

Male Clients' Perspective of their Experience of Counselling in Prisons

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Abbreviations

ADHD	Attention deficit hyperactivity disorder
AQ	Aggression Questionnaire
BACP	British Association for Counsellors and Psychotherapists
BIS	Barratt Impulsiveness Scale
CAMS-R	Cognitive and Affective Mindfulness Scale Revised
CARAT	Counselling Assessment, Referral, Advice and Throughcare
CAS	Client Assessment Summary
CASP	Critical Appraisal Skills Programme
CBT	Cognitive behavioural therapy
CfD	Counselling for depression
COPE	Coping with Problem Emotions
CPN	Counselling Practice Nurse
DASS	Depression, Anxiety and Stress Scale
DNA	Did not attend
EMDR	Eye Movement Desensitization and Reprocessing
FMQQ	Five Facet Mindfulness Questionnaire
FP40	Forensic Psychiatric Profiles 40
HAT	Helpful aspects of therapy
HMP	Her Majesty's Prison
HMPPS	Her Majesty's Prison and Probation Service
IPA	Interpretative phenomenological analysis
IPP	Indeterminate sentence for Public Protection
IPT	Interpersonal Psychotherapy Treatment
MBSR	Mindfulness-Based Stress Reduction in Prison
MDD	Major Depressive Disorder
MQPL	Measuring the Quality of Prison Life
NHS	National Health Service
NOMS	National Offender Management Service
PCE	Person centre/Experiential therapy
PCI: OA	Personal Concerns Inventory; Offender Adaptation
PCT	Person-centred Therapy
PDT	Psychodynamic/psychoanalytic therapy
PIS	Participant Information Sheet
PPO	The Prison Probation Ombudsman
PTSD	Post Traumatic Stress Disorder
ROTL	Release on temporary licence for the day
SDAS	Social Dysfunction and Aggression Scale (SDAS)
SEU	Social Exclusion Unit
SPCR	Surveying Prisoner Crime Reduction
TAU	Treatment as usual
TC	Therapeutic Communities
TC-PINS	Therapeutic Community Prison Inmate Networks Study
TFOPHC	The Future Organisation of Prison Health Care
UK	United Kingdom
UKRIO	UK Research Integrity Office
UPR	Unconditional Positive Regard

Abstract

The use of psycho-therapeutic interventions within prisons in recent years has been widespread. In order to improve the results of therapy, it is necessary to measure the effectiveness of the outcome (Castonguay, 2013). However, the measurement of outcomes is difficult to gauge, in particular because of the hostile environment within prison, which encourages the client to enter a state in which life is stripped of purpose and responsibility. Heidegger (1927) explains his philosophical view of the awareness of existence with his statement of 'Dasein' (being there) (Heidegger, 1927). Incarceration in a prison excludes the possibility that individuals experience and express themselves in an open manner without fear, as Sartre explained as 'existential anxiety' (Sartre, 1945), the feeling of anxiety emerging within a prisoner creating a feeling of loss of freedom of choice.

Considering the prisoner's choices within prison, for example, the counsellor of their own choice, access to counselling appointments, unrestrictive counselling facilities, and counselling venues are issues that arise more frequently in prison than in any other therapeutic contexts. The focus of this research is on the male client's perspective of counselling in prison. The purpose of the study is three-fold: to gain an understanding of how the male prisoners' experience counselling; to explore what is useful and what is not useful about counselling; and to further improve knowledge of counselling therapy, so that counselling may be enhanced for the benefit of prison clients. This study is qualitative, adopting the theoretical framework of Interpretive Phenomenological Analysis (IPA).

Male prisoners who have had counselling in prison have spoken of their experience of being counselled in prison and this has filled the gap in the literature. This study makes a unique contribution to the existing knowledge base regarding how male clients perceive counselling and may improve the effectiveness of counselling in prisons by ensuring that future counselling of men in prison will become more effective and appropriate to their needs.

Chapter One

Introduction

1.1 Introduction

In this thesis, the nature of counselling in prison in the United Kingdom (UK) is explored using an Interpretive Phenomenological Approach (IPA). The setting for the research is an all-male Category (Cat) C prison where prisoners are able to have suitable employment within the prison, (The term used is working prison), where custodial sentences range from short term (up to four years) to life term tariffs (UK Government, 2019). The prison was opened during the early 1990s and has since undergone many innovations such as changes in prison category status and continues today as an all-male Cat C prison, with a working capacity of approximately 500 (UK Government, 2019). Within this prison, the multi-faith Chapel (Chaplaincy) established a counselling service in the early 2000s, providing counselling interventions, towards chaplain advice and spirituality. The HM Inspectorate of Prisons (2019) reported access to counselling was good at the prison where this thesis is situated. During 2019, the Chapel ended the counselling service, and the remaining client list was transferred to the Healthcare Department within the prison. However, a one-on-one counselling service by qualified staff remains available on request. Throughout the thesis, the prison is referred to as HMP Prison, to maintain confidentiality.

Medical and healthcare services remain the main provider of counselling intervention through medical referral to the CARAT Team (Counselling, Assessment, Referral, and Advice and Throughcare). The CARAT team consists of one full time team leader and two full time drug misuse specialists from drug and alcohol support groups, one full time drug worker, (who is a prison officer) and a full-time administrator ([justice.gov.uk](https://www.justice.gov.uk)). The HM Inspectorate of Prison (2019) reported an excellent inspection and stated that the prison was a good prison and the provision of health and wellbeing was good (HMIP, 2019).

1.2 UK Prison Estate Her Majesty's Prison & Probation Service (HMPPS)

Her Majesty's Prison and Probation Service (HMPPS) was created in 2004 under the name of the National Offender Management Service (NOMS). NOMS combined parts of the headquarters of Her Majesty's Prison Service and the National Probation Service. It is an agency of the Ministry of Justice, and some of the agency's functions transferred to the Ministry of Justice in 2017, when it became known as Her Majesty's Prison and Probation Service (HMPPS). HMPPS holds responsibility for the prison services in England and Wales (UK Government, 2021). The HMPPS manages an estate of 118 prisons. In the UK, there are four main types of prison for adult male prisoners and twelve prisons that house adult female offenders. The male prisoner population is 78,002, and female prisoner population is 3,205. The operational capacity of a prison establishment is the total number of prisoners that an establishment can hold, the HMPPS operational capacity is approximately 82,999 (UK Government, 2022).

1.3 Overview of Prisons and the Early Years

The earliest records of prisons come from the first millennium BC, located in Mesopotamia and Egypt. Before the late 18th century, UK prisons were used for the confinement of debtors, persons accused of crimes and awaiting trial, and convicts waiting to serve their sentences (Willis, 2008).

1.4 Prison Security - the Concept of the Panopticon

Throughout the history of prisons, the main function of the prison was to contain and establish control of the prisoners. Therefore, historically, the prison was generally acknowledged and accepted as a form of prison by incarceration (Foucault, 1977).

Designed by Jeremy Bentham in the mid-1700's and employed in the prison system the panopticon was a construction within the prison where a single prison warden was able to physically see from a single position all the corridors that lead to each wing at the same time as the warden pivoted on the spot, enabling maximum observation and surveillance with the minimum of security staff.

According to the Howard League (2011), prisons aim to punish those who have committed any crime, encourage personal reform and protect the public from people who commit crimes. Today, prison is a complete and austere institution. Goffman

(1961) introduced the term total institution, where an entire group of people are processed within a bureaucratic system, at the same time as being isolated from the normal round of activities; where their freedom of movement is restricted, and they are confined to sleep, work, and play within the boundaries of the same place. He provided prisons and mental hospitals as crucial examples.

1.4.1 The Mountbatten Report (1966)

Jewkes (2007) explores prisons in the 1960's, where a crisis of containment within the prison system had to be confronted because of high profile prisoners escaping on a regular basis. She examines prison security, which had become the focus of scrutiny and Lord Mountbatten (1966) chaired a committee to investigate the state of security. The Mountbatten Report (1966) was published through the Home Office and recommended a significant upgrade of the prison estate security which included a proposal of four prison categories A, B, C, and D. Professor Leon Radzinowicz (1968) acknowledged the report with the recommendation of the Dispersal Policy (1968), his report emphasised that categories A and B prisoner were to be dispersed into specially designed high security prisons. Security across the penal system was to be focused on regime change. Internally, security became the most important factor with the addition of education, training, association, and living facilities for the prisoner. Jewkes (2007) identifies that the new focus was to be humanitarian goals and the enforcement, containment, discipline, and control of the prisoners. She argues that the move towards escape-proof security and more control within the prison service was a regressive one. She examines the reincarnation to prominence of rehabilitation in prisons and managerialism and attributes these events in part to Haliday (2001) and Carter (2004).

As mentioned above, there were four prison categories for prison establishments recommended in the report: categories A, B, C and D. Category (Cat) A is the highest category and includes the most dangerous prisoners in the UK. Cat B is the second-highest category; these prisons house prisoners who cannot be trusted. Cat C is the second-lowest category in Her Majesty's Prisons, housing prisoners who cannot be trusted in open conditions but who do not have the resources or will to make a determined escape attempt. Cat D is the lowest category, and Cat D prisoners have earned the right to work daily in the social community. They are

usually housed within an open prison, however, they are trusted enough not to escape, and they should return to the establishment after the working day HMP Prison described within this thesis is a Cat C – prisoners, who may wear red-banded armbands have been approved as low security risk and are able to move unescorted through the prison grounds. Cat C prisoners who are closer to the end of their sentence may be trusted enough to go on ‘release on temporary licence for the day’ the term used is ‘ROTL’ (Roberts & Sullivan, 2009).

1.4.2 The 1970’s and The Justice May Report (1979)

The 1970s saw the penal crisis enter a new phase. The unrealistic demands of discipline and control placed on prisoners, by the authorities came to a head. This situation showed no requirement for humanitarian concerns about the prisoners’ security and as Jewkes (2007) observed was “privileged at the expense of humanitarian goals such as education, training, association and living conditions” (Jewkes, 2007, p.53). The prisoners protested against the physical and psychological deprivation of confinement. Fitzgerald (1977, as cited in Jewkes, 2007), details how prison officers when dealing with the prisoners’ protests reacted with brutality and physically violent reprisals. Further, Rayan (1983, cited in Jewkes, 2007), highlighted the industrial unrest intensified by 1978 with Prison Officer Association disputes with the prison authorities which also consisted of staffing levels, pay conditions, and overtime.

Jewkes (2007) identifies The May Committee (1979), which stated treatment and training were to be disbanded and replaced with Rule 1 (Justice May Report, 1979), was rewritten to include the purpose of detention of convicted prisoners shall be to keep them in custody which is both secure yet positive. The liberal penological consensus of due process - the just desert model (the punishment should fit the crime) was resisted because a more realistic assessment of what the prisoner could achieve became the main concern of King and Morgan (1979), (Justice May Report, 1979). She notes further; the words human containment entered the official penal lexicon for the first time in the 1969 White Paper People in Prison. The modest aims were to be that prisons were to be holding centres committed by the courts, in conditions for their detention. Prisons, therefore, were to be custodial institutions. The May Committee (1979) responded that prisons have always been human

warehouses. However, the difference between inhuman and human warehouses is a very important one which was pointed out by King and Morgan (1979), (Justice May Report, 1979). They had further stated that the maintenance of prisons as human warehouses should be grounded in three principles, which were to include a minimal use of custody and security (as little and the lowest degree and normalisation). King and Morgan (1980, cited in Jewkes, 2007) suggested that normalisation meant “that a promotion of greater links between the community and the prison would help to break down the prison enclave and reduce its isolation with the wider community,” (Jewkes, 2007, p.55). Normalisation had several prime elements: improvement of community ties through the use of local custody; provision of health, welfare and education facilities, for the whole community; the living standards to those on benefits to be improved; prisoners to be employed; restrictions of the official secrets to be lifted; reasonable access to communications; adjudication of disciplinary offences; and “all decisions which affect the prisoner’s date of release be subject to independent judicial review,” (Jewkes, 2007, p.55).

1.4.3 The Woolf Report (1991)

Several prominent prison reviews assisted the move away from punishment towards a more humane prison system, and one of the most influential contributions towards the penological consensus was the Woolf Report (1991). The Woolf Report (1991) was embraced by the government’s own recommendation (i.e., custody, in care, and justice), and was commissioned in 1990 by the Home Secretary David Waddington to investigate the disturbances of HMP Manchester, Glen Parva, Dartmoor, Cardiff, Bristol and Pucklechurch. At that time, Lord Justice Woolf’s report was the most progressive penal reform programme of the twentieth century in England and Wales Tumin, (2011, cited in Day et al., 2015) had insisted that offenders should not leave prison embittered or disaffected as a result of an unjust experience (Woolf Report 2001, paras. 10-19).

The main theme linked to the prisoner contract was to help the prisoner become more responsible upon release of their sentence. Jewkes (2007) further refers to Woolf’s (1991) report, where he stated, “The duty of the prison service was to assist

the prisoner in the future to be a responsible member of society,” (Jewkes, 2007, p. 59).

Day et al.'s (2015) publication detailed proposals within Woolf's report, which included 12 central recommendations and 204 supporting recommendations, setting out an agenda for a full and expansive reform of the prison system. Lord Woolf had also called for an end to the overcrowding in prisons, smaller and more manageable secure prison units, better cooperation between different agencies within the criminal justice system, and improved leadership of the Prison Service. They highlighted Morgan's (1992) suggestion that two of Woolf's (1991) recommendations were pivotal for successful progressive change within the prison estate. Morgan (1992) stated that the two pivotal changes were community prisons and prison contact. Jewkes (2007) noted that community prisons emphasised control, security, and justice. The meaning of security and control is straight-forward. Security is defined as the prevention of escape. Control is defined as orderly, disturbance-free prisons, and she identifies '*Justice*' was a much more sophisticated term and was intended to encapsulate an obligation and define the clear social contract "to treat prisoners with humanity and fairness" while taking away their liberty and freedom. (Jewkes, 2007, p. 59). A humanitarian system also includes a prison statement of purpose. Her Majesty's Prison Service Statement of Purpose, printed on various prison paraphernalia and warrant cards, states that:

Her Majesty's Prison Service serves the public by keeping in custody those committed by the courts. Our duty is to look after them with humanity and help them lead law-abiding and useful lives in custody and after release. (Her Majesty's Prison Service)

Counselling can play a role in helping prisoners with this responsibility as it offers a service to offenders, which involve active listening and empathic responses to the concerns of the offenders. This contrasts with a punitive society. Allowing prisoners a counselling service may change a prisoner's perception about a punitive regime to a more humanitarian system.

More recently, the former Justice Secretary, David Gauke suggested another function of prison, where counselling can play a role. In his first major speech on prison reform, Gauke stated the current prison system of England and Wales has three purposes:

First, protection of the public – prison protects the public from the most dangerous and violent individuals.

Second, punishment – prison deprives offenders of their liberty and certain freedoms enjoyed by the rest of society and acts as a deterrent. It is not the only sanction available, but it is an important one.

And third, rehabilitation - prison provides offenders with the opportunity to reflect on, and take responsibility for their crimes and prepare them for a law-abiding life when they are released.

(Gauke, 2018)

In summary, contemporary prison has several purposes, however, the four usual functions can be identified as “punishment, deterrence, rehabilitation, and the protection of the public” (Hale, 2020, p.65). Counselling can play a part in some of these functions, particularly in regards to rehabilitation because the client’s psychological growth can be linked to social adhesion, (Jewkes, 2007). Although the function of a deterrent to reoffend may be considered a product of personal growth gained from the counselling by the client, and punishment remains a purpose of prison; punishment cannot play a part or ever be a function of counselling.

1.5 Health Care in Prisons

Previously in history, little thought was directed towards the health and well-being of the prisoners. For example, helping improve the physical or mental health of the prisoner was a low priority. In addition to this lack of concern over mental health problems, the prisoner was demonised and even judged to be legally insane. The journey of prison health care travels back over 200 years, and the delivery of prison health care has been long understood as fundamental to the beneficial impact and progress in prison regimes (Sim, 2002). Sim explores the changing delivery of prison health care, reporting on prisoners’ insistence that they receive a lower standard of health care than people outside the prison. With the progressive emergence of radical organisations concerned with prisoners’ rights an opening towards a higher standard of medical care for prisoners was enabled. The 1990s

saw a change of name for the Health Care Service for Prisoners, which was replaced with the Prison Medical Service (1992). The name change was due to the recommendations raised by the Government Efficiency Unit, and as Sim suggests was hoped to be a “new beginning for medicine inside,” (Sim, 2002, p.301). However, there remained criticism of prison health care. Sim details published reports; The Future Organisation of Prison Health Care (TFOPHC), in March 1999. The recommendations from this report contained many important changes, with the recommendation to establish a formal partnership between the Home Office and the NHS to deliver prison health care needs with diligent assessments in particular for those prisoners, with mental health issues. Another report by Sir David Ramsbotham, the Chief Inspector of Prisons, which highlighted the unacceptable conditions within prisons, in particular, he points to “fundamental failings in management, cleanliness and health care,” (Sim, 2002, p. 302). In February 2001, the government continued with the TFOPHC agenda. For example, all prisons and their local health authorities were to complete assessments of the prisoners’ needs and the requirements of community mental health services of each prison by March 2001.

The prison population in England and Wales has seen the number of prisoners aged over 60 as the fastest growing group. There has been an 82% increase in older prisoners in the last decade. This rise has been due to an increase in older adults that have received sentences for sexual offences and is also owing to a growing ageing population, generally, the longer sentences mean people are ageing in prison. (House of Commons Justice Committee, 2020). Studies into healthcare in prisons have commented on poor hearing, vision, respiratory problems, heart disease, diabetes, arthritis, and bladder problems, also Parkinson, hypertension, and Alzheimer’s (Fazel et al., 2001). Depressive illness, commonly treated by counselling, among elderly prisoners is five times greater than that found in other studies of young adult prisoners and elderly within the community (Fazel et al., 2001). Older prisoners are disproportionately higher users of healthcare services, putting pressure on prison officers (McDonald, 1995; Smyer et al., 1997). Life in a prison setting can be profoundly stressful for all prisoners and in particular, life can be stressful for the elderly prisoner (Booth, 1989).

Prisoners are several times more likely to have mental health conditions such as major depression and psychosis (Fazel and Danish, 2002). Their findings from 62 surveys over 12 countries from 2,790 prisoners highlighted 3.7% of men had psychotic illnesses, 10% had major depression, and 65% had a personality disorder, which included 47% with an antisocial personality disorder.

The Prison Probation Ombudsman's (PPO) investigation (2018) found that nearly one in five of those diagnosed with mental health problems received no care from mental health professionals. Out of seven in ten prisons, men waited too long to be transferred to mental health care in 2018, according to prison inspectors (Prison Reform Trust, 2019). Although mental health can begin outside the prison, as the Prison Reform Trust's (2019) statistics reveal, 16% of male prisoners said they received treatment for a mental health problem in the year before custody. A later study highlighted in the Prison Reform Trust (2022) of 469 male and female prisoners found that 42% of participants had been previously diagnosed with a mental illness, with some of the most common diagnoses including personality disorders, anxiety disorders, post-traumatic stress disorder, psychotic disorders and autism. Also, 15% of men in prison reported symptoms of psychosis; self-inflicted deaths are 6.2 times more likely than that of the general population for men in prison; and 70% of prisoners who die in prisons from self-inflicted means have been identified as having had mental health needs (Prison Reform Trust, 2022). Statistics further highlighted in the Prison Reform Trust (2022), show that 1095 prisoners were transferred from prison to a secure hospital in 2021, which is the highest number on record.

1.6 Prisoners' Childhood and Family Backgrounds

Personal background has an impact on the journey towards a prison sentence, which could have been explained through several studies, at least in part. For example, Williams, et al., (2012) conducted a cohort study of prisoners; Surveying Prisoner Crime Reduction (SPCR), (March, 2012). Prisoners in the SPCR cohort were asked whether they had ever experienced abuse or observed violence as children. Their study was undertaken with an overall sample set of 3849 prisoners, comprised of 1435 short term prisoners, for example, (one month to four years

sentence term), and 2414 longer term prisoners, serving 18 months to four years prison sentences.

Their report found that many of the prisoners within the overall sample set had complex and problematic backgrounds. Their findings showed that almost a quarter of the sample set had been placed in care during their childhood, building potential risk factors for future mental health issues for young and adult offenders currently serving prison sentences.

Their findings also indicated that adverse childhood experiences could potentially lead to future offences. Risk factors included lower income bracket families, with a history of mental illness, convictions, histories of violence, an unstable and poor family/parents' relationship, with disrupted schooling, and, or low intelligence quotient (Farrington, 2000 and Dallaire, 2007, as cited in Williams et al., 2012).

Also noted are examples of risk factors concerning the potential of imprisonment in the earlier studies of Caddle & Crisp (1997) and Dodd & Hunter, (1992), who established a significant number of prisoners that have either lived in children's homes, or been in care, or have been taken under local authority responsibility at some point during their childhood. Farrington and Dallaire (2000 and 2007, cited in William et al., 2012) describe these situations as risk factors, which suggest that familial circumstances and relationships in early childhood may have a strong influence on an individual's future and behaviour. The studies describe that early childhood experiences of care could be a factor; where the child has been influenced by powerful authoritarian role models who have exerted their control over the children and young adults. The child in care may have a negative response to authoritative figures, which also includes counsellors who work in prisons. If a prisoner's early experience of childhood is taken from a disadvantaged home, they may find they are unable to conceptualise the experience of being cared for.

1.6.1 Familial Criminal Convictions

Williams et al., (2012) examined other studies; Withers and Folsom (2007), Sharp et al., (1997) and the earlier studies of Dodd and Hunter (1992), which had suggested that between a third and a half of prisoners have family members with a criminal conviction. Their SPCR cohort study reported that over three quarters of the SPCR

prisoners had childhood backgrounds with a convicted family member, almost a third of the whole sample revealed family members had been in prison, a young offenders' institution, or Borstal.

The above-mentioned studies link in with counselling anecdotal explanations concerning a prisoner's experience of abusive family relationships, as counselling often uncovers links between past events throughout their upbringing.

1.6.2 Alcohol and Drugs Problems

Families with a cycle of drug and alcohol abuse may be trapped within a poor self-concept (Rogers, 1957) of how they define themselves as a family, which could potentially lead the child to later demonstrate anti-social behaviour. Almost one third of the SPCR Prisoner cohort study participants who had an alcohol problem stated they had a family member with an alcohol problem (Williams et al., 2012). In many cases, the person with the alcohol problem was the prisoner's father or stepfather, their mother or their stepmother, brother or stepbrother, who did have a problem with alcohol but had the problem to a lesser degree. Prisoners who did have a family member with an alcohol problem were more likely to state that they needed help with an alcohol problem themselves. Similarly, prisoners who had a family member with a drug problem were more likely to state that they needed help with their drug addiction. Counselling has the potential to help prisoners with alcohol or drug problems. However; with the very pernicious problems that come with drug addiction, it could be stated that prison counselling has become a requirement that can specialise in severe problems of addiction.

1.6.3 Education and Schooling

Previous research has highlighted high truancy levels and exclusion from school among offenders (Social Exclusion Unit, SEU00, 2002). Williams et al., (2012) examined the findings of a study conducted by Berridge et al., (2001), where they noted that exclusion is known to be a factor in future offences, although a straightforward causal link has not been established. From the sample set, over half SPCR prisoners reported having been excluded temporarily, and almost half reported that they had been permanently excluded, compared with half of male

prisoners, who reported to have been excluded from school by SEU (2002), (Department for Children, Schools and Families, 2008).

In summary, the events and circumstances in a prisoner's childhood and family background can lie deep rooted, impacting on the prisoner, creating multiple disadvantages leading to the development of complex psychological needs, therefore adding more risk factors for a potential prison sentence. In 2004, the Home Office set strategic targets to reduce re-offending by 2010 (NOMS, 2004). To address the causes of the individuals offending, nine support pathways were introduced, with the intention to ensure that the most appropriate intervention and service were available to the offending individuals in order to support them towards getting out of a life of crime and becoming a productive member of the society. The nine supportive pathways are: Drugs, Alcohol, Accommodation, Children and families, Finance, benefit and debt, Mental and physical health, Attitudes, thinking and behaviour, Education, training and employment, Women, Domestic abuse, and sex work (Earle et al., 2014).

1.7 Rehabilitation

Segregating criminals from the general law-abiding population is a temporary measure. The social contract for the invention of prisons is embedded in the Rehabilitation of Offenders' Act 1974, which requires reforms before release. The Justice Inspectorate stated that, "Unfortunately, many prisons do little to rehabilitate their prisoners," (HMIP, 2018). The Prison and Courts Bill was introduced in the House of Commons in 2017. The Bill was intended to give prisons strategies to "protect the public, reform and rehabilitate offenders, prepare prisoners for life outside prison, and to maintain an environment that is safe and secure," (UK Parliament, 2022, p. 1).

Rehabilitation as a goal of incarceration has psychological benefits for the prisoner. As the attitude of the prison management changes from isolation, towards a more social citizenship, society can also benefit by the prevention of further criminal acts because future potential psychological disorders, which are the result of the 'pains of imprisonment' may occur when the prisoner is released back to the community

(Haney, 2001). Also the prisoners have the opportunity to explain through their counselling how past events impact on their thoughts, feelings, attitudes and behaviours.

1.8 Counselling

Listening and talking therapies are one of the many approaches employed by counsellors within prisons, encompassing the nine supporting pathways outlined by NOMS (2014). The terms psychotherapy, counselling, and listening therapies are often referred to as talking therapies. The preferred term used throughout this report is counselling. The British Association for Counselling and Psychotherapy (BACP) definition of counselling/psychotherapy states that Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners, who work with people over a short or long term to help them bring about effective change and/or enhance their wellbeing (Dale, 2017).

Counselling is a broad profession. It ranges from guidance to addressing more complex problems. The relationship is personal; however, the key difference in the institutional setting is that the object of the institution creates an interpersonal dimension (Copeland, 2005).

The many techniques and methods include the following: Cognitive Behavioural Therapy, Systemic Psychodynamic and Humanistic Theoretical Approaches, while using skills to incorporate Eye Movement Desensitization and Reprocessing (EMDR), Brief Solution: Focus Therapy, Transactional Analysis, Schema Therapy, Self Psychology, Attachment, Mindfulness, and Coping with Problem Emotions, (COPE), Harper and Franks, (2015). The most predominant therapy in counselling is Carl Rogers' (1957) person-centred therapy. It is claimed that this therapy will help people to understand themselves better and enable them to learn how to deal with negative feelings and thoughts, "then they can make positive changes in their lives," (Harper and Franks, 2015, p. 49).

1.8.1 Counselling in Prison

Jones in 2012 proposed to implement a five-year strategy delivering counselling programmes serving the empowerment of the prisoner being counselled, *Promoting Excellence in Therapy in Prisons*, (Jones, 2012), which appears to be largely based on his experience of providing counselling within prisons. He covers several categories of prisoners and offers a useful way of looking at them, highlighting what has already been covered in other studies. For example, the facts outlined in this summary show that many prisoners very often come from complex childhood backgrounds and may have spent most of their childhood in care homes.

He notes issues in prison to be confidentiality, security and challenges to the counsellor's own value system. He also notes the effects of prison counselling; stating that the efficacy of counselling may depend on how well the therapist and the therapeutic provision can connect with the situation. He offers a brief existential view from prisoners and his view concerning the perception of the visiting counsellors. However, there is no empirical evidence to support the claims in the report. There is an absence of statistics or any casework study which could potentially offer an in-depth view of how Jones arrived at his claims. Jones stated strategy for the future was "intended to be supported by research into the effectiveness and impact of a pilot approach leading to the further roll-out of strategies" (Jones, 2010, p. 5). His statements support a view of more research, which is necessary, and that the efficiency of person-centred therapy requires more exploration. His report acknowledges the excellent work of the listening services in prisons; Chaplaincy, Samaritans, counsellors, therapists and the system of approach to be taken in meetings with offenders. However, no evidence regarding the effectiveness of counselling services in prison is actually presented in his report. Finally, many of the recommendations in Jones' (2012) report have not been completed following the publishing of his report, *Promoting Excellence in Therapy in Prisons*. Unfortunately, the five-year programme does not appear to have been delivered. Counselling was not backed up by the prison service and the key areas that Jones had picked up appear to have lost impetus with the passing of time. Jones and his viewpoint are briefly touched upon in the discussion in Chapter Six. This situation has not

changed as reported by BACP Vice President John Cowley in 2021, an excerpt which is presented below:

There are also fundamental logistical problems with providing counselling in prison. In prison, people's experience is both chaotic and regimented, and if the prison officers decide something won't happen, it won't. Or someone may have a single session and then be moved. Prisons are very noisy places, and it's very difficult to find places for private conversations. (Holmstrom, 2021)

There are estimated to be 6,000 prisoners serving an indeterminate sentence for public protection (IPP) in the UK. For these prisoners, therapy can be different and challenging because challenges within the therapeutic counselling session come in many forms, ranging from a robust probing to an empathic and sympathetic challenge. The prisoner may never have experienced challenges on such a personal one-on-one basis (Finlay, 2015). The counsellor requires written accounts from the prisoners concerning the history of their offences and the understanding of each therapy session. Extracts from their work are used to prepare reports used by parole boards. Gould (2005, cited in Trotter, 2006) claims it is for this reason that it is not possible to determine whether their motives are truly voluntary or due to their need for counselling. For example, an inmate may decide to attend counselling in order to create a favourable impression with a parole board. An example of an involuntary client is where an offender visits a probation officer, or a drug user attends counselling under direction of a court order. Rooney et al., (2002, cited in Trotter, 2006) identified that "they are sometimes referred to as mandated clients," (Trotter, 2006, p.2). Those prisoners, who apply for counselling include those awaiting ROTL and those seeking early release through parole.

In my experience, prisoners, who apply for counselling at HMP Prison did so voluntarily. However, persuasion or incentive may have been a personal motivation for the counselling client. For whatever the client's reason for their change, my experience is in contrast with what Trotter calls involuntary clients (Trotter, 2006). However, it cannot be discounted that a counselling client may have an ulterior motive alone for engaging in counselling. For example, clients may want to be perceived as working towards personal development with thoughts that they might impress a parole board and that might also increase their chances of being released.

This point has been made by Dewey (2017), who noted that for the prisoners, therapy in prison was like a big game. The prize was an early release or favourable treatment. He noted that they report a view of prison as a vehicle to manipulate the parole board by giving a favourable view of the prisoner because they have been involved with prison programmes. However, undertaking counselling in HMP Prison is non-mandatory (Trotter, 2006), and to date, counselling in HMP Prison remains non-mandatory (Jones, 2015). Therefore, as Yochelson and Samenow (1977, cited in Dewey, 2017) advise, there is no mandatory provision of any report to a parole board concerning prisoners having been counselled. However, should the prisoners who have had counselling wish to present a reformed characteristic for early release when being considered before parole board, then the merits of counselling need to be examined and as they further inform, such merits of counselling, may include a change in characteristics, and the prisoner may be legitimate in their presentation to a parole board.

Further challenges are presented when counselling is started but not completed owing to the client being moved to another prison (Holmstrom, 2021). It is generally acknowledged by prison staff and counsellors that there is a lack of continuity through the prison system, with some people falling through the net because for security and temporary early release on licence they are moved on to another prison establishment. Further, it is recognised that by moving prisoners their participation in treatment programmes including counselling may almost certainly be disrupted or curtailed. It is therefore unsurprising that, “The intention is also to avoid moving prisoners if it disrupts their participation in educational courses, training courses or treatment programmes” (Secretary of State for Education and Skills, 2005, pp.7-25).

However, one necessary key component of counselling within the prison service is to actually help prisoners come to terms with their eventual release. CARAT was launched in 1999 and is an initiative aimed at providing specialised treatment and throughcare for drug users in prison. Today, CARAT remains effective and beneficial in helping prisoners within its service by providing assessment, referral and advice throughout their care.

Treating the person not the prisoner is the accepted idea of a working alliance when providing person-centred counselling and listening therapies in prison. The

professional efficiency and reliability of the service, and the quality and effectiveness of its treatments is generally highly regarded by the prisoner-client (Harper &Franks, 2008). Person-centred counselling is noted by Pybis et al., (2017) as a fostered relationship with the average minimum number of approximate 8 to 9 sessions reported, which seem to show a good degree of efficiency of the person-centred model because of the consistency that the number of counselling sessions offer. As they explain with regards to the number of sessions that are fostered, the relationship is important when working with people in isolation as it may be their only relationship (Pybis et al., 2017).

1.9 Reform and Spiritual Life of the Prisoner

The reform and the spiritual life of a prisoner through the church had firmly established their own religious interventions with the emphasis on eternal retribution. Ministers were trained in religious counselling and intervention built upon Western ideas based on religious beliefs systems. Therefore it became commonplace for prisons, with spirituality and western ideas forming a part of the holistic interventions (Blakey, 2017). My experience in today's prison is that the ideas concerning religious practice have now been extended towards many orthodox and unorthodox religions, with the inclusion of ideas and thinking from the East, practises incorporated from ancient historical events, and mysticism, all of which form new holistic interventions for the prisoners to choose from.

In line with reforms in the society, medical intervention became available with the introduction of the Parliamentary Act for Preserving the Health of Prisoners in Jail (1774). Sim (1990, cited by Jewkes, 2007) explained that the introduction of this Act meant residential medical officers had to be appointed to each jail. However, the psychological problems and low well-being that were suffered by prisoners were not fully addressed. Voluntary counselling services were introduced many years after recommendations had been reported by eminent judges and law lords. In 2004, basic counselling, spiritual religious counselling techniques and interventions within prisons were to advance into new therapeutic models of psychological health.

1.9.1 Counselling and Multi-Faith Chaplaincy in Prison

Faith is provided by several prison chaplaincy teams in a delivery of a range of faith-based services in prisons in England and Wales. The Ministry of Justice (2016) has stated among its requirements that prison chaplaincy must ensure that the chaplaincy provision reflects the faith or denominational requirements of the prison and that prisoners have access to a member of the chaplaincy team (the team of chaplains in a prison) on first reception into each establishment. Prisoners must have the opportunity to engage with members of their faith group from the community and all prisoners, wherever they are located in the prison have access, and are offered pastoral care by chaplaincy staff. Every prisoner has access to a member of the chaplaincy team before discharge at the end of their sentence (Blakey, 2017).

Within the HMP Prison, the chaplaincy has an atmosphere of 'calmness, tolerance and is non-judgmental.' It promotes a spiritual growth of the chaplaincy team members, prisoners and prison officers. The overall feeling is of a coming together of community spirit. Many of the characteristics imbued within the chaplaincy are built on religious beliefs from the Buddhist pathway to Paganism. Christianity and Muslim teachings are the majority denomination at HMP Prison. One of the links between the chaplaincy and person-centred counselling is Carl Rogers (1902–1987), who trained as a religious minister. Therefore, it is perhaps no coincidence that Rogers has cultivated, within his person-centred model, the personality and characteristics of Christ, and Christianity. For example, a non-judgmental attitude, which is a recognisable characteristic of a humane and tolerant religion and is a principal attitude and orientation of a counsellor, working with the person-centred model of counselling, (Rogers, 1951, pp.19-20). The character of the Prison Chaplain lies largely along the lines of being kinder and sympathetic, thus more suited to pastoral support through listening and counselling work (Todd & Tipton, 2011). Person-centred counselling and multi-faith counselling is well suited within the chaplaincy itself and are an ideal fit. For these reasons, the promotion of personal psychological growth is an attractive calling for male clients in prison, who have found themselves misunderstood or find the need to understand themselves and their relationships within the world.

Within the prison where the research was conducted (HMP), following initial safety and security vetting, prison clients were assessed for their suitability through a full risk and needs assessment for counselling. The assessment risk is conducted by a qualified counsellor and prison staff, healthcare workers, or a chaplain, who has received in-house training. The client is placed on a waiting list. The client will then be asked to attend a one hour counselling session with a qualified or trainee counsellor, who may be employed by the prison or a volunteer counsellor.

Volunteer counsellors in prisons are not uncommon; one example of the process for prison voluntary counsellors is Swindels and Hall, who work with a traditional approach (Swindels & Hall, 2014). Non-traditional methods of therapy, for example, the therapeutic community (TCs), are also increasingly available in prisons. The client may also have the option (if available) for crisis intervention and this would also naturally apply to mentally ill prisoners.

1.10 Motivation for my research – a personal starting point

My awareness as a counsellor is best informed through listening to the clients' experience of being counselled. Understanding previous methods of research and data, which has the potentials of uncovering gaps in knowledge can be utilised for further research and to improve practice. My rationale for conducting this research is that it would lead to further knowledge within the field of counselling and psychotherapy in prison and has the potentials of improving counselling for the people who receive it while serving a prison sentence.

The first twelve years of working as a volunteer counsellor in a prison helped me to reflect on my counselling practice. I became intrigued by a need to inquire into person-centred theory concerning prisoner-client therapeutic outcomes. For example, how effective is person-centred counselling in prison? Do the men who received the counselling find that it works or benefits them? As a counsellor working in a prison, my obligation to my clients includes research into the effectiveness of the model that I had employed, (person-centred model of therapeutic counselling). As McLeod (2001) suggests, this would "allow different voices to emerge, making a

contribution to our understanding of how much and in what ways, counselling and psychotherapy may or may not help people” (pp. 172-173).

