3), 245-252.

Presser, L. (2009). The narratives of offenders. *Theoretical Criminology*, 13(2), 177–200.

Prison Reform Trust (2018). Bromley Briefings Prison Factfile. Available at:

<http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Autumn%202018%20Factfile.pdf>

Rapoport, R. N. (1960). *Community as doctor. New perspectives on a therapeutic community.*

Tavistock Publications

Rettie, R. (2003). *Connectedness, awareness and social presence.* Paper presented at the 6th

International Presence Workshop, Aalborg University, Aalborg, Denmark Retrieved

from <https://eprints.kingston.ac.uk/2106/1/Rettie.pdf>

Roberts, J. (1997). History of the therapeutic community. In Cullen, E., Jones, L., &

Woodward, R. (Eds). *Therapeutic communities for offenders.* Wiley.

Rocque, M., Posick, C., & Paternoster, R. (2016). Identities through time: An exploration of

identity change as a cause of desistance. *Justice Quarterly*, 33(1), 45-72.

Ross, G. E., & Auty, J. M. (2018). The experience of change in a Prison Therapeutic

Community: an Interpretative Phenomenological Analysis. *Therapeutic Communities:*

The International Journal of Therapeutic Communities, 39(1), 59-70.

- Rutter, D., & Tyrer, P. (2003). The value of therapeutic communities in the treatment of personality disorder: a suitable place for treatment?. *Journal of Psychiatric Practice*, 9(4), 291-302.
- Salvatore, S., Gelo, O., Gennaro, A., Manzo, S., & Al Radaideh, A. (2010). Looking at the psychotherapy process as an intersubjective dynamic of meaning-making: A case study with discourse flow analysis. *Journal of Constructivist Psychology*, 23(3), 195-230.
- Salvatore, S., Tebaldi, C., & Potì, S. (2009). The discursive dynamic of sense making. In Salvatore, S., Valsiner, J., Strout, S., & Clegg, J., *YIS: Yearbook of Idiographic Science*, 1
- Scott, D. (2006). The caretakers of punishment: Prison officer personal authority and the rule of law. *Prison Service Journal*, 168:14-19.
- Scott, D. G. (2015). Eating your insides out: Cultural, physical and institutionally-structured violence in the prison place. *Prison Service Journal*, (221), 58-62.
- Schütz, A. (1998) Assertive, Offensive, Protective, and Defensive Styles of Self-Presentation: A Taxonomy. *The Journal of Psychology*, 132(6,) 611-628,
DOI:10.1080/00223989809599293
- Shine, J., & Morris, M. (2000). Addressing criminogenic needs in a prison therapeutic community. *Therapeutic Communities* 21(3), 197–219
- Shuker, R., & Newton, M. (2008). Treatment outcome following intervention in a prison-based therapeutic community: A study of the relationship between reduction in criminogenic risk and improved psychological well-being. *The British Journal of Forensic Practice*, 10(3), 33-44.
- Shuker, R. (2010). Forensic therapeutic communities: A critique of treatment model and evidence base. *The Howard Journal of Criminal Justice*, 49(5), 463-477.

- Shuker, R., & Newberry, M. (2010). Changes in interpersonal relating following therapeutic community treatment at HMP Grendon. *Grendon and the emergence of forensic therapeutic communities: Developments in research and practice*. John Wiley & Sons
- Shuker, R. (2018). Relationships, social context and personal change: The role of therapeutic communities. In Akerman, G., Needs, A., & Bainbridge, C. (Eds.) *Transforming Environments and Rehabilitation*. Routledge.
- Siddaway, A. P., Wood, A. M., & Hedges, L. V. (2019). How to do a systematic review: a best practice guide for conducting and reporting narrative reviews, meta-analyses, and meta-syntheses. *Annual review of psychology*, 70, 747-770.
- Skett, S., & Lewis, C. (2019). Development of the Offender Personality Disorder Pathway: A summary of the underpinning evidence. *Probation Journal*, 66(2), 167-180.
- Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. *Qualitative health psychology: Theories and methods*, 218-240.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, methods and research*. London: Sage.
- Sparks, R., Bottoms, A. E. and Hay, W. (1996). *Prisons and the Problem of Order*. Oxford: Clarendon Press
- Starks, H., & Brown-Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative health research*, 17(10), 1372-1380.
- Stavrova, O., & Luhmann, M. (2016). Social connectedness as a source and consequence of meaning in life. *The Journal of Positive Psychology*, 11(5), 470-479.
- Stearns, A. E., Swanson, R., & Etie, S. (2019). The walking dead? Assessing social death among long-term prisoners. *Corrections*, 4(3), 153-168.