These reflections continued for several years throughout my teacher training and the completion of a degree in Counselling Studies and a Master’s degree in Therapeutic Counselling, resulting ultimately in my decision to explore men’s perceptions of their experiences of being counselled in prison for this PhD study. In turn, this should facilitate my practice, as the counsellor is there to relieve the client’s suffering through the increased level of confidence in the model of therapy. Boisvert and Faust (2006, cited by McLeod, 2012) noted that the research can help the therapist feel more confident in promoting their work. This research has been a challenge for me and will enable me to be accountable to my clients and may well lead to further important reflections and a re-examination of my counselling work in a prison. After all, “It is a worthwhile task for every therapist to reflect upon their training and experience” (Wilkins, 1997, p.36).

1.11 Aims and Objectives

The aim of the research is to explore from the male prison clients’ perspective of their experience of counselling in prison. The objectives are:

- To gain an understanding of how the clients experienced their counselling in the context of being in prison,
- To explore what is useful and what is not useful about counselling from the prison clients’ perspective,
- To understand the facilitators and barriers to engaging with counselling in the prison context,
- To improve knowledge of how counselling therapy may be improved for the benefit of prison clients.

Outline of this Report

The remainder of this report is a thesis comprises 6 further chapters as follows:

Chapter Two – Philosophy, law and prison counselling

This chapter provides a philosophical and theoretical framework for the research, explaining how philosophy, the law and prison are linked, how Rogers' theoretical framework for person-centred counselling is intertwined with this philosophy and appraises the potential for examining men's experiences of prison counselling in a unique way.

Chapter Three – Literature review

This thesis covers two main research perspectives: counselling in prisons, and users' experience of counselling. Research literature from both these perspectives is examined to identify the gaps in the literature in order to highlight where this study fits in relation to other research, and gain guidance for taking this study forward.

Chapter Four – Methodology and Methods

This chapter provides an overview of methodology and covers my ontological and epistemological position. Details of the research method, IPA and the rationale I employed for this research are discussed. The physical setting for my research, HMP Prison (anonymised), is covered and the recruitment process of participants is examined. The chapter also highlights the problems and difficulties encountered through the process.

Chapter Five – Results

This chapter presents my interpretive analysis of the findings of the study based on superordinate and subordinate themes.

Chapter Six – Discussion

This chapter provides a detailed discussion of the participants' experiences based on the superordinate and subordinate themes, which were presented in Chapter Five and will now be examined in relation to existing literature.

Chapter Seven – Conclusion

This final chapter brings together the conclusions from the research process and the following analysis. This chapter looks at how the aim of the research has been met and presents the unique contribution to knowledge made by the research.

Chapter Two

Philosophy and Theory for Prison Counselling

2.1 Introduction

Self-determination and autonomy in law is a “legal normative consequence” (Nino, 1983 cited in Honderich, 1988, p.183). The above statement is one view of the law, whereby prisoners also take responsibility for previous actions in order to learn how to regain and maintain their social ability. Foucault (1977) explains autonomy as, “an apparatus for transforming individuals” (Foucault, 1977, p.233).

The twin aims of taking responsibility and autonomy are a particular functional feature in counselling. The counselling client needs to take back their autonomy for psychological growth to occur. This entails taking back responsibility and requires “experiencing responsibility,” (Rogers, 1951, p.71). In prison, counselling clients begin to learn about responsibility, while engaging in talking therapies. This is a tandem process, where the prisoner begins to take responsibility for life experiences and their autonomy over their choices, while undergoing person-centred counselling. Overall, responsibility includes their past crimes when engaging in talking therapy. Taking personal responsibility and autonomy are also the twin aims of the Rehabilitation of Offenders Act (1974) in order to foster social growth.

Sim (2009) offers an interesting and what could be argued, a controversial perspective in his discussion on the history of prison imprisonment and punishment. His chronological narrative details significant political events, such as Margaret Thatcher’s (Prime Minister 1979 – 1990) ‘strong state’ agenda in the late 1970’s, which influenced the evolvement of prison construction and sentencing of the prison population. He discusses further how the focus on the prevention of crime under Leon Brittain (Home Secretary 1983 – 1985) intensified with increased funding allocated to policing and ‘tougher prison sentences’ were deemed appropriate. Brittain was succeeded by Douglas Hurd in 1986, who had a keen interest in the privatising of prisons, although as Sim notes even by the year 2007 “twenty years after initial debates, the vast majority of institutions were still run and managed by

the state”, (Sim, 2009, p. 625). Following the Woolf (1991) report, he warns how this report did not upset the stability of the unfair system of justice that existed behind the prison walls. He puts forward thought-provoking plans to “remove the comfort blanket afforded by incarceration as the natural remedy to crime”, (Sim, 2009, p.128). He suggests several strategies for consideration, such as ending prison construction, the “weakening of prison officer subculture by retraining staff using a rights-based discourse” and the abolition of incarceration, (Sim, 2009, p. 626). Although his detailed analysis of imprisonment is controversial and persuasive in part, it also stimulates debate and contradiction, as seen by way of Steve Tombs’ Professor of Sociology Liverpool John Moore’s University cautionary note, advising that Sim’s proposals lack the sufficient level of detail for an effective and practical implementation.

The legislation noted above, created the conditions for self-determination and responsibility in other roles. The prison officer’s role is radically changed from the role of the authoritarian, law abiding insider, with a view of the establishment as ‘righteous’ to a partner within a system, that not only punishes offenders but helps them to become better citizens. This role alters perceptions and forces establishment figures to become co-operative helpers and changes their attitude and behaviour and allows them to transform the prison culture from a punisher towards a helper. If more prison officers are prepared to listen to the voice of the prisoner, the more the voice of the prisoner will open up and overcome their inhibitions.

2.2 Prison developments

Jewkes and Johnston (2006) analyse the transformations and development of prisons operating during the late eighteenth century and early nineteenth century. Several important changes happened including the abolition of the death penalty. They highlight the Offences against the Person Act of 1861, which abolished the death penalty for all crimes except murder and treason; citing Pratt, (2002), who observed that this was mainly because of pressure from prison reformers and middle-class intellectuals. They comment on an interesting proposal from Pratt et al., (2005), that “the current penal policy is returning us to a Victorian model of punishment, whereby the bureaucratic and technical requirements of the institution

overshadow the needs and rights of the individual prisoner” (Jewkes & Johnstone, 2006, pp. 1-2).

2.2.1 Therapeutic Prison

Jewkes and Johnstone (2006) cite the works of Weale (2006), who examined HMP Grendon, which is one of Britain’s two therapeutic prisons. She identifies that looking at this prison’s outside and perimeter walls, it does not look much different to other modern prisons. From the Victorian monolith to the 1960s brutalism, where prisons are the same porridge-style prison gates and walls topped with razor wire that keep the community inside and apart from the outside. She notes, however, on the inside, the difference is most noticeable. Prisoners move around with comparative freedom. Cells remain unlocked throughout the day until the evening lockdown. Prisoners attend group help sessions in order to confront their crimes and try to avoid breaking the law once released. Weale writes of her concerns of how the Grendon prison is used for a fig leaf to cover up the overwhelming failure of our prison system, and asks the question, if prison creates more problems than they solve, “why do we continue to expand our prison population,” (Jewkes & Johnstone, 2006, p. 94). However, there are a number of positive views that contribute to the therapeutic prison debate for example, the humanitarian view of prisons counselling and models of counselling for example, Rogers’ theoretical contribution.

2.3 An Introduction to Rogers’ Theoretical Contribution towards therapeutic counselling

The most notable advocate of person-centred therapy is Dr Carl Rogers (1902-1987). Rogers (1951) was arguably the first person to make a significant contribution towards the idea of effective personality adjustment. His exploration of the new non-directive therapy, which he termed ‘client-centred therapy’, was later re-named person-centred therapy, with the therapist as the role of listener – an empathic and authentic travel companion, (through the therapeutic journey of the client). Rogers observed, from an empirical point of view, the therapeutic relationship could be stated by the counsellor that “she “prizes all dimensions of her client and is prepared to be open and vulnerable to his services,” (Mearns & Thorne, 2000, p. 77).

2.3.1 Rogers' Concept of psychological growth

It was in the early years, Rogers by his own admission, produced little by way of research. However, he did undertake in-depth case studies, seeking answers to the growing theory of the nature of personality and the underlying mechanisms, which determine human behaviour. Rogers was influenced by the self-directing ideas of Rank (1884-1939) and always acknowledged that a personal encounter with Rank in 1936 had revolutionised his approach and thinking about psychotherapy, stating, "I became infected with Rankian ideas" (Kramer, 1995, p. 54). Rogers (1939) worked for the Rochester Society for the Prevention of Cruelty to Children (Treatment of the Problem Child). It was there that he noted that non-directive therapy was his favoured choice concerning the client's process of change and a concept of growth emerged as Rogers (1951) noted that aspects of philosophy which would be required for growth, "streams of scientific and philosophical thought which are present in our culture" (Rogers, 1951, p.5). His statement observed the growth of psychology and the links with phenomenology, as he commented, "Changing the manner of perception," (Rogers, 1951, p.142).

Releasing this concept of growth became important to Rogers (1951) and it is here that he notes the exploration of "more deeply this thing-in-itself," as noted and explained by Martin Heidegger (Heidegger, 1962, pp. 31-54). Rogers expresses his view as being concerned with the uniqueness of the human relationship and the opportunity to enrich that experience of growth. He claims that this laid the foundations for the growth through scientific analysis of the emotional experiencing of the individual. He describes how he experiences the client's hope versus despair, suffering, anxiety and satisfaction, as if salvation was meant to be struggled for. The struggle for salvation would be achieved through the uniqueness of the client-counsellor relationship and within the therapeutic counselling room. The client would struggle to be themselves and they would also be deadly afraid of being themselves. Thus, offering a new language and philosophy towards his thoughts and approach in theory and therapy (Rogers, 1951, p. 10).

Initially, Rogers carried out a series of intimate and detailed case studies regarding his clients. This was done in order to move from a mystical thinking towards

intentionality, (psychology from an empirical standpoint Brentano, 1969). It was then that Rogers experienced a sense of hope versus anxiety in the client. This discovery led to a change of views and stimulated his attitude to therapy, theory and philosophy. He states that it has fuelled the change from a rigid system and emerged as new research, which progressed, rather than stagnating, offering the results, revealing “In the full light of objective scrutiny,” (Rogers, 1951, p.6). The stage was the initial move away from mystical, intuitive, the indefinable which Heidegger (1889 -1976) termed as the move from metaphysical to internal mental thoughts to external transient process. Rogers presents some further evidence in his writing to support his views of a change from the mystical to science research as he explored psychological and theoretical development further.

2.3.2 Rogers’ Theoretical Psychological Development

Rogers’ psychological theoretical development is laid down through a scientific analysis of living an emotional experience nineteen propositions (axioms), which supported his claims for adjustment of personality and behaviour. The propositions form a pivotal point within Rogers’ person theoretical approach and his person - centred therapy depends on these nineteen propositions (Rogers, 1996, pp.483–524).

2.3.3 Carl Rogers’ Nineteen Propositions

Rogers’ propositions are identified in numerical order (in regular text) and include interpretations of Rogers’ meaning with examples within the list (in italics).

Table 3: Rogers’ Nineteen Propositions

No. Proposition

- 1 Every individual (Organism) exists in a continually changing world of experience of which he/she is the centre. *“Another can never fully know it as I” (Rogers termed this the phenomenal field),* Rogers, 1951, p.484). Sensations and impulses are felt and are available to the person, who can make sense of their own experience.
- 2 The organism reacts to the field *as it is experienced and perceived. This*

perception field is, for the individual, reality. I understand my way of being from my perceptions. For example, *"I see some salt in a dish. That, for me at that instant, is reality. If I taste it and it tastes salty, my perceptions are confirmed"* (Rogers, 1951, p.486).

- 3 The organism reacts as an organised whole to this phenomenal field. My entire way of being is understood from the point of view of my sense of reality. Rogers notes, *"phenomena must start from this central fact of consistent, goal directed organisation"* (Rogers, 1951, p.487).
- 4 The organism has a basic tendency to actualize, maintain and enhance the organism in the direction of self-actualisation of growth, *"Part of my reality is my sense of self of being, doing, while sensing"* (Rogers, 1951, p.487).
- 5 The goal directed attempt of the organism is to satisfy its needs as experienced, in the field as it perceived. The self interacts with others. The structure of the self-concept is thereby formed. This is an organised, consistent conceptual pattern, values are attached. Behaviour is not caused by something from the past. *"While it is true that past experience has certainly served to modify the meaning which will be perceived in present experiences, yet there is no behaviour except to meet a present need"* (Rogers, 1951, p.491).
- 6 Emotion accompanies and in general facilitates such goal directed behaviour. Rogers considers that the individual moves in the direction of greater independence, self-governance, and responsibility therefore, *"Thus if my leap to the curb to escape the oncoming automobile is perceived as making the difference between life and death, it will be accompanied by strong emotion"* (Rogers, 1951, p.493).
- 7 The best advantage point for understanding behaviour is from the internal frame of reference of the individual. I can understand my behaviour only through how I understand myself, the world and others. *"Not only does there result a more vivid understanding of behaviour, but the opportunities for more learning are maximised when we approach the individual without a pre-conceived set of categories which we expect him to fit"* (Rogers, 1951, p.494).
- 8 A portion of the total perceptual field gradually becomes differentiated as the self. Psychologically, physiologically and culturally, I behave and experience

in order to meet my needs at each level of perceived reality. *“Self is synonymous with organism. It is here being used in a more restricted sense, namely the awareness of being, of functioning”* (Rogers, 1951, p.498).

- 9 As a result of interaction with the environment and particularly as a result of evaluational interaction with others. Emotionally, I am present in my behaviour and my feelings become part of my perceived needs and my attempt to meet those needs. This is dependent on how I feel how important the needs are to me. *“Part of my reality is my sense of self of being, doing, while sensing,”* (Rogers, 1951, p.498).
- 10 The values attached to these experiences and the values which are part of the self-structure, in some instances, are values experienced directly by the organism, and in some instances are values experienced, interjected or taken over by others, but perceived in distorted pattern, as if they had been experienced directly. *“The value I attach to my experience and how I value myself is a constituent part of my direct experience. There are also values I have taken from other people which I might not be aware of”.* (Rogers, 1951, p.498).
- 11 As experience occurs in the life of the individual they are (a) symbolised, perceived or organised into some relationship to the self, (b) ignored because there is no perceived relationship to the self-structure, (c) denied symbolisation or given a distorted symbolisation because the experience is inconsistent with the structure of the self. *“There are a number of ways I can meet my experiences – I can (a) make personal sense of their meanings, then bring this into my view of myself, (b) ignore them because they do not fit in with how I see myself and the world, or (c) treat them as if they have no meaning and distort them to fit in my view of myself and the world.”* (Rogers, 1951, p.503).
- 12 Most of the ways of behaving which are adapted by the organism are those which are consistent with the concept of the self. I behave in ways which are consistent with my own view of me. If I believe I have little worth, I will behave as if this is truth. *“Likewise, the man who regards himself as a conscientious and responsible individual wakens from sleep at an early hour when his responsibilities demand that he do so, regardless of his organic need for sleep”* (Rogers, 1951, p.509).

- 13 Behaviour may, in some instances, be brought about by organic experiences and needs which have not been symbolised. Such behaviour may be inconsistent with the structure of the self, but in such instances the behaviour is not “owned” by the individual (Rogers, 1951, p.509). *“Needs within the individual and below the surface of consciousness can be denied or distorted. They may not make sense but will seep into my behaviour. The behaviour may be less consistent with how I view myself, and therefore I am not likely to own up to the experience. I have no control over these reactions. Experience denied accurate symbolisation is carried through without having been brought into any consistent relationship with the concept of the self”* (Rogers, 1951, p.509).
- 14 Psychological maladjustment exists when the organism denies to awareness significant sensory and visceral experiences, which consequently are not symbolised and organised into the Gestalt (the whole of the self-structure). When this situation exists, there is a basic or potential for psychological tension *“If I am connected to my authentic being, I am able to be open to all my experiences in totality. This is integrated in how I view the world and myself”* (Rogers 1951, pp.510-512).
- 15 Psychological adjustment exists when the concept of the self is such that all sensory and visceral experiences of the organism are, or may be, assimilated on a symbolic level into a consistent relationship with the self-concept *“I am what I am. A person can then be spontaneous and can lose themselves in their self-consciousness”* (Rogers, 1951, pp.515).
- 16 Any experience which is inconsistent with the organisation of structure of self may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self-structure is organised to maintain itself *“If I am disconnected from my authentic being (real self) I will deny the awareness of particular total experiences and I will not be able to integrate or understand the sense of how I view my world and myself. In effect, I will have deep anxiety and tension could manifest within me and outside my-self. This would create a more rigid self-structure in order to maintain itself. If I am threatened by my opinions, I will be staunch and rigid in my viewpoint. If the visceral experience is denied, symbolised, or given a distorted symbolisation, the greater the*

likelihood that any new experience will be perceived as threatening, since there is a larger false structure to be maintained” (Rogers, 1951, pp.515-517).

- 17 Under certain conditions, involving primarily complete absence of any threat to the self-structure, experiences which are inconsistent with it may be perceived, and examined, and the structure of self revised to assimilate and include such experiences. For example, *“I may feel safe and this is enough for me to look at experiences I have previously denied because I have found them too threatening. These can now be examined and understood with new awareness, and a learning process may begin to utilise the knowledge from that field in helping to describe the way in which the individual learns a new configuration of self” (Rogers, 1951, pp.517-520).* This is where I would begin to heal myself.
- 18 When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences then he is necessarily more understanding of others and is more accepting of others as separate individuals. *“Here, I would feel more tolerant and at peace with myself, able to understand and accept others as separate beings. All this would be within my awareness. Thus we have in effect a psychological (chain reaction) which appears to have tremendous potentialities for the handling of problems of social relationships” (Rogers, 1951, p.522).*
- 19 As the individual perceives and accepts into his self-structure more of his organic experiences, he finds that he is replacing his present value system – based largely upon introjections which have been distortedly symbolised – with a continuing organismic valuing process. For example, *“I am able to look at my denied experiences, regain a sense of values from my internal frame of reference, and throw off the values that belong to other people which are the external frame of reference. This occurs in moments of fluid experiencing. It is a continuing valuing process. “The individual has the capacity to resolve conflicts. It is the emergence of value systems which are unique and personal for each individual, and which are changed by the changing evidence of organic experience, yet which are at the same time deeply socialised, possessing a high degree of similarities in their essentials” (Rogers, 1951, pp.522-524).*

2.3.4 Discussion

Rogers' propositions require exploration through research because of his intended statement regarding some of them as assumptions. For example, he placed no emphasis on which were assumptions, and which were not. It is further necessary to support this view of a need to regard the 15th proposition as a hypothesis, which requires testing. His statements concerning three core conditions are compelling. Rogers states that the conditions for psychological and emotional growth in the client rest with three basic conditions offered by the counsellor in order to foster psychological growth in the client. These basic conditions are (1) unconditional positive regard, (2) empathy towards the client and (3) a degree of congruence, which is a state of readiness on the part of the counsellor to enter the frame of reference of the client. This congruence must be experienced by the counsellor. There must also be an amount of attendant anxiety within the client. There are six conditions in total, all the conditions are explained in this chapter.

Rogers thus offered the theoretical core conditions necessary and sufficient for the successful outcome of the therapy. The core conditions include basic awareness and an attitude of unconditional positive regard towards the client. They also call for an empathic response and an awareness of the therapist's own feelings within the relationship with the client, which he termed congruence: being real or genuine. In addition to these basic conditions, Rogers sought a communication of the three conditions together with an initial amount of attendant anxiety from the client. Bozarth (1996) offers an alternative point of view concerning the core conditions, suggesting that these conditions continue to be necessary and sufficient, but the relationship can be reconceptualised. Bozarth places unconditional positive regard as the primary condition of therapeutic change and views genuineness and empathic understanding as two contextual attitudes, which are also integral to the effectiveness of the therapy itself.

However, as Rogers points out, his 15th proposition is 'roughly congruent with all the experience of the organism' (Rogers, 1951, p.513). The organism is a product of all humans. From birth, growth is formed through experience into the self-concept. The self-concept is made up from the ideal self, the self-image and the self-worth. This last component is the relationship between the other two components and will

increase or decrease as the relationships of the concept form in the ideal self, comprising “all aspects of their existence including growthfulness,” (Mearns and Thorne, 2000, p.113).

Here, Rogers’ concerns are broadly with the genuineness in relation to the self-concept. This is a reference which is linked to authenticity, or as Rogers puts it, “being the real me” (Rogers, 1951, p.513). It is difficult for prisoners to be authentic because of the nature of the prison environment and this may impact on prison counselling. Rogers is referring to a person’s authenticity. Authenticity in the way of being and that it is the counsellor’s responsibility to continue with that way of being for successful therapy with the client, “The possibility of authentic potentiality for being” (Mearns & Thorne, 2000, p. 394). This research can be explored further within the findings and discussion chapters (5&6).

2.4 Links to Anxiety in Prison and Implications for the Prisoner

I am interested in the authenticity of my clients in prison, where they process survival and incarceration. My interest in this authenticity ties in with the aims and objectives of this research, exploring the male client perspective, while gaining an understanding of how the clients experienced their counselling.

Perceived threats to the self-concept enter the awareness, making them hyper-vigilant (Haney, 2001). Therefore, any anxiety could delay psychological growth and reduce personal autonomy (Rogers, 1951). With the prison client, anxiety is never far away because prisoners find difficult situations as commonplace due to the predatory nature of the prisoners themselves. The attitude that prison clients adopt may become congruent with the self-concept, although not necessarily congruent with the organismic self. Clients may therefore adopt an inappropriate attitude as Rogers stated, “Any experience which is inconsistent with the organisation or structure of self, may be perceived as a threat,” (Rogers 1951, p.515). Many perceived threats create a ridged self structure that will maintain itself by adopting an inappropriate attitude that is linked to in-authenticity. Authenticity is the ideal goal, which is important for growth and the basic aim in counselling is growth. Authenticity has “a consistent relationship with the concept of self,” (Rogers 1951, p. 513).

2.5 Rogers and Phenomenology

Rogers acknowledged the essence of life and how it is to be understood from the individual's point of view. He noticed this observable phenomenon does not include theory. Rogers stated this is because the theories are changing and fluid. Yet, the phenomenon will illuminate certain facts as Rogers moves from theory towards phenomena. Although the theory can provide more hypotheses, it was the phenomena of the lived experience which could provide the hypothesis for testing and this would stimulate progress to test methods of effectiveness of the therapy (Rogers, 1951). Here, Rogers' observation is supportive of continuous new research, because this would continue for the benefit of the client's health. He notes one form of capturing part of the experience of the phenomena is through recorded interviews from counsellors as he describes an overview of the developing character of the client-centred therapy.

2.5.1 A Concept of Change

As previously stated, theory must be balanced by the phenomena itself, which requires further explanation (Rogers, 1951). Explanations would be achieved through observable changes. Rogers continues that it is first important to discover skills, which affect results in order to test the adequacy of the therapy. He states that this is necessary to produce "a complete conceptual framework," which include six necessary and sufficient conditions, three of which are core conditions. All the six conditions noted by Rogers, "can adequately contain all observable phenomena" (Rogers, 1951, p.16). His favour of psychological growth is also balanced through the phenomenon which is an observational change. "It is the phenomena which are basic, not the theory", (Rogers, 1951, p.16).

The six conditions for psychological growth described by Rogers are as follows; 1, two persons are in psychological contact. 2, the client is in a state of incongruence, being vulnerable or anxious. 3, the therapist is congruent, (Rogers used the word real) and or integrated into the relationship. 4, the therapist experiences unconditional positive regard for the client. 5, the therapist experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client. 6, the communication to the client of the

therapist's emphatic understanding and unconditional positive regard (UPR), is to a minimal degree achieved, (Kirschenbaum, 2007, p.380)

Three of the above conditions (i.e. 3, 4, and 5) are core for the psychological growth of the client. Rogers, (1959) postulated that it is enough that the therapist demonstrates empathy towards the client's internal frame of reference and that the client perceives the emphatic understanding and the therapists UPR. Posited by Sanford and Cohen, (2009), therefore unconditional positive regard, empathy and congruence are concepts that are intertwined, work together, and are employed proactively by the therapist. The three remaining conditions are the result of the relational dynamic between the client and the therapist and are therefore experienced as a phenomenon which is itself a result of the psychological engagement.

2.6 Rogers' Organisation of the Personality

The conclusion drawn from the literature is a case for research into human maladjustment (Rogers, 1951). Rogers' work has been useful because he advocates new research: "Since clinical science has entered the awareness of philosophical, non-directive therapy, this is now part of the Western culture" (Rogers, 1951, pp.5-6).

Roger's listening therapy is a phenomenological exploration of human experiencing, which also fits with the phenomenological account of the prisoner's experience of being counselled in the context of a prison. Prisons are artificial environments, (Foucault, 1977) which create a temporal existential anxiety (Sartre, 2008). Anxiety conflicts with the self-concept to create in-authenticity, and links to Rogers' 15th proposition. Since it is challenging and difficult for prisoners to be authentic because of the nature of the prison environment this may impact on the counselling process.

2.7 Summary

Rogers' ideas outlined above concerning his theory, phenomenology, and authenticity are highlighted as they emerged from my research. My research is to explore the prisoner's experience of being counselled in prison through the prisoner's voice directly, concerning their perceptions of the conditions, which they

have experienced counselling while in prison. The clients' original traumas often surfaced through their memories during the research interview. What was helpful and what was not helpful while the clients were counselled in prison is also reported. The participants' experiences are discussed in Chapter Six.

Chapter Three

Literature Review

3.1 Introduction

One definition of a literature review is "a systematic, explicit, and reproducible method for identifying, evaluating, and synthesizing the existing body of completed and recorded work produced by researchers, scholars, and practitioners." (Fink, 2005). According to Creswell (2003), the literature review "provides a framework for establishing the importance of the study as well as a benchmark for comparing the results of a study within the other findings" (Creswell, 2003, p. 28). This literature review chapter therefore provides an in-depth understanding of the different counselling therapies conducted in prison to establish existing knowledge, summarise the available literature, and highlight any gaps in the current literature in relation to the themes covered within this thesis (Aveyard, 2019; Brettle & Grant, 2004).

The aims of the literature review are to explore research literature relating to the prisoner's perspective on receiving counselling in prison. Models of counselling and historical counselling perspectives from a selection of significant influential counselling theorists have been explored, and academic papers, journals, and books written for the therapeutic and health communities have been analysed.

3.2 Search Strategy

Initially, the search of the literature was conducted considering a time frame ranging from the early 2000s up to the beginning of the data collection phase. This is therefore a sufficient and comprehensive time frame to capture note worthy and important material that is useful to this research. As the thesis has progressed, more recent literature has been located and added here and within the discussion in Chapter Six.

Initially, there was a search on male prison clients' perceptions of counselling therapy received in prison, with an emphasis on the effectiveness of counselling in

prison. The search began with free text and controlled vocabulary searches on Google to gain an understanding of the scope of the material available. The search was then re-focused on prisoners' experiences of therapy in prison and "prisoners' *views on counselling*," using Google to get an indication of the literature relating to prisoners and counselling but showing that no research exists on the prisoner's perspective of counselling. The search was then moved to more focused searches of other resources, and searches were then undertaken on health-related databases and electronic resources, including researchgate.net, psychotherapy research (the official journal of the Society for Psychotherapy Research), Medline, and PsychINFO. Boolean logic (George Boole, mid 1800s) was applied to combine the different concepts (counselling, psychotherapies, effectiveness, and prisoners) in order to narrow the search to appropriate studies, for example, '*Counselling or psychotherapy and male prisoners*'. One example of a more recent search strategy in April 2022 is demonstrated, illustrating each step of the search string of text. (See Appendix 15).

3.3 Parameters of the Literature Review

The parameters of the literature review include reading material including books, peer reviewed journal articles, monographs, published and unpublished material. The search was directed towards reading material, in relation to the therapeutic outcome of counselling, listening therapy, and psychotherapy in a prison. Publications in English were searched; however, the review extends beyond British prisons and encompasses international prison literature as appropriate. The final analysis of the material is necessary in order to inform my awareness of the effectiveness of the methods of psychotherapy in prisons. Counselling, listening therapy and psychotherapy are all terms to describe talking therapies which aim to help people to take greater control of their lives and build their confidence (Mentalhealth.org.uk, 2019). In this literature review the terms will be used interchangeably.

Listening therapies available for prison clients include; trained religious and secular listeners, and outside organisations. One example of an outside counselling organisation is the Samaritans, who oversee volunteers, by, debriefing fortnightly,

trained listeners who are prisoners that offer a non-professional immediate listening service to their fellow inmates. Medical professionals, (i.e., psychologists, mental health nurses and psychiatrists), are also available for the prisoners. It has been reported by some of the participants in my research that medical professionals have been actively engaged in listening to the prisoners' during examinations concerning their mental and physical health.

All the participants in the research into exploring males' perceptions who have been counselled in prison, received one-to-one person-centred counselling. Two of the participants also received person-centred group therapy. There were also reports of participants having other types of therapy in prison, for examples; art therapy and cognitive behavioural therapy. For more detail on the individual models of therapies used by the participants in prison, please see the pen portraits of each participant in Chapter Five, Section 5.2 Profiles of Research Participants.

3.4 Understanding Prison Community and Counselling

This literature review seeks to further deliver a level of understanding and insight into counselling within the prison environment and prisoner community. In this section, literature from dominant scholars in the field of prison literature is explored to gain an appreciation of the prison environment and prisoner community and where counselling might best fit within the prison community. Crewe and Levins (2019) offer an interesting perspective that incarceration has been a positive intervention for some prisoners, but are cautious to point out they are not supporting imprisonment, rather, seeking an understanding of the dynamics involved in imprisonment. They put forward for consideration how the institutionalisation of imprisonment can be "experienced as destructively total or subjectively re-inventive" (Crewe and Levins, 2019, p. 585) and is dependent upon the prisoner's life course events prior to imprisonment. They specify that "It is by thinking seriously about the functions of imprisonment that sometimes can enable reinvention" and that by doing so they could enable forms of imprisonment that are functional, successful, and non-penal (Crewe & Levins, 2019, p.586).

3.5 Assessing the Effectiveness of Counselling

Research to examine the effectiveness of counselling is important as it provides evidence of where counselling can be effective and deliver positive and beneficial outcomes for clients (BACP, 2022). There has been considerable debate about effectiveness in the counselling and psychotherapy literature going back a number of years. Rosenzweig's study in 1936 identified that there is long-standing support that common factors in psychotherapy theory, research and practise, are important therapeutic elements in delivering psychotherapy benefits. He explored these common factors in diverse methods of psychotherapy and provided a robust explanation of these common factors, which include alliance, empathy, expectations, cultural adaptation, and therapist differences. He employs words from the book *Alice in Wonderland*, "At last the Dodo said, everybody has won, and all must have prizes" (Rosenzweig, 2002, p. 5) and he observed: "If such theoretically conflicting procedures, they reason, can lead to success, often even in similar cases, then the therapeutic result is not a reliable guide to the validity of theory" (Rosenzweig, 2002, p.5). He states the grounds for logical deduction and that the same conclusion cannot follow from opposite premise. He is pointing to unrecognised factors within the therapeutic situation and links this to a phenomenon best explained by Pavlov's (1897) experiment in socialisation reconditioning and a catharsis effect. Therefore, he concludes that all methods of therapy prove successful to the patient.

3.6 Meta-analysis

Stiles et al.'s, (2007) study noted a 'consensus of sorts' concerning the question of efficacy, stating that "the behaviour of the participants in different therapies cannot be distinguished." and that there is a common principal of change (Stiles et al., 2007, pp.677-688). However, Rachman and Wilson's (1980) study offers an opposing view indicating that behavioural therapies taken from comparative studies have shown to be effective. A possible solution to the paradox (Rosenzweig, 2002) is to dispute the evidence of equivalent outcome. Disputing the outcome may be achieved by reviewing the procedures concerning the sensitivity around meta-analysis. Extensive debate on the strengths and limitations of a quantitative approach has emerged. Stiles et al., (2007) consider the use of principles and methods of sampling focusing

on aggregation of heterogeneous data in order to explore and identify analysis of data from the research. They examine the earlier studies by Shapiro and Shapiro (1983) who had identified the limitations of working with sparse data had produced the smallest effects obtained from the anxiety and depressions samples. Therefore, as Stiles et al., (2007) point out, the small number of results makes it difficult to measure the efficacy of the therapy and the lack of research may equate to a bias in the system.

3.7 Counselling Approaches in Prisons

Despite searching in the way described in 3.2 above, it was difficult to identify research literature relating specifically to the prisoner's perspective of being counselled in prison. This is a discovery of a gap in the literature within this area. The search resulted in providing research relating to the different types of counselling therapies which are being used in prisons and their effectiveness, if any. A systematic approach was utilised to review and critically appraise 19 papers (Critical Appraisal Skills Programme, CASP, 2019) relating to different types of therapies in prisons and throughout each review, the following questions were used to examine the studies;

- Is there a clear statement of the aims of the research and relevance?
- Is the methodology appropriate for the study?
- Is the research design appropriate to address the aims of the research?
- Is the study worth continuing?
- Was the recruitment strategy appropriate to the aims of the research?
- Was the data collected in a way that addressed the research issues?
- Was the relationship between researcher and participants adequately considered?
- Were ethical issues taken into consideration?
- Was data analysis sufficiently rigorous?
- Was there a clear statement of findings with each review scrutinised to assess the validity and if the research provided an extra dimension to research in therapy?

Table 1 (See Appendix 17) provides a summary of the 19 papers reviewed.

3.8 Therapy Motivation in Prisons

One feature that emerged in the findings of my research was the superordinate theme of motivation to engage with counselling in prison (see Chapter Five). Dahle's (2011) study defines a 'classical understanding of therapy motivation' as an estimation of the individual complaining of internal problems. Also, the individual feeling pressure connected to an open expressed wish for therapy, he noted, "the motivation to undergo psychotherapy is supposed to be a basic requirement" (Dahle, 2011, p. 1). He explained the procedure involved in the classical construct (classical understanding) of therapy motivation as gauging the individual's motivation to engage in therapy by subjectively assessing the level of their internal suffering with an expectancy from the individual to express their wish to engage in therapy. However, therapy with offenders in prison has to cope with a lot of resistance, with consideration of the particular circumstances of the prison environment. The inconsistent work duties and selection of the most appropriate therapy for the prisoner, presents barriers to motivation to engage in therapy.

He observes that prisoners were described as displaying little motivation for therapy and states that modifications and consideration must be applied to the pre-requisite for therapy of the prison client. He conducted several evaluation studies, with the first study to examine the efficacy of the classical construct, when working with prison inmates. His randomised sample set consisted of 400 prisoners, who were asked for their self-rating concerning their motivation for therapy. Results showed about 41% had good motivation while about 23% had poor motivation, the remaining 36% did not fit the classical construct. Some prisoners were ready for therapy (around 21%) having experienced few feelings of grief, while around 15% displayed a high level of suffering but refused therapy. He noted these results were artificial and of poor validity and from these results because the results did not implicitly give a clear indication of good or bad motivation due to the ambiguous results, where the groups did not fit in with the 'classical construct'.

His next step was to design a more appropriate construct of therapy motivation for the prisoner. He conducted several evaluation studies, which explored and predicted the motivational behaviour of the target group. One set involved 120 prisoners in a prison and conducted as a first psychological check on all new prisoners in Berlin,

from this check they were sent to different prison establishments. His study determined 65% of the group were ready for therapy, if there was an adequate offer available to them, which in turn predicted a figure of 95% therapy readiness, 13% of the group had enquired prior to prison admission *search for therapy* which in turn predicted about 93% hit rate. The remainder of the group was not defined by the prisoners but by prison staff with 14% of the prisoners sent to a therapeutic ward; social therapy, of note the prisoners had to express their willingness to receive a therapy and 21% of the group seeking therapy advice. He concludes from his studies there is an expedient requirement for the understanding of therapy motivation in relation to the confined situation in prisons. He suggests that such a specific construct would improve the reason and rationale behind the prisoner's motivation for therapy, which is often noted as ambiguity.

3.9 Literature of Therapy within Prisons

This section of the literature review explores the effectiveness of counselling therapy in prisons. In O'Looney's (2005) study she investigated the effectiveness of counselling for young male prisoners, who misuse substances. She noted that while the aim of all counselling approaches is to help the person (the client receiving therapy), the objectives and techniques being adopted within the prison context, may vary, with some techniques being more effective than others. Her observations included while adopting an in-depth case study on such therapies as person-centred therapy and Gestalt (1951) motivational approaches, that counselling in prisons has two significant objectives for the institution and its regimes: crime prevention and reducing drug abuse. She reports based on evidence sourced from questionnaires that prisoners had concerns regarding confidentiality. Her observations that the prisoners had to feel safe in the setting for the counselling to take place serve to lend information to the objectives in my research to understand the facilitators and barriers to engaging with counselling in the prison context.

Further, she notes that almost a quarter of the respondents felt unsafe and enclosed and feared that they may have repercussions from the prison officers on their return to the wing. Findings from her study indicated that the prisoner's perception of counselling created three groups-half of the respondents felt more confident in

interpersonal relationships as well as experiencing reduced anxiety, the prisoners attributed this to the skills they had learnt from counselling (i.e., communicating more positively and using positive thinking skills). Another group was still reliant on drugs and this group did not see counselling as an alternative. The third group showed ambivalence to the effectiveness of counselling. She concludes that counselling in various forms can help reduce crime as well as increase well-being amongst prisoners who have received counselling therapy and suggests this may be due to the fact prisoners being counselled are literally a captive group because they have not chosen to receive the services they have been given. In fact, these clients might actively be opposed to receiving the service. They might believe that it is unnecessary and intrusive. The clients receive the service either because of a court order or under the threat of some other legal sanction (Trotter, 2006).

In 2007, the UK Government announced a national agenda for Improvement Access to Psychological Therapies (IAPT) for the treatment of anxiety and depression; an initiative extended to prisoners. Adamson et al., (2014) conducted an evaluation on the improvement of access to psychological therapies for offenders at HMP Lincoln. The aim of their study was to investigate if IAPT is effective at improving depression and anxiety scores for prisoners and sits with the objective of my research to improve knowledge of how counselling therapy may be improved for the benefit of prison clients. The sample within their study consisted of 1,570 patients over a period of three years with 1,273 recorded assessments. This number was reduced to 893 due to: patients' unsuitability, declining treatment, drop-out from treatment, release/movement to another prison. They noted there were large clinical effects for changes in anxiety and depression following psychological therapies, when compared to clinical outcome findings from IAPT community services. Clinical recovery using IAPT formula was met in 55% of depression cases and 52% of anxiety cases. Their study noted a lower rate of data completion (70.2%) when compared to earlier studies of HMP Doncaster (99.6%) and Newham (88.3%) attributing this lower rate to the high levels of participation refusal due to prisoners concerns of where the information may go. Their study established a significant difficulty in that most of the prisoners did not have a formal diagnosis. Therefore, it would be difficult to measure how effective IAPT was, when they did not have a diagnosis of anxiety or depression at the outset. Although it can be seen that the

provision of IAPT services to prisoners may be an effective approach, when treating depression and anxiety, their findings highlight the potential for bias, where the self-report questionnaires having been completed in the presence of staff and these circumstances may have influenced the participants to exaggerate their improvement.

Interpersonal Psychotherapy (IPT) is a treatment developed in the 1970s for treating depression – focusing on the events and relationships directly related to the current depression as examined in Klerman and Weisman's (1970). In later studies, Johnson et al., (2015), examined the cost-effectiveness and implementation study of Interpersonal Psychotherapy (IPT) for male and female prisoners with depression. A randomised controlled trial (RCT) was conducted on incarcerated (99 male and 99 female) members of the prison population with a major depressive disorder (MDD) from multiple prisons over two states of the United States of America (USA). The RCT evaluated the effectiveness of the IPT programme and the cost-effectiveness of follow-up implementation studies by examining effectiveness outcomes such as suicide occurrence rate, symptoms of depression and in-prison functions including domestic violence, social support programmes.

The objective of the trial was to inform prison policy and practice and whether the new programme of IPT was more effective. It is this element that sits with the objective of my research, to improve knowledge of how counselling therapy may be improved for the benefit of prison clients and thereby exploring what is useful and what is not about counselling. Their trial also scrutinised the cost effectiveness of IPT in consideration with current treatment as usual (TAU) programmes in the prisons. Participants in the trial received both IPT and TAU, which typically comprised of antidepressant medication, while the IPT focused on recent life stressors and identifying interpersonal crisis in such areas as: conflict, grief, interpersonal conflict and social isolation. All participants were assessed three times; before treatment began, at the end of IPT (10-12 weeks later) and followed by a 3-month follow-up (this amounted to approximately 6 months after commencing IPT). Their paper compares the findings with other studies cited by considering evidence regarding the effectiveness and cost feasibility of IPT programmes and

concluded that IPT appears a feasible treatment program and there were indications of improved health.

Participants in the trial appeared encouraged and motivated which may have been due to the attention they received throughout these sessions and appreciated the empathy and positive regard shown to them by the prison counselling team. Their study holds several design strengths; it is also consistent with the input from the stakeholders, appropriate consideration of prison setting and provision for training. The findings indicated that group IPT was the over-riding contributory factor in the prisoner's improved health. However, lack of resources within the prison, such as high turnover in staff, high case loads and insufficient time to organise prison services meant that a firm conclusion could not be substantiated.

Mindfulness interventions aim to reduce stress. Bouw et al.'s, (2019) study investigated the effectiveness of mindfulness therapy in five Dutch prisons. Their study had two aims. Firstly, to determine satisfaction level with mindfulness-based stress reduction (MBSR) in prison settings and to determine potential challenges and secondly, to address the impact on psychological functioning. Their aim to determine potential challenges fits in part with the objective in my research to understand barriers to engaging in counselling. Twenty-five inmates from a list of sixty-nine were approached with a request for participation in the study. Inmates were randomly selected and the list was provided by the MBSR instructors. There were three inmates who did not participate as they did not trust the confidentiality of the study. All participants were male as intervention had only been carried out in male prisons. The four instructors who provided the MBSR were asked about their experiences as were two prison staff members from each prison and if they had noticed any changes in the participants: regarding such areas as coping strategies and stress response.

The participants were asked for their experiences after they had completed the MBSR intervention. They were asked how they had felt and if there were any differences in their mental states before and after the MBSR programme. The procedure of the research method was similar to the method of my research in that semi-structured interviews were audio recorded and transcribed after to enable analysis of qualitative data; however in their study they use a mixed methods approach on qualitative and quantitative data using a scientific approach. To

measure anger experienced they used two components of the Aggression Questionnaire (AQ), (Buss & Perry, 1992). Furthermore, to measure depression, five items of the Depression, Anxiety and Stress Scale (DASS) (Lovibond & Lovibond, 1995), were used and six items of the Barratt Impulsiveness Scale (BIS) (Barratt, Monahan and Steadman, (1994) to measure impulse control.

Both the participants and instructors/prison staff reported increased levels in all the areas addressed (i.e., self-esteem, aggression, response to stress, coping strategies, impulse control). All involved in the study reported satisfaction with the MBSR intervention. Their study provided a small platform for the participants' voice to be heard which is in keeping with the aim of my research to hear the prisoner's voice in their experience of counselling in prison.

Further research in this type of intervention was conducted by Davies et al., (2020), where they assessed mindfulness intervention in prison and non-custodial settings, through two studies. Their first aim of study was to explore the outcomes of prisoners (n = 17) and prison staff (n = 15) undertaking a short training mindfulness programme in a Category B UK prison, which sits in part with the objective of my research to explore what is useful or not about counselling and contributes in helping to identify if the effect of therapy was a helpful process. Secondly, the study aimed to investigate the impact of mindfulness on individuals (n = 28) in a non-custodial setting, serving a community sentence. Prisoners and two staff groups provided base-line data in study 1, to enable the level of how well or how accurately mindfulness reflected on the sample set. The data consisted of individual self-reporting and was measured by computer based physiological measurement, using two widely acknowledged tools; the Five Facet Mindfulness Questionnaire (FMQQ; Baer et al., 2008) and the Cognitive and Affective Mindfulness Scale Revised (CAMS-R; Feldman et al., 2007) were utilised to assess and measure mindfulness for both studies. The FFMQ uses 39-items to assess five mindfulness traits believed to indicate a leaning to be mindful in daily life; observing, describing, have knowledge of something – an awareness, non-reactivity to inner experience, and non-judging and tolerant of inner experience. The CAMS-R is a brief 12-item measure of mindfulness with items rated on a 4- point scale.

Their findings in study 1 illustrated significant reductions in levels of perceived stress, with the prisoners scored notably higher than staff for perceived stress. The data highlighted that both staff and prisoners had similar levels of self-reported mindfulness before starting the programme, which was enhanced significantly throughout their participation, particularly so in the areas of 'observing' and 'describing'.

In study 2, there were 65 men who started the mindfulness intervention and 28 completed the programme. Early recall to prison accounted for some of the reasons for non-completion by the 37 participants. Their findings highlighted minor improvements in mindfulness skills. The findings put forward suggested that short mindfulness interventions could make a noteworthy contribution to rehabilitation programmes for offenders and the wellbeing of prison staff.

3.9.1 Gap in the above literature papers

Although the above papers do provide an indication to the efficacy of a variety of therapies in prison, suggesting counselling can be seen as helpful for a prisoner's well-being, the studies are largely quantitative and rely on standardised tools to assess outcomes of the therapy, rather than listening to the voice of the prisoner regarding the effectiveness of the therapy. The gap of listening to the prisoner's voice is evident in O'Looney's (2005) study, which in particular explored the delivery of effective drug treatment programmes but it did not explore the prisoner's perspective about what they thought about counselling services, the prisoners talked about their feelings with inter-personal relationships, however, they were not asked what works, what doesn't work and what is helpful.

Although the participants in Adamson et al.'s, (2014) study completed self-report questionnaires, they did so in the presence of prison staff, which may have influenced the participants' choice of answer and may not necessarily have been their true voice. It can be seen that Johnson et al.'s, (2015) study was concerned with the cost effectiveness and implication for IPT with prisoners diagnosed with a major depressive disorder. This bias towards cost rather than the prisoners' wellbeing has not afforded any opening to listen to the prisoners' voice. Indeed, they summarise their study by highlighting the need for effectiveness of mental health

care and noted the sparse research in this area. Further, though the participants in Bouw et al.'s, (2019) study had been provided with a small platform to respond, all of their names had been provided by the MBSR instructor. This fact, this could have had the potential for bias, and not lend a completely open field for the participant's voice to be heard.

3.10 Non-talking Therapy

This section of the literature review includes examination of research regarding non-talking therapy that is conducted in prisons, such as art and music therapy. Gussak's (2007) research concerns prison and the reduction of anxiety within the prisoner. He conducted studies on the effectiveness of art therapy in reducing depression in prison populations in Tallahassee. By observing the prisoner's health, he noticed included a perspective of the self-concept and includes the evidence offered by Morgan (1981), regarding the self-concept operating with only a single symbolic trait and not an organised whole. Gussak (2007) carried out two studies suggestive that intervention was associated to improving prisoner's well-being because of the art therapy. The study stated limitations in the literature review and should be interpreted cautiously for a variety of reasons; as the review is based on a small number of studies with analysis of juvenile patients it does not focus on one specific intervention.

The participants were selected from a maximum-security male adult prison in Florida. Forty-eight inmates were chosen by the mental health counsellor. The therapy was delivered over a four-week period, and the participants aged from 21 years to 63 years; these heterogeneously significant differences in the study population may have impacted the study's outcome. The follow up study consisted of two groups of participants, who received therapy for eight weeks. There was also one control group. Only two of the participants were not taking medication for a mental illness. The seventeen participants of a similar age range in the control group received no therapeutic intervention. 27% of the control group received psychotropic medication. There is an inconsistency in the statistical measurement of each group

Methods adopted were the BECKS Depressive Inventory – short form and the formal elements of the Art Therapy Scale, (FEATS). The study explores the benefits that

art therapy may have in prison highlighting that many prisoners do not trust the verbal disclosures made through talking therapies sessions. In-mates seeking psychiatric treatment are seen as vulnerable by other in-mates which creates predatory behaviour. Morgan (1981 cited in Gussak, 2007), noted “Prison life causes psychological distress and aggravates and intensifies pre-existing conditions” (Gussak, 2007, p. 445).

Gussak (2007) stated that depression is prevalent, and that artistic expression is a fundamental component of prison and refers to Gussak and Ploumis – Devick, 2004; Kornfeld, 1987, suggesting that “the ability to create good art is a status builder and can earn respect” (Gussak, 2007, p. 445). Gussak (2007) summarised that art therapy was beneficial to this prison population. Also, participants experienced mood elevation. Based on these two studies, long term research on art therapy in prison was negotiated with the Florida Department of Corrections.

In a later study by Hakvoort et al. (2015), they explored if music therapy (grounded in CBT) can contribute to positive changes in the coping skills, anger management, and dysfunctional behaviour of forensic psychiatric patients in a Dutch forensic psychiatric hospital. They defined music therapy as using musical interventions grounded in cognitive-behavioural therapy. Their objective to investigate and identify positive behavioural improvement in forensic psychiatric patients again links in part to one of the objectives of my research to improve knowledge of how counselling therapy may be improved for the benefit of prison clients. There were fourteen participants in the study who engaged with music therapy treatment; nine received a standardised music therapy anger management programme, and five controls received an unplanned aggression management programme. Observational assessment tools were applied, which included the Coping Skills List from the Forensic Psychiatric Profiles 40 (FP40), the Social Dysfunction and Aggression Scale (SDAS), and three of the Atascadero Skills Profiles. The FP40 coping list measures positive coping skills such as asking for help, acceptance, and humour while listing negative traits of coping as threatening violent acts. The scale ranges from 1 to 3 (with 1 representing never). The SDAS assesses anger management skills and includes eleven items of dysfunctional or aggressive behaviour (such as scolding, suicidal thoughts, or threatening behaviour). Each item is scored between 0

and 4 (with 0 representing skill not present). The Atascadero Skills Profiles use different measuring scales, such as Scale 1, which measures self-management of psychiatric symptoms, and Scale 9, which measures interpersonal skills. The scales are measured as the SDAS, with 0 representing a skill as non-existent.

Results indicate that anger management skills improved for all of the fourteen participants. Their study puts forward a hypothesis that music therapy interventions can affect coping skills positively improving the anger management skills of forensic psychiatric patients. Although their explorative study shows no indication to reject the hypothesis, they acknowledge a lack in statistical supporting evidence. Their findings suggest that cognitive-behavioural music therapy has the potential to see a positive effect on coping skills as it observed that music therapy participants were more accepting of a situation and likely to seek help. They observed that participants undertaking music therapy had the tendency to improve their insight into their psychiatric symptoms. The research group conclude that further research needs to be conducted to discover any additional positive effects of the music therapy.

3.10.1 Gap in the above literature paper

Both studies above illustrate how non-talking therapy, such as music, art therapies can positively affect a prisoner's coping skills. As in the previous section, the studies used standardised tools to measure outcomes rather than exploring the prisoners' perspective, for example, no questions were asked on what worked or didn't work in the art/music therapy they had received.

3.11 User Perspective of Counselling Therapies Received in Prison

This section of the literature review examines the user's perspective and experience of the counselling therapies they have received in prison. In a study conducted by Morgan et al., (2005) they identified important process and content goals from the prisoners' perspective with the use of a one page survey completed by the participants and then compared these perceptions with the goals of a previous study that had been conducted by Winterowd et al., (2001), where the group therapists provided their perspective of important goals, but they did not look at the prisoner's perspective. In that respect, Winterowd et al.'s, study was different.

The results of Morgan et al.'s (2005) study indicated prisoners and group therapists agreed in general that it is important to deal with prisoner issues in group therapy. However, the prisoners' views have less regard for therapeutic adjustment than the therapist's does. It is difficult to understand how the two studies are comparable when they both use different and varied methods of inquiry. They conclude by noting that the goals identified in this study are generally consistent with their comparative study, and these goals provide a firm basis for understanding the prisoners' therapeutic goals.

McMurrin et al., (2007) went further by way of exploring what the concerns of prisoners were, what do prisoners want and what works in an effective practice and thereby providing a structure for therapy. Their study fits in the objective of my research to gain an understanding of how the clients experienced their counselling in the context of being in prison. Findings were measured by the Personal Concerns Inventory; Offender Adaptation (PCI: OA), which consisted of semi-structured interviews conducted with convicted males (n=129) in a UK prison to identify which goals the prisoners felt were important. They found that a large number of the participants expressed life enrichment goals such as; stopping offending, improving self-control and wanting a better lifestyle were important. The findings indicate that the prisoners wanted to move towards a direction that increased positive life chances without criminality also a better life for their families. Their report concludes that the PCI: OA may be a useful motivational tool in identifying the prisoners' goals and assist in forming and developing "goal-focused interventions, and a tool for outcome evaluation," (McMurrin et al., 2008, p. 267).

Wilkinson and O'Keefe (2006) conducted an outcome and process evaluation study of a person-centred counselling service for male victims and offenders of domestic violence. The two person-centred counselling researchers employed a mixed method approach utilising a qualitative methodological approach consisting of semi-structured interviews to explore the prisoners' experiences and perceptions of the service. The evaluation was designed to adhere to a humanistic and person-centred framework through naturalistic observations and observational studies. The adopted scale was designed in conjunction with counsellors to ensure it was as user friendly as possible and appropriate for the client group. However, their endeavours to

ensure the design was user friendly gave way to criticism; it upheld the stakeholders' interest versus the interpretation of the research.

Also, a further weakness resulted, during the semi-structured interviews where service users and staff were interviewed, and statements were imposed on respondents instead of allowing the respondent complete autonomy. This was a large study of service users and staff with quantitative data taken by using a scale especially designed to be practical and easy to use, where respondents were asked to rate themselves on a scale of what they agreed/disagreed with and to provide statements about how they felt about their life, for example, "I respect myself." Among the objectives of their evaluation were to identify what worked well and what did not work so well. This is a key area of exploration in my research; to explore what is useful and what is not about counselling from the prison clients' perspective. Wilkinson and O'Keefe's study (2006) involved thirty men who were referred to Doncaster Prison Counselling Service, (DoVeS) from Counselling and Referral Advisory Throughcare (CARAT) and fifteen men from the Resettlement Team. Twenty of the men accessing the counselling service participated in the evaluation study. These consisted of qualitative, semi-structured interviews with service users and staff.

A person-centred approach is noted within the context of their report, as mentioned in the above paragraphs. They stated the service used Rogers' sufficient and necessary conditions for therapeutic change. The questionnaires cover 27 individual questions, assessing a service which used a person-centred approach. Although questions are of an intimate nature connected to feelings, some links can be made to the clients' anxiety, through the use of response patterns of the questions. The researchers also mention anxiety, mild and moderate depression amongst prisoners. Personality disorders are also common in prison populations and can be amenable to some forms of treatment. They stated that custody has the potential to exacerbate mental illness and vulnerability and increases the risk of self-harm and suicide. However, they noted significant symptoms of suicide and clinically significant hallucinations were generally more prevalent among prisoners with psychosis and major depressive disorders.

In summary, the results of their study indicate there is noteworthy and important evidence to suggest that the experience of counselling has been beneficial to the

participants' personal relationships both inside and outside prison. The benefits that were reported came from 20 participants of the in-depth evaluation included feeling happier with a more positive outlook on their lives, improved relationships inside and outside of the prison, feeling more confident and able to recognise and change their own patterns of behaviour.

Communication is an essential counselling skill and vital component in the therapeutic relationship (Nelson-Jones, 2003). One case study conducted by Guo (2012) examines the communication between offender and prison counsellor. His study was conducted in a Chinese prison setting. He noted that offender counselling was only introduced into prisons in China in the 1900s as a new intervention tool but has steadily increased and by 2004, there were approximately 208,743 prisoners that voluntarily requested the services of counselling. He highlighted that by 2010, there were 15,329 prison officials recorded with counsellor qualifications. His study does not aim to examine the effectiveness of the counselling, however, it is useful for my research in the evaluation of the prison counsellor's skills, as he analyses the conversations in depth, and he examines the interaction between the police (prison) counsellor and the in-mate (offender) whilst sustaining the evident power imbalance between them. In his case study, he identifies the offender while appearing willing and responsive when asked questions that they were not willing to answer, they would be respectful of prison rules and the prison counsellor but would not elaborate and only provide short answers. He observes as counselling requires client (the offender) participation, the counselling process should be where all parties are "equal footing" (Guo, 2012, p.347). He points out that just one case study cannot show the whole picture of practised counselling in China's prisons but can help prison counsellors to reflect on the best ways to conduct prison counselling relationships.

Prisoners' relationships are an under-researched area; this literature review looks at Meek, (2011) who conducted an evaluation study on behalf of Relate, the relationship counselling service. She looked at the delivery of a pilot specialist counselling service for adult male prisoners at HMP Ford, a Cat D prison. She drew data from questionnaires and semi-structured interviews and explores the prisoners' experiences of receiving counselling. The focus of her research concentrates on the

prisoner's perceptions when engaging with the service during their time in custody and offers a view which is consistent to the aim of my research regarding the prisoner's perspective. Meek (2011) offered participant information sheets (PIS), and consent forms, short questionnaires and used semi-structured interviews. Her methods were the same as the methods used in my research. Also, she discusses further the benefits of engaging in counselling and the research seeks to highlight the strengths and weaknesses of prison-based relationship counselling from a small sample of prisoners. All of which are similar to my aims but the study focuses on relationship counselling not counselling more generally.

Meek's (2011) research indicates positive benefits regarding the prisoners' involvement with Relate counselling for all but one of the sample set (n=15) with Meek highlighting a perceived stigma of engaging in relationship counselling. She notes that men are less likely to seek relationship counselling services than women, while observing there is an increasing emergence of research that incarcerated men are more receptive to engaging with the counselling services. In conclusion, she notes despite the demand from prisoners for counselling, there is insufficient provision of counselling in prisons and suggests that more effort is needed to enlighten the public about the work of Relate within prisons.

Blagden et al.'s, (2014) study adopted a mixed-methods approach to examine prisoners and staff's experiences at a therapeutically orientated sexual offenders' prison. The aim of their study was to understand whether a prison environment was beneficial for change and rehabilitation. One of the objectives of the research was "to investigate the experiences and perspectives of prisoners and staff on the purpose of the prison, its regime, climate, and opportunities for personal development"

which fits in part with this research of exploring the perspective of male clients' experience of counselling in prison. The general advantage of using a mixed-methods design is that it balances the weaknesses of both quantitative and qualitative methods and can deliver data that is greatly informed with detail that either approach alone could not. However, the mixed methods approach could be more complex and require more expertise in collecting, analysing and interpreting the results, than using one method.

The quantitative strand of the research sample set consisted of staff ($n = 48$) and prisoners ($n = 112$) from a therapeutically orientated sex offenders prison and illustrated that all the participants held positive viewpoints that offenders could change pre-interview. The environment was also positively rated and both staff and prisoners had experienced safety within the prison climate. A total of 400 questionnaires were given out to prisoners and 112 prisoners returned the questionnaires. Questionnaires were hand delivered to all prison staff. The sample set included prisoners ($n=112$) and prison staff ($n=48$). All participants had to have at least, six months of being at the prison setting. Data was measured by a measure of social and therapeutic climate in a forensic prison setting (Schalast et al., 2008). The authors believed the measure to be reliable due to its three-factor structure comprised from the Inmates' cohesion, experienced safety and hold and support and includes seventeen items of which fifteen items are scored and two positively worded items not scored. Participants indicated in the questionnaire marking their responses on a scale of 1 (not at all) to 5 (very much). A high score would demonstrate a positive social climate within the prison. Findings illustrated very high scores compared to the average statistics on EssenCES. For example, on Experienced Safety, which relates to the aggressive inmates in the prison; prisoners scored 14.63 (average = 4.38) and staff scored 14.26 (average = 3.24). The total for prisoners on the EssenCES was 38.52 (average = 10.30) and for staff 41.50 (average = 6.82). The questionnaire is inflexible because it is one dimensional and does not represent accurately the way the participants can feel, and it is limited in detail.

The qualitative strand of the research consisted of semi-structured interviews with prisoners ($n = 15$) and a range of prison staff ($n = 16$). Findings illustrated the prisoners had a positive point of view towards their relationships with prison staff, specifically so, they felt that the prison and staff promoted the safe environment; enabling a mindset for the prisoners to work through their issues and problems in anticipation of change.

3.11.1 Measuring the Quality of Prison Life (MQPL)

Measuring the Quality of Prison Life (MQPL) is a 'moral performance' survey developed by members of the Cambridge University Prison Research Centre and is

known in the prison service as MQPL. The survey can measure, staff prison relationships, levels of order, and success rates, it is also a tick box questionnaire for prisoners (Liebling, et al., 2020).

The aim of MQPL is to observe and understand the social rationale and moral climate of a prison and its effects and also helps to improve prison life. The survey is able to allow for the identification of facilities, adds understanding of the difference between exceptionally, poor, and average performing prisons. Further examples are illustrated in Prison Readings (Jewkes & Johnston, 2006).

MQPL results can be useful in the design of research questionnaires in order to lead to economic and organisational change. However, to date, these aspects of the inquiry have been underdeveloped concerning the overall potentials, and what is problematic are the dimension scores because instead of unpicking the detail, it is too easy to read the tick boxes. The majority of the concepts are useful to health care practitioners' skills and have been employed by the Prison Service's Standards Audit Unit (2004), (now the Audit and Corporate Assurance Unit). In addition the report is to help change the prisoner's life because one is able to ascertain the detail of success of the prison (Liebling et al., 2012).

The social goal consists of respect, humanity, the promotion of staff prison relationships and professional development. Statistical evidence may explain variations in suicide rates, levels of well being, the risk of disorders and experiences of personal development. The survey can gain further insight into the prisoners' perceptions in order to accurately understand what is happening beneath their personal phenomena. The survey can often lead to voicing a person's narratives about what "the best practise or experiences in prison look like," (Liebling, et al., 2012, p.4).

Measurements concerning the quality of prison life can be observed in the data taken from statements within my research. The voice of the prisoner as a participant in the research has been highlighted, Measurements observed include; the changing dimensions of many of the participants' experiences and their experiences concerning their relationship with their family. The majority of which may also add to

the most important goal of the MQPL original project, which is to find a way to express in an appropriate language what it is like to experience prison life (Liebling, et al., 2012). My goals are similar to Liebling's, I am seeking the voice of the prisoner who is expressing the phenomena of what he has experienced in prison. However, where it differs is that I am seeking their experience of counselling in the context of a prison. Health care practitioners' skills and empirical observation combined with additional information from the participants who are counselled in prison could prove valuable in highlighting a more accurate understanding of the phenomena of what is experienced in prison by the prisoner.

3.11.2 Therapeutic Communities

Modern Therapeutic Communities (TC) are incorporated in prison institutions; the two main therapeutic community prisons are HMP Grendon which offers specialised treatment, whilst remaining part of the prison's social activities such as; education, meal-times, religious services, and the gym. HMP Dovegate is another prison offering (TC) facilities. Both of these prison TCs serve to complement drug treatment programmes. Brookes' (2010) article linked up both published and unpublished material that recorded prisoners' perspectives of their experiences of HMP Grendon, which sits well with the aim of my research to explore the prison client's perspective of counselling. Brooke focused on the material that explained to the reader the prisoner's voice and sought to encapsulate strands of the therapeutic journey that prisoners undertook at Grendon.

What is different from my research is that he looked at issues evolving from the pre-admission procedure and the prisoners' reasons for applying to Grendon through the reception process to life on the assessment unit. There was a rich source of material for Brookes (2010) to draw on as earlier research on Grendon had concentrated on qualitative issues and there was an abundant supply of prisoner interview material, mostly unpublished. His article highlights the way prisoners feel safe in the therapeutic process. This helps build rapport and develop trust with the prison officers and there is clear respect and regard held for each other. However, he draws from the prisoners' interview material from Grendon, which does not suit every prisoner in the prison estate.

Bennett and Shuker (2016) published a further paper that describes the work of HMP Grendon, a category B prison and a holding capacity of up to 230 residents. The aim of their paper was to provide a brief outline of Grendon and to explore its usefulness and success, which also broadly fits with the objective of my research to explore what is useful and what is not useful about counselling. They conducted a qualitative analysis of a case study of a literature review on the therapeutic community at HMP Grendon, (i.e., their work was descriptive in nature), summarising the literature review regarding evidence of effectiveness. They describe the TC of Grendon and their findings highlight the extensive positive benefits of Grendon's TC, which

include: well-being improvement, reduction in self-harm and disruption in the prison. They conclude that Grendon is an approach that is dependable and trustworthy and identify that if the circumstances are right within the social settings of a prison, residents and prison staff will join and work together in collaboration.

Akerman and Geraghty (2015) examined how participants coped with the powerful material that was discussed within their group in a prison based therapeutic community. The aim of their study was to scrutinise the impact of group work from the perspective of the participants. The focus group was managed through an experiential conference which took place at HMP Grendon, April 2015. Akerman and another wing therapist facilitated the group whilst Geraghty observed the group, which comprised of adult male offenders with sexual and violent offence histories. Using a qualitative approach themes emerged which was examined using thematic analysis with collected data from written notes of participants' remarks and quotations. They established three overarching categories: material type that affects residents of the TC during therapy, impact of the material on the participants and how they handle the situation. The first theme produced interesting findings in how residents associated therapy as a fresh and new experience. Findings suggested that for many of the participants they may never have received constructive and helpful feedback from their therapy experience. Some of the participants had experienced difficulty in coping with the painful emotions and confirmed whilst experiencing positive feelings, these too can be difficult to cope with. These feelings had left them feeling uncomfortable and mistrustful of other members of their group and staff. An important emerging theme identified how therapy inspired participants to confront the reality of their issues, which in turn aroused shameful feelings and empowered them to accept the unpleasant feature of themselves. The third theme identified how participants spoke of varying coping strategies to help them deal with the material. One such strategy was comparing themselves to others who they perceived to be worse off than they, which helped themselves feel better. A key factor in helping the participants cope with material was trust-building along with shared experiences they may have had.

Jacobs and Shuker (2019) conducted a study into the perspectives of prisoners, who had killed their son or daughter. The aim of their paper was to explore the treatment

experience of male perpetrators of filicide within a therapeutic community (TC). Semi-structured interviews were conducted on four participants, the average time spent in TCs being 56 months. At the time of their study, two of the residents were engaging in the TCs and the other two had left the TCs. Data was analysed using interpretative phenomenological analysis (IPA) establishing five Superordinate themes; therapeutic process; acceptance; insight; relationships and barriers and ten subordinate themes identified. All of themes were relevant and key to understanding the participants' experience of treatment in TCs. Their findings suggested that participants experienced the TC as helpful; promoting and encouraging social skills and beneficial in gaining insight and self-awareness.

In a more recent study, Davidson and Young (2019) examined the process of treatment engagement established in therapeutic communities. The aim of their study sought to systematically deconstruct the complex mechanisms of change, which brought about success in the therapeutic communities. Their study scrutinised the course of treatment engagement for the prisoners in a Pennsylvania prison-based TC and the narratives provided by the participants. They adopted a mixed-method approach utilising longitudinal measures of the treatment engagement in combination with qualitative data of the prisoners' perception. Data for this study came from the Therapeutic Community Prison Inmate Networks Study (TC-PINS). Participants were housed in an isolated unit; a sixty-two bedded unit with two-person cells. Participants spent most of their time with their TC peers and only interacted with non TC-peers at communal times such as: meal, yard and religious services. Treatment engagement was measured by a validated scale Client Assessment Summary (CAS), which is a self-reporting summary. The problem with self-reporting is that participants may not challenge themselves fully and not be experienced or trained in reflexivity. The outcome of these deficiencies may be in part, or wholly a subjective view. The positive aspect of self-reporting could be that the participants' voice is aired in all honesty; reproducing a clear and coherent articulated view. The CAS encapsulated elements of the respondent's behavioural changes, attitudes, knowledge, perception and values. These elements were measured by the five-point Likert scale (Vogt, 1999), which involves a series of statements that respondents choose from in order to rate their responses to evaluative questions. Quantitative results revealed there were more differences between-person variation than within-

person change with the qualitative results examining each piece of this quantitative data in detail indicating processes of selection bias, lapses in program fidelity and heterogeneous treatment effects.

Respondents suggested if the individual is forced into the TC then the programme will be ineffective because the individual must have the pre-existing wish to change. Their study revealed there was limited evidence to demonstrate increased engagement through the programme and showed that participants experienced few changes through their treatment engagement, which is inconsistent with the 'commonly held belief' that participants in therapeutic communities undergo significant change (Davidson and Young, 2019, p. 40).

3.11.3 Gaps in the above literature

Searching through the above research literature for the voice of the prisoner who experiences therapy has demonstrated that research in this area is sparse. Papers are largely quantitative and use pre-existing validated tools to identify outcomes that may not be relevant to the prisoner being counselled. The qualitative studies or those with a qualitative element focus on specific therapies or particular client groups rather than providing a more in depth understanding of the client experience of counselling in prison.

3.12 The client's perception of counselling outside prisons

Although this thesis explores counselling in prison because of the lack of in-depth research regarding the client's voice concerning prison counselling, I have examined research that focus on the client voice of counselling outside prison. Therefore, as a supplement to counselling in another environment, in this section, I have taken a wider view to examine counselling outside prison as a comparison to counterbalance counselling in a prison context, in order to draw any differences concerning any issues, for example, power dynamics within the therapeutic relationship. For this comparison, I took a narrow perspective and reviewed seven papers because I was looking only for a comparison of counselling outside prison and not seeking in-depth examination of counselling outside of the prison environment. Counselling clients have hopes and aims from the counselling session and their contribution to the bond of the therapeutic relationship is driven by their perception of the quality of the

therapeutic bond (Genest, 2003). The client's perspective is therefore, a significant, contributory factor to the counselling outcome. Table 2 (See Appendix 18) provides a summary of the seven papers reviewed of counselling outside prison. The following paragraphs provide a detailed exploration of these papers.

3.12.1 The counselling client's perspective

Genest's (2003) article examined available research for the evidence of the client's voice, which focused on the voice of the prisoner being counselled and where their counselling experiences are recognised. She read studies from other authors concerning the client's voice, which involved reading studies and notes, for example, Rennie's (2002) examination of the experience of fourteen participants immediately after they had been counselled for evidence of the client's voice. Genest (2003) suggests "Client perspective is of crucial importance to a counsellors understanding of counselling and discovering a client's perspective is an important part of the development of a counsellor" (Genest, 2003, p. 1). Her article, suggests the counselling client does not disclose everything to their counsellor. This omission could include the client's feelings, major events but thereby, increasing the requirement for the counsellor to be aware of non-verbal cues if they are to improve the counselling session. She comments on the need for the counsellor to be aware of the client's position on such areas of spiritual and religious issues and the awareness if or when appropriate, to discuss these issues in the counselling session. She concludes that it is important to explore the counselling client's perspective and to raise more awareness of these experiences. She points out her research will assist professionals in taking note of the counselling client perspective as this area is under-researched. She advocated the importance of understanding the client voice to enable the client voice to be heard.

Lambert (2007) conducted a four year study into the perception of first time counselling clients. The aim of her study was to explore and examine the counselling perspective of first-time users before, during and after the counselling session, along with the counsellor perspective. Research participants were selected from the counselling services of six universities in the UK. She draws upon a previous study conducted by Surf and Lynch (1999), which explored young people's perception of

counselling, and explains that, participants were asked at the beginning of the session what doubts they had about counselling, and what they hoped to achieve from the session.

During the counselling stage the participants and counsellor reviewed the points discussed in the previous interview pre-counselling session and examined how their initial perceptions had changed. After the session, the participants and counsellor discussed what changes in their perception had happened and what changes they would like to happen. Findings of her study revealed the clients were unsure of what to expect from the counselling session. She informs of the participants' urgency to be counselled, quoting one participant who said "they would try anything" to make themselves better. During counselling, findings highlighted three separate perspectives on what the participants regarded to be the counsellor's approach. She describes one perception as awareness of 'ordinary friendliness' (Lomas, 1981), where a close working relationship is established with the counsellor. The second perspective highlights the participants' recognition and acceptance of the counsellor's skills. In the third perspective Lambert describes as an "uneasy awareness of a technique" (Lambert, 2007, p.109), which participants described as an understanding of the counsellor using a technique and their awareness that the counsellor wanted them to explore their feelings yet finding the exploration into their feelings was painful. Findings after counselling sessions revealed further, positive changes in the participant's perspective. She reports client participants felt more empowered and in control of their lives with an increased mindfulness.

3.12.2 Helpful and Hindering Events in Psychotherapy

Goldman et al.'s (2016) study sought to explore and evaluate Counselling for Depression (CfD) from the client's perspective and to examine both helpful and unhelpful aspects of CfD, from the client perspective. The aims of their study sit with that of my study to explore from the client's perspective. Using IPA their qualitative study established 4 superordinate themes; a helpful process, client's view of the counsellor, Gains and Negative aspects. They note there was a small source of a data pool, this being due to the recent creation of CfD. Participants had been selected through their counsellor, lending the potential to create a bias which could impact on the findings of the study. Their study revealed all participants in the study

had found CfD helpful and beneficial with one aspect being they found their therapist understanding with very good listening skills, they observe, “Listening facilitates the building of the therapeutic relationship, as well as identifying the work to be done. Being listened to offers a sense of being valued and is felt to be gratifying” (Goldman et al., 2016, p. 292).