- Stevens, A. (2012). 'I am the person now I was always meant to be': Identity reconstruction and narrative reframing in therapeutic community prisons. *Criminology & Criminal Justice*, 12(5), 527-547.
- Stevens, A. (2013a). The 'Meanings' of Female Staff in Male Therapeutic Community Prisons: Gender as Symbolism and Specialism. *The Howard Journal of Criminal Justice*, 52(5), 479-497.
- Stevens, A. (2013b). *Offender rehabilitation and therapeutic communities: Enabling change the TC way*. Routledge.
- Stohr, M. K., Lovrich, N. P., & Wood, M. J. (1996). Service versus security concerns in contemporary jails: Testing general differences in training topic assessments. *Journal of Criminal Justice*, 24(5), 437-448.
- Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (2014). *Psychoanalytic treatment: An intersubjective approach*. Routledge.
- Stone, R. (2015). Desistance and identity repair: Redemption narratives as resistance to stigma. *British Journal of Criminology*, 56(5), 956-975.
- Strange, D., & Takarangi, M. K. (2015). *Memory distortion for traumatic events: the role of mental imagery*. *Frontiers in psychiatry*, 6, 27.
- Sykes G (1958). *The Society of Captives: A Study of a Maximum-Security Prison*. Princeton, NJ: Princeton University Press.
- Tajfel, H., Turner, J. C., Austin, W. G., & Worchel, S. (1979). An integrative theory of intergroup conflict. *Organizational identity: A reader*, 56-65.
- Tait, S. (2008). Care and the prison officer: beyond 'turnkeys' and 'care bears. *Prison Service Journal*, 180, 3-11
- Tait, S. (2011). A typology of prison officer approaches to care. *European Journal of Criminology*, 8(6), 440-454.

- Tate, H., Blagden, N., & Mann, R. (2017). *Prisoners' perceptions of care and rehabilitation from prison officers trained as 5 minute interventionists*. London, England. Ministry of Justice.
- Tedeschi, R. G., & Calhoun, L. (2004). Posttraumatic growth: A new perspective on psychotraumatology. *Psychiatric Times*, 21(4), 58-60.
- Trotter, C. (1993). *The supervision of offenders: What Works. A study undertaken in community-based corrections*. Report to the Australian Criminology Research Council, Victoria Department of Justice, Melbourne
- Turley, C., Payne, C., & Webster, S. (2013). *Enabling features of psychologically informed planned environments*. London: National Offender Management Service.
- Turner, K., & Bolger, L. (2015). The provision of PIPEs—psychologically informed planned environments. *Prison Service Journal*, 218, 41-46.
- VandenBos, G. R. (Ed.). (2007). *APA Dictionary of Psychology*. American Psychological Association.
- Vanhooren, S., Leijssen, M., & Dezutter, J. (2017). Posttraumatic growth in sex offenders: A pilot study with a mixed-method design. *International journal of offender therapy and comparative criminology*, 61(2), 171-190.
- Vartia, M., & Hyyti, J. (2002). Gender differences in workplace bullying among prison officers. *European journal of work and organizational psychology*, 11(1), 113-126.
- Veale, D., Gilbert, P., Wheatley, J., & Naismith, I. (2015). A new therapeutic community: Development of a compassion- focussed and contextual behavioural environment. *Clinical psychology & psychotherapy*, 22(4), 285-303.
- Vickers-Pinchbeck, C. (2019). Prison Officers' perspectives on five minute interventions and rehabilitative culture in a local prison. *Prison Service Journal*, 244:44-51.