However, their study highlighted a negative aspect of when clients had related therapy to being ‘hard work’ and had not been happy with the time limits imposed on the session, which they felt hampered the work, as one client had stated, “I found every week was too gruelling, I use that word but it was too hard on me because I did feel quite worn out with it as well, you know going through that really deep, deep emotional stuff” (Goldman et al., 2016, p. 293).

The skill of the therapist is key to providing a helpful event of the counselling process as seen in a later study by Swift et al., (2017), where they had sought to gain understanding from the client’s perspective of helpful and hindering events in psychotherapy sessions. Their qualitative results suggested an area where clients appreciated and valued their therapist was when they had been introduced to a new skill and had been helped by the therapist to develop their own action plan, “My therapist gave me a good idea” (Swift et al., 2017, p. 1548). This action had helped to boost the client’s confidence and had provided a new viewpoint for the client. In the instance of where the therapist had attempted to express an understanding and empathy for the client, the client had found this unhelpful and an hindering event, as they had felt the therapist was just repeating what they had said, “My therapist was repeating what I just said several times” (Swift et al., 2017, p.1551).

In a further study, Timulak and Keogh (2017) conducted a practice friendly review on the client’s experience of psychotherapy. They review research with the focus to highlighting ideas to therapists who want to practice responsively to the clients’ perspective on therapy treatment. Their review focused mainly on qualitative studies, which had allowed clients to speak in their own words without prompting and without the use of psychometric measures. Although their review was focused on non-prison clients they sought to examine helpful and hindering aspects of the therapy process; it is this approach that fits in with my study of counselling in prison as a helpful

process and the unhelpful aspects. They report in their overview of findings that counselling clients consistently value the presence of a caring relationship which is both supportive and non-judgemental. Regarding the unhelpful or hindering aspects of therapy, they report when clients feel unprotected, exposed and stigmatised, these areas are unhelpful and can hinder the positive development of the therapeutic relationship.

In seeking to establish an effectiveness/indicative effectiveness of counselling a later report by Burton and Theriault (2019) considered the factors surrounding dissatisfaction with counselling. They considered events within the therapeutic process, such as disagreement and the early withdrawal from the process can impact negatively and impede the counselling client's satisfaction of the therapeutic process. There is limited research on these obstructive events regarding the client's perspective, their study explored how these events were experienced by the client and impacted on the therapeutic process and outcome. Interviews were conducted on nine individuals who had experienced hindering events. The data was analysed using thematic analysis. Findings showed the emergence of four major themes: (1) the identification of hindering events, (2) the subjective experience of the negative, (3) response to the event and (4) handling/addressing the event.

Results from their study can provide more depth to the consideration of the counselling clients' dis-satisfaction with the therapeutic process. Ladmanova et al., (2021) undertook a qualitative meta-analysis study combining the results of seventeen studies highlighting the impacts of helpful and hindering events in psychotherapy from the client's perspective. They identified twelve helpful events for example; feeling heard, understood, not judged, gaining self-awareness, empowered and new perspective and eight events felt to be a hindering event. For example, feeling overwhelmed emotionally, a lack of guidance from the therapist, feeling disconnected from the therapist and feeling too much pressure from the therapist to do an activity that the client did not feel able to do.

3.12.3 Conclusions drawn from the above research studies

It can be concluded that “Understanding the client perspective is important for the provision of therapy” (Ladmanova et al., 2021, p. 1). While recognising the importance to study the standpoint of the counselling client. Genest’s earlier study in 2003 concludes there is little research that either focuses on the experience of the client in counselling or values that experience as useful in and of it. Implications could be drawn from such studies on what counsellors could do to improve counselling. However, for the client’s voice to be heard and fully understood, the importance of understanding the voice will have to be acknowledged. Lambert (2007) cites the work of Jinks (1999) and Howe (1989, 1993) explaining there will be a level of positive change experienced by the counselling client if the counselling client believes they have been listened to and valued and someone is interested in them.

As supported by the studies of Swift et al., (2017) who observe the helpful aspects of the counselling process in gaining insight is perceived by the counselling client as beneficial and valuable if they feel they are understood. Goldman et al., (2016) point out the counselling client’s view of the effectiveness of CfD has not been researched and how important it is vital to evaluate effectiveness from the client’s perspective. Only in this way can both helpful and hindering events be brought to light and serve “to inform the counselling profession of the client’s perception of what is occurring within this therapeutic approach” (Goldman et al., 2016, p. 288). By understanding and recognising helpful events and hindering events from the client’s perspective then the ‘client voice’, will be heard, which is significant to appreciate how these events influence the therapeutic process and outcomes (Burton & Theriault, 2019). There are limited studies that explore the client voice relating to the effectiveness of therapy whether this is inside or outside prisons – hence, the reason for conducting my study.

3.13 Further Support for a New Exploration into the Experience of the Counsellor Client in Prison

Castonguay (2012) suggested that new empirical evidence is required in order to potentially increase the effectiveness of treatment, based on the understanding of

complex phenomena connected with epistemology. His suggestion supports further exploration in the field of counselling and psychotherapy with a selected group of individuals. I propose these individuals to be a group of prisoners, who seek counselling as the voice of these individuals has not yet been explored, as demonstrated in a summary of the literature above. He notes that continuing the process of exploration is dependent on understanding selected individuals while assessing the outcome of the treatments. It can be viewed that the proposal put forward here is that an appropriate method of understanding would be to listen to the respondent and take notes of their experience of the therapy. The primary concern is to acknowledge and distinguish between therapy and research. A secondary concern is to be aware of the difference between the recall of experience of therapy and the past experience of the person.

Chapter Four

Methodology and Methods

4.1 Introduction

This chapter will begin with my ontological and epistemological position within the research study. It also includes a discussion on the qualitative and quantitative approaches to research and a description of the philosophical assumptions related to the chosen methodology of qualitative research and my use of the Interpretive Phenomenological Analytical approach (IPA). I will describe the research design, which includes the participants and the recruitment process involved, and method of data collection. This chapter will also outline the ethical considerations that have been identified in conducting this study.

My whole approach to this research conforms to the framework of IPA, the analysis is non-prescriptive. The themes across the participants are represented with quotes from the individual participants “the themes reflect not only the participant’s original words and thoughts but also the analyst’s interpretation” (Smith et al., 2009, p. 92).

4.2 Overview of Methodology

I will now explain and define each position and justify why they are suitable, or not suitable, for my research, beginning with consideration of my ontological and epistemological position.

4.3 Ontology

Ontology addresses what exists in the social world and the assumptions about the form and nature of that social reality. Epistemology addresses how we know what we know and is concerned with the nature of knowledge and ways of knowing and learning about social reality (Craig, 2000). There are two basic ontological positions- objectivism and constructivism.

Objectivism embraces the idea that truth and meaning exist in objects independently of consciousness. Bryman (2008) states that “objectivism is an

ontological position that asserts that social phenomena and their meanings have an existence that is independent of social actors” (Bryman, 2008, p. 19).

Constructivism takes the view that things and meanings do not exist independently; rather, human beings have to construct the meanings. Ontologically, it is the opposite position from objectivism. Bryman states that constructivism is an “ontological position that asserts that social phenomena and their meanings are continually being accomplished by social actors. It implies that social phenomena and categories are not only produced through social interaction but that they are in a constant state of revision” (Bryman, 2008, p. 19).

The worldview also considers other positions, one of which is relativism which believes that there are multiple realities, as Rogers suggested, “There are as many real worlds as there are people” (Rogers, 1990, p. 424).

The ontological view is that subjectivity is a valid aspect of reality helpful to research in addition to the foundation of the human experiences. Sartre (1943) argued that consciousness is consciousness of something and that, was ontological proof he stated that, “Subjectivity is consciousness (of) consciousness; it reveals intuition and therefore is absolute subjectivity.” (Sartre, 1943, p. 17), Sartre continued, consciousness (of being) can only be qualified as revealing an intuition or it is nothing.

4.3.1 Ontology for the Research

Realism assumes a knowledge, as suggested by a correspondent theory of truth Madill et al., (2013) and is the ontological underpinning for the application of most quantitative research realism “which is comprehensible through research that the truth (and there is only one) is out there” (Braun and Clark, 2013, p.27),

My research is dependent on human interpretation and knowledge. Relativism is different from realism because it does not assume a knowable world, it is knowledge relative to the insiders’ point of view and is a position of investigation. Relativism offers to capture multiple constructed realities reflecting the process of conscious life within human existence. Relativism “has many varieties; some are plausible, others verge on incoherence (Routledge, 2000, p. 752).

The philosophical investigation of existence can be applied to males who have had counselling in prison because questions are asked concerning the concept of being, for example, “what is it like to exist?” This question may be extended thus: What is it like to exist, while being incarcerated with the knowledge that you are unable to maintain family ties, help your family with problems or support them financially? Answers to similar questions from prisoners who have been counselled while serving a prison sentence may stimulate a discussion concerning the potential difficulty in accessing counselling services and securing a private room for confidential and intimate disclosure. Other issues concerning counselling in prison can be raised, for example, how does the authoritarian regime of prison life affect personal time, feelings, and thoughts if the inmate has to wait for counselling sessions due to cancellation, delay, or when the counselling session ends abruptly because of staffing problems or security issues? How do the prisoners perceive their counselling experience, what do they think had happened to them during the session once they have processed the phenomenon of counselling?

These questions can be applied and have the potential to be answered within the basic ontological position of constructionism and through the enquiry of relativism. The participants and the researcher construct from the lens of relativism. The lens focus on the recall, the distortion, and the explanation of the imagination of the participant when he answers the semi structured questions from the researcher. The researcher interprets the data taken from the transcript captured from the participant.

4.4 Epistemology

Epistemology has had a central focus on factual knowledge for centuries and one universal presupposition concerning epistemology is that knowledge is true belief, but not mere belief. Craig (2000) endorsed this viewpoint that “The philosophical epistemological stance helps us know what we know.” (Routledge, 2000, pp. 246-250). Craig’s suggestion can be interpreted as what is knowledge, what is the extent of knowledge, what is the source of knowledge, is there any genuine knowledge? The world view of epistemology is that it is a core area of philosophy concerned with the nature and limits of knowledge. The emphasis is an epistemological worldview acknowledging the positivist position, in that the respondent and the researcher are

independent of each other and provide a solid foundation, underpinning the use of approach in this research. Any findings emanating from the research are treated as objective. This is objective positivism, or in the case of diversity and difference, post-positivism, outlined below as 'naive realism' (Ponterrotto, 2005).

4.4.1 Positivism, post-positivism, falsification

Traditionally, there are two basic epistemological positions, which are usually referred to as positivism and interpretivism. Positivism is largely associated with quantitative research. Positivism promotes the utilisation of methods associated with the natural sciences, in order to obtain accurate knowledge of the world (Bryman, 2008). Historically, positivism in social sciences originates from separate movements in the nineteenth century and philosophy in the early twentieth century based on the key positivists' ideas that all research undertaken should be scientific. Auguste Comte (1798–1857) is the original founder of positivism (Butts & Rich, 2011). Comte founded a philosophical system, which includes scientific procedures. His positivism is characterised as the rejection of all that cannot be empirically observed. Therefore, knowledge can only be captured through observation of correlation and sequence (Craig, 2000).

Positivism stakes a claim to offer scientific, accurate knowledge because quantitative knowledge is arrived at from established facts based on observations, experiments and the comparisons of variables. Therefore, technically, variables can be cause and effect. Positivists look for the existence of a constant relationship between any two variables, and thus variables are empirical and verifiable. The findings are generalisable to other contexts, and knowledge is arrived at through what is firmly established on what is posited. The term 'posited' is translated from the word 'given', Latin for datum, singular or data, plural. Scientific data is presented as numerically measurable and is value-free from any human mental constructs and is non-speculative. It is therefore, assumed to be clear accurate knowledge of the world (Craig, 2000).

Counter to positivists' belief that the reality is identifiable can be captured and is measurable, a position known as naïve realism (Ponterrotto, 2005). The positivists'

objective world view of certain knowledge which is derived from facts based on empirical evidence would not fit my research into men's perspective of their experience of being counselled in prison. This is due to a positivism view concerning control variables, empirical, rational and objective science, which conflicts with individual perceptive and subjective experiencing. The above reason is one argument for not selecting positivism for my research. Basically, human subjective senses: taste, smell, hearing, touch, sight, and feeling cannot be ideally measured and therefore a quantitative empirical method is not suitable for the research into the exploration of men who have been counselled in prison.

Further, universal laws and generalisability which are part of the inherent structure of quantitative inquiry, do not connect easily with the human formation and construction of the insider's view, which is based on memories and perceptions organised from mental recall into testimony (Ponterrotto, 2005). He observed that empirical verification has been surpassed by post-positivism, where the emphasis is not on verification but on the theory of falsification. He explains that falsification and verification frameworks support quantitative research and have the same methodological approach. The positivistic view is shared by both positivist and post-positivists, in that the researchers will be a progressive empirical framework that is objective and detached from the material being studied.

Postmodernism is a broad term that testifies to the scope of cultural changes it attempts to encompass (Routledge, 2000). Postmodernism purports the need to capture important aspects of existence, for example; individual beliefs systems, diversity of culture, issues of power differentials, social class structures, economic influences and gender differentials. Postmodernism is grounded in constructive interpretivism. The relativist position is that all multiple realities are valid (Ponterrotto, 2005). Post-modernism is an anti-definition within itself challenging the linear and progressive model of the world. This research acknowledges the existence of multiple truths rather than a coherent linear world view. I am not arguing a post-modernist view as I am interested in understanding people's subjective experiences (Braun & Clarke, 2013).

Interpretivism unlike positivism accepts that the world is constantly changing and that meanings are shifting and contested and is mostly associated with qualitative research. There has to be an acceptance that there is no objective, pre-existing truth waiting to be discovered; meanings are constructed, not objective (Bryman, 2008).

It is noted that external realities are one of many versions of reality; also, they are a formed construction (Bryman, 2008). Although the construction is formed by the participant of the research and the researcher, it becomes no less valid, because all knowledge has value. However, the construction from both has an impact on the research (Ponterrotto, 2005). Ross (2004, cited in Bryman, 2008) offers one explanation of a construction: that change is inevitable and that what we know has meaning only in specific contexts.

Post-modernism acknowledges that the researcher and the respondents are the co-constructors of a reality, whose origin arises from manifestations formed from thoughts, feeling and experiences, primarily from memories, and is crucial to meaning making (Ponterrotto, 2005). However, memories and perceptions may be distorted over time, as Heidegger (2000) observes, to “capture the thing itself” (Heidegger, 2000, p. 312). Therefore, the respondent’s recall of particular experiences and the meaning of past events can be remembered only in certain situations and context (Ross, 2004). Positivists and post-positivists consider that there is one true reality. However, post-positivists consider that reality is impossible to capture. The term used is known as critical realism.

In the 1970s Roy Bhaskar, Margaret Archer, Andrew Sayer and others, were aware of positivist insight and connectivity to language and the cultural aspects of social constructivism. They ensured debate to preserve the insight of the issues arising from both and to avoid pitfalls from either. In order to address the need to view social science as more than an empirical discipline, theorist Roy Bhaskar (1944 – 2014), questioned what role philosophy plays in social science. Bhaskar understood that deep occurring social conditions had explanations of unique occurring events that were randomly different and out of faith from real and empirical events. Bhaskar reduced statements of the world ontology, and our knowledge of the world epistemology within his philosophical study of being. Thereby, separating out the

empirical as the actual real world and shifting between the mechanisms, this can only be known through their effects and cannot be experienced (Bhaskar, 2009).

Critical realism uses the attitudes in philosophy in order to develop a richer and more complex ontological informed theory by attending to philosophy and by asking for explanation of what works for who and why? The view resonates with Bhaskar's ideas of developing the tools and the criteria in order to arrive at plausible and accurate accounts of phenomena, (Bhaskar 2009; Wilkinson 2015). The holy trinity of critical realism consists of the relationship and understanding of the reality of three interrelated concepts: ontological realism, epistemic relativism, and judgemental rationality (Bhaskar, 2009). Ontological realism refers to what exists in the natural and social world, of what we know or think we know concerning them. Epistemological relativism asserts that the ways we come to know existent phenomena are context-dependent, fallible and are prone to individual bias, and accidental properties of laminated dimensions. Judgment rationality is the necessity of making judgments and decisions about contesting epistemological accounts of reality by awareness of each part of the holy trinity of critical realism (Quraishi et al., 2022).

In order to adhere towards components of research within the critical realist tradition that are grounded in methodology, it is necessary to acknowledge the differences between the participants' experience and that of the researcher. The contextualised judgements of dimensions of faith, ethnicity, gender, class education, and professionalism are to be brought into the light in order to interpret existing knowledge more effectively for social science practice within the theoretical embrace of critical realism (Quraishi, et al., 2022).

One assumption that identifies post-modernism is the self-reflexive system rather than the referential system (Craig, 2000). This assumption is useful in defending qualitative methodology because the emphasis is on a reflexive use of **hermeneutics** and provides a sound basis for its' use in this research (Husserl, 1859-1938). Historically employed to interpret Biblical text, hermeneutics is now widely used for interpreting all aspects of human behaviour in particular contexts (Smith, 2007).

Heidegger is concerned with hermeneutics has a dynamic relationship between the part and the whole (Heidegger, 2000). Completing the hermeneutics cycle is a process of analysis by using different ways of thinking about the data rather than completing each step one after the other (Smith, 2009). Heidegger is also concerned with the idea of existence itself. This includes self-reflection and sociality, effective concern and temporal existential location. Hermeneutics is used in the interpretation of phenomenological experiences and can therefore be a study of that which stands out. This phenomenon can be described as an experience in relief, or “ekstasis” (Sartre, 2008, p.195). Hermeneutics and phenomenology have an underlying affinity and are accepted components in the interpretation of phenomenology (McLeod, 2001). Further, phenomenology and hermeneutics contribute to an active, intentional construction of a social world meaning which could represent a different way of knowing, and this fact bolsters the argument for new qualitative research in counselling and psychotherapy.

Phenomenology and hermeneutics use alternative ways of doing their research. They are different from each other, for example, qualitative phenomenology does not contextualise its knowledge in a historical or social moment but pushes the edge of language and as McLeod notes, “hermeneutics is concerned with placing the topic of inquiry into historical and cultural perspectives” (McLeod, 2001, p. 56).

The post-positivism position is that the respondent and the researcher are also separate, independent of each other and objective. However, it is generally acknowledged that influences from both respondent and participant are influential to the research process Gergen (2001) outlines a subjective position, which is termed constructivism/interpretivism “There is no means of declaring that the world is either out there or reflected objectively by an ‘in there’” (Gergen 2001, p. 805). Social reality therefore equates to constructed reality. Respondent and researcher equate to a social interchange influencing the research (Fosnot, 2005). My research is concerned with the experiences and views of the male prisoners in regards to counselling, with the aim of gaining an in-depth view, as opposed to statistical data, and correlations. I have selected qualitative research within epistemology, and ontology, as my chosen methodology. I will now go further in-depth about

approaches used in qualitative research, advantages, and disadvantages of these, and my rationale in detail behind my methods.

4.4.2 Epistemology for the Research

Klein states that epistemology “is concerned with the nature, source and limitations of knowledge” (Routledge, 2000, p. 246). Knowledge can be achieved through interpretation in order to gain knowledge concerning the knowledge. Knowledge can be uncovered by exploring males’ perceptions of their experience of being counselled in prison because the focus of the research is a view taken from the participants and co-constructed by the respondent and the researcher. This type of reconstruction is the study of phenomenology, which is a perception of the “essence of their experiencing of a given phenomenon,” (Smith et al., 2009, p. 14).

4.5 Quantitative and Qualitative Research

As described above, ontology and epistemology can be split into quantitative and qualitative aspects. I will now discuss further regarding quantitative and qualitative research in general, which is most suitable for my research.

4.5.1 Quantitative Research

Quantitative research is often based on a chosen set of variables and may employ random selection and experimental controls excluding all other variables which may have an effect on the outcome. Simultaneously, the research excludes all meaning from human mental constructs (Bryman, 2008). Quantitative data is often calculated and presented numerically. Findings within a quantitative research study with the emphasis on generalisable data with statistics numbers are not suitable for in-depth and meaningful human responses.

4.6 Qualitative Research

Qualitative research allows for human behavioural effect and agrees that ontology is necessary for understanding and valuing individual human experience (Crotty, 1998). The experience which comes from the person is taken into account. Data is collected by way of a personal account directly from those who have been the topic of the research (Taylor et al., 1995). Qualitative data is presented through language or narrative.

4.6.1 Rationale for Qualitative Research

As a counsellor working with male prisoners, I work with a client's subjective reality. Further, I do not believe that my clients' experience of counselling can be measured and then generalised to give an objective truth. I felt that a quantitative approach to this study would not be suitable, as the aim of my study is to elicit subjective and meaningful experiences of the participants (male prisoners who have received counselling in prison). Therefore, I conducted a qualitative study and adopted a relativist ontological position as I support the view that there are no absolute truths and accept that there are multiple realities (Creswell, 2003). I will cover in some detail quantitative and qualitative approaches in the following sections.

The case for qualitative research does not include the need for variables as they are described in quantitative research. Quantitative variables relate to one subject and one object operating in conjunction, as Yin observes, "defined prior to data collection" (Yin, 2009, p. 137). However, in positivism, objects identifiable as scientific research are anathema to qualitative research. For example, people cannot be reduced to an object and cannot be measured and analysed in the same way as objects because no two people are identical- it is not possible to treat people identically (Stiles, 2007).

Prisoners experience counselling in prison and reflect on their experience in prison, and on the suitability and appropriateness of their particular requirements for further counselling, in relation to the counselling they have received. The constructive view accepts more than one single reality can exist as 'mental constructs' (Brentano, 1838-1917). This supports a qualitative methodology, in that the humanistic nature of the previous counselling relationship mirrors the research methodology inquiry and may be a better fit because of the fundamental nature of the past personal interchange between counsellor/client. Finally, a qualitative human worldview belongs to a lived experience and includes passion, subjectivity and complexity offered through a narrative when an experience requires understanding in order to make sense of a given situations at a given time (Denzin & Lincoln, 2000).

Qualitative methodology has a speculative insider's view because it is a construction between respondent and researcher in a particular context. The term used is

'constructive subjectivism', which accepts more than one reality. The ontological holistic construct also includes diversity and difference concerning politics, religion, gender, social class, race, power and culture. It is therefore known as 'interpretive postmodernism.' Qualitative data is offered through language or narrative. The nature of analysis is interpretive through intuition rather than certain accurate knowledge. A qualitative methodology for counselling male clients who have had counselling in prison allows a subjective recall of the experience of a counselling session or sessions within the context of a prison environment, along with all that type of intense experience can convey, with the freedom of expression in tandem with a human response of passion, sadness, pity, compassion, empathy and anger. All the aforementioned are qualities and have no need for a statistical debate or inclusion into synthetic responses inherent within the quantitative methodological paradigm.

4.6.2 Different approaches to qualitative research

There is no one approach to qualitative research, but many different strategies with different data sources and different methods for exploring life, generating theory or describing the behaviour of a cultural group (Creswell, 1998). These include:

Ethnographic approaches focus on the patterns of behaviour, customs and ways of life conducted through firsthand experience/observation/immersion in a setting. Employing this approach was not considered for the research because I was not looking to describe a culture and I would have had ethical concerns regarding affecting the therapeutic alliance because any observational immersion is concerned with groups of people and not individual exploration.

By examining how people react to a phenomenon and developing a theoretical position, grounded theory focuses on generating theory. I did not consider employing this approach because I was not looking to generate a theory, and the focus of this study is on individual participant experience and is not pertinent to developing a theoretical proposition (Corbin and Strauss, 1990).

Feminist approaches focus on gender as a basic organising principle shaping the condition of people's lives and "commits itself to correcting biases leading to the subordination of women or the disparagement of women's particular experience and the voices women bring to discussion, (Blackburn, 2008, p. 132). I did not consider using this approach because the key to this study is the male client perspective of counselling. It is acknowledged that there may be an effect on the feminist approach perspective from gender-based experiences; however, that effect is not the focus of this study. Neither is the deliberate promotion of empowerment a key issue in this study, although the egalitarian prizing of the client is held as sacrosanct.

Conversation analysis/discourse analysis focuses on the analysis of social interaction through the activity of talk. I did not consider employing this method because this study was not looking to gain systematic insight into the ways in which people interact or to represent the sequential organisation of talk.

Case study focuses on the in-depth exploration of a 'case,' which may be of one individual/or many but rich in context and with multiple sources of information. Although this study could have been a case study, and this was considered initially, the method was rejected because there was no need to obtain wider sources of information from the counsellor's case-notes. Also, GPs and other contributors would have weakened the voice of the client. I felt the client's voice needs to be heard unfettered by external opinion.

4.6.3 Summary of the rationale of the chosen methodology for this research

Rogers (1951) noted modern-day thinking concerning philosophy, phenomenology and theory could be proved useful if pulled together into a summarisation of all the elements. He noted, "The focus being on the process of theory building these were separated into separate areas of thought" (Rogers, 1951, p. 481).

Quantitative methodology employs empirical observation. It is quantifiable and analytical and certain that it can produce accurate knowledge based on independent measurements. The use of variable random selection means that the data is free

from human conscience interference. The findings are numerical and generalisable to different contexts. The research can be repeated. Quantitative methodology when used for verification is termed objective positivism and when used to find falsification it is termed critical realism.

Qualitative methodology was my choice of approach for conducting my research because it allows for more than one reality and can depend on the subjective retelling of a narrative from the respondent and intuitive construction from the respondent and the researcher. Therefore, it is a collaboration of the memories from the insider's view of past mental events and will have a unique impact on the research. This impact is termed subjective constructivism. The use of phenomenology and diversity offers a holistic view of interpretive postmodernism. Data is collected through language and narrative. Analysis is an interpretation of aspects of human existence in the world.

The findings from the qualitative methodology can be taken as people's views and their perspective via the advantage of the experience are offered. An accurate subjective experience of the participants in detail will not be picked up in quantitative measures. However, a drawback of qualitative data is that when it comes to people's experience, it is subjective and contains biases such as recall distortion. When asking about past experiences retrospectively and how experiences are interpreted, how much information is given depends on the personality traits, honesty and openness of the participants. However despite being potential drawbacks, some of the biases may appear in quantitative data depending on methods used, and I argue that the benefit of in-depth participants views outweighs these drawbacks and best fits the aim of my study, which is to explore subjective opinions of counselling males in prison.

I have rejected all of the above approaches for the reasons outlined. I will now discuss phenomenology in detail as the methodological approach suitable for the research.

4.7 The History of Phenomenology in Qualitative Research

The realistic aspects of phenomenology, which are concerned with seeing, observing, and describing human essences, can be duplicated from the counselling process using personal narrative. The analysis of the reflections in terms of mental constructs makes it possible to interpret all aspects of life through hermeneutic interpretation. Therefore IPA (a type of phenomenology described in 4.8 below) would be suitable to the qualitative methodology because of the characteristics it shares with counselling.

Phenomenology is underpinned by the early work of Edmund Husserl and Martin Heidegger. Phenomenology is described by Heidegger as an exploration, more deeply concerning “the thing itself, from Greek, goes back to show itself.” (Heidegger, 2000, p. 51). Husserl elaborates with, “enlightenment to rationale ultimate truth into myself overall and rebuild self-acquired knowledge” (Husserl 1960, p.2). Husserl is concerned with bracketing off an aspect of experience which is part of the enquiry or observation being undertaken. Husserl defined this as excluding, but not eliminating, each experience. Each experience is seen through a pre-social prism, therefore experienced separately, this process is termed as reductionism by Husserl (1927).

Phenomenology is the meaning of what they create and what is happening to them; to see them from the point of their experiencing in order to sense what it is like for them to feel the unfolding of their lived experience. Merleau-Ponty (1945) calls it, ‘About-ness for them.’ Sartre argues:

The experience of the present is the experience of a being now established once and for all which nothing could have prevented from having existed. Existence is therefore a phenomenon: an organised totality of qualities. Together with our embodiment in the world, we are a relationship of wholeness, we become holistic, (Sartre, 2008, p.46).

Heidegger makes a similar statement: “to become a bit of the world and to become grounded in the world” (Heidegger, 2000, p.34). Heidegger uses the phrase *Dasein*, a term which means proximity and suggests “Dasein is an entity whose being has the determinate character of essence” (Heidegger, 2000, p.34). He connects *Dasein* to hermeneutics, which is interpreting or uncovering. Therefore, being *Dasein* is the

transition of authenticity through the client's narrative or their interpretation of the client's relationships. The objective of the research includes their *Dasein* which is characterized by "mind-ness" (Heidegger, 2000, p.68), he suggests further that "a unitary reality which is fixed within the world" (Heidegger, 2000, p.78). The interpretation is to be the fixed period of reality contained in a story of a client, being real while experiencing, interpreting in the world, and at the same time interacting within the therapeutic relationship.

Phenomenology in relation to psychotherapy within the reading of literature can be understood as manifest feelings associated with the relationship between the client and therapist. However, reflection is a good indicator of how the therapy is progressing. Therefore, reflexivity of attitude is required in order to be changed by them and to imagine personal experiences of the underlying reality: that which is taking place between client and therapist. Etherington states, "I am changed by them" (Etherington, 2004, p. 25).

Phenomenology is the appropriate theoretical framework for the investigation of males' perception of their experience of counselling in prison, because of the subjective nature and unique experiences of males in prison concerning time and being.

The phenomenology of existence which emphasises the role of interpretation is useful for males who have had counselling in prison because the act of counselling is itself a project that people engage in (Sartre, 2008). However, Heidegger's monumental work on being and time is an alternative philosophical investigation of existentialism and is more relevant to the prisoner's experiences of being counselled. During their sentence, prisoners potentially experience their time and being as a phenomenon of existential anxiety. Existentialism is expressed by the early work of Heidegger's text *Being and Time*, and the works of Jean Paul Sartre (1905-1980), especially *Being and Nothingness* (1943).

4.7.1 Critique of Phenomenology in Relation to Psychotherapy

Phenomenology and psychotherapy have numerous philosophical links, as described in Chapter Two. For example, Rogers noted other aspects of philosophy

would be required for growth, other “streams of scientific and philosophical thought which are present in our culture” (Rogers, 1951, p.5). The growth of psychology and links with phenomenology are, as Rogers observes “changing the manner of perception” (Rogers, 1951, p.142).

Rogers’ statements require consideration because if, knowledge comes from the philosopher’s view and the phenomenologist engages with a significant transition in a person’s life, then, the translation into a psychology of meaning must refer to experiencing, a new form of meaning. Therefore, as Mead (1863 – 1931) suggested, this would constitute a ‘symbolic interaction’ from a philosophy of the present. The psychology of the mind in the context in which the subject has had experiences is a behavioural response to sociology.

The operational philosophy of the counsellor is to treat the individual’s right to self-capacity concerning self-direction and choice of own values. These are the basic attitudes for the therapist, who promotes a change in direction: a pathway away from and for the release of anxiety and perhaps despair. The emerging improvement in health through effective therapy frees the client from despair though not necessarily anxiety (Rogers, 1951). Rogers’ highlights in his client work the following responses: “I am not acting like myself” and “I never acted like that before.” (Rogers, 1951, pp. 38-39). Listening to process and the many details of a person’s life while avoiding becoming stuck in historical processes, can be achieved by taking personal responsibility of attitude and behaviour. This is important because storytelling concerns past orientation. This concerns defectiveness of the ‘me’ and the ‘I’. The above narrative style forms a temporal construct. It is created to construct a reality that breaks the old habits – because old habits hold a fixation, or as Sartre states, “temporality in an organised structure time, past, present and future” (Sartre, 2000, p. 130). Rogers (1957) offers his view that only the present is defined as a phenomenon.

Within counselling, new construction is necessary in order to free up the individual, who is then able to grow and expand. This changes me, them, or it. However, it remains focused on me without resistance. This allows the possibility of living in the moment. This is not referring to casting off anxiety but to living with the anxiety

through future adjustments and modifications of the structure. Perhaps this also applies to other things, such as objects, experience, knowledge, language, and time, otherwise called "the phenomena of being" (Sartre, 2008, p. 4). This is a statement of *human reality*; it is ontological; it can pass beyond the phenomena towards its being; and it is meant to convey surrender to anxiety through the use of imagination in order to be free from fixations and to focus on the process of individual existentiality. Therefore, a person can move forward and live more fully.

Qualitative methodology is a good fit for the relationship considering the participants' subjective worldview. However, a specific problem of the mirroring of research methodology while reaffirming the relationship between researcher and respondent exists. Therefore, by considering a qualitative approach; Rogers' (1957) core conditions towards counselling as the method previously used, the respondent and researcher may reproduce a similar therapeutic relationship, although it is not a preconceived decision or wish.

4.8 Interpretive Phenomenological Analysis (IPA)

Interpretive phenomenological analysis (IPA) is a qualitative research approach involving empirical observation and a commitment to examining how people make sense of their life experiences. IPA has its foundation in Brentano's (1838 -1917) description of intentionality. Intentionality is the perception which arrives from the awareness of an individual upon an object. The individual has been stimulated by the real object in the world. A branch of phenomenology, Brentano's descriptive psychology influenced the phenomenology movement in the twentieth century. (Routledge, 2000, p. 101) Husserl uses the term 'intentionality' to describe the relationship between the process of occurring in consciousness and the object of attention for that process. IPA also includes hermeneutics, a cyclical method of interpreting that which has hidden itself in an appearance and is buried or disguised, covertly.

A researcher will be interested in the specific meaning of a person's everyday life events. For example, the researcher is interested in what happens because of a major change within an experience and the emersion of the experience rather than

the actual awareness of the experiencing. I have used the IPA approach for my research because IPA is an approach to psychological qualitative research, which aims to offer insights into how a given person in each context, makes sense of a given phenomenon. The client owns the experience, which can be explored through the concept of IPA. The commitment to understanding life's experiences and exploration of how people live their lives is necessary in order to make sense of new complex experiences (Smith et al., 2009). A system of IPA opens a gateway to a philosophical model of research. Experiencing should be examined in the way it occurs on its own terms rather than according to predefined theoretical categories (Ashworth, 2015).

One theoretical underpinning of IPA is experiential used to explore human experience from the point of view the person, who is having the experience. The participants are the experts of the topic that is under investigation, (Nizza et al., 2021).

Hermeneutics which is the theory of interpretations is applied to IPA because Heidegger (1927/1962) "considered that the meaning of experience is not always self-evidently visible," (Smith and Nizza, 2022, p. 383). Therefore, the meaning of a person's experience requires investigation for the search of clues towards the persons meaning of what is stated. I have conducted a double hermeneutic cycle within the IPA in my research. What I am trying to make sense of is the participant's sense making, while the participant is trying to make sense of what has happened to them, (Smith & Osborne, 2003).

Key quality indicators for the use of IPA are to construct and develop a vigorous experiential and/or existential account, close analytical reading of participants' words, and attending to the convergence and divergence of the particular (idiosyncratic) and the whole cluster/themes.

Therefore, the focus of my research was on the experiencing of that which is experienced in the consciousness of the individual. Husserl stated, "Seeing, remembering and judging is an experience of seeing, remembering and judging, "perception perspective," (Sartre, 2008, p.6). The phenomenologist could bracket off the taken-for-granted world and concentrate on our perception of the world.

In order to provide an in-depth exploration of an individual's perspective on a certain experience, it is also necessary to allow the researcher a great degree of reflexivity (Etherington, 2004). Therefore, I used reflexivity through this research. A reflective attitude enables the examination of the researcher's presumptions, which are potential barriers for the recall, and imagining, and recounting of the respondent's experience. This is "the dual role of the researcher" (Smith et al., 2009, p. 16). Because interrelatedness to the world (Larkin, et al., 2006), is part of the human condition, the researcher also has to understand their own and the respondents intersubjectivity.

The meaning offered from IPA is that experiencing, and time are both linked to the meaning of the event of what is happening to the person in that moment of experience. This explanation is not arrived at with the initial examination of IPA. However, understanding the above explanation can only be fully realised in some ways beyond IPA to assist potential insight and is the starting point.

Assumptions concerning selfhood and observing personal reality are suspended during IPA. Seeing through the misconceptions and self-delusions, Husserl (1927) noted the misdirection of one's own assumptions and pre-conceptions. Understanding the principles of phenomenology and its essential structure offers an interpretation and gives therefore no knowable fixed reality without owning one's perspective (Elliot Fisher Rennie, 1999). Heidegger's (1927) interpretation of phenomenology and hermeneutics through people's relationships and language talks about the temporal existential location (Heidegger, 2000). Merleau-Ponty (1945) refers to this as the embodied nature of the relationship to the context of those incarcerated as wholeness in prison.

Part of the interpretive process requires an attempt to see myself through analysis and experience, to compensate for misinterpretation and separate this out from the phenomena. I chose a system of recording thoughts, feelings and empirical senses. This example is a lived experience which requires careful examination outside of a person's experience, as Husserl highlights: the Noema "I may perceive a man but later come to see a mannequin." (Routledge, 2000, p.369).

Analysing my own presumptions, as a researcher, would enable more self-awareness, in order to offer the experience to others, instead of adopting one phenomenological attitude, which would transcend the particular circumstance of the experience. Thereby, it enables me to focus on the very particular thing in its own right instead of utilising a system of categorisation or one phenomenological perspective. Husserl (1927) implies that a reflective attitude to the experiential content of consciousness itself is required.

4.8.1 Advantages and disadvantages of IPA

IPA is characterised by a set of common processes, that move from the particular to the shared and from the descriptive to the interpretive which are characteristics that are ideal for meaning making within a particular context and is applied flexibly (Reid et al., 2005). The flexible approach is part of the IPA analytical approach, with the focus on the participants' attempt to make sense of their point of view and psychological focus of meaning-making in the particular context. The process may be used in the prison context. Therefore, flexibility fulfils the researcher's commitment to the respondent's experiencing, which is applied with the use of iterative and inductive cycles (Nizza et al., 2021). IPA is also an idiographic approach. This is used for singular case by case individual context; ideal for my study as the prison clients share some homogeneous characteristics. Ideography completes the IPA as the three components are phenomenology, hermeneutic cycle and idiography. Ideography is defined as the focus of the particular, "in contrast to a nomothetic approach, which is concerned the establishing laws of generalisation" (Smith and Nizza, 2022, p. 8).

The organisational constraint within the prison estate was a consideration when choosing the sample size of participants from the prison population because of the importance of prison security and the transient nature of the prisoners. A large sample would have been challenging because to obtain a large sample of participants from a small pool of prisoners, would have proved impractical. A small sample would offer a more practical approach if the participants were suitable and available. Consideration would be made regarding the ethical constraints and the

chosen profile of the participant's homogeneous characteristics, for example, a male adult, with previous experience of being counselled in prison and willingness to volunteer for research.

IPA is characterised by a small sample size. Therefore, I made the choice to have a small sample of participants. The advantages of a small size sample with the complexity and detailed account of the human experience did in fact, yield the development of meaningful points that revealed enough convergence and divergence, (i.e., similarities and differences that did not take away the uniqueness of the idiosyncratic traits), without being overwhelmed by the richness and quality of the data.

The purpose of study was to explore experience and perspective of a retrospective natural experience and build a picture of a participant's view and find underlying themes. IPA is the ideal way to investigate further details, that if not brought up by the participants, then may not be considered. This investigation, through IPA gives each participant undivided attention, coupled with a semi-structured interview with probing and sensitive questions which did allow a holistic approach when exploring the data (Smith et al., 2007). The design enabled a platform to gain qualitative data on retrospective views, without manipulation of experiences, which is fitting for the aims of the study (Braun and Clark, 2013). Further, the process includes a thematic hermeneutic circle from the whole group which captured convergence and divergence. Also a thorough ideographic system of analysis from qualitative data was saved in order that the unique quotes from the participants were not lost and was demonstrated within the findings (Larkin et al., 2006). Divergence and convergence are attended to and used to illustrate similarities and differences between participants in order to show a "patterning which connects as well as highlight what makes a particular participant's experience unique" (Nizza et al., 2021, p. 376).

4.8.2 Rationale for Interpretive Phenomenology Analysis (IPA)

Interpretative phenomenological analysis (IPA) was my choice for the research, in order to help my understanding of the research participant sense making of what happened during therapy.

Rogers (1951) referred to the client-centred concept of the therapeutic alliance. He asserts that the therapist's ability to be empathic, congruent and offer unconditional positive regard, are not only essential but also sufficient (Rogers, 1957). Rogers referred to six conditions in total included for the client-centred concept of the therapeutic alliance. The six conditions are outlined above on pp. 45-46.

Rogers asserts the propositions and assumes that there is a fated (pre-determined outcome) response to the correct attitude of the therapist. Questions answered by all the participants are placed in order. For example, Superordinate themes of each individual respondent, is examined for repetition in order to form themes within the clients experience. This is followed by a process of analysis and exploration of the seven participants' cross themes. Examining the recurrence of themes with diligence is important as relationships are linked within and across each interview and the individuality of each case must be preserved "It is also important to remember that indicating prevalence for a super-ordinate theme in the group still allows for considerable variation. Different participants may manifest the same super-ordinate theme in different themes" (Smith et al., 2009, p. 107).

4.9 Reflexivity

The outline of ethical practice taken from the training in therapy, knowledge, and experience raise many important issues. The element of self awareness; making a plan, concerning what questions to ask and how appropriate the questions are formed, and how they impact on the participants. Also the knowledge of what role is expected from each party and where each role is appropriate in relation to knowledge, skills and, attitude. Being aware of transmitting transparency is necessary when negotiating for informed consent (Etherington, 2000). Also, the important issue of power structures and perceptions have to be constantly scrutinised in the awareness of the researcher. This occurs before the interview, during the interview and during the writing of the research, in particular when considering the context of counselling within this new research in prison. The view from the researcher, is an opportunity to acknowledge the perception of the participant as someone who is about to express ideas and views thereby, alleviating their frustrations or celebrating aspects of their lives.

Olsen (2000, cited in Etherington, 2004) suggested that the ownership of positions, perceptions, attitudes and behaviours while seeking could create “tensions, contradictions, and complicities” (Etherington, 2004, p. 226). Previous counselling has the possibility to reaffirm the relationship between respondent and researcher as part of a continuum of the previous therapeutic (counselling) cycle. It is noted by Mason (2002) that the way we look at the social world in terms of research can shape what we see. However, boundaries are placed within the researcher in order to prevent the researcher-respondent relationships from falling into the counselling process. Self-reflection through supervision is adopted because it is an essential element in qualitative research in order to prevent the issue of a dual relationship arising during the research interview (Etherington, 2004). A reflexive approach is maintained in order to ensure that the boundaries between therapy and research remain firm and therefore accurate and free from bias. The reflexive position is extended to transparency concerning the impact of the researcher and the researched and “transparency about the process of data collection” (Etherington, 2004, p. 83).

Reflexivity is an adjustment and boundary set to prevent contamination between the roles of client-counsellor and researcher-respondent. The data from qualitative research may have a better opportunity to offer a rich yield relevant to the research question, thereby advancing epistemological knowledge with that particular field.

Research includes subjective responses from people engaged in the research, therefore, any research concerning human activity requires sensitivity to the attitudes and facilities of individuals (Craig, 2000). The experience of counselling males in prison over a number of years would be an advantage for the researcher because of the practice of being sensitive toward the prisoner and the prison regime. Organisational and security issues within the prison have occasionally interrupted counselling sessions, for example unexpected lockdowns and prisoner disruption. A diplomatic approach to these issues by the counsellor is necessary to maintain the contractual agreement between the client and the counsellor and avoid further conflict.

4.10 Contextual Setting for the Research

The setting for my research is a male prison located in England (HMP Prison), where the first counselling service was established approximately 1994 (UK Government, 2019). Strict procedures are in force when visiting HMP Prison, visitors are searched by staff and their property checked. For the volunteer who has undergone security vetting and received clearance, a personal body search may not be necessary, and their visit is normally through the main gatehouse. However, like most prisons there is an impression that during the visit the staff, are kindly and answer many questions openly (Pagano, 2017). Several gates must be navigated from the prison gatehouse to the prison wings, for each door to open, another door must be closed. The wire fences that separate each compound are over eighteen metres tall and are hardly noticeable after several visits.

Accommodation is split into four cellular units, and there is an additional Care and Separation Unit for vulnerable prisoners which will hold ten prisoners. Many single cells are now double due to the growing population, although overcrowding is not an immediate problem that a visitor to prison would notice. The capacity has increased and would impact on the prisoner. For example, poor conditions are exacerbated by overcrowding (HM Inspector of Prisons, 2008). The Victorian type cell is illustrated as being 1800 mm by 3500mm. The approximate floor area is 6.5sq.m. The cell includes one or two tier beds, two chairs, two wardrobes, a wash hand basin, a flush toilet, and a bucket. Running through the cell is a single metal heating pipe. Overcrowding often occurs when two or more prisoners are held in a cell designed to hold one prisoner. A prisoner will often have to eat their meals in their cell (HMIP, 2018). In terms of personal hygiene, most prisoners say that they are able to shower every day (HMIP, 2018). All the cells in the prison have full integral sanitation and there are TV facilities in the cells (prisoners are charged a nominal amount per week for this facility). Communal dining is encouraged on the wings, when able. Other facilities at the HMP Prison include leisure activities such as table football, pool and table tennis, video library, gym and sports pitch. The Prison college offers a selection of course work including art classes, IT and skills for life. HMP Prison is a working prison and offers variety of paid employment and skills which include gardening, kitchen work and cleaning. Money is usually spent on phone calls, in the

canteen or in the prisoner dispensary store, or orders placed through a catalogue. All prisoners have access to canteens once a week. There is also a variety of opportunities for rehabilitation through activities and programmes of rehabilitation, (The Rehabilitation of Offenders Act, 1994).

There is a Healthcare building, which is a well sought-after location for the prisoners. The large single ground floor building offers a variety of care including counselling and prescribed medication. The multi faith chapel is a large modern building, tranquil in setting, it compares in length to one of the four wings, although it has only a single ground floor. Office rooms and the chapel take up most of the floor space with a kitchen, toilets, and two small rooms for interviews, personal meditation and prayer. At the outset of the thesis, a volunteer counsellor offered counselling through the chapel, however, this ended in 2019 all counselling is currently administered and delivered through healthcare.

4.10.1 Prison regime

Life in a Cat C or Cat B prison resembles 'dull compulsion of prison rituals.' (Giulio, 2007), for example, the prisoners wake up at 7.00am, by 7.00pm all prisoners are in their cells (Carrabine, 2007). HMP Prison is a working prison, therefore, the reality of the prison system for the prisoner is one of routine. Time is divided up into work, education, religious worship, health care, association and visits from the families. Work is generally in the mornings, Monday to Friday. Exemption from work would require a medical reason. Afternoons, evenings and weekends are for association. Saturday is also for association with the additional right to see visitors. All exemptions from work, visits to the visitors centre, to health care and the chapel, and leave to pick up goods sent from families require an application from the prisoner (Roberts and Sullivan, 2009). Family ties are essential and administration place high priorities on prisoners spending time with their families therefore, regular visits are encouraged and phone calls are unrestricted.

4.10.2 HMP Prison Demographics

There are approximately 453 male prisoners, with ages ranging from 21 years to 70+ years. The population of HMP Prison is wide in diversity and nationalities have

included Albanian, Irish, Italian, Zimbabwean, Pakistani, Nigerian and British. Religions are widespread, and the list can include Atheist, Buddhist, Christian, Jewish, Mormon, Muslim, Pagan, and Sikh (HMP Prison Equalities Monitoring December 2018).

4.11 Method

4.11.1 Data Collection

The method employed for the research is audio recorded semi-structured questions and note-taking from a list of pre-prompts and opportunistic, instinctual questions. This method is the most appropriate because I have to obtain as much information as possible in a short period of time in a noisy environment and I am catching the participants' words verbatim. Other modes of recording such as pen and paper could lose a lot of the accuracy (Patel, 2003).

Electronic transcripts from the interview from the research can be analysed and the findings can be placed in a thematic framework to be interpreted through interpretive phenomenological analyses. Hermeneutics, defined as the interpretation of text by Dilthey, and Heidegger's (1927) hermeneutic cycle can be applied as tools in order to interpret the findings from the research and place them into a second set of thematic categories for further analysis and discussion. The approach outlined above encapsulates interpretive phenomenological analysis (IPA) (Smith & Flowers et al., 2019).

A proposed method of capturing the phenomena would include recorded interviews - preferably by verbatim. Rogers (1951) notes several detailed case studies are a vehicle for the counsellor's response within this human phenomenon. Rogers continues, whether we name this a relationship or counselling, it is the richness of the interchange which creates the best possible potentiality for the reality of feelings. However, considering the difference between counselling (a therapy with many definitions) and counselling research (investigation of a variety of phenomena) becomes a matter for distinction. It is essential that the difference is maintained. The boundaries between the two fields have also to be maintained and ethical consideration allowed to both phenomena. This could minimise any potential safety issues that may arise.

Data collection was through one-to-one semi-structured interviews, each of a one-hour period. HMP Prison is Cat C prison; an unstructured interview would not have been suitable because each prisoner can only offer one hour from their work and there would have been the possibility that an unstructured interview could have run over the one-hour deadline. A semi-structured interview allows for some deviation from the set questions, which enables detail that may not have been considered in structured interviews or questionnaires. Although this has the potential to gather additional essential detail, a disadvantage is that it may detract from the limited time available to explore more valuable views. However, if the participant begins to deviate too much from the topic, they would be brought back to the next question on the script through interviewer expertise.

A further disadvantage with a face-to-face interview is the potential risk of interviewer bias. For example, participants may be more likely to give answers which they think the interviewer would like to hear. This would lead to inaccurate answers or lack of details. Alternatively, in a face-to-face interview, a participant may be less willing to go into detail than they might be with an anonymous questionnaire. Recall biases may also be present with participants, as the study will ask opinions on retrospective events. The counselling event explored may have happened many years in the past. The views which the participants hold at the time of interview may be less detailed or different from the view held closer to the event. Subjective outcome measures may contain self-report biases in the form of memory distortion.

The interviewer (I) was the research conductor; therefore, the study aims were not double-blinded. I ensured the interview questions were not biased towards a skewed answer which fitted in with any views or idea about the study.

Recording the interview also required further ethical considerations to ensure data governance was adhered to and confidentiality maintained. The interviewer (I) was separate from the individual who provided the counselling to minimise interviewer biases. A tape-transcribed method enables all details to be accounted for and would minimise interview recall biases and missing data bias. This approach fitted the study aims and design well, because of the flexible application.

The semi-structured interview schedule included questions concerning what works and what is helpful together with prompts in relation to engaging with counselling in prison. A copy of the interview questions guide can be located in the Appendices section of this report, (Appendix 9). The advantages of data collection can be seen in subjective measures which are acceptable, as the aim of the study is to harvest the natural personal perceptions. All questions were formed from previous research and suggestions from supervisors, researchers, and counselling colleagues, with the intention of being wide, reflexive, and sensitive to the participants. The majority of the questions were open in order for the respondent to be able to answer each question with a degree of freedom and not be drawn into a narrow perspective that might be unconsciously driven either culturally or individually by the researcher's bias. The majority of the questions were asked to each of the participants' occasionally on more than one occasion per participant

4.11.2 Inclusion and Exclusion Criteria

The inclusion criteria covered male prisoners aged eighteen and over, who have received counselling in any prison and consent to be a respondent in the research. Male prisoners aged eighteen and over who have received counselling in prison and will not consent to be a respondent in the research have obviously, been excluded. Male prisoners and ex-prisoners aged eighteen and over who have not received counselling in prison were excluded. Female prisoners were excluded.

4.11.3 Recruitment

Initially, recruitment was a difficult process; there were no returns within the first few weeks of the delivery of the posters. Referrals from the prisoners to the Chaplaincy team were visited and assessed as not appropriate for the research study because the prisoners worked in the chaplaincy and would not be able to be released from normal orderly duties due to the lack of time. With renewed enthusiasm, the prison wings were re-entered with a more pro-active effort a second round of posters were delivered in each of the four wings and I became proactive, talking to each inmate with each poster I hand-delivered. I engaged in personal conversation and found that this approach facilitated an attitude towards a favourable response.

Some days later, responses from participants began to filter through to the Chaplaincy for assessment. The rapport building was an obvious positive factor concerning the recruitment of the participants. A warm friendly approach to each of the potential participants' bore out from the generous in depth findings of the research. I have reflected on the whole research process and concluded that the initial warm friendly approach towards the participants during the recruitment stage was reciprocated from the men recruited and continued throughout the research interview. I am deeply gratefully and feel indebted to all the men who took part in the research. Their part in the research, I have no doubt was motivated in part by a altruistic desire to protect their fellow inmates, who they described as young men.

The initial assessments of these potential participants were held within the wing induction rooms with the exception of one participant who had an initial interview within the chaplaincy office. Arrangements at that point were made for a research interview to take place. The appointment was made for the research and the research for each participant were appropriately offered after the initial meeting because it was found that the individuals were appropriate and suitable for the research. All unsuitable participants' were filtered out through screening based on availability only, this was because a Chaplain had previously assessed the potential participant as suitable through the regular chaplaincy assessment criteria. Also during the initial assessment interview, the Participant Information Sheets (PIS) (Appendix 3) were handed to the participants for a signature and handed back later before the interview commenced. This gave time to each potential participant to consider their decision. Also a copy of the PIS (Appendix 3) was left with each person and the researcher's own copy was filed. All appointments were made, and the research was launched a few days later.

The proposal initially set out 8-10 interviews of 1-hour duration, with male prisoner respondents who have received any form of therapy/counselling, in prison. The rationale for this number of interviews was that historically, two counsellors (I and one other counsellor), work at HMP Prison on an average of fifty weeks per year. Based on counselling 3 clients a week, we would average 300 clients per year. If I was to research this client base, I was required to eliminate 50% of this number

because they were my clients and it would not have been appropriate for me to research my client base.

The remaining 150 clients could remain on sentence because the approximate time served at HMP Prison averages nine years. Therefore, these clients could become participants in the research because they are available. 10% of potential respondents is a conservative estimation. However, this would have been too many participants because “the aim of IPA studies is to illuminate individual lived experiences” (Smith et al., 2009, p.14). The individual experiences of the participants did yield a rich and deep source of data. Although, rich and deep is subjective in my research, the data was substantial and took many hours to analyse.

Initially, posters were pinned to prominent notice boards in all the prison wings, A, B, C, and D. All the administration offices, workshops, the prison college, and the prison multi-faith chapel. One small recruitment leaflet was slipped under each of the 350 cells’ door by myself. An Orderly is a trusted position given as a job to a prisoner, and these prisoner Orderlies were briefed over a period of several months regarding the delivery of posters concerning the research project. The posters had a message for any potential respondent. The message to the potential respondent was to contact the multi-faith chapel as this is where counselling took place. The intention was that a potential respondent would make contact through a chaplain or an officer on the wing.

The notice of interest would be passed to the researcher, for an interview appointment for an interview between the respondent and the researcher. The participant invitation letter and consent form can be located in the Appendices section of this report (Appendix 2 & Appendix 4). The written material was delivered at the time of contact during the initial stages of recruitment and between selection and the research interview. The induction rooms at each end of the prison wings were a convenient place to hand the material to the participants because it was a very secure and confidential space for all parties to have an exchange of information. Collaboration of cooperation and support was formed through this formal liaison. This space also assisted with accessing support to facilitate poster distribution before and after recruitment of participants for the research.

The chaplaincy is multi faith, included are many denominations that take in the whole range of spirituality. Druids, Buddhist, to name a few, it also is possible to recognised main stream include most denominations. Also the chaplaincy employs in the multi faith chaplaincy are many different types of volunteers. They include teachers, musicians, actors and many outside church volunteer groups. The recruitment and selection of prison orderlies and group members who wish to participate in counselling and other activities, for example learning to play a guitar, or putting on a play is regulated through selection within the chaplaincy and usually overseen by a Chaplain or religious minister from the leading denomination that are appropriate to the activity or event.

During the research recruitment process, I realised it was crucial for the development of the research, that members of the chaplaincy team would need to be fully informed of my whereabouts within the prison at any given time. During the research, both for security and to be transparent for the everyday operational running of the prison routine, I delivered posters to the four wings at HMP Prison, the Administration building and the Prison College. The posters were delivered through the doors of each cell by the orderlies and I pinned the posters on the walls of the administration building and College.

As noted earlier, originally, eight to ten to participate in the study were planned for recruitment. However, two potential participants failed to attend and were noted down as potential research recruits, who did not attend, (DNAs). One other recruitment was planned, however, because of the quality and the depth of the initial data it was felt that enough data would be sufficient and the final recruitment was delayed and eventually abandoned because each of the previous research interviewees proved to be sufficient in content and depth. Therefore, the decision to remain with seven participants previous recruited was a successful decision.

4.11.4 Sampling Methods

Opportunity sampling was adopted. Respondents were invited to participate in the research, and potential participants were identified through an informal dialogue as

described above. Opportunistic sampling is chosen due to time restraints and to avoid recruiting previous counselling clients, which were the criteria for exclusion from the research. This should reduce the risk of biases and strengthen the professional boundaries. Random stratified sampling would have contained fewer biases, as demographics could have been evenly selected throughout the sample. Random stratified sampling, however, would be difficult to conduct, as it would require finding participants for pre-sampling who have previously received therapy. Snowballing sampling would have been very slow and would not be time-efficient for the course of the research.

4.11.5 Ethics for counsellors and researchers

It is important to distinguish between counselling, which is a therapy with many definitions and research, which is an investigation of a variety of phenomena; so that the boundaries between the two fields are maintained also to minimise any potential safety issues that may arise. One major contradiction can be eliminated if we remember that both roles need to be monitored, but separated from each other with the use of ethical reflexivity. “It would establish productive forms of relationships” (Gergen and Gergen, 2000, p.39).

The researcher can acknowledge the participant as someone who is sharing aspects of their life while aspiring to help the participant explore their story. Together, the participant and the researcher may forge new understandings, insights and revelations in ways that the client and counsellor initially formed in the counselling session. This research may parallel a therapeutic encounter, (Birch and Miller, 2000). The explanation outlined here is my view of the process that did enhance the research between the participant and myself (the researcher) and in the context outlined, it was a helpful collaborative process.

When researching a person as a subject, the researcher has the opportunity to acknowledge a perception of the participant as someone who is about to offer their ideas, views and experiences. In this way the researcher can assist the participant in expressing their narrative and exploring their experience in many contextual circumstances.

Researchers and counsellors have to consider issues of ethical standards and have to look to an Ethical Framework for good practice. There is a practitioner's model for ethical practice for counsellors and psychotherapists, produced by the British Association for Counselling and Psychotherapy (BACP, 2013). For researchers there is the practise of ethics standard produced by the UK Research Integrity Office (UKRIO) Code of Practice for Research: Promoting good practice and preventing misconduct. The participants within counselling and counselling prison research are normally willing to sign a contract that included strict boundaries concerning the duration of the sessions, absenteeism, and premature termination of the sessions. There are also BACP guidelines for counsellors who are conducting research Ethical Guidelines for Research and Counselling Professions (BACP, 2019). Schlosser (2008) cites the work of Becker (1963) explaining that even with these precautionary boundaries in place there remain many ethical minefields when working with vulnerable people who have few options to choose from in prison because they are institutionalised and stigmatised.

For my research, I have received approval from The University of Salford Ethics panel and from The National Offenders Management (NOMS), now changed to HM Prison and Probation Service (HMPPS). Copies of the ethics risk assessment form and subsequent approval letters are filed in the Appendices section of this report, (Appendix 5 & Appendix 6).

Schlosser (2008) explores the works of Tilley (1998) who had noted that “the official protection afforded” the incarcerated “by prison authorities and/or university ethics review committees provide more protection for the universities and researchers and therefore are not sufficient” (Schlosser, 2008, p. 1506). Therefore, it follows the physical and mental health of the participant and the researcher requires constant safeguarding, within the setting of a challenging and psychologically disturbing prison environment and when listening to harrowing stories from the recall of the participants.

Although prisoners are protected from self incrimination, if there is agreement to protect all parties when researching phenomena inside prisons then, in-depth qualitative work with critical insight is a useful framework in order that future

researchers are prepared for issues that may arise (Schlosser, 2008). An ethical minefield requires a form of negotiation and there are many ethical minefields in prison. Here are several examples of minefields in prison; once a research or counselling session or a series of counselling sessions begin, they are not always completed, confidentiality and anonymity are more of a complex problem inside prisons. It is also recognised in prison that counselling or research may be disturbed due to the transference of prisoners. Further, in prison, security is prioritised; therefore, when a transfer of a prisoner is imminent it is usually surrounded in secrets particularly for the prisoner who may be the last person to know about their move to another institution. There are other causes of disruption beside prison security. The general intention of avoiding moving a prisoner within the prison is because it disrupts their participation in education courses or training courses (Secretary of state for education and skills, 2005, pp. 7-25).

The carrying of keys projects a certain amount of power and affects the power dynamic in prison for staff and volunteers. The same can be said of researchers and counsellors. The perception of a higher status may also apply to key holders and therefore influence attitudes towards the researcher sometimes in a negative way that may hamper trust. Negotiation remains challenging and some volunteers prefer not to carry keys.

Without keys, it is much more difficult to travel around the prison because escorts would be required to unlock and lock each door. Being able to travel freely into and out of prison sites appears to be a positive aspect of being an active key holder, although this is offset by one negative negotiable aspect of using keys. For example, since there is no requirement to be accompanied by staff - special attention to the assessment of one's personal safety is raised. The incident of risk could be mitigated by my awareness of my personal safety. Thereby, I would be actively negotiating a higher level of risk.

Also noteworthy is which participants to draw upon; if there are gatekeepers that allow or deny access to the target population, the stigma of individuals and groups has the potential to be blocked, hidden, or even non-existent. Schlosser (2008) cites Matza (1969), who identified that social acceptance or rejection is a perception, and

as deviants evolve, the perception will redefine the meaning of their criminality. She notes further Becker's (1963) identification that once again the label transforms into an identity. Additional issues relating to the ethics of research have other risks for the individual participant and the researcher or counsellor who operates in prison. Before beginning the research, tasks, including defining and operationalizing the concept of research questions, are necessary (Schlosser, 2008). She continues explaining that the process of designing instruments to interview inmates can in itself have numerous potential problems, for example, avoidance of the answer. I also agree with her view concerning stigmatised inmates: "Special care is required in designing the instruments used in research." (Schlosser, 2008, p. 1506). In order to avoid participants' feelings of guilt or shame, this could impact the answer. Therefore, carefully worded questions may facilitate a more complete answer (Schlosser, 2008).

Complexity of the issues raised during previous research have been negotiated. For example, Quraishi (2008) explains that his research plan was influenced by the fact that little was known about the qualitative experiences of Muslim prisoners in the UK. The facts precipitated the need to negotiate the expectations, suspicions, and pre-conceptions of staff and prisoners around the sensitive areas of faith, identity and discrimination (Quraishi, 2008).

The exploration of males' perceptions that had been counselled in prison also required an acknowledgment concerning the subjectivity of methods. Also, to be considered is the intellectual approach to research, which include personal ability and expertise concerning field research that can be influencing factors. Particularly, when unforeseeable contextual situations may arise, one example is self concept shaping interactions. This is due to the participants constructing their narratives while in prison (Clark, 1975).

Schlosser (2008) comments on the works of Marzano (2007); Lincoln & Guba, (2006), who highlighted the importance reporting to the appropriate authorities any stated intentions of harm to self or others from the inmates are acted upon because of the legal requirement to do so, and personal, professional and legal ethics. As previously noted, researchers are bound by the university ethics committee to

prevent harm. Schlosser (2008) specifies it must also be recognised that the researcher is in a particular trustworthy position and should hold their research stewardship above and beyond reproach for the safety of the client, participant, all organisations concerned, and the reputation of their profession, other professions other individuals and themselves.

Trust is also a necessary ingredient while formulating and later interpreting the data offering a picture. Although, this outline is appropriate and part of my research aims, there is a danger that the researcher becomes impartial during the development of trust. Therefore, it is for each researcher to understand that a bargain termed as the 'research bargain' (Martin, 2002), is potentially seen as an opportunity for the respondent to make gains while the researcher may not be fully aware that a bargain is developing during the development stage. Also noted is that their decision to be part of the research may have also been evaluated. Martin elaborates on what the participants can personally gain from the research. A personal gain may be at the very least, to alleviate the monotony of prison life, or other tangible advantages, (Martin, 2002). Offering to provide an outlet for the inmate to speak candidly about their life experiences may often be more beneficial than a tangible reward (Schlosser, 2008).

A participant could influence the research through biased argument by addressing his own particular case concerning negligent counselling or the lack of access to counselling supported by Quraishi (2008), who identified "Some prisoners were motivated by wanting to 'get their story out' or expose discrimination which they felt could perhaps be investigated by the researcher" (Quraishi, 2008, p. 457).

Also, to be considered for diverse behaviour is the 'Hawthorn effect' (Elton Mayo, 1928), where people are influenced by the research. As Quraishi (2008) observes, the prisoner might "behave differently when they know that they are being researched" (Quraishi, 2008, p.457).

The Criminal Law Act 1967, (s4 and s5), does not confer a general statutory duty on researchers to disclose previous undisclosed criminal activity to the police. The researchers must reveal information, if specifically asked by the police. Also researchers are bound by The Official Secrets Act of 1989; therefore, confidentiality

is conditional and not absolute. The disclosure of personal details within research or counselling may create a dilemma for the counsellor or researcher and cause problems for the prison research or counselling participant. In order to mitigate these challenging problems, a pre-interview research protocol could be inserted into the information. Whereby participants fully informed consent was given only, upon the agreement that the respondent had to read and understand that any risk to their own life or the lives of others if deemed to be at risk, then breaking confidentiality was therefore permissible.

The individual researcher possesses complex experiences that shape their world view and create complex personal subjective biographies that may enrich or limit qualitative research (Pogrebin, 2003). The consistency of the role of the researcher throughout the research interview consists of not falling into any other role, for example, that of researcher to counsellor or vice versa, or a previous helper role such as chaplain. Agreement concerning complexity of roles is a daily negotiation of legitimacy, content and boundaries (Quraishi, 2008).

Ethical questions of confidentiality, anonymity, and research independence (Baum, 1979), detail the understanding of personal identity and link it to the interests of institutionalised structures. Potential anxieties accumulate for the researcher when reviewing recoded accounts from the collected data. The background anxiety of the intensive field work concerning the limited amount of time available and prison routine disruptions covered within the time frame available during the research also has potential anxiety for the participants and the researchers and counsellors. Schlosser (2008) noted, access to venues and prisoner participants is always limited and gaining access to prisoners requires significant tenacity and persistence. Often, the change in these actions can contribute to a change in the identities of the inmates (Schur, 1965). Maladaptive patterns of antisocial behaviour that become normalised because inmates internalise the prison subculture (Gillespie, 2003).

One of the largest impacts in prison is the construction of the participant's experience with the addition of socially relevant life events open to manipulation and brainwashing from the state institutions as described by Podgo'recki, (1994), Rodriguez, (2003) and adds this impact should not be overlooked. It is important to

understand the link between the identity of the prisoner, and the structure of the prison authority, which may be perceived as the oppressor, because the prisoner is vulnerable to a change in their identity. A change in identity is driven by the decision making institution while the prisoner is processing and acknowledging the rules within the institution of the prison. Issues may arise from Institutional identity because oppression produced may be reproduced by the inmates. It is also important to understand how identity is shaped by the inmates within a total institution of the prison (Goffman, 1961). There is also a risk of an oversaturation of the data with unnecessary interpretations or grandiose theoretical discoveries, Schlosser, uses the term, 'Identity moments. An identity moment is an important change that is acted out in the person's future. She named this an identity moment, this is where the memory and other moments that have not occurred within original moments of experience (Schlosser, 2008).

Being aware of ethical decision making in counselling research is one more safeguard. Ethical practice for research includes research supervision as a given, with additional professional counselling supervision. Research supervision is mentioned in the BACP research framework Ethical Guidelines for Research and Counselling Professions (BACP, 2019). Also, for good practice group facilitated supervision and personal counselling when required. All the above mitigates risk towards harm for the client, participant and the practitioner. Ongoing professional personal development is always essential. However, it is important to be aware of the part played by intuition after a critical evaluation analysing various models of moral reasoning, for example Kitchener's (1984) model of ethical justification.

I agree that there seems to be a necessity to return to an intuitive level of reasoning (Robson et al., 2000). I also agree with Robson that my critical decision making process should be inclusive and transparent, to account for what I do, and why I do it (Bayne et al., 1994). Counselling research and counselling appear to be a gut reaction rather than a rational process. Therefore, in order to maintain the safeguards, it is necessary that the practitioner views the participant as paramount. Ethical decision making safeguards the well-being of the participant. By offering scrutiny and transparency, the practitioner is able protect the participants, fellow professionals, and the public at large (Robson et al., 2000).

4.12 Data Analysis

IPA has been applied throughout my research, including the use of analysed data, to identify and investigate underlying, themes. Line by line analysis of the participants' claims will be of considerable focus (Larkin et al., 2006).

The analysis was conducted via colour coding, reappearing key words and sentences, across all participant data, comparing the data from each participant, and putting any themes in columns. The identification of emerging patterns emphasised divergence and convergence, commonality and nuance (Eatough & Smith, 2008).

The advantage of analysing the data within the participants' explanations is that it allows reoccurring themes to be identified. Smith (2011a) describes highlighting the qualities of each participant's unique characteristics as attending to convergence and divergence, which enables the researcher to capture and then select unique extracts of the participants' quotes. Convergence and divergence can add texture to an interpretation (Dwyer et al., 2019) and "entail a hermeneutic cycling between the part and the whole of the analysis" (Nizza et al., 2021, p. 377). Illuminating the interpretation of the participant's experience adds conviction to the quotes while losing none of the participants' unique idiosyncratic characteristics (Smith et al., 2009).

Thematic analysis held many disadvantages for my research. For example, data may not be reoccurring as a theme even though it is important; this would be more of a problem with a smaller, underpowered sample size, or biases within the study sample. Thematic analysis would also be unable to explain if the findings are significant. Confounding variables are also unable to be adjusted for in thematic analysis. For example, a few of the participants recruited may have active depression or personality traits, two components, which have been shown to enable individuals to interpret events more negatively. This could result in experiences of counselling being more negative, than may have been felt at the time of the counselling. There would be no way of accounting for this in sampling or thematic analysis. Overall, thematic analysis is not an appropriate method of analysis for my proposed study aims and design because of these potential shortcomings.

4.13 Recruitment for Research Projects in Prisons – Practicalities and Difficulties

This section is a reflective account that expresses the experience of the initial fieldwork of the research project. Assumptions concerning recruitment and the delivery of the information posters are explored. The prisoner's experience is explored by examining the prison setting and how the prisoner's time is organised. Also, the prisoner's motivation, trust and trust-building are explored. Communicating explicit knowledge of our total experience allows perspectives to be transformed by discussion – being open to others' views that might extend, challenge or validate our own (Buck and Sobiechowska, 1996).

One assumption concerning prison recruitment is that easy access to participants results in recruitment for research projects. For instance, Fink (1995) and Creswell (2003) describe a process for recruiting respondents from prison for research projects. However, the reality experienced by the researcher may be to encounter problems of recruitment and then retention, for example, inclusion and exclusion of recruits for the research on the precarious basis of potential transference to other prisons.

Identifying potential constraining factors in the recruitment and retention of the potential participants for prison research could help to overcome future problems of recruitment and retainment within the prison population (Buston, 2018).

4.14 The Prisoner

In the case where there is an interruption from the day to day routine in prison, it requires an application for an exemption from work or to have a family visit, so motivation would naturally appear high. In the case of a prisoner volunteering for a research project, the prisoner would therefore initially require a level of motivation to fill in an application. The prisoner entering the second proposition would seem to require a higher level of motivation because of the effort and time it takes to fill in an application for something that is not in their immediate interests.

However, once the application is written and the prison authorities have approved the application, it would appear that the prisoner needs very little physical effort to

attend the chapel in order to make an appointment for the research. All that was required was for the prisoner to be escorted from one part of the prison to another by a ground staff officer, (Buston, 2018).

4.14.1 The Participant's Motivation

A problem for the prisoner is self-motivation in order to break through the prison routine and be a volunteer for altruistic projects. There appears to be little cost to the prisoner if he volunteers to be a respondent in the research (Pfitzner et al., 2017). However, there remains the cost of time. Naturally, time remains a valuable commodity, particularly in relation to the existential anxiety that a prisoner might feel while incarcerated – *Dasein* (Heidegger, 2000). It may be difficult to address the existential anxiety of the prisoner. However, it may be useful to consider the wider prison context in relation to practicalities, in order to mitigate some of the anxiety around waiting for the 'prison route' (Buston, 2018).

Outside observers might assume that the prisoner has an abundance of time on their hands and that any distraction is a welcome break from boredom. In fact, the prisoner has many options to choose from. Also, prison routine dictates varied and energetic options concerning the prisoner's time in order to avoid boredom, apathy or disruption. Education and work are part of their rehabilitation under The Rehabilitation of Offenders Act (1974).

In addition, anecdotal evidence reveals that the prisoner does not enjoy spending their time filling in application forms unless it is strictly for existential reasons. For example, as previously stated, in order to have access to medical care, see family and friends on visits, or to collect parcels from the store.

4.14.2 Incentive the Key to Motivating the Prisoner

What the prisoner wants and what the prisoner needs have been highlighted above. Somewhere between lies the key for the incentive for the prisoner to read, digest and to be motivated to spend time doing something they might feel is worthwhile, and also, in order to be better people during their sentence (Buston, 2018).