- Vyas, A., Spain, C., & Rawlinson, D. (2017). Working in a therapeutic community: exploring the impact on staff. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 38(1), 32-40.
- Walker, E. J., Jackson, C. A., Egan, H. H., & Tonkin, M. (2015). Workability and mental wellbeing among therapeutic prison officers. *Occupational Medicine*, 65(7), 549-551.
- Walker, E. J., Egan, H. H., Jackson, C. A., & Tonkin, M. (2018). Work–Life and Well-Being in UK Therapeutic Prison Officers: A Thematic Analysis. *International journal of offender therapy and comparative criminology*, 62(14), 4528-4544.
- Wainwright, L., Harriott, P. & Saajedi, S. (2019). What incentives work in prison? A Prisoner Policy Network Consultation. Available from:
<http://www.prisonreformtrust.org.uk/Portals/0/Documents/PPN%20Incentives%20Report.pdf>
- Walsh, E. (2009). The emotional labour of nurses working in Her Majesty's (HM) prison service. *Journal of Forensic Nursing*, 5, 143-152.
- Ware, N. C., Hopper, K., Tugenberg, T., Dickey, B., & Fisher, D. (2007). Connectedness and citizenship: Redefining social integration. *Psychiatric services*, 58(4), 469-474.
- Warr, J. (2008). Personal reflections on prison staff. In Bennett, J., Crewe, B., & Wahidin, A. (Eds.). (2008), *Understanding prison staff*. Willan
- Whiteley, J. S., & Collis, M. (1987). The therapeutic factors in group psychotherapy applied to the therapeutic community. *International Journal of Therapeutic Communities*, 8(1),21-32.
- Wild, T.C., Newton-Taylor, B. & Alletto, R. (1998). Perceived coercion among clients entering substance abuse treatment: structural and psychological determinants. *Addictive Behaviors*, 23(1)81-95.
- Willig, C. (2008). *Introducing qualitative research in psychology*. Open University Press.

- Winnicott, D.W. (1958). *Through paediatrics to psychoanalysis*. London Tavistock
- Winnicott, D. W. (1965). *The capacity to be alone: The Maturation Processes and the Facilitating Environment*. London.
- Winnicott, D. W. (1986). 10. Transitional Objects and Transitional Phenomena: A Study of the First Not-Me. *Essential papers on object relations*, 254.
- Wood, A. (2016). Challenging occupational norms: an ethnographic study of female prison officers in a women's prison (Doctoral dissertation, The University of Salford).
- Wright, M. O., Crawford, E., & Sebastian, K. (2007). Positive resolution of childhood sexual abuse experiences: The role of coping, benefit finding and meaning-making. *Journal of Family Violence*, 22, 597–608
- Yalom, I. D. (1995). *The theory and practice of group psychotherapy*. Basic Books.
- Yalom, I. D. (1980). *Existential psychotherapy*. Basic Books.
- Youngs, D., & Canter, D. (2012). Offenders' crime narratives as revealed by the Narrative Roles Questionnaire (NRQ). *International Journal of Offender Therapy and Comparative Criminology*, 1–23

Appendix

Appendix 1. Search strategy

A combination of the following keywords were used to perform searches:

prison AND (officer OR staff) AND (relationships OR interactions OR experiences) AND (prisons OR therapeutic communities OR TCs OR PIPE OR therapeutic AND prisons), 'staff prisoner relationships'

Appendix 2. Evaluation of Study Quality

Table 1.3 CASP Evaluation of Study Quality

Study	Statement of Research Aims	Appropriate Qual. Method	Research Design	Recruitment Strategy	Data Collected to address RQ	Researcher- Participant Relationship Considered	Ethical Considerations	Rigorous Data Analysis	Clear Statement of Findings	Research Value
Blagden, Winder & Hames (2016)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Bond & Gemmell (2014)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Collins & Nee (2010)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
McManus (2010)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Stevens (2011)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Tait (2011)	Y	Y	Y	Y	Y	Y	N	Y	Y	N
Vyas, Spain & Rawlinson (2017)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Walker, Egan, Jackson & Tonkin (2018)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Key: Y= Yes, N=No, C=Can't Tell

Appendix 2.1***CASP Questions*****Section A:** Are the results valid?

1. Was there a clear statement of the aims of the research?
2. Is a qualitative methodology appropriate?
3. Was the research design appropriate to address the aims of the research?
4. Was the recruitment strategy appropriate to the aims of the research?
5. Was the data collected in a way that addressed the research issue?
6. Has the relationship between researcher and participants been adequately considered?