4.14.3 The Given information Method

A second assumption concerning recruitment is that the poster mode of enlistment is successful communication between the researcher and the potential respondent (Patel et al., 2003). Some researchers have employed posters and reading material in order to recruit their participants. Printed material in the form of posters is a traditional vehicle for the research project to reach potential respondents. However, just as access alone to a significant number of respondents does not equate to recruitment, retainment and implementation of a research project in prison, it is also necessary to acknowledge that the delivery of the message to the potential recruits through the traditional printed material does not always guarantee immediate success for the research project (Patel et al., 2003).

4.15 Participant Well-being

As the research will be carried out with prisoners, who are considered a vulnerable group, I did take into account the following ethical considerations: The BACP Ethical Framework (2018) which follows the ethical considerations of humility, courage, honesty and integrity. I worked with prisoners who are vulnerable because they have little autonomy over their daily schedules. The prisoners are normally subject to anxiety in general because of their incarceration within an artificial environment. I gained a high level of sensitivity and awareness while working with people in prison. I had concerns for their issues, which are in common with everybody outside of prison in the general public. However, the prisoners have the extra burden of experiencing these issues while being separated from their families.

Concerning the well-being of the prisoner, I was mindful that previous aspects of their experience may come to light and this may stimulate trauma within them. I was confident that my skills as a counsellor and fifteen years experience of working in a prison would help to alleviate the participant's distress. Issues were not raised during the research interview and after. I did work diligently with the participants in order to address any situation or comments that were a concern to the participant. I have also endeavoured to commit to the participants my advice by offering to arrange for the entire participant group to each have a counselling session with an independent counsellor who would not be involved or associated with the research. I wanted to

mitigate the distress of the participant by seeking immediate health care for the participant, if necessary within the prison services health care team before the research commenced. Therefore, I asked each participant at the end of the research interview, if they wanted independent counselling support because of issues discussed during the research interview. All of the participants politely declined this offer.

4.15.1 Confidentiality

Confidentiality is limited by the law. Participants were made aware that if they disclosed that they would cause harm to themselves or others or were preparing to commit a criminal act, the researcher has a duty of care towards the respondent and the prison service. In this eventuality, the researcher would inform the prison service. Also, the participants were fully informed and all participants complied with the law, before and after the interview had been completed. My role as a counsellor included a set of ethical considerations which were embedded in the BACP 2018 for Ethical Standards.

The participant may divulge information of a criminal nature that the authorities are not aware of. Therefore, this could render the participant vulnerable to prosecution. Due to this fact, consideration had to be made concerning historical criminal convictions, which would be either spent or are currently being served out. This was addressed in the initial Participant Information Sheet between the participant and the researcher. A copy of the Participant Information Sheet can be found in the Appendices section of this report, (Appendix 3). A Participant Information Sheet was given to each participant in order to inform the participant to be aware that I have a legal duty to disclose information to the prison service concerning acts of terrorism, money laundering, drug trafficking, and the threat of harm to others and to themselves. I have always strived to mitigate any harm caused to a client, even when the harm is unavoidable or unintended, by practising non-maleficence – a commitment to avoid harm to the client. I have maintained confidentiality within the Participant Information Sheet which complies with the Ethical Principles of Counselling and Psychotherapy (The BACP, 2018, p. 3) and further complies with the research ethical issue of confidentiality and the limitations to confidentiality.

4.15.2 Anonymity

Confidentiality is restricted to the participant's anonymity, which is described in detail on the full consent form and will be anonymised in order to protect the identity of the other participants and no names will be added to future publications. Any breach of data protection, for example, not protecting the anonymity of the participant, will be dealt with in compliance with The BACP Ethical Framework (2018). Any identifying features from transcripts, such as names of participants and those they mention, where they live, their particular offence etc. will be removed or altered to ensure complete anonymity.

4.15.3 Data Protection

All the principles I adhered to complied with the General Data Protection Regulations (2018), whereby all records and electronic files were stored on an encrypted pen drive, which is password protected and secured in a locked room in the researcher's home office. For anonymity, the names were coded with only the researcher who has access. All of the digital tape recordings from the respondent interviews were transcribed by the researcher. Data will be kept for 3 years after the thesis is published. Computer records, digital recordings and electronically transcribed records will be deleted. Interview notes and transcript notes will be shredded after completion of research and before the research is published. Data from any participants who withdraw within one month of the interview will also be destroyed and not included in the analysis.

For my health and well being, after the research was conducted, I received several one-to-one sessions, telephone counselling from the National Health Service (NHS), in 2020. I would have preferred face to face counselling, however, due to Covid 19 pandemic this was not an option for health and safety reasons.

4.16 Fostering Trust

Issues of trust between the potential respondent and the researcher is also a very important factor in motivating the potential respondent to engage (Axford et al., 2012, Katz et al., 2007, Pfitzner, et al., (2017). The prison environment can foster a general mistrust towards prison staff and volunteers. Prisoners generally see people in

authority as someone to be avoided. In addition, the experience of approaching groups of prisoners may not be to the advantage of the recruiter. The groups who have association time on their hands can become playfully engaged in bouts of banter towards a volunteer who seems to have little authority. Experience demonstrates that approaching groups of prisoners yield less interest in a research project than can otherwise be achieved from a one-to-one engagement.

While handing out recruitment and information poster to each prisoner, the researcher in this project, experiences building a rapport through a transparent dialogue. A dialogue concerning the research project itself can create initial trust. Thereafter, a more prolonged personal open communication in order to foster more trust between the prisoner and the researcher can be built upon. The one-to-one chats on first contact with a potential respondent while handing out posters can be supported with a short period between appointment for interview and the research interview. Too long a period between these two interviews can result in a loss of initial enthusiasm on the part of the prisoner, which may lead to non-attendance. Arriving on time for the interview would set the time boundaries of the session for the respondent and demonstrate respect for the respondent's choice and generosity of their valuable time.

4.17 Summary

Qualitative research allows for human behavioural effects and agrees that ontology is necessary for understanding and valuing individual human experiences. My ontological view for the exploration of males who have received counselling in prison is the worldview of relativism. I have engaged in research on the foundation of the human experiences. My research was dependent on human interpretation and knowledge relative to the insider's point of view and is a position of investigation. I have detailed the reporting of multiple constructed realities reflecting the process of conscious human existence from prisoners who have received counselling within prison.

The philosophical investigation of existence has been applied to each participant. Semi structured questions were asked during each interview concerning how the participants experience being counselled in prison. I constructed from the lens of

relativism, the lens focus on the recall of memory and the explanation of the imagination of each participant answers for each question. I interpreted the data taken from the transcript captured from the participant and applied a systematic approach when analysing the data.

My approach to the analysis conformed to the framework of an Interpretive Phenomenological Analysis (IPA) in order to capture themes across the participants. The process of analysis of the data involved exploration of the seven participants' cross themes. I examined the recurrence of themes, within each participant's transcript and placed them in order to form superordinate themes retaining the unique individuality (idiosyncrasy) and uniqueness of each case. A hermeneutics cycle was provided as a sound basis in order to make sense of each of the participant's sense-making process. Hermeneutics is now widely used for interpreting all aspects of human behaviour in particular contexts. The recruited participants who had received counselling in prison were appropriate for the research and a rich and full depth of the participant's experiences were extracted from the findings. In addition to the above, I have addressed additional issues relating to the ethics of the research and counselling by engaging with the literature on presentational risks of undertaking research in prison for the respondent and the researcher.

Chapter Five

Analysis of Findings

5.1 Introduction

This chapter reports on the findings from seven interviews. All seven participants were male prisoners who had received counselling in prison. Participants were recruited from a male prison in the North of England.

The key emergent themes from the data (as shown in Table 4) are presented in this section. Seven superordinate themes emerged; motivation to be counselled in prison; access to counselling; client's view of counselling; intensified feelings experienced to counselling; a helpful process; unhelpful aspects of counselling; feelings after the counselling session. A detailed finding analysis of these seven themes is presented in this section. Superordinate themes evolved from the analytical steps of IPA (Smith et al., 2009). Each superordinate theme has a clear focus, scope and purpose and provides a framework to organise the analysis (Braun & Clarke, 2013).

The analysis in this study is shaped by the aims and objectives of the research, as seen in Chapter One:

To explore the male prison clients' perspective of their experience of counselling in prison.

To gain an understanding of how the clients experienced their counselling, exploring what is useful and what is not useful about counselling from the prison clients' perspective.

To understand the barriers to engaging with counselling in the prison and how counselling therapy may be improved for the benefit of prison clients.

(Please note that all participant quotes are given in italics)

The chapter begins with profiles of the individual participants and then goes on to describe the themes across participants. This chapter will discuss the commonalities and divergences, “Doing IPA with numbers of participants constantly involves negotiating this relationship between convergence and divergence, commonality and individuality” (Smith et al., 2009, p. 107).

5.2 Profiles on Research Participants

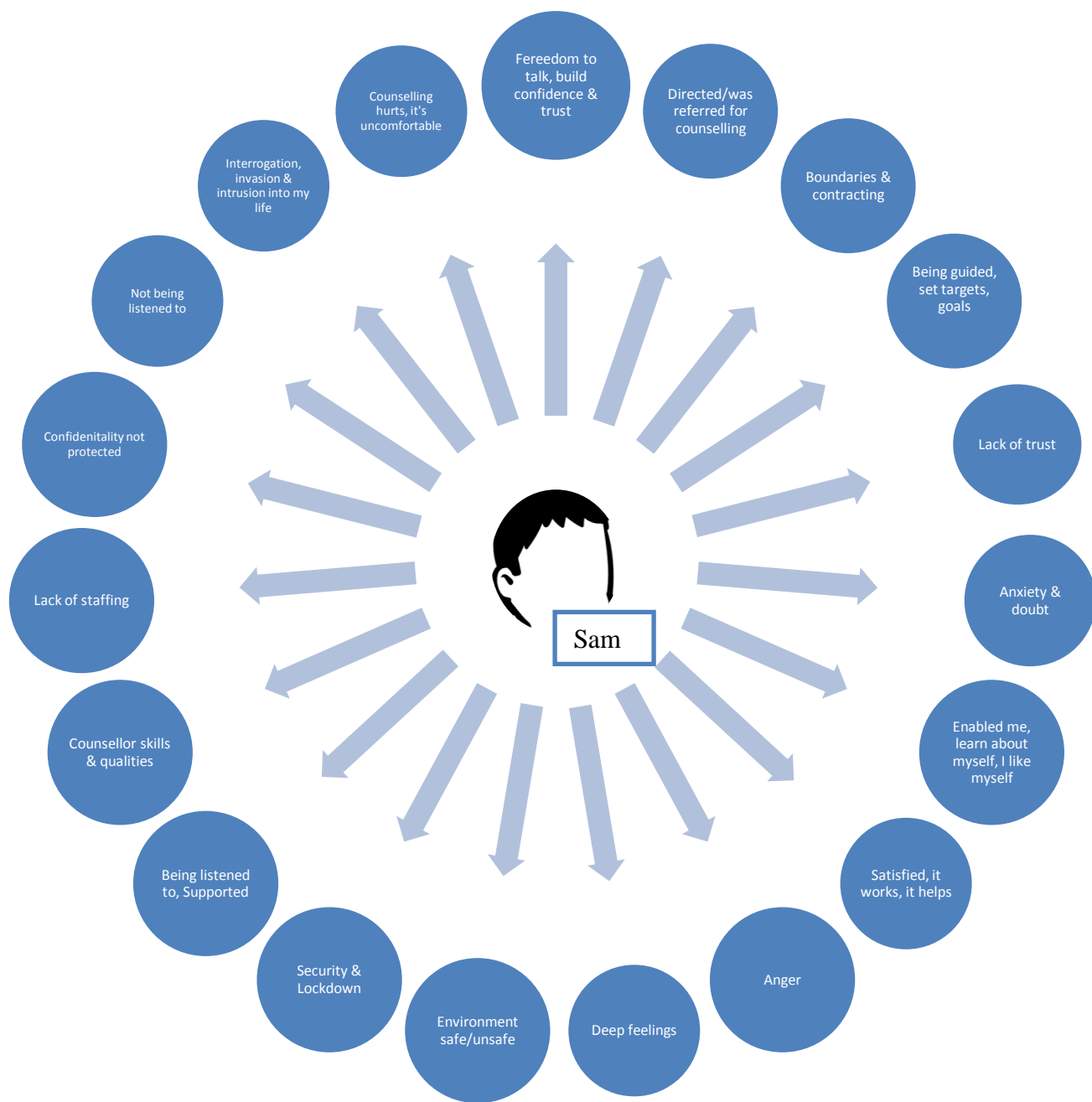
The following sections include an introductory brief profile on each of the research participants, followed by an overview of their reflections and my perspective of their experience of counselling in prison. The themes they have referred to in their interview are displayed in the diagrams below. The names have been pseudo anonymised for the purposes of confidentiality.

Sam

Sam is a practising and devout Hindu. He is aged in his thirties of slight build. Sam is articulate and educated to degree study level. Sam subscribed to a philosophical view of life. He remained optimistic concerning his own personal situation as a long-term prisoner. Sam was reflective, realistic, and grateful for a second chance at life. Sam did not explain what brought him to counselling instead, Sam gave a description of the therapeutic community in prison. Sam explained his experience of the counselling with his emphasis on an interview type session. Sam had received counselling in prison through group therapy and one-to-one. He explained that the second type of counselling, one-to-one co-existed within the group therapy. Sam described that the one-to-one sessions were for problematic issues and available for clients with specific and persistent difficult problems. Sam explained how it had taken him three weeks to gain confidence to talk about his issues and to share his experiences within the group, “*A similar thing happened in my life and you can actually chip in, and that’s how I actually started. So that’s why it took so long to slowly, slowly develop trust*”. Sam explained a typical counselling session for him was a group of clients who shared their experience and who freely “*Chip in*” once trust within the group had been established. Sam talked of the last session of his group therapy stating it had been a very good experience “*Like I felt more like and valued, I feel like being part of a big family*”. Sam said that he was glad that he had

been on the therapeutic journey all the way through *“I am so glad I did my whole therapy.”*

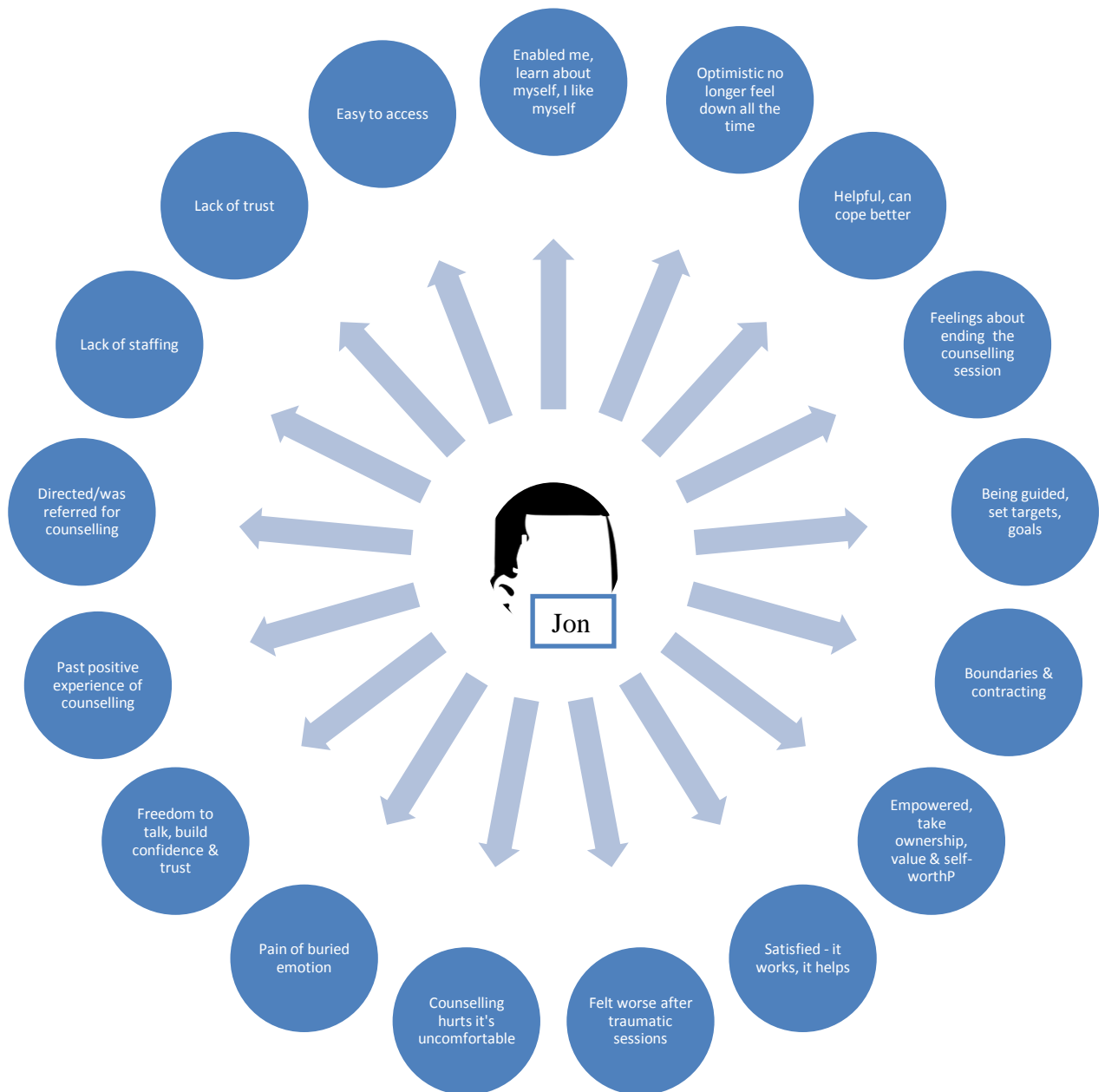
Sam engaged in therapeutic group counselling and engaged in one-to-one face to face.



Jon

Jon had become a Buddhist and practised his faith in prison. He is aged in his forties and is a cheerful and chatty person who had been recalled to prison. He was a little disappointed in his recent criminal behaviour. However, he had a short sentence to serve and was optimistic concerning his future release. Jon was abused as a child while in care. Through his counselling sessions, Jon wrote about the abuse he had suffered. Jon talks about the therapy and describes an experiential approach. Jon drew a boulder, to try and break through his psychological and emotional barriers. The counselling caused Jon many emotional problems. While counselling, Jon appears to be constantly remembering the abuse, he noted that he started glue sniffing after starting his counselling sessions in prison and tried to just bury everything, *"Yeah it caused me a lot of problems as well"... "then I started glue-sniffing sniffing glue just bury everything"* Jon thinks that the beginning of the counselling sessions *"was the worst feeling"* because the issues surrounding abuse were brought up. Jon became more relaxed and calmer and was less anxious as the counselling sessions progressed. Jon confirms he has no regrets concerning being counselled and attending programmes and courses, he states that *"I thought it was easier after the counselling to talk"*. Jon no longer suffers from panic attacks and anxiety after receiving counselling.

Jon engaged in one-to-one face to face counselling. Jon also experienced CBT and experiential therapy.



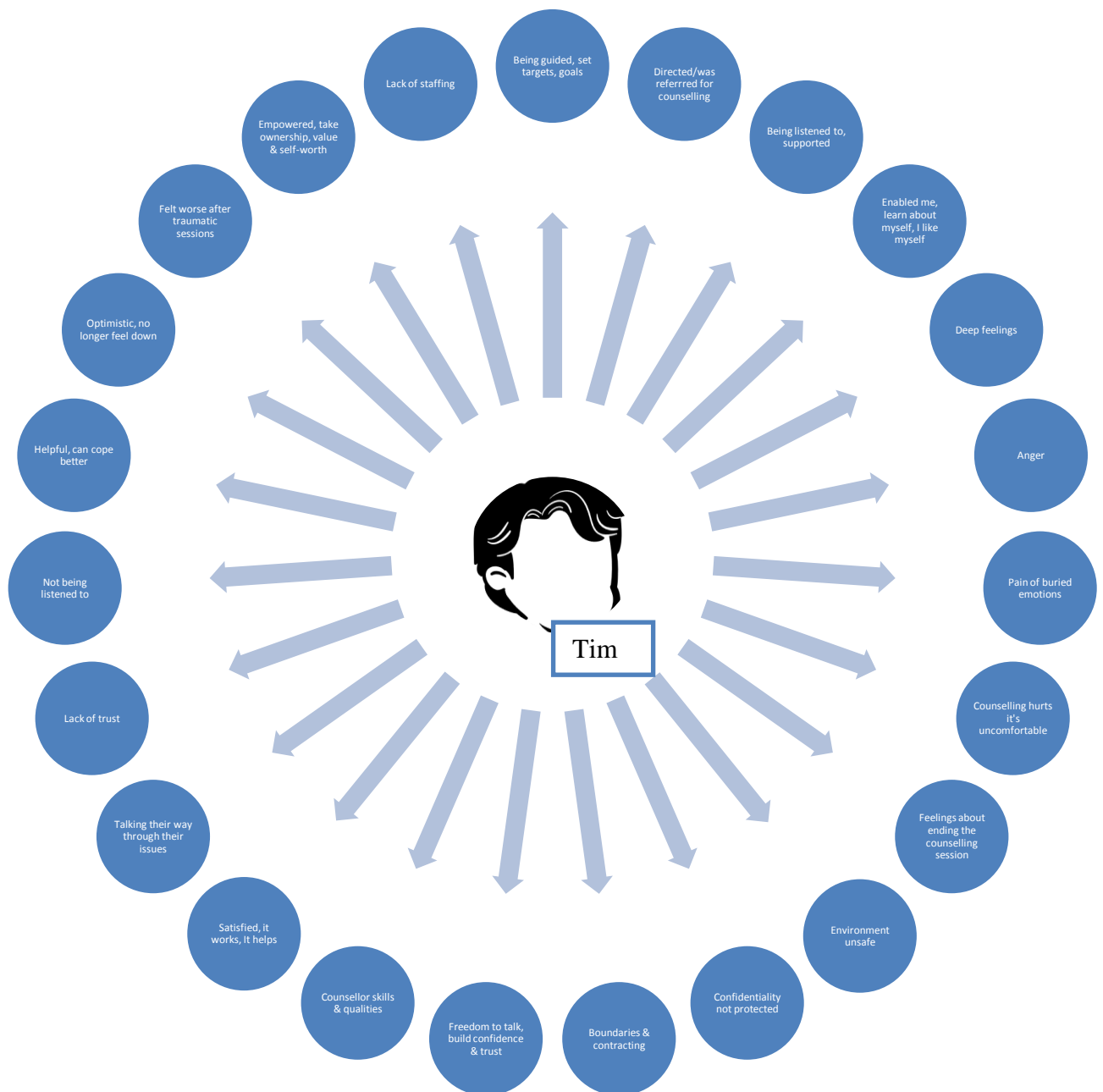
Tim

Tim is listed as a Roman Catholic. He is tall and of a large build and is aged in his early to mid twenties, enthusiastic and energetic. He transformed his self-concept from a violent person to a more relaxed person. He is aware that he will be different and more philosophical when he is released in a year or more. Tim is talkative, confident, generous, and friendly. Tim had initially talked to a mental health nurse, the conversation led to Tim being referred to counselling. Tim experienced several emotions from his experience of being taken into care, as a child, the bereavement and loss of his brother, also the separation from his mother had a significant impact on him. Tim wanted to do something but did not know how to achieve his aim of reducing his anxiety concerning his loss. Tim stated he experienced counselling with questions and answers like the research interview once a week "*something like this, ye once a week*".

Initially Tim's counselling experience was negative. Tim experienced standard clichéd question. "How do you feel?" However, Tim felt that he was not getting anywhere and gave up being counselled. His expectations were to see the first image of himself and know he was getting well. However, he wasn't getting well and felt angry and frustrated because the situation was getting worse. Tim undertook counselling with a second counsellor who he approved of and was more successful. Tim described the new counselling experience as "*going a little deeper and challenging me on certain things*", and he appears to accept the process of being counselled by the second counsellor. He did not like community therapy, where the wing member engaged in counselling. Tim confirmed that he had one-to-one therapy and gained more insight from one-to-one therapy because he felt listened to more. As a back-story the counsellor would ask Tim what he would do in a particular situation. Tim wanted to discard this type of counselling stating that, "*many times I wanted to pack it in*".

Tim learned coping mechanisms and using stress balls in order to adjust to the counselling. However, that type of counselling was more intense. Tim states that counselling helped with the therapy, he thought it would be worse but "*It wasn't as bad as I thought it was going to be.*" Tim confirmed it was a triumph, "*Most definitely*" and he did not regret any of the one-to-one counselling sessions.

Tim engaged in one-to-one face to face counselling. Tim also experienced psychotherapy.

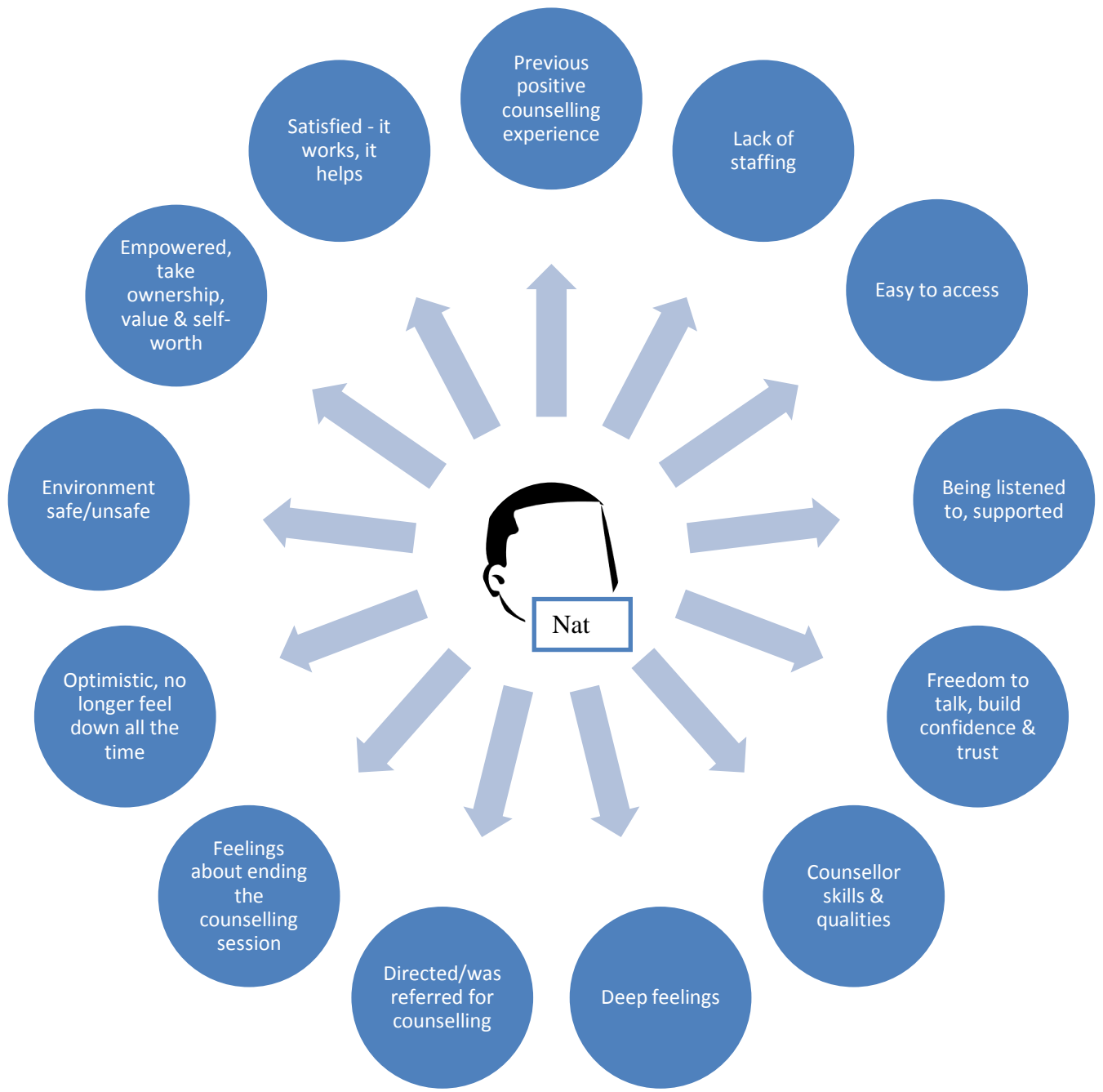


Nat

Nat is aged in his late twenties; he is tall and of a slim build. He is very energetic and talkative. He had some interesting stories concerning his incarceration in foreign prisons. He remained optimistic although it is a year or more before he gains his release. Nat confirmed that he was counselled at another prison while he was a student, on a counselling course, in the prison. Nat explained that the accessing of material and books were available and a counsellor would sometimes support them by talking to them. Nat applied for counselling and was referred to counselling by the counselling course teacher.

As a student, Nat describes a process of interchanging between counsellor, client and observer, *“play act, conversation, true situation and hypothetical situations where the stuff people brought up with a counsellor”*. Nat confirmed that a lot of the situations were true and that they had helped, *“Well that helped us a bit.”* Nat expressed that counselling was underway through the lessons and felt his confidence growing *“proper counselling if you were very confident”* and *“after a couple of times it felt like you were being proper counselling.”* Nat described one situation where the whole student group had experienced empathy for one of their own members. Everyone felt terrible for him, and the course dynamic was altered because of the empathy demonstrated by the group. Nat said that the group felt powerful emotions of sadness for that counselling student. Nat linked counselling with learning, *“Titbits, you learn to get them bits out”* and he agreed that there is a need to trust in the counselling process, *“To trust, ye”* and felt the counselling process in prison was supportive, *“I felt as though I was being helped.”*

Nat engaged in one-to-one face to face and group counselling.



Dan

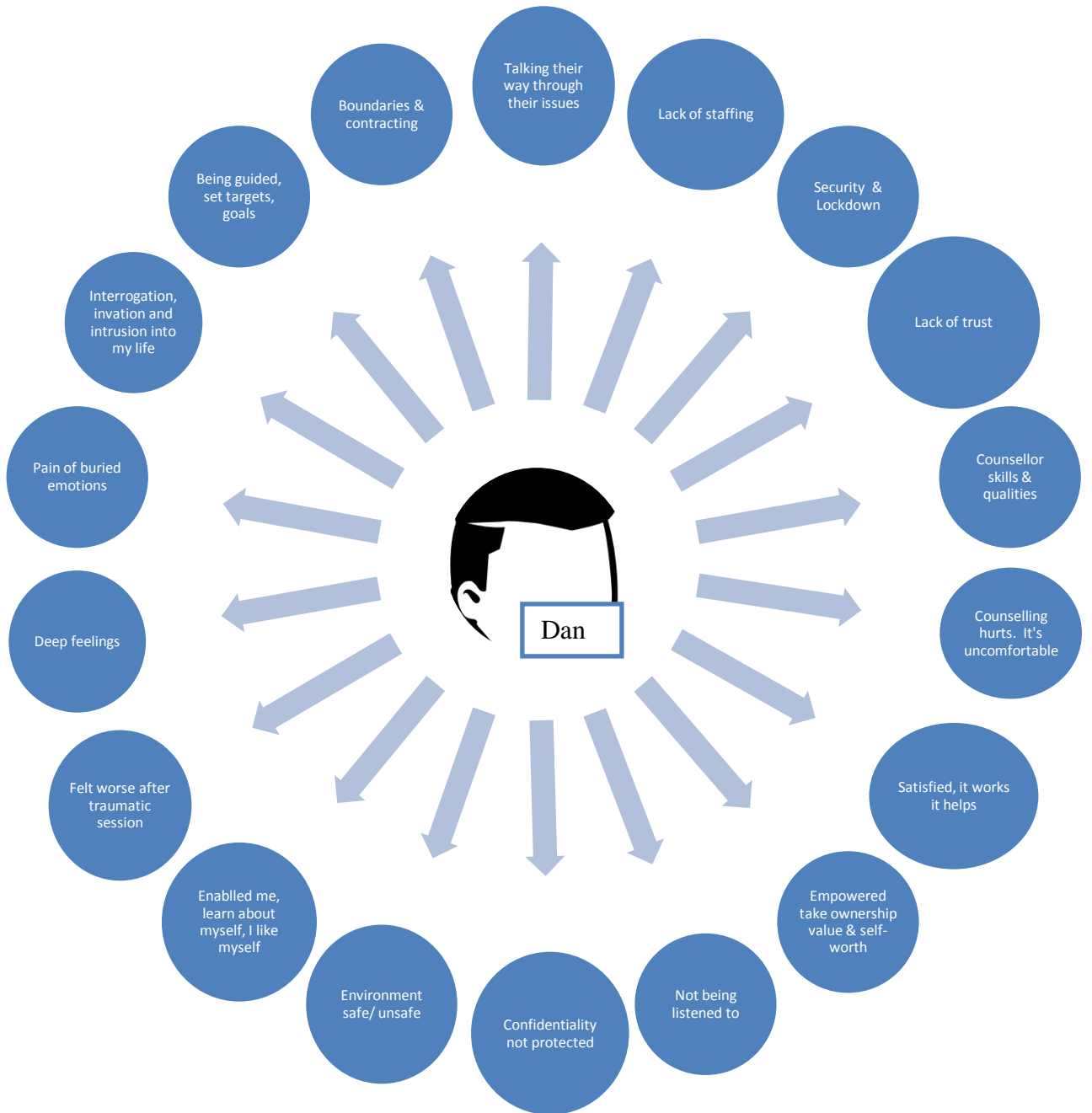
Dan is aged in his late twenties. He has become a practising druid while in prison. He is tall and willowy. He remains optimistic although he has a public protection order served against him therefore, no release date. Dan is chatty, bright and full of self-awareness. He knows he has changed his violent attitudes and behaviour. He also understands that he will eventually be released one day. Dan explained that he had suffered most of his life from depression and had seen a psychologist since he was about eight years old. Dan was told by a psychologist that he would be unable to be authentic. The psychologist said that *"You can't bare your soul to these people"*.

Dan's experience of a counselling session is that if you are congruent you have to be vulnerable, *"I find like you can't really do that in counselling sessions because you feel more vulnerable"*. Dan appears to be saying that he is unable to engage fully in the counselling process and is unable to show his feelings, because he feels more vulnerable. Dan reveals that he struggles with addiction and mental health, he said that he was an alcoholic and had been alcoholic since he was seventeen. Dan described a therapeutic community and had received the counselling through health care. Dan confirmed that he had also experienced counselling through a charitable organisation in HMP prison. He finds the counselling process enabling him with the freedom to talk. Dan confirmed that he had received well over a hundred counselling sessions. Dan experienced therapy as monitoring his depression and anxiety levels. Dan thought that the therapy he received was short term trauma. Dan felt worse after the therapy session and that counselling left him with a feeling that was no better than he had, had before he engaged with the counselling. However, Dan confirmed that counselling had helped him to be happy and spiritual. Dan was apparently very optimistic and had said as much, offering many examples of his happiness, *"I seem to be a lot happier but that's got to do with like me spiritual path as well"*.

Dan thought counselling was all positive, *"I think it's positive in a way"*. Dan appears to be positive although the majority of prisoners serving IPP (Imprisonment for Public Protection) have the trauma of not knowing when they will be released. He stated that if he did kill himself the establishment would link his suicide to the state of Dan's mental ill health because of the strain of having an indeterminate sentence. Dan

stating this would be a deliberate act of deception, "*if I choked you'd put bad fings on me file*". *You won't link it up to that you didn't do your job proper you'd link it up to IPP he couldn't handle it*" Dan had no regrets concerning the counselling sessions. However, he felt that he had received enough counselling, "*had enough to be fair*".

Dan engaged in one-to-one face to face counselling and also was seen by a psychologist. Dan also experienced CBT.