Section B: What are the results?

7. Have ethical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?

Section C: Will the results help locally?

10. How valuable is the research?

Appendix 3. Participant Information Sheet



PARTICIPANT INFORMATION SHEET

Title of Project: **Social inclusion and meaning making in a therapeutic community: the role of the environment.**

Name and Contact Details of Researcher(s): **Eugenia Jenny Kontosthenous**
up869759@myport.ac.uk

Name and Contact Details of Supervisor: **Yvonne Shell** Yvonne.shell@port.ac.uk King Henry Building, King Henry 1st Street, Portsmouth, Hampshire, PO1 2DY

Ethics Committee Reference Number: **SFEC 2019-30**

1. Invitation

I would like to invite you to take part in my research study. Joining the study is entirely up to you, before you decide I would like you to understand why the research is being done and what it would involve for you. I will go through this information sheet with you, to help you decide whether or not you would like to take part and answer any questions you may have. I would suggest this should take about 15 minutes. Please feel free to talk to others about the study if you wish. Do ask if anything is unclear.

I am a second year Trainee Forensic Psychologist at the Forensic Psychology Professional Doctorate at the University of Portsmouth. I work for the NHS and I am not employed by the Prison Service. I am conducting this research as part of my doctorate.

2. Study Summary

This study is concerned with the processes involved in the interactions between residents and residents and staff in a therapeutic community (TC). This is important because it will provide us with a better understanding of what it is like being part of a community for you and how the environment of a TC can support you make positive changes. We are seeking participants who have been residents in the TC for longer than 2 months. Participation in the research would require you to attend a 1 to 1 interview with the researcher which will be recorded and will take approximately 60-90 minutes of your time.

3. What is the purpose of the study?

The study aims to help us gain a better understanding of the processes that take place in the interactions between residents and between residents and staff in a TC.

4. Why have I been invited?

In keeping with the ethos of a TC, your participation is voluntary and therefore you were not individually invited to participate in this research. This study aims to recruit up to 8 participants that express interest in participating in the study.

5. Do I have to take part?

No, taking part in this research is entirely voluntary. It is up to you to decide if you want to volunteer for the study. The study is described in this information sheet. If you agree to take part, we will then ask you to sign the attached consent form, dated 30/03/2019, version 2.

6. What will happen to me if I take part?

The interview is expected to last between 60 and 90 minutes. Although the researcher will be asking you some questions, the interview will feel much more like a conversation about your experiences in the therapeutic community. A voice recorder will be used to record the interview and the data will then be transcribed and verbatim comments extracted from the

transcripts. You will be asked to pick a name that will be used as a pseudonym and that will be used in the transcript. Any names of places or other people will be changed to maintain your anonymity.

7. Expenses and payments

There will be no payment or reward to participants. In order to ensure informed consent, potential participants will be reassured that not participating or opting out of this research will not have any repercussions for their treatment on the TC or anywhere else in the prison estate and that it will not affect their Incentives & Earned Privileges status (IEP status) in any way. Equally, taking part in this research will not offer you any privileges or incentives.

8. Anything else I will have to do?

Please do not attend the interview under the influence of any illicit substances.

9. What data will be collected?

Data will be collected during 1 to 1 interviews with the researcher. A voice recorder will be used to record the interview.

10. What are the possible disadvantages, burdens and risks of taking part?

By participating in this study you might experience some level of emotional distress due to disclosing sensitive personal data. Although there will be no direct questions about your personal story, you might decide to refer to your past experiences in the interview. In the case that you experience distress you will be offered a break and you will have the option to terminate the interview. In any case, you will be given a hand-out with details of the available agencies/services within the establishment (such as Listeners, Chaplaincy, emotional well-being mentors) as well as the number to contact Samaritans.

If necessary, Safer Custody will be involved and the ACCT procedures will be used to manage any identified risks.

11. What are the possible advantages or benefits of taking part?

You may not receive any direct personal benefits from participating but this study may contribute to a better understanding of the processes within a therapeutic community that promote social inclusion. This may be beneficial for future residents and staff in therapeutic communities and possibly other establishments that are informed by the principles of a TC.