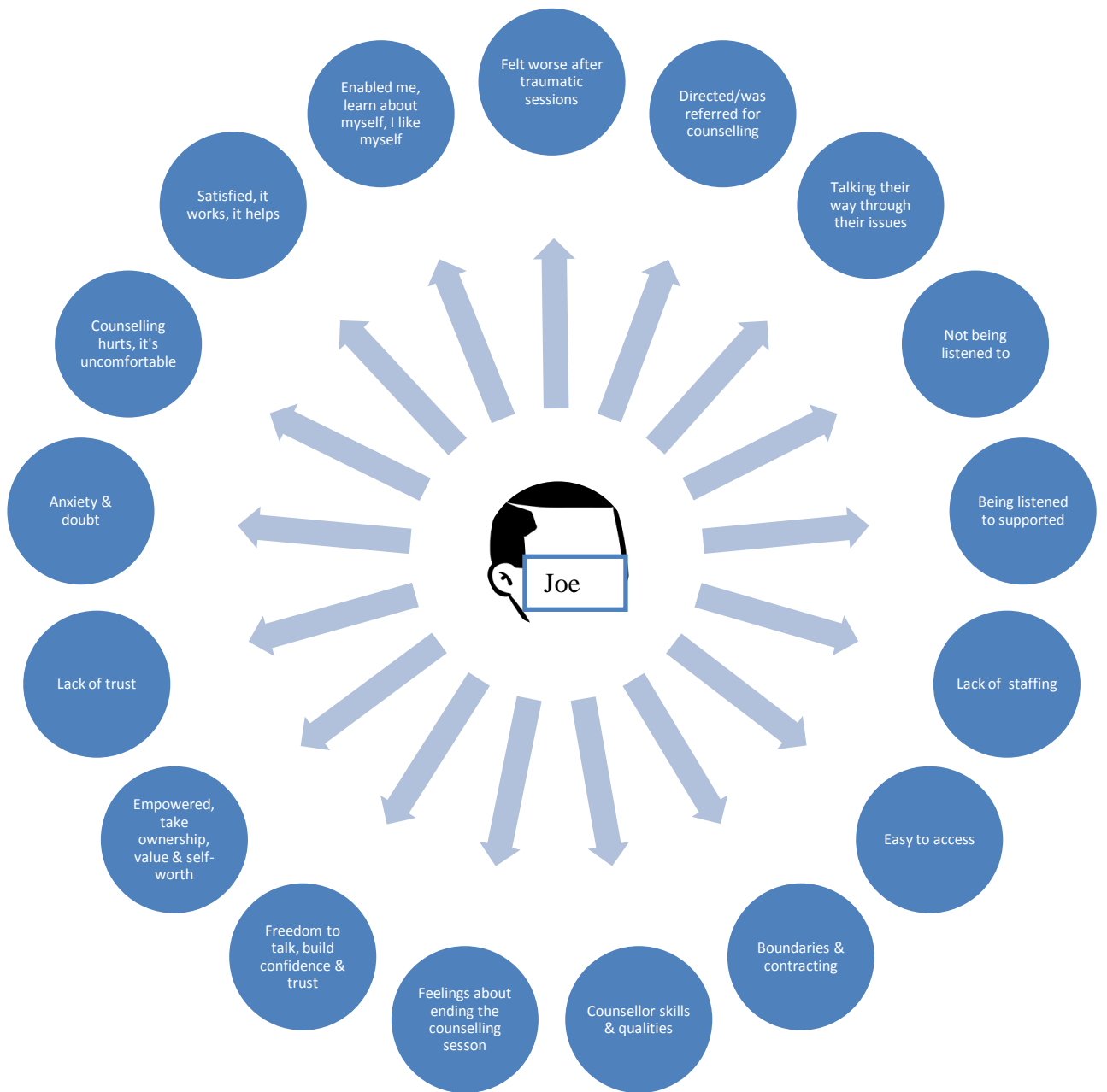
Joe

Joe is listed as a Roman Catholic. He is aged in his thirties; is tall, athletic and confident. He is optimistic concerning his future release. He is getting through his sentence by remaining busy. However, he retains a little anger toward any intrusion from the officers, although he is very friendly and affable towards most people. Joe was placed in to care and foster homes as a child. Joe suffered from PTSD, and Attention deficit hyperactivity disorder (ADHD). Joe had received counselling as a Youth Offender and had been referred to for counselling by CAMHS (Child and Adolescent Mental Health Services) and worked with talking therapy. Joe's first experience of adult prison counselling was bereavement counselling. Joe also experienced drug counselling and issues around illegal substance abuse. Joe saw the counsellor once in this present prison. Joe did not like the counsellor's attitude and appears to have taken the decision to dismiss the counsellor. However, Joe had continued with counselling and engaged in counselling with a new counsellor.

Talking about his issues helped Joe feel better. Joe expressed that when he was, "a kid" he "*had a lot of aggression that was offloaded then, it were pent up, building up to explode one day*". Joe did not confirm that he was optimistic because of the counselling, instead connecting to the fifteen-year-old Joe. He also reflects on the amount of time he has been in prison. Joe states the he is, "*Trapped at fifteen cos I've been in jail a lot of times, everyone said an unsettling childhood and stuff like that, and that was through destruction through my behaviour*". Joe then links this to him being unsettled as a child as a reason for his destructive behaviour as an adolescent and adult. Joe appears to be stating this was not fully explored in the counselling sessions. It is not clear if he is making the excuse that he is trapped in prison because he is psychologically fifteen or that he is trapped at fifteen because he has been in jail a lot of the times. What is clear is that Joe is, obviously trapped at fifteen still. Also, Joe is trapped in prisons as a thirty-year-old, because of the fifteen-year-old that began the pathway to commit crimes. Considering, Joe has an IPP (Indeterminate for Public Protection), which offers no exit date on his sentence, Joe really has been, "*In jail all me life*". Joe is changing as a person however, he claims that, after "*a while I stop taking the medication and that's what it's changing me as a person*". Joe did not mention the counselling changing him as a person. Joe no

longer goes to mental health for a talk, *“Not even bothered to go down to mental health, I don’t even bother going down to see”*. Joe does not dismiss the wing Listeners *“Some of the Listeners were all right”*. Joe is more suitable for traditional counselling, *“I for different things” “Not comfortable talking with some strangers you don’t know”*. However, Joe is comfortable talking with his friends. Validating Joe’s view and pointing towards the irony that counsellors are mostly strangers to their clients. Joe did not want to be counselled at the moment. Joe only regretted the one counselling session with the male counsellor.

Joe engaged in one-to-one face to face counselling, therapeutic group counselling and Samaritan listening counselling on the prison wing.



Ali

Ali is tall and very heavily built. He is aged approximately in his late forties and is older than most of the other prisoners. Ali was brought up and abused in care. Remarkably, he has survived thirty years of incarceration. He remains happy and does not like the thought of "hitting the road", (these are his words). If he was to be released it would be on license and he would have to be monitored because of his violent past. He is also reflective of his violent nature and attitude towards sexually predatory prisoners and paedophiles in the free world. He retains stubborn anger towards the type of people who share these sexually abusive characteristics. Ali is in prison for committing murder, he said, "*I'm in for murder....I kill paedophiles*".

He states that is his problem "*You know what I mean? So that's me problem*". Ali is checking that his meaning is understood, and his problem is that he kills paedophiles. He appears to assume that I can grasp his main point and reach the conclusion that prisons hold paedophiles. Also, Ali lives in a prison therefore, being a killer of paedophiles, would be a problem for Ali. He is allowed access to other parts of the prison and may even be allowed outside visits eventually subject to rules and condition under cat D. This is another problem for Ali as he would be able to meet people and he considers this a problem because of his past misbehaviour. It would be difficult for anyone to counsel Ali because of these situations, he explains, "And the my problem is when I go on cat D I can't go out. I have panic attacks it makes, makes it even worse." Ali went for counselling because he attempted to commit suicide. Ali offers this reason why he wanted or needed counselling. He had had hundreds of counselling sessions which he began twenty-five years ago (1995) when Ali first received counselling in prison. Ali did not state when he was first incarcerated, however; he did claim that during his incarceration mental health services was not available for prisoners. Ali visited the psychologist; Ali claimed that the help he received was insufficient possibly for both emotional and physical wounds. Ali did not say when he was last counselled.

Ali had one-to-one counselling while he was in a cell at the segregation block. In additions Ali was also seen by several psychologists and psychiatrists over many years while in prison.

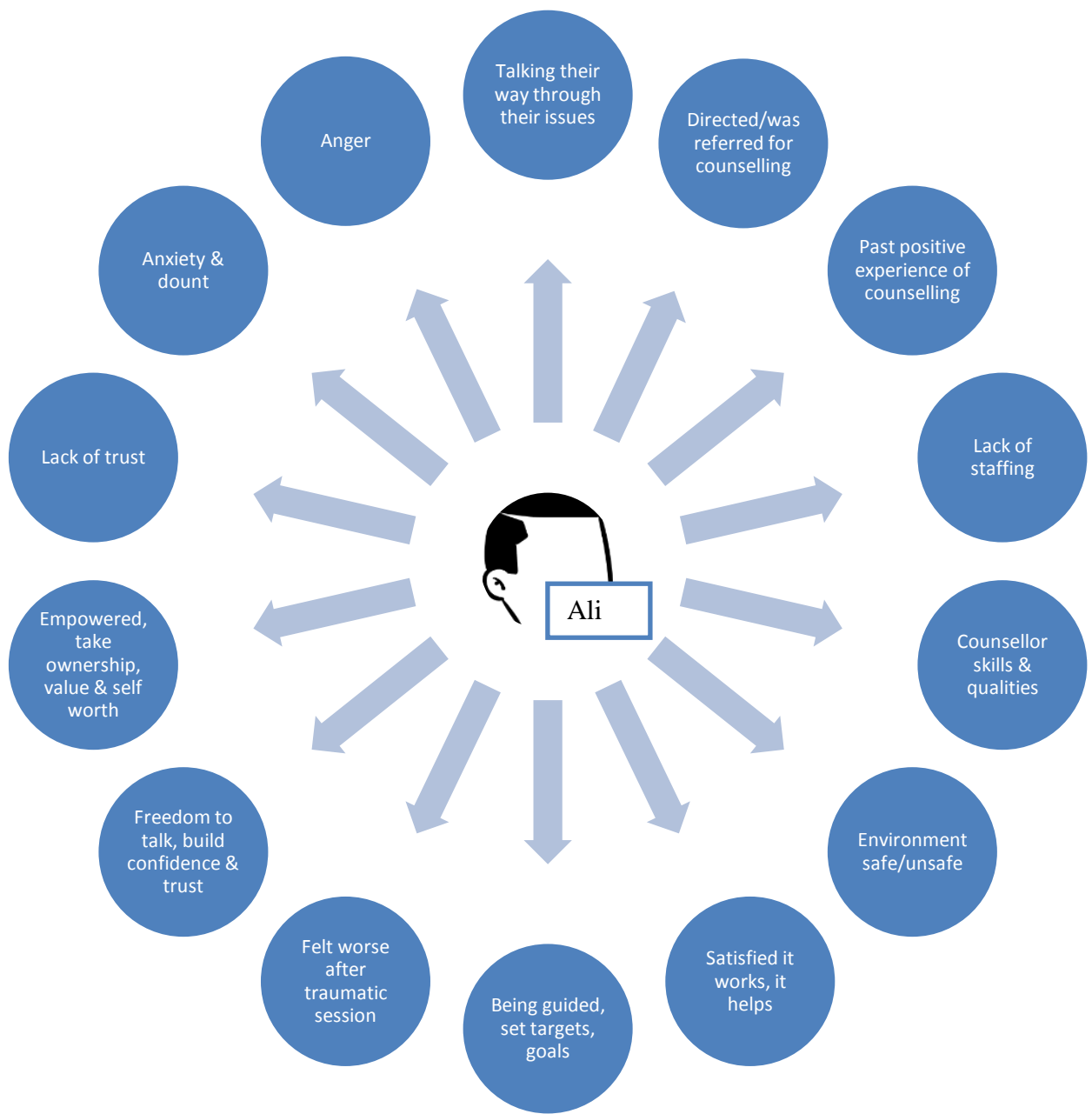
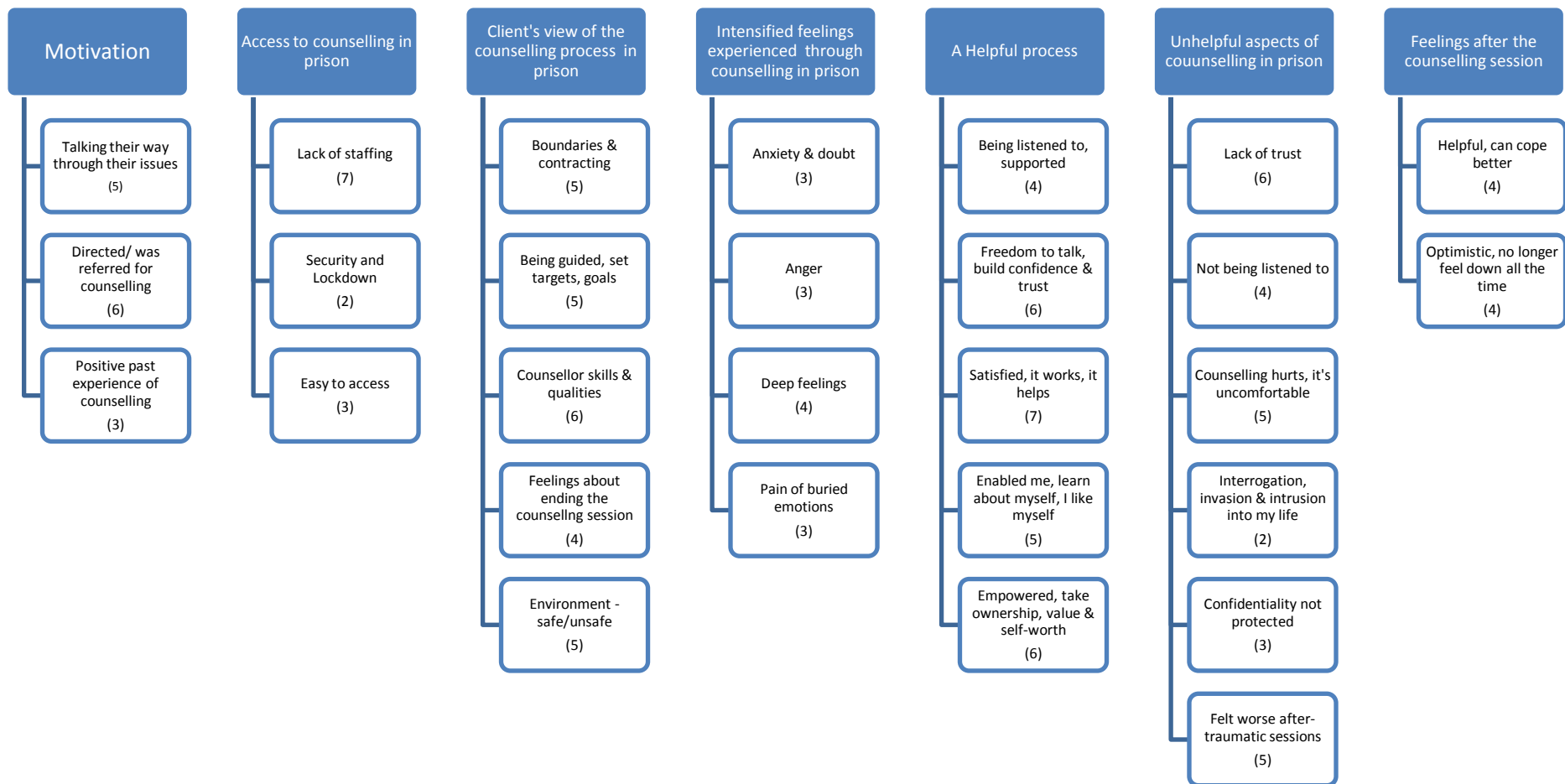


Table 4 - Superordinate themes supported by subordinate themes



5.3 Findings of the research

This section provides a detailed presentation of the superordinate and subordinate themes generated from the IPA conducted by the researcher. There are several themes common to all participants within this group and the differences are highlighted within this research, “Doing IPA with numbers of participants constantly involves negotiating this relationship between convergence and divergence, commonality and individuality” (Smith et al., 2009, p. 107). The participants’ personal experience of counselling in prison is retained by using the participants’ own words to illustrate the themes found. However, the emergence of new themes between participants may have some interesting commonality with each other that may be shared to form understanding in other context, “Thus, the theme brings together a range of understandings relating directly to both participant and analyst” (Smith et al., 2009, p. 92). For example, the prison administration, prison venues, facilities and resources and the people, who work in the prison. The researcher provides an explanation of the participant’s direct quotes so that the reader is informed how the researcher formed their interpretation.

5.4 Superordinate Theme One: Motivation to being counselled in prison

<u>Talking their way through their issues</u>	<u>Directed/ referred for counselling</u>	<u>Positive past experience of counselling</u>
5.4.1	5.4.2	5.4.3
<i>Sam</i>	<i>Sam</i>	<i>Jon</i>
<i>Tim</i>	<i>Jon</i>	<i>Nat</i>
<i>Dan</i>	<i>Tim</i>	<i>Ali</i>
<i>Joe</i>	<i>Nat</i>	
<i>Ali</i>	<i>Joe</i>	
	<i>Ali</i>	

The superordinate theme of motivation to being counselled in prison can be illustrated in the following three subordinate themes.

5.4.1 Talking their way through their issues (Subordinate theme)

Most participants offered an explanation for their motivation to engage in counselling in prison displaying in part insight and a level of understanding for their motivation.

For example, Tim explained in detail how he was motivated to engage in counselling when he had received the offer of help from a psychiatrist and a Counselling Practice Nurse (CPN) nurse from the mental health team he explains, *“I was like very sceptical but they said well you know it might help. It’s not for everyone but it does help if you want it. So I said alright I’ll give it a go”*. Tim offers his motivation by way of gaining a bit of hope, *“I was new to it, It was like I just knew them as a counsellor and they were there to give me a bit of hope...”* Tim further, explained his motivation for counselling was the loss of his sibling; he had been separated from his sister when he was placed in care. Counselling would give Tim the opportunity to talk through his loss, *“Well I wanted it because err well me brother died”*.

Dan’s motivation for counselling was to get out of prison. He needed to prove to everyone that *“he was worth going home”* (Dan did not qualify who he meant by everyone), by creating a good impression, (Dan did not qualify who he was making a good impression for) His aim was to rid himself of his self image, pursuing hopefulness, *“Like all I wanted to do was kill that character that was my identity.”* Dan wanted to engage in counselling to create a good impression because he wanted to be released. Dan’s counselling experience began by, *“dissecting everything about meself”* giving Dan the opportunity to talk this way through his issues.

Some of the participants had expressed they were motivated to engage in counselling owing to childhood trauma. For example, Joe was motivated towards counselling because of his traumatic childhood, he explained, *“they were trying to work on me traumatic childhood...and being able to move on from it.”* Tim relayed his childhood experience of abuse, *“You know I had more to look at. I had my childhood to look where as with my em with my abuse and the sexual abuse and stuff with that they could deal with, with that in the counselling.”* Although only Jon recalled a similar experience to Joe, Jon appears to have recalled the abusers, how he felt, wrote about the abuse he had suffered and imagined himself as a little boy being abused. Jon had thought that at the time of the abuse he was able to stop the abuse. Jon reasoned that was the reason why he blamed himself. Only Joe said that he was motivated by their childhood abuse.

It appears that Tim, Dan and Joe in some ways were all seeking help from counselling. Tim wanted to unburden himself of his problems and needed help in how to overcome his problems. *“You know my mum had come and left me and all that building up inside me. I needed something I needed the lot off you know but I just didn’t know how to do it.”* Dan also had a need to get things off his chest and counselling seemed like a better option to talk through his problems instead of acting out. *“Counselling seemed like a better option to talk it through”*. Dan’s view of counselling was that, he also thought that counselling was a helpful process. Joe thought that talking about his problems would help him open and by getting his issues off his chest and it may be a way of working towards moving on from trauma situated in childhood. Their responses indicated they felt hopeful about engaging in counselling and that it was a helpful process.

Two of the participants did not give a direct answer to my initial first opening question. For instance, Ali casually began the interview stating it was twenty-five years ago when he first received counselling in prison. Ali does not say that this was his initial incarceration in prison or how long he has been in prison. Ali places his emphasis on the attempt to commit suicide. Ali offers the reason why he wanted or needed counselling, *“Oh, twenty, twenty-five years ago. I attempted suicide”*. I interpreted this as a possible reason for Ali to want counselling to be given an opportunity to talk through his issues. My interpretation is also based on Ali’s statement, where he wanted to talk, as he explained to me *“just to go and see someone and say this is how I’m feeling”*. Ali is making a scenario of the events and asking for help with his difficult process and for somebody willing to listen to him and his counselling process. Hence, his psychological and emotional issues will be listened to.

Also, Sam did not explain his reason or motivation to engage in counselling, he told of how he had experienced feelings towards an unborn child *“I opened something. I spoke about... It’s important for someone who’s coming for counselling the feelings towards the unborn child and it was that! How it started”* I interpreted this as a possible reason for Sam to engage in counselling and to be able to talk through his issues. Sam never said what his issues were; only that he had feelings towards the unborn child. Sam did not say it was his child or that the child died.

All participants were asked the same question to talk the interviewer through the process that led to them engaging with counselling. Although several of the participants do not specifically define the reason for their motivation, this emergent theme is significant as it is connected by the way the participants answer the question. Smith et al., suggest a “theme may not be clearly alluded to yet; it can be closely connected to what the participant does say”, (Smith et al., 2009, p.92). Both, Ali and Sam evaded the question of what had motivated them to engage in counselling. Their avoidance could be seen as a defensive strategy, trying to avoid stressors of unbearable feelings and move them away from triggering anxiety. The question was asked and cannot be re-framed.

5.4.2 Directed/was referred for counselling (Subordinate theme)

Although six of the seven participants, Sam, Jon, Tim, Nat, Joe and Ali did not self-refer for counselling in prison, they were willing and agreeable to engage in the counselling process. Jon stated that he did not refer himself for counselling in prison, yet implied that he was agreeable to have been referred to counselling, “*it was offered to me after I had seen the CARATs worker*”. Tim had been referred for counselling by the mental health team, as he briefly explained to me, “*Ye the head nurse with erm was talking to them and I was talking about my background and em that I might need it.*” In Joe’s experience he explained how he had initially been referred by CAMHS when he was in youth offenders, “*I think done a bit of bereavement counselling in jail and when I was in juveniles’ and coming off drugs and stuff like that. I had drug counselling and I had you know traumatic stuff like that you know, when I was a kid*”. Joe also had engaged in counselling in adult prison and Joe states that the initial counselling session was not accessed by him. He states that it was his care worker who referred him for counselling, “*Well I didn’t access it for me self, that first one, me care worker accessed it.*”

Nat’s process of referral offers an interesting perspective as he explains that he was enjoying learning about counselling on a counselling course in prison and he was referred to counselling by his counselling course teacher, “*I’m just interested in it really an education, interesting course the more I read about it the more I was interested in the course*”.

Jon, Tim and Joe were referred for counselling by their mental health team/care worker and appeared to accept the referral as a means for help. While, Nat was inspired by his learning on a counselling course and wanted to learn more with the experience of being counselled. "I was fired by a counsellor"

5.4.3 Past positive experience of counselling (Subordinate theme)

Some of the participants described their past experiences of counselling in prison. Jon who explained how he had been diagnosed with Post Traumatic Stress Disorder (PTSD) when he was seen by a psychiatrist in prison in 2007. Jon had suffered with anxiety and flashbacks from the time when he was in care and abused, "*This was I've suffered with a flashbacks anxiety I was diagnosed with post-traumatic stress disorder by a psychiatrist*". Jon seemed to be pleased to have been given a diagnosis. He had been upset due to the flashbacks he had been suffering from and was glad to know it was from his past, because he had thought there was something wrong with him. It was a positive experience for Jon to know there was a name to what was bothering him "*I had to learn it wasn't my fault*" he stopped blaming himself and started to blame it on the people who had abused him, His therapy had thrown light on what his experience was, which he had interpreted that, he was a bad person. Jon was encouraged by his positive experience in 2007, to engage in counselling again.

Nat explained to me how he was encouraged and inspired to learn more about counselling through his counselling course teacher and was enthusiastic to receive counselling while in prison. Nat explains how he felt and connected the positive feelings to the authenticity of the counselling process, "*that would make me happy really happy because what they're saying is real.*"

Ali in particular, spoke of a positive past experience of counselling he had when he was informed by the therapist that he would be "*getting better by talking about it, by avin it...*" and "*By talking about it by when you have a lot of heavy stuff.*"

When Jon received his diagnosis of PTSD, I interpreted this to be a positive experience for Jon to receive a diagnosis, as he said enthusiastically, "*I felt like a released all the tension I've suffered err*". Ali's narrative suggested a positive

experience when his therapist had told him he would be better, seemingly to motivate Ali. This approach seemed to work for Ali as he took ownership of his issues, for example, “*Ye I went to some dark places, she was good like, ye*” and “*I did contribute to what’s happened to me.*”

5.5 Superordinate theme two: Access to counselling in prison

<u>Lack of staffing</u>	<u>Security and Lockdown</u>	<u>Easy to access</u>
5.5.1	5.5.2	5.5.3
Sam	Sam	Jon
Tim	Dan	Nat
Jon		Joe
Nat		
Dan		
Joe		
Ali		

The second superordinate theme relates to the participants’ individual experience when attempting to engage in counselling and is illustrated in the following three subordinate themes:

5.5.1 Lack of staffing (Subordinate theme)

Participants felt that lack of access to counselling in prison was due to the prison scheduling because sometimes, you must go through different departments to receive counselling. Applications had to be made for counselling thus, it was not freely available; a lack of access to counselling was restrictive and frustrating and impeded negatively on the amount of counselling time they received. For example, Sam experienced problems with accessing counselling, which he attributed to a lack of staffing and scheduling, “*I had issues with accessing the counselling sometimes when I needed it wasn’t there*” and “*let’s say Friday afternoon to Monday morning there is nothing in between*”.

Tim, also confirmed that due to lack of staffing, he sometimes had only received ten minutes of counselling, “*Sometimes, you can only get ten minutes which were a pain but you know.*” Both, Jon and Nat had found out that there was restricted access to counselling. Jon explained that it was only if the counsellors could not get to the counselling venue and Nat confirmed that it was difficult to access bereavement

counselling in prison, “*No, difficult getting access*”. Nat also refers to time limits and expressed frustration over the rigid boundaries within the prison that impeded on the counselling session. He explained, “*But what I’m finding, one thing I did find frustrating was and it might just have been because it was in a prison setting. The time limits.*”

Others complained about the time of the session and that the session was too short because of the staffing problems. Dan held strong opinions regarding this issue, “*no person’s job it is to get you to A or B now that’s it there, the job is just sat around to help to get you there and most of the time they can’t even do that.*” Dan states he went for counselling for a year every week he would not be given the full time due to being escorted. Out of sixty-minute allocated interview he only received “*Twenty-five minutes*”. Dan offers a further example of his difficulties in accessing counselling. He explained in prison, how prisoners have to work and how they can get stuck waiting to be escorted to their counselling session, “*You have to be at work for nine o’clock and yer appointments at half ten so you’ll work for an hour and a half and you’ll stand around and you wait to be picked up even though they’re not*” Dan did not state succinctly what he meant. Dan complained as he recalls “*the only times when I got to sessions on time is when I didn’t go to work*”. Dan felt that he would actually pay for a session because he would lose money because he had chosen not to work in order to have a full counselling session, “*I’d ‘ave me full session.*”

Other participants were unhappy with the long waiting time to see a counsellor. Joe stated he had waited six months in this prison to gain an appointment for bereavement counselling. “*It took about six months before it come about.*” Joe felt by the time his appointment came through he did not need to see a counsellor, “*To actually get appointment, by the time a got an appointment I didn’t need to see you, because my issues I’m used to dealing with them with drugs. My issues I don’t need your help anymore.*” Joe had other complicating issues with accessing counselling as he was not happy that he could not choose the gender of his counsellor, as a child, he had preferred the counselling skills of a woman. He felt comfortable with a female counsellor, Joe explained his preference for a female counsellor to me because Joe thought women were more experienced with children and had an understanding of childhood particularly mothers.

Joe said, *"You could always know a woman."* *"Cos when I was a kid I'd get all the women better than men ye, and I asked, I said is there any chance I could have a woman?"* Joe explained that he was unable to open up with a man. He did ask if he could have a woman *"I asked for a woman."* However, the prison would not let him choose, *"I they wouldn't have it, you don't get to choose, you know what I mean.....because you can't pick and choose, do you know what I mean? You get no say."* Analysing this, I could fill in the word 'trust' a woman. Joe agreed that women understood him and he had been very satisfied with women from CAMHS. He thought women were better counsellors than men, for him because he could open up to them. Joe seemed to have more of an affinity with women and in particular women counsellors. However, Joe's request for a female counsellor could not be accommodated, which could indicate a shortage of female counselling staff in male prisons. Joe might agree with that comment. Research into the areas of availability of staff for male prisoners and the gender of counsellors for male prisoners appears to be under researched.

The majority of the participants felt there is a lack of staffing which impacts on the prisoner accessing counselling. Most of the participants voiced their dissatisfaction in the difficulties they had experienced in accessing counselling sessions. They all felt the main reason was lack of staffing and scheduling, particularly so, that the counselling was not there when they needed it. Sam had stated, *"I had issues with accessing the counselling sometimes when I needed it wasn't there"* and *"let's say Friday afternoon to Monday morning there is nothing in between but it was therapy it's because someone has to be blamed again"*. Sam appears to find solace in that he can blame someone for not being able to access counselling and finds the issue of blame therapeutic. Access to counselling appears to be limited to Monday to Friday and through the week if there are no disruptions and facilitators are available. Sam felt that there was not enough staff in prison to facilitate movement to access counselling, *"bring in more staff for when I need to be counselled"*. He feels that counselling would ideally be available to clients as and when it was required.

Nat had stated he too, had problems accessing bereavement counselling and appears to have never addressed his issues of loss in counselling either at the present prison or at the previous prison.

5.5.2 Security and Lockdown (Subordinate theme)

Some participants felt the problem lay with the prison movement regime. For example, Ali stated that he, too, had experienced issues with waiting to see a counsellor. When he came to the current prison, he had asked how long it would take to have counselling, he was told there is a long waiting list for counselling. He reports, *“It’s a long waiting list”*. The prison regime and the whole prison environment made everything worse for Ali. It appears that Ali had been incarcerated before mental health services were available for prisoners.

Ali’s statement is delivered with almost poignant equanimity, *“not then, no in them days there was no mental health. Just went an seen the psychologist.”* Ali’s statement suggests that counselling was not available until much later. It appears that Ali had a mental illness and he had attempted suicide. He had just been *“stitched up”*, Ali’s symptoms had been treated but the cause had not been treated. This had been Ali’s experience and understanding of his mental health (i.e. no mental health services), but to go and see a psychologist. The prison services may not have had counselling over 40 years ago. Ali received insufficient treatment for his injury. Ali does not state whether his injury is physical, mental or emotional, *“That’s all I got. They stitched me up and ere that was it”*.

While some participants appeared to blame prison security and lack of staff as lack of care. Sam says that he also experienced issues with accessing counselling giving his reasons for this as lockdown. Lockdown as at 2019, remained a prison term for closing the prison, where no movement of the prisoners were allowed. Sam said that lockdown restricts access to counselling and there is not enough staff to facilitate from Friday afternoon to Monday morning and no counselling can take place during a lockdown, *“you don’t come out and even if you do come out you don’t do the counselling because they need proper to facilitate something is going on”* The priority in prison is always security, therefore, if there is a shortage of staff everything else will suffer and since counselling comes very low on the list of

healthcare, it will be prioritised as the last task for the prison. Therefore, timetables will be shortened, downgraded and prioritised from education, recreation, and religion and finally counselling. Health care is important, but counselling is low down, most counsellors in prisons are volunteers and are not paid.

Dan encountered problems with movement to and fro the counselling venue. He explained his issue in getting to the counselling room, "*Worst thing in prison it's getting about. Counselling is getting there*". Dan explained that the reason was because of the security and the establishment's attitude, "*Right they don't recognise it. They don't really care! Call Oscar, call Oscar one, or whatever it's called. Escort stand ye*".

Security and prison regimes restrict the daily movements of the prisoners to a greater extent and as illustrated with Dan, this impacts on the counselling process. Dan felt he was not getting all the skills he wanted. He explained to me how the security issues impacted on the counselling process, as he was unable to form a therapeutic relationship with a counsellor, *because I didn't get to back chance to...Make that one-to-one relationship*".

5.5.3 Easy to access (Subordinate theme)

Three of the participants reported no difficulty in access. In the instances of Nat and Jon, there had been involvement with professional workers (i.e., CARAT's). Jon also found counselling easy to access counselling; he implies that he was referred to counselling by a CARAT's worker, "*It was offered to me after I had seen the CARATs worker*." Jon describes the process as taking twelve weeks for him to be seen by a counsellor. Jon also found the movement from the wing to the counselling venue was easy, when asked by the researcher.

Nat confirmed it was not difficult to access counselling in prison, Nat confirmed that it had been easy to pass through the Education Centre on the days that he was attending counselling.

Joe found access to counselling easy too. He explained that when his care worker was involved, the process was quicker, "*me care worker accessed it. Pretty quick, I*

was in pretty quick.” Although, he states that it was this jail with the waiting, it took “six months”, to gain an appointment for bereavement counselling.

The above participants were already in the system and part of the third party referral process which would account for them in not experiencing any trouble accessing counselling. It appears; Jon put a lot into counselling and in turn had got a lot out of it. He said that everything worked for him, explaining he had not encountered any problems in accessing counselling, “not for me” by way of acknowledging others may have had problems

5.6 Superordinate theme three: Client’s view of the counselling process

<u>Boundaries & contracting</u>	<u>Being guided, set targets, goals</u>	<u>Counsellor skills & qualities</u>	<u>Feelings about ending the session</u>	<u>Environment-safe/unsafe</u>
5.6.1	5.6.2	5.6.3	5.6.4	5.6.5
Sam	Sam	Sam	Jon	Sam
Jon	Jon	Tim	Tim	Tim
Tim	Tim	Nat	Nat	Nat
Dan	Dan	Dan	Joe	Dan
Joe	Ali	Joe		Ali
		Ali		

The third superordinate theme relates to the participants’ view of the counselling process and is depicted in the following five subordinate themes:

5.6.1 Boundaries and contracting (Subordinate theme)

A counselling contract is a very important document “the client has a right to know what the conditions of counselling are” (BACP, 2017). Most of the participants confirmed they had received a counselling contract and were happy and willing to sign it. For example, Sam who had voluntarily contracted for the counselling sessions. He formally signed the contract, which stated that he had a choice to attend for a certain time frame and that if he left any counselling session prematurely, he would not be able to come back to the sessions. He explains, “Yes that is the ground rules. If you like we sign a contract. Why because that’s the way it is you do that.” Jon, Tim and Joe also all refer to a counselling contract being established and opened at the beginning of the counselling assessment. Other

participants confirmed they had received information concerning number and duration of sessions, as seen with Sam, who confirmed he had received regular counselling, three sessions a week and the other two sessions were group therapy. However, Sam confirmed that he was not aware of the duration of the sessions, stating it was a case by case selection.

Jon was also informed of the number of counselling sessions that he should have; twelve counselling sessions and confirmed that the psychologist thought he should have twelve to twenty sessions. Tim confirmed that he received twelve to fourteen counselling sessions over a two and half month period. He too, was informed at the start of the counselling session. Although Tim is unsure if he did sign a counselling contract, *“No I signed something but it wasn’t a contract... It might have been actually well it might have been, ye I had to?”*

Contracting is usually carried out at the very beginning of the therapeutic relationship. One purpose of the counselling contract is to make it clear what is on offer, which includes the times and durations of counselling sessions. It is clear from participants’ accounts that verbal contracting did take place at the start of the counselling process. Although many participants in my research indicate that a written contract was not offered to them.

Several participants expressed their satisfaction and trust in the process of the counselling contract and boundaries. Sam offered his view that the contract appears to be firm and fair and viewed boundaries as ground rules as he stated, *“Yes that is the ground rules.”* Jon emphasised that firm boundaries were set, and he confirms that the contract was always fulfilled, *“nothing hidden, nothing kept from me. Everything was fulfilled yeah”*. Jon confirmed if the counsellors could not get to the venue in time, then he was always given notice, *“Yeah so they phone up and say oh (Redacted) is not in tomorrow or that lady will be coming next week. They would always let you know”*. Tim too, felt that boundaries were maintained, *“He always respected me boundaries.”* However, Tim had stated sometimes he had only received ten minutes of the counselling session.

Dan expressed his discomfort with a boundary issue he reported in the research, that he did not feel comfortable with part of the counselling process and he felt that a block in the counselling process occurred when the counsellor begins to disclose personal experiences; he stated that *“what I don’t like about it is when they start telling me about them. I had one counsellor and he started telling me about what experience he’s had...and I couldn’t empathise with them circumstances because I’ve never been quite sexual abuse and stuff.”*

Boundaries can cover practical details such as appointment times and may be negotiated at the outset as part of the therapeutic contract. Therapists normally maintain and provide consistency, predictability and security of therapy sessions – for example, offering the client a regular time, duration and venue, unless otherwise agreed, BACP Ethical Framework, (2018). Cancellations of appointments and advance warning are a condition of the counselling contract and in the case of Jon this boundary was clearly maintained as he was always advised of any cancellation or reason for lateness.

Dan’s account of feeling awkward and uncomfortable because of his counsellor’s personal disclosure was reported in the research. Joe reported that his boundaries were held during the counselling session. He explained [that](#) the counsellor did not disclose anything personal about himself and that the session was about Joe, *“it was about me innit?”*

In particular, some participants recalled the clause of confidentiality as seen with Joe who, confirmed that he had received a contract, which included a confidentiality clause, *“A confidentiality clause not to be shared unless it’s dangerous to them and others”*. Joe was offered a formal counselling contract. The counsellor went through the contract with Joe and he appeared to understand the contents of the contract and the need for a contract *“It’s better innit?”*

Dan also explained his understanding of a section of the counselling contract and confidentiality, *“Ye, like if you going to harm yourself or anyone else. I think it might be the same out there but like...So you’re’ told the rules on like errm. What’s it called when...confidentiality?”*

The counselling client's boundaries and confidentiality are normally outlined and described at the start of the therapy. Exceptions may be, for examples; any necessary laws or potential risk of harm to the client. Dan had a very clear recollection of this part of the contract process regarding confidentiality as he recalled "*If you're going to harm someone they've got to tell someone.*" Dan meant that the counsellor had a duty to report the client if the client made a statement to harm others.