12. Will my data be kept confidential?

The raw data, which identifies you, will be kept securely by the researcher and destroyed after the analysis of the research. Only the researcher will have access to the raw data and her supervisor might access the transcripts of the recordings, which will be anonymised.

Anonymous data may be presented to others at academic conferences or published as an academic dissertation or in academic journals.

13. What will happen if I don't want to carry on with the study?

As a volunteer you can stop participating in the interview at any time, or withdraw from the study at any time before the submission of the research project, without giving a reason if you do not wish to. If you do withdraw from a study after some data have been collected you will be asked if you are content for the data collected thus far to be retained and included in the study. If you prefer, the data collected can be destroyed and not included in the study. Once the research has been completed, and the data analysed, it will not be possible for you to withdraw your data from the study.

14. What if there is a problem?

If you have a query, concern or complaint about any aspect of this study, in the first instance you should contact the researcher if appropriate. The contact details for both the researcher and her are detailed on page 1. If your concern or complaint is not resolved by the researcher or their supervisor, you should contact the Head of Department.

Dr Dominic Pearson dominic.pearson@port.ac.uk

The Head of Department, Department / School of Psychology, University of
Portsmouth King Henry Building King Henry 1st Street Portsmouth Hampshire PO1 2DY

If the complaint remains unresolved, please contact:

The University Complaints Officer

023 9284 3642

complaintsadvise@port.ac.uk

15. Who is funding the research?

This project will be self-funded and any related costs are covered by the researcher.

16. Who has reviewed the study?

Research involving human participants is reviewed by an ethics committee to ensure that the dignity and well-being of participants is respected. This study has been reviewed by the Science Faculty Ethics Committee and been given favourable ethical opinion.

Thank you

Thank you for taking time to read this information sheet and for considering volunteering for this research. If you do agree to participate your consent will be sought; please see the accompanying consent form. You will then be given a copy of this information sheet and your signed consent form, to keep.

Appendix 4. Consent Form

CONSENT FORM

Title of Project: Social inclusion and meaning making in a therapeutic community: the role of the environment.

Name and Contact Details of Researcher(s): Eugenia Jenny Kontosthenous

up869759@myport.ac.uk

Name and Contact Details of Supervisor: Yvonne Shell Yvonne.shell@port.ac.uk King

Henry Building, King Henry 1st Street, Portsmouth, Hampshire, PO1 2DY

University Data Protection Officer: Samantha Hill data-protection@port.ac.uk

Ethics Committee Reference Number: SFEC 2019-30

I confirm that I have read and understood the information sheet dated 30/30/2019 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have

had these answered satisfactorily.

Please
initial

1. I understand that my participation is voluntary and that I am free to withdraw at any time prior to the submission of this project in January 2020, without giving any reason.
2. I understand that data collected during this study will be processed in accordance with data protection law as explained in the Participant Information Sheet dated 30/03/2019 version 2.
3. I consent for my interview to be audio / video recorded. The recording will be transcribed and analysed for the purposes of the research and destroyed after transcription.
4. I consent to verbatim quotes being used in publications; I will not be named but I understand that there is a risk that I could be identified.
5. I understand that whatever I say in the interview is confidential unless I tell the researcher that I or someone else is in immediate danger of serious harm, or the researcher sees or is told about something that is likely to cause serious harm. If that happens, the researcher will raise this with me during the interview and tell me about what could happen if I continue to talk about it and explore how I would prefer to deal with the situation. The researcher will encourage me to seek support from Listeners, Chaplaincy or Samaritans to help me make the situation safer. If the researcher feels unsure that I will go and get support, they will talk to me about what they need to do and what might happen next.
6. I understand that should I disclose possible criminal offences that have not been investigated or prosecuted, in the course of the interview, the researcher may report the matter to relevant agencies.
7. I understand that the results of this study may be published and / or presented at meetings or academic conferences. I give my permission for my anonymous data, which does not identify me, to be disseminated in this way.
8. I agree to take part in the above study.

Initials of Participant:

Date:

Signature:

Name of Person taking Consent:

Date:

Signature:

Appendix 5. Semi-structured Interview Topics/Questions

(Please note this is an indicative list of questions/topics)

Environment/connectedness/relationships:

How do people get on here? What happens if they don't get on?

How do you feel you are settling in? How does it feel sharing your story?

How is this compared to how you were in the past?

What sort of person do you think you are now?

Does settling in take time?

Anything significant that has happened whilst you've been here? Any particular experiences?

How is this wing different to other wings you have been?

Who helped you with _____(example of experience)? Did anyone seem to understand?

What does it feel like participating in groups? Hearing others share their stories?

Boundaries:

How are staff here? How do they react when things happen?

Do you think they are approachable? Do you feel you can talk to staff?

Is there trust? How are staff different on this wing from other wings?

Adversity/prior experiences:

How was life in the past? What was it like growing up?

Have there been times when things weren't easy?

How did you fit in at home?

What was school like? Did you feel like you fitted in?

Did you feel part of anything growing up? Did you want to be part of a group?

What services did you access? What worked well? What didn't work so well?

What sort of challenges have you faced in prison? In Grendon?

Transitions:

How are others viewing you now? Have people around you noticed any changes? Have you discussed any changes with other people?

Are you feeling different about the future? What is going to come next in your life story?

Any dreams/plans?

Is there anything that makes life easier now?

Appendix 6. Ethics Committee: Favourable Opinion



**UNIVERSITY OF
PORTSMOUTH**

Science Faculty Ethics Committee

Science Faculty Office
University of Portsmouth
St Michael's Building
White Swan Road
PORTSMOUTH
PO1 2DT

Eugenia Kontosthenous
Department of Psychology
University of Portsmouth

023 9284 3379
ethics-sci@port.ac.uk

Evgenia.Kontosthenous@myport.ac.uk

10 April 2019

FAVOURABLE ETHICAL OPINION – WITH CONDITIONS

Study Title: Social inclusion and meaning making in a therapeutic community: the role of the environment

Reference Number: SFEC 2019-030

Date resubmitted: 10/04/2019

Thank you for resubmitting your application to the Science Faculty Ethics Committee (SFEC) for ethical review in accordance with current procedures and for making the

2 of 4

If you would find it helpful to discuss any of the matters raised above or seek further clarification from a member of the Committee, you are welcome to contact ethics-sci@port.ac.uk who will circulate your queries to SFEC

Please note that the favourable opinion of SFEC does not grant permission or approval to undertake the research. Management permission or approval must be obtained from any host organisation, including the University of Portsmouth or supervisor, prior to the start of the study.

Wishing you every success in your research.

Dr Paul Morris
Chair Science Faculty Ethics Committee

Annexes

- A - Documents reviewed
- B - After ethical review - Guidance for researchers

Information:

Dr Adrian Needs - ProfDoc Supervisor
Holly Shawyer/Ruth Wills - Faculty Administrator

Statement of compliance

SFEC is constituted in accordance with the Governance Arrangements set out by the University of Portsmouth

After Ethical Review

If unfamiliar, please consult the advice After Ethical Review (Annex B), which gives detailed guidance on reporting requirements for studies with a favourable opinion, including, notifying substantial amendments, notification of serious breaches of the protocol, progress reports and notifying SFEC of the end of the study.

Feedback

You are invited to give your view of the service that you have received from the Science Faculty Ethics Committee. If you wish to make your views known please contact the administrator at ethics-sci@port.ac.uk

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ANNEX A Documents reviewed

The documents ethically reviewed for this application

Document	Version	Date
A-2019-030 KONTOSTHENOUS PI submission email		07.03.19
B-2019-030 KONTOSTHENOUS JEK ethics application v1		07.03.19
C-2019-030 KONTOSTHENOUS JEK ethics application		07.03.19
D-2019-030 SFEC---Scientific-Review-Form-1		11.03.19
E-2019-030 KONTOSTHENOUS - Questions Following Ethical Review		27.03.2019
F-2019-030 KONTOSTHENOUS PI RESUBMISSION EMAIL		10.04.2019
G-2019-030 KONTOSTHENOUS JEK ethics application v2	V2	10.04.2019

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ANNEX B - After ethical review - Guidance for researchers

1. This Annex sets out important guidance for researchers with a favourable opinion from a University of Portsmouth Ethics Committee. Please read the guidance carefully. A failure to follow the guidance could lead to the committee reviewing and possibly revoking its opinion on the research.
2. It is assumed that the research will commence within 1 year of the date of the favourable ethical opinion or the start date stated in the application, whichever is the latest.
3. The research must not commence until the researcher has obtained any necessary management permissions or approvals – this is particularly pertinent in cases of research hosted by external organisations. The appropriate head of department should be aware of a member of staff’s research plans.
4. If it is proposed to extend the duration of the study beyond that stated in the application, the Ethics Committee must be informed.
5. Any proposed substantial amendments must be submitted to the Ethics Committee for review. A substantial amendment is any amendment to the terms of the application for ethical review, or to the protocol or other supporting documentation approved by the Committee that is likely to affect to a significant degree:
 - (a) the safety or physical or mental integrity of participants
 - (b) the scientific value of the study
 - (c) the conduct or management of the study.
- 5.1 A substantial amendment should not be implemented until a favourable ethical opinion has been given by the Committee.
6. Researchers are reminded of the University’s commitments as stated in the [Concordat to Support Research Integrity](#) viz:
 - maintaining the highest standards of rigour and integrity in all aspects of research
 - ensuring that research is conducted according to appropriate ethical, legal and professional frameworks, obligations and standards
 - supporting a research environment that is underpinned by a culture of integrity and based on good governance, best practice and support for the development of researchers
 - using transparent, robust and fair processes to deal with allegations of research misconduct should they arise
 - working together to strengthen the integrity of research and to reviewing progress regularly and openly
7. In ensuring that it meets these commitments the University has adopted the [UKRIO Code of Practice for Research](#). Any breach of this code may be considered as misconduct and may be investigated following the University [Procedure for the Investigation of Allegations of Misconduct in Research](#). Researchers are advised to use the [UKRIO checklist](#) as a simple guide to integrity.

Appendix 7. UPR16

FORM UPR16

Research Ethics Review Checklist

Please include this completed form as an appendix to your thesis (see the Research Degrees Operational Handbook for more information)

Postgraduate Research Student (PGRS) Information		Student ID:	UP869759
PGRS Name: Professional Doctorate in Forensic Psychology			
Department:	Psychology	First Supervisor:	Dr Adrian Needs
Start Date: (or progression date for Prof Doc students)	05/02/2018		
Study Mode and Route:	Part-time <input type="checkbox"/>	MPhil <input type="checkbox"/>	MD <input type="checkbox"/>
	Full-time <input checked="" type="checkbox"/>	PhD <input type="checkbox"/>	Professional Doctorate <input checked="" type="checkbox"/>

Title of Thesis:	Social Exclusion and Meaning Making in a Therapeutic Community: the Role of the Environment
Thesis Word Count: (excluding ancillary data)	25,783

If you are unsure about any of the following, please contact the local representative on your Faculty Ethics Committee for advice. Please note that it is your responsibility to follow the University's Ethics Policy and any relevant University, academic or professional guidelines in the conduct of your study

Although the Ethics Committee may have given your study a favourable opinion, the final responsibility for the ethical conduct of this work lies with the researcher(s).

UKRIO Finished Research Checklist:

(If you would like to know more about the checklist, please see your Faculty or Departmental Ethics Committee rep or see the online version of the full checklist at: <http://www.ukrio.org/what-we-do/code-of-practice-for-research/>)

a) Have all of your research and findings been reported accurately, honestly and within a reasonable time frame?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
b) Have all contributions to knowledge been acknowledged?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
c) Have you complied with all agreements relating to intellectual property, publication and authorship?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d) Has your research data been retained in a secure and accessible form and will it remain so for the required duration?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

e) Does your research comply with all legal, ethical, and contractual requirements?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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Candidate Statement:

I have considered the ethical dimensions of the above named research project, and have successfully obtained the necessary ethical approval(s)

Ethical review number(s) from Faculty Ethics Committee (or from NRES/SCREC):	SFEC 2019-030
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If you have not submitted your work for ethical review, and/or you have answered 'No' to one or more of questions a) to e), please explain below why this is so:

N/A

Signed (PGRS):		Date: 26/01/2020
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End of document ■