5.6.2 Being guided, set targets, goals (Subordinate theme)

The counsellor works with the client to identify and set goals and, targets. Participants felt they had been helped by setting goals and targets for their therapy process. For instance, the counsellor encouraged Sam to face his anxieties, identify them, and then talk about them.

Dan confirmed that he had several set goals, "*is when you're looking at your past and you're looking at that point you've always got a goal each week*" referring to one goal was for himself to open up more. Dan felt this goal, helped him to feel closer to his mum, "*I got a lot closer to me mum ye cos that's one of the goals they set like it to start opening more*".

Setting targets is helpful for both the counsellor and the client because the client's involvement in the goal setting process can serve to motivate the client to achieve their goals. Other participants felt setting their goals had helped them to focus and target a definite outcome for their personal growth. Such as Sam, who understood from his counselling experience that his experience of personal growth was already in place and that he worked towards specific targets; however, he also experienced other clients who struggled in their decisions. This was Sam's view of the counselling process in prison. Sam experienced different types of therapy, group and one-to-one. Although Jon had only briefly confirmed that the counsellors gave him a set of goals and targets for him to go work on, "*yeah, targets to work on*", this suggested to me that he had set targets and was focused on what he hoped to achieve from his therapy sessions.

Tim had also stated it would help him focus on what he wanted to do with his life. Tim was reflective as he confirmed that the counsellor set goals concerning his

emotions, “to deal with my anger, I dealt with my emotions one to look long and hard at my life in my past! To what I want to be, to what I want to do with my life, focus you know”. He reflects on his targets for self-improvement and growth,

See ye them type of goals they set me. I’m just the type to set because back than I was getting adjudication for fighting, so like no to get myself any adjudication. Do you know what I mean? Really, really nick free.

No adjudication equals nick free because this is Tim’s way of saying he would be free from any charges and not face a formal board of adjudication in front of any governor or assistant governor. Tim had been offered several goals to be achieved through counselling. The goals for Tim matched up to what he needed and were useful aspects of the counselling process for him.

To deal with my anger, I dealt with my emotions one to look long and hard at my life in my past! To what I want to be, to what I want to do with my life, focus you know, getting me reality. Little steps you know life’s journey. Situation throw your in. looking at this look at these and see everything how you can make yourself better, see what you can do right, right, and wrong. See ye them type of goals they set me. I’m just the type to set because back than I was getting adjudication for fighting, so like not to get myself any adjudication. Do you know what I mean? Really, really nick, free to remain life i.e. free attitude group like that you know.

The above participants appeared to understand the purpose of setting goals for their counselling process. Negotiating with clients and allowing them to set their own goals can develop a deeper insight into what they really want, (Cooper & Law, 2018). Setting goals helped the participants to clarify and target problem behaviours, or issues that they wanted to work on in counselling. This was seen with Sam’s experience of receiving a second type of counselling which co-existed with the group therapy, which he described as one-to-one problematic sessions.

Some of the participants had a choice of targets and made definite decisions which were independent of the counsellors. The counsellors had limited their skills to signposting what might benefit the clients, carefully suggesting and guiding what might benefit particular clients who struggled in their choices. As, Sam explained how the group were guided to identify the issues that were troubling them, he described these sessions as one-to-one problematic sessions, “*They used the term problematic sessions. Now why it’s problematic, it’s because we have to identify those issues that are problematic, what’s troubling you, we will speak about it.*”

Tim also, said that he had felt guided by his counsellor: “*So he kind of, he talked, he talked recall me, he kind of guided me down that road so*”. The counsellor talked to Tim enabling him to remember his experiences and then guided him, “down that road.”

While Ali explained how he had been set targets and goals “*it’s a mindset thing, ‘sol modern stuff today, mindset em if you feel like you’re going to you want kick off*”. The counsellor guiding Ali to identify and set targets and goals had helped Ali as he understood the triggers that would start his violent behaviour “*you recognise the buttons*”, preventing violent episodes erupting.

5.6.3 Counsellor skills and qualities (Subordinate theme)

The BACP defines “counselling skills as a combination of values, ethics, knowledge and communication skills that are used to support another person’s emotional health and wellbeing (BACP, 2020, p. 7). However, Rogers define skills as ‘soft skills’ which include empathy, unconditional positive regards (UPR) or non-judgemental attitude and these qualities will come through in the therapeutic relationship, particularly when the counsellor is authentic or what Rogers (1951) call ‘real’. Some of the participants expressed an appreciation of the counsellor’s analytical skills, enabling them to open up. The counsellor’s skilful use of a combination of analysis and challenges were helpful to Sam. For example, Sam reflected on the use of the skills of the counsellor and he said that, “*counsellors do not offer advice and they did not speak for him*”. Sam was able to speak with deep reflection, he reflected on the use of the skills of the counsellor and noted that he could focus on areas of his choice because he was helped or enabled to speak.

Tim had enthusiastically described the skills and qualities of his new counsellor, “*And then a couple of months like I got some guy and he was all right absolutely brilliant, absolutely brilliant, it was just like, he tried to make me understand how I was feeling*”. The counsellors’ skilful use of interventions and the way the counsellor worked with Tim helped him to understand his own feelings and prevented Tim from reacting to his problems and issues. Tim approved of one counsellor as he felt guided by the counsellor and felt that he gained more insight from one-to-one therapy listening more, although he was unsure what the counsellor did, “*Don’t know*

what it was... she gave me more insight, she dealt more into myself". This particular counsellor was looking analytically into the background of Tim's life, asking how Tim felt and thought. Tim spoke of coping mechanisms introduced to him by the counsellor, *"she showed me that coping mechanisms and things to do. You know things to do, a stress ball and err, just little things like that,"* Tim expressed his gratitude and recognition of the counsellor's skills *"She done a few good things"*.

Tim's counsellor had made appropriate use of his listening and responding skills to understand Tim's feelings and was very emphatic towards Tim. Tim was appreciative of the counsellor's skills probing deeper and checking out with Tim that he was correctly understanding Tim's views. Tim had said about both of his counsellors, *"I owe her quite a lot"* and *"He always respected my opinion, cos I respected his ye know"*.

Dan had felt that the welcoming skills of the counsellor in the first sessions were helpful to establishing a sense of connection with him, *"But I always find the first sessions are welcoming."* He found that the counsellor utilised skills, building rapport in a consistent cycle, which enabled Dan to start talking about his experiences. All the sessions Dan participated in were voluntary.

Other participants appreciated the non-judgemental attitude of their counsellor. For example, Nat appreciates that counsellors are trained not to judge and for Nat, this meant he could open more because he knew that he would not feel judged. Nat further states that he would feel more comfortable talking with a counsellor rather than with a cellmate or an officer, as he explained, *"It might be something they might not share with their cellmate or an officer. Whereas a counsellor someone you never see again, you might open up more because counsellors are trained not to judge. "If you are you know you not going to be judged,"* Nat trusts the experience and skills of his tutor, he knows his tutor will accept and value him without judgement or criticism. Nat describes Unconditional Positive Regard (UPR) and is associated with Rogers (1967) the founder of person-centred therapy.

However, some participants were unhappy and not comfortable with the counsellor's skills. For instance, Dan had discovered that some of the counsellors were trainees and disliked the fact that they were trainees. Dan knew he was experienced in being

counselled and was, *“always trying to get more experience”, “particularly, when I know they’re gona push me and test me and play around on me head a little bit and make me see things a different way you know.”*

Joe reported that he felt uncomfortable with the counsellor and did not like the counsellor’s attitude, *“I seen em once and I didn’t really like his attitude.”* He explained that he did not like the counsellor’s response when Joe asked him the question *“Do you have suicide thoughts in your head every twenty seconds”* and Joe reports that the counsellor said that was normal. *“Ye it was like he was trying to dust me off and like that. I was like your experiencing these things and that any man could have. These are normal things that, and thoughts and feeling, like that. Well is it really? No! Well it’s not though is it?”* Joe thought that the counsellor was unrealistic and felt as though the counsellor was not empathic. Joe reports the counselling session consisted of *“forty-five minutes of chatting”* and confirmed that the session was relaxed.

Joe may prefer a structure when being counselled with a goal orientated outcome? Joe appears to be unimpressed with *“it’s just conversation”*. Joe’s expectations of counselling appear to be much higher. The researcher asked Joe if in one session, that had been very painful for Joe, he felt the counsellor could have been open to his feelings. Joe considered this question and the skills of the counsellor as not being open and considerate to the deep painful feelings Joe had uncovered. He responded, *“No I don’t think they did”*.

Rapport is important in the therapeutic relationship, and it appears Dan did not feel a sense of rapport and could not respond to trainee counsellors. This may be due to the inexperience of the trainee counsellor or Dan’s lack of trust in the skills of the trainee. Suffice it to say; rapport had not been established and unless a client feels a sense of rapport, they will not feel safe enough to be able to work well with the counsellor. Joe had not experienced unconditional positive regard from his counsellor as the counsellor had not accepted him, just as he was and had not been caring or considerate to Joe’s feelings, Rogers (1967) described UPR as a caring, which is not possessive, undemanding of any personal gratification, and an

acceptance of the client and respecting the client as a human being with his or her own free will.

Although Ali thought that he did not have proper counselling although he persistently thought of counselling as a good thing, a selfless act from the counsellors and advocated more counsellors to be placed in prison *“twenty-four seven”*. Ali explained how other issues arise from counselling brought about by the counsellor and he views the process as acceptable, philosophical and necessary, *“Nah. You got worms on the wall they open that, but I’m not really into that old business. Do you know what I mean? It’s que Será, Será. It cuts both way”*. Ali explains how he went to deep worrying recesses of the mind *“Ye I went to some dark places she was good like ye,”* his statement leads me to think that Ali enjoyed regressing and going to dark places. He thought the regression was good and the counsellor was good. When I asked him if it made him feel better he did not say whether it made him feel better, instead just responding with *“she’s a therapist, psychologist, social person she’s got, she’s a psychologist”*. Ali does not want a Listener to help him with his complex problems, as he does not feel a Listener has the skills or experience required. The Listener scheme is a peer-support scheme within prisons, specially selected and trained by the Samaritan volunteers. The aim of the Listener is to provide confidential and emotional support to the prisoners who are struggling to cope or feeling suicidal. Ali understands that his deep rooted emotional problems require professional experienced health workers to have time with him and then they will understand him better.

He has been told by some of the counsellors, *“I’ve been told by some of these counsellors that my problems were too complex, and they were trained for trauma”*. Ali knows that the counsellors have been trained; therefore a Listener with less training would be little or no use to Ali. Ali insisted that the prison needs specialist in counselling trauma stating, *“he’s not specialised he don’t specialise. That’s what you need, you need people who specialise. One counsellor, like trauma counsellor, they need counsellors today, don’t they?”* Ali persistently thought of counselling as a good thing, a selfless act from the counsellors and advocated more counsellors to be placed in prison twenty four seven.

5.6.4 Feelings about ending the counselling session (Subordinate theme)

Participants felt uncomfortable and unhappy with the way sessions ended. For example, Tim experienced negative feelings when a session was interrupted, and he had to go back to his cell. This interruption caused lingering negative feelings and appeared to be a problem for Tim to deal with as he feels that he has opened up, *“Cos you’ve opened a can of worms”* and he was not given the time to bring himself back. Others felt hurried and frustrated about the ending of the session. Nat felt the rushing to get to the ending of the session condensed the counselling session, *“You know, if you get say you’ve an hour. And after fifty-five minutes they’re rushing and I just thought that was a bit you know frozen.”*

Joe felt that the counselling session ended abruptly without an explanation and felt that he had said or done something wrong, *“or I said something wrong or you know, don’t know”*. Joe explains that it would put his mind at rest and he would not be thinking he did something wrong during the counselling session if an explanation from the counsellor was a reasonable expression of the structure of the session concerning the abruptness of the ending of the session. He appears to be saying that the gap or space left behind, when the counsellor abruptly ended the counselling session, was filled with negative-self, doubts and thoughts and created confusion. Joe’s rationale is that the way he feels is the responsibility of the counsellor. He was concerned about the endings of the counselling sessions.

Some of the participants offered suggestions regarding how the sessions could have ended more appropriately. For example, Joe suggests lightening the mood towards the end of the counselling session would be a useful aspect of the counselling process, *“I don’t know, if I was a counsellor, I’d ave done it that way I’d ave tried it, to lighten the mood”*.

Or, Tim offers his view of what technique should be utilised when being counselled, *“Ye you know if you come to me and you say, I say blah, blah, blah! And you have to go back mate, you’ve got no time to close me down! And like just get me back from the highs back and bring me back to a level rationally and properly”*. During the counselling session, Tim appears to be saying he needs help to process the issues he has raised.

A few of the participants felt there was a gap and a void left behind without after-care support, especially Joe who anticipated that he would be left without support after the counselling session. Joe was left with intense feelings after the counselling session suggesting he was left with no aftercare; he explains:

You may walk out of the door and they may say something that's happened, you know because they put that thing in your mind you don't know, but when you welt it down you don't think, when your forty five minutes are coming up now, were gain finish up. Well you might have been in a deep conversation about really bad stuff and that's it done so you're left with it then when you left that room. It's like it not winding dooowwn. Change the conversation.

Joe also appears to be stating that the “welt” which Joe mentions is insight from the “Bad stuff” revealed during the counselling session. Joe appears to express some dreaded anticipated end of the counselling with the prospect of Joe’s lonely process without any aftercare.

Ali too expressed his dis-satisfaction with counselling because he felt there was no aftercare from other interventions, “No because there was no back up”. He relays a conversation he had with a mental health worker/counsellor “just chatting and then you go away this isn't proper”. Ali’s expectation concerning after care is that it will be a negative experience similar to the trauma intervention. More counselling could have helped Ali, although, he thought that his issues and problems were too complex for the counsellors.

5.6.5 Environment safe/unsafe (Subordinate theme)

Participants felt a safe environment where their counselling sessions had taken place. For example, Sam described the place where counselling was conducted as an old building with furniture, and a small library in a small unit. He describes a calm and atmospheric therapeutic environment, with a fish tank and some fish. Although, Sam appears to be connecting security issues with the counselling environment, “Yes just to give in a bit of a context err like we don't normally see a fish tank... you know with some fish you know, in a prison environment? Many reasons for one it's a security reason its water in it and it's got glass in it!” Sam could not escape the concept of the prison environment where glass is considered a security issue, even though he felt at ease with the surroundings of the therapeutic environment.

Dan's experience is that the boundaries have always been upheld and his prison counselling has been in a safe environment with panic buttons on the wall for security. *"it's always been in the health care it's always been in a safe environment to be fair, because they have buttons on the wall"*.

A mixed view of the environment is offered in Sam's statement. However, Sam said, when he was feeling low, he would just go and sit next to the fish tank *"It takes your mind away"*. I interpreted the setting as an enabling environment as Sam's perception of the counselling environment was safe and positive. Dan appears to interpret a safe environment as security with panic buttons should the counsellor encounter trouble. My intention as the research interviewer, I interpreted safety as being not overheard or not a confidential space to be counselled.

Other participants felt the facilities were inadequate and uncomfortable. Such as Tim, who explained he felt the clients were not given consideration, *"a few times where I've sat in a room and they've tried to check in a little they like this and we've been sat in these and it's not been ideal and at first we didn't have a room we had to sit on top landing people walking around."*

Nat offers his opinion that he would want to change the setting of the prison counselling to make it more comfortable, *"you don't want to put an, a uncomfortable chair because your uncomfortable your losing the value straight away"*. It would appear that Nat is not entirely comfortable with the prison setting for counselling and feels the more comfortable and safer you feel, then you would be able to relax, *"so the more comfortable you are the more the barriers come down."*

Also, Dan appears to find a counselling interview room a poor facility for counselling, he said *"They can hear me out there and this is not a private room. This is like one of them rooms where everyone can hear what am saying, ye know."*

Ali said that he received counselling from outside his closed prison cell, within the isolated containment unit block. Ali explains his first experience of counselling was talking through his cell door, *"Ye, and that's how it was in the block...safety reasons can't have bodily contact"*. Ali is saying that there is no other way to be counselled in the block because a counsellor would be harmed, or a breach of security would

occur, he stated, “*It’s impossible*”. Although Ali is suggesting that he was too dangerous to be in contact with another person, including being counselled one-to-one non-face, this type of setting for a counselling session would not be considered by the BACP as a safe environment for counselling: due to the lack of confidentiality.

A safe space for a counselling client could be described as a place or space in which a client feels secure and free to express their thoughts and emotions. The minimal requirements for a counselling room are that it facilitates confidentiality in terms of preventing anyone outside or close by overhearing and where anybody passing cannot see the client, through a glass pane, window etc. In Tim’s experience he had experienced counselling in an open space, where there was no confidentiality at all. Also, in Dan’s experience he did not feel he was in a safe space, as everyone can hear what he is saying during counselling because the counselling room is inadequate and unsuitable for confidentiality. However, the counsellor working in a prison setting must contend with a wide range of complex issues, such as security, and confidentiality, whilst establishing a therapeutic relationship. A safe environment to the prison client could mean a number of things to different prison clients, as seen with Sam and Dan, who both perceived a safe environment in the concept of a prison setting.

5.7 Superordinate theme four: Intensified feelings experienced through counselling

<u>Anxiety & doubt</u>	<u>Anger</u>	<u>Deep Feelings</u>	<u>Pain of buried emotions</u>
5.7.1	5.7.2	5.7.3	5.7.4
<i>Sam</i>	<i>Sam</i>	<i>Sam</i>	<i>Jon</i>
<i>Joe</i>	<i>Tim</i>	<i>Nat</i>	<i>Tim</i>
<i>Ali</i>	<i>Ali</i>	<i>Tim</i>	<i>Dan</i>
		<i>Dan</i>	

This superordinate theme of intensified feelings experienced through counselling is depicted in the following subordinate themes.

5.7.1 Anxiety & doubt (Subordinate theme)

Participants felt anxious and doubtful concerning the counselling sessions. For example, Sam was initially filled with anxiety and doubt when counselling was mentioned to him due to his issues around his anonymity because it was a large prison and there was a lot of people who could have known what he had done, he felt that he was exposing himself, once he felt safe he was able to offer and share his issue, he stated, *“No anonymity in prison”*. Sam told me he had volunteered for counselling, he explains, *“So, I volunteered and the first day, I’m thinking am I doing the right thing? What if I make a mistake? What am I putting myself into? Err so the first day walking into the room I was absolutely nervous. Um anxiety is the right word I suppose”*.

Joe had experienced more anxiety and doubt by the counsellor not acknowledging him outside of the counselling environment, he explained *“Not talking to me would make me feel worse because then I’m going to go in the next session feeling I done something wrong innit”*. Joe felt that the counsellor talking to him would be helpful and he would feel more comfortable, *“Talking would be more open to it. If she let on to me then I’d look forward to that session then I’d be more comfortable then, ‘cos she’s been nice enough to say hello to me ye know”*. Joe offers his view of what would be more helpful if the counsellors were more open, talkative and transparent and this attitude would help Joe to look forward to that session because he would feel that the counsellor had been “nice” to him. Joe gave his views of women counsellors and women in general, as he explained that women counsellors may have children and would be more empathic *“she may, may have been a mother you know what I mean? She probable had kids and stuff like that, so you can open up because she’s got an understanding of childhood.”*

Ali agreed that he had intense feelings concerning his paranoia and I interpreted that Ali could have had anxiety and doubt surrounding his paranoia. He wasn’t sure whether people would talk to him to gain information, but he was sure that could be his paranoia, he said, *“when I do talk I got to be aware are they talking to me whether they help me or they want to gain information, or that’s some part of paranoia over the years”*. The prison environment creates the paranoia, the

uncertainty because they have to share issues with people that might take advantage of you.

The Mental Health Foundation (2019) reported that The Institute of Psychiatry estimated that, *“Over half of prisoners have poor mental health including depression, post traumatic stress disorder and anxiety”*. Reducing any unknown anxiety on the client from the counsellor with skilful use of transparency would help the prison client who can be seen with Joe before, during, and after the counselling sessions and throughout Joe’s counselling process.

5.7.2 Anger (Subordinate theme)

Participants experienced intensified feelings of anger and frustration whilst being counselled in prison. For example, Sam experienced intensified feelings of anger while he was being counselled in prison, when there was a person in the group that was a stranger to the group *“a probation officer.”* Sam objected to the stranger being there and felt that he should not have been asked questions in front of the stranger. He explained *“so why would you expect me to trust a probation officer who I met just five minutes ago?”*

Or, Tim who explained why he had felt that he was not listened to and this unhelpful aspect of counselling has created more intense feelings for Tim because he could not talk about his issues, which had made him feel more frustrated, *“Anger, frustration annoyed. You know because of that time I couldn’t talk about it. Things you know I couldn’t talk about what happened to me and so because I couldn’t do that it frustrated me more.”*

Ali, too had experienced intense feelings while being counselled in prison because he said *“they want to find things about you and it makes you feel worse”*, I feel from Ali’s explanation and response in feeling ‘worse’ that it may possibly be his anger.

Sam experienced intensified feelings of anger through what he felt was an inappropriate invasion and he felt uncomfortable and unable to share and talk about his issues, he says *“Not comfortable sharing with that person”*. Tim also experienced intensified feelings because he could not talk about his issues. All participants felt a sense of frustration of not to be able to talk.

5.7.3 Deep feelings (Subordinate theme)

Participants experienced deep feelings and emotions, as seen with Sam, who confirmed after his initial concerns about the counselling programme that he felt better sometimes during counselling sessions explaining that he had written a letter. *“Yes there were times when I felt better. You can write a letter if you wrote to talk to that child and ye. Yes there were times when I felt better.”* Sam explained how he felt concerning the counselling sessions. Sam appeared to be very uplifted and really in the moment when the counsellor had said to Sam after he had finished speaking that he wanted to give Sam a hug. *“He said Dad metaphorically not physically he said Dad. I just want to give you a hug. And “no one ever, said that before not even my Dad, but for him to say that! I found absolutely uplifting. Wow!”*

In addition, Tim explained that he had experienced intense feelings during the counselling session when he had reflected on his childhood, *“So say I was talking about my brother ongoing one err, the emotion I had with that stuff, say I’m right, get in touch they happy feely”.*

Nat had felt upset and bringing out his emotions did make him feel weary, *“it does tire you”.* Nat felt upset for others and he had linked this to the rest of the group and bringing out his emotions getting upset simultaneously had tired him out.

During his counselling sessions, Dan had experienced deep feelings and intense emotions through the challenging process, whereby, some of the counsellors had probed deeply he explained that he had felt intense emotions where he had *“broke down a couple of times I’m err to talk about these issues err let’s get it over, you know It all started, It all stirred with me thoughts, in me head”.*

Both Sam and Nat had engaged in group therapy and breaking down was not about their issues. Sam was filled with gratitude because for him the counselling appeared to have worked. Nat had connected through his human empathy and he understood other people’s pain and not just his own. Dan had felt his deep intense emotions were to be expected, *“that’s what you’d expect, wont ye?”* Intense, deep feelings can be invoked when the participants feel they are in a safe environment as can be seen in Dan’s experiences.

5.7.4 Pain of buried emotions (Subordinate theme)

Some participants felt pain when they had reflected on their childhood. For example, Jon told of his coping strategies to avoid the painful memories of abuse he had as a child, *“to get through”* and *“Yeah, because I didn’t know any other way of getting through because I’ve never spoke about it all the only way I knew how to get through was to lock myself away or use drugs”*. Jon spoke how at the beginning of the counselling session, the memories of the abuse had surfaced and he had experienced intense painful emotions, *“was just at the beginning where it was like at the beginning where things will be brought, that was the worst bit.”*

Furthermore, Tim’s counselling sessions, deep intense feelings had surfaced when he had reflected on his childhood regarding physical and sexual abuse. *“the therapy was more intense. You know I had more to look at. I had my childhood: to look whereas with my em with my abuse and the sexual abuse and stuff with that they could deal with, with that in the counselling.”*

Others had experienced pain when reflecting on emotions they had buried in the past. Dan explained how difficult it had been for him in one counselling session when he had gone through the pain of his buried emotions, *“as I say getting into it was hard enough”*. He explained with a further example of intense feelings emerging from the counselling process, *“going away from sessions with these images in me head I find like you can’t really do that in counselling sessions because you feel more vulnerable.”*

On occasions, participants felt they were able to talk. Where previously they had, had to sit with the pain on their own because of fear of being exposed, judged or ridiculed. Through his counselling process, Jon found that his deep-seated memories and painful experiences had manifested physically, rising to the surface through his counselling sessions. Previously, he would have isolated himself, used mind-numbing medication, so that the memories would not surface. Now, he can talk he can cope better with his feelings.

5.8 Superordinate theme five: A helpful process

<u>Being listened to, supported</u> 5.8.1	<u>Freedom to talk, build confidence & trust</u> 5.8.2	<u>Satisfied, it works, it helps</u> 5.8.3	<u>Enabled me, learn about myself, I like myself</u> 5.8.4	<u>Empowered, take ownership, value & self-worth</u> 5.8.5
Sam	Sam	Sam	Sam	Jon
Tim	Jon	Jon	Jon	Tim
Nat	Tim	Tim	Tim	Nat
Joe	Nat	Nat	Dan	Dan
	Joe	Dan	Joe	Joe
	Ali	Joe		Ali
		Ali		

The superordinate theme, which a helpful process can be depicted in the five following subordinate themes.

5.8.1 Being listened to, supported (Subordinate theme)

Participants expressed that they were listened to and felt supported. For example, Sam recalled saying to the facilitator “*When I was a child*”. Sam appeared to be saying that something happened that was out of his control, possibly an incident which had happened to Sam. The facilitator said it was not his fault when “because that happened when you were eight or nine”. Here, it appears to me, the counsellor was supporting Sam and moving the responsibility away from the younger Sam. Sam had done something as a child which he did not disclose (to the researcher) what he had done, but the counsellor is saying that he was too young to know. The counsellor was moving the responsibility away for Sam the child or perhaps Sam as an adult. However, Sam remembered the counsellor’s words and he could process this type of therapeutic intervention because it helped to shift the blame away from Sam. In my interpretation, the counsellor appeared to be talking to Sam’s self concept, therefore the adult Sam is exonerated with the child Sam. Whatever the correct interpretation may be, the counsellor’s support was a helpful aspect of the counselling process for Sam.

Or in the case of Tim who experienced being understood as the counsellor began to understand Tim’s history, “*If the second session was going to drive me, know what I mean? Getting to know my bad side, and how am I being in prison? And then getting*

the background and just getting the feel of me” Tim repeats the question *“Do you know what I mean?”* many times, it appears that Tim needs to know he has been understood. Also, it is by being understood that Tim feels that he is being listened to.

Nat appears to value not being judged and feels that he is being listened to, *“you know you are not going to be judged”* and feels supported to be able to discuss his issues, *“share your problem and getting it off your chest just saying it out loud.”* Nat wanted to share his experience and help others by listening to them, he said *“I thought by helping I would find the main points and be a better Listener.”*

Although Joe had confirmed that no goals were set for him during the counselling session, the skill of the counsellor was evident as Joe did feel he was being listened to, by him being able to rant, *“It was like just having a conversation with somebody for forty-five minutes. Making you feel better in yourself. You’re offloading some stuff, some maybe you had a bad week and might have ranted on a little bit and offloading in a little session and that’s it”*.

An interesting perspective drawn from Ali’s comments is that no person seemed able to help him the way he would like to be helped, *“They always they say that’s not my field and they want to put you in with all these people”*, in particular in the field of sexual physical and emotional abuse. Ali makes a scenario of the events and asks for help with his difficult process and somebody willing to listen to him and his psychological and emotional issues will be listened to *“Ye when I go back to me cell and there’s nothing and you know you’ve got it all night and you know am thinking should I go back up...just to go and see someone and say this is how I’m feeling”*. This indicates Ali would like to be listened to.

5.8.2 Freedom to talk, build confidence & trust (Subordinate theme)

Participants expressed counselling had been helpful and for them, they had been able to build confidence and trust. For example, Sam describes how he gained the confidence to speak about his issues and experiences within the group sessions. Sam confirmed it was three weeks before he spoke about his issues. Sam describes how the group dynamic helped him open up. Sam had experienced similar issues to other people within the therapeutic group, therefore he mustered the confidence to

speak about the similar issues he had experienced because the group had experienced each other's issues without making a judgement.

Sam can be identified within the subordinate theme concerning trust because trust in the group was a factor in Sam having the confidence to speak.

Jon's experience with the counsellor helped foster trust and Jon said that he was able to trust authority figures after counselling, "*Yeah well I have a few good prison officers there are a few good staff in prison*". Building trust was a helpful process for Jon as it helped in the first significant breakthrough in Jon's recovery. The counsellor succeeded in getting Jon to open up. Nat underlined that his confidence grew with practice which allowed him the freedom to talk, "*It made you feel better.*" He explained how he connected his positive feelings to the authenticity of the counselling process "*that would make me happy really happy because what they are saying is real.*"

Participants felt the freedom to talk, as seen with Tim, who offered an example of helpful aspects of the counselling process. Tim needed to talk about his feeling and get the emotions off his chest, his first therapist could not do this, however, the second counsellor that Tim engaged with could help Tim with bereavement, abuse, and Tim's anger, "*I thought they should be there should be somebody there you know, because I needed to get that out and they couldn't. So I mean I was open, and open, and opening my feelings up, and them the things I needed to talk about and get off my chest.*"

Trust is the basis for confidentiality, without trust, it is difficult for people to confide in others, it took Sam a long time to build trust. Sam's fear was at the beginning of the sessions, but he built trust from feeling he was in a safe environment. All the participants, who appreciated being in a safe environment felt able to speak and did speak. At the same time, they were mindful that prison still had its dangers of breaching confidentiality as was seen with Sam who explained, "*But in terms of a life experience in that counselling we know we, we were assured that we can speak about anything and it would stay confidential even though you have not spoken that to the police, the prosecution and the Judge doesn't know about it*".

Others felt the counsellor building rapport with the client was a helpful aspect of the counselling process. In particular, Joe felt that the counsellor being visible and having access to the clients helps to build a rapport with a potential client and gives the client the freedom to talk and build confidence and trust, *“I see her all the time she’s round on the wing. You feel more comfortable. You can be more open with them, I know the women cos you’re seeing them more often”*.

Ali confirmed that he was confident for a short time after the counselling sessions, *“for a short time ye”*. Counselling gave him more confidence, however, when he thought of *“all the crap you just spoke about in the session”*, he then tried to forget it *“you try to forget it”*. It would appear Ali’s confidence waned because of indirect peer pressure from other inmates on his wing, as he explains, *“Cos you got on with other people on the wing.”*

5.8.3 Satisfied, it works, it helps (Subordinate theme)

Most of the participants reported that they felt that counselling had helped them and had found the process worthwhile. For instance, Sam confirms that he felt satisfied: *“Yes, I felt more than actually”*. Sam agreed that he was satisfied, and something shifted during the counselling session. The conclusion drawn from Sam’s statement is that he became more enthusiastic as the counselling proceeded. Sam felt better, satisfied, and, as he stated, *“more than actually”* He also felt uplifted. Sam confirmed that a lot of things in the counselling session were helpful.

For Jon, counselling too was a helpful part of his process of recovery. The counselling protected Jon from the painful memories of the abuse that he had suffered. Jon said that he had suffered with panic attacks before the counselling, *“I used to suffer with panic attacks as well and anxiety”* and he confirmed that counselling improved his health (i.e. no more panic attacks after counselling).

Tim felt that his counsellor took a risk and it had paid off. Tim reflected and confirmed that the counsellor’s intervention was helpful, *“a little coaxing, but it’s, I liked that I like that”**“Ye I thought that was very helpful”* and confirmed counselling had worked for him, *“like I gave the counselling and therapy a go because it worked”*.

Nat found all the counselling helpful, and he appeared to be referring to both the classroom counselling and the counselling he received, *“found it all helpful.”*

None of the participants expressed regret while Tim enthusiastically said that counselling was *“the best thing I ever done”*. Dan was satisfied for the most part of the therapy he received, he explained *“most of it yeah, most of it”* and he too confirmed that he did not regret having counselling.

It might also be noted that Joe offered a different standpoint, acknowledging that the therapy he received from a female counsellor was helpful to him and looking back on his experience of addiction and talking about his issues, he could see where he had gone wrong, *“getting them things out helped me.”* When asked by the interviewer did Joe feel satisfied, he was thoughtful and agreed that he did, *“ye from counselling, done that through a lot of talk related work.”* Joe could not think of anything that the counsellor could have done better and he did not regret having counselling with the female counsellor. However, he did regret his session with the male counsellor.

In a related manner, although Ali did not feel counselling had helped him, he too, stated that he did not regret any of the counselling he had received. However, he did regret the counselling directly after the time he was counselled, he explained, *“I don’t regret it no. I did at the time after the session but I don’t think it really helped because I still have panic attacks.”* Ali had also said that he has had counselling in the past and it made no difference to him, *“Didn’t change me”*. Then, he goes on to say that counselling has now changed his attitude, *“it has now”* which could indicate that he had found part of the counselling process helpful, he stated, *“Ye know when I first came in I was very violent...I didn’t need an excuse. You know what I mean and errm...an errm the person I killed was a paedophile”*, Ali offered no reason why he killed a paedophile. However, he had described earlier that he had been abused in care and that he was brought up in care. When asked if he trusts the counsellors, he agrees and explains, *“Ye, because they do all the messy things don’t they? Their only interest is to hope and help you and to stop you coming back in here.”* My interpretation is that Ali does have confidence in the counsellor and feels that they are there to help him. Even though he does not express this in definite terms, his statement is suggestive that he trusts the counsellors.

5.8.4 Enabled me, learn about myself, I like myself (Subordinate theme)

Participants felt they were able to open up more. For example, Tim described a helpful aspect of the counselling process, which was after a few counselling sessions, where the counsellor told Tim in advance that he would go a little deeper into the counselling process by being more challenging “on certain things.” The counsellor would also check out with Tim, if he (the counsellor) was on the right track, “*a few sessions in that I, He kind of stated going a little deeper and challenging me on certain things and asking me if that the correct way?*” Tim pondered on what the counsellor had said, “*I mean I’d sit back and work out it and see as... me may... So I would open up a lot more*”.

Also, Nat felt able to open up more because he did not feel judged by his counsellor. Knowing that the counsellor did not judge him enabled Nat, “*Where as a counsellor someone you never see again, you might open up more because a counsellor are trained not to judge*”.

Other participants felt enabled by their counsellors to learn about themselves. In particular, Sam explained how he could focus on areas of his choice because his counsellor helped or enabled him to speak, “*They don’t speak for me, however they engage me to speak for myself*”

Also, Jon explained he was abused as a child while in care and he went through all his childhood issues. He uses past tense “*used to blame meself*”. Counselling enabled Jon to come to terms with many of the issues related to his abusers including his lack of trust in the authorities and self, leading to self-harm. Counselling is a helpful part of Jon’s process of recovery.

Some participants experienced a discovery of learning about themselves. Such as Dan who during a counselling session had realised that he was clinically depressed when he was told to tick the boxes inside the question-and-answer tick box. Dan felt as though he could occasionally require medication. However, Dan was learning about him-self and thought that he could face his feelings and thoughts. “*I reckon I needed a little medication at the time, I was getting used to me emotions and thoughts again.*” Perhaps it was too difficult to look at his issues because he

appeared to have a need for medication. Medication could have reduced or subdued his feeling brought upon by his thoughts.

Joe too realised that he could understand and see his issues more clearly, getting the right mindset, he explained *“I can look and at it makes you understand, you see things more clearly. Umm it’s about getting the right mind set, about getting in the right mindset as well. Joe had been enabled to learn about himself, “You know realising where you gone wrong an all that looking back on addiction and stuff like that.”*

The use of counselling intervention skills used by Tim’s counsellor maintained a useful process for Tim, facilitating his sense making process and enabled Tim to open up. While Sam is clearly reflecting on the skills of the counsellor, this reflection is the client’s view of the counselling process, the skills of the counsellor enabled Sam to speak. Sam describes another time when he was asked the question *“Do I like myself?”* Sam is referring to the beginning of the therapeutic programme when he was initially asked by the counselling manager; *do you love/ like yourself?* Sam analyses the timeline and states he likes himself. However, Sam adds a rider *“Looking back”* suggesting that he only appears to like himself retrospectively. The process of self-reflection through the questions asked by the counsellor was a helpful process of counselling, enabling Sam to learn about himself.

5.8.5 Empowered, take ownership, value & self-worth (Subordinate theme)

Most participants had felt their self-worth increase through their therapy, they had no regrets and had felt a lot happier, as seen with Dan who commented, *“Look at me now I happy, everyone, you know everyone calls me smiler and that.”*

Also, Jon, who had felt his self-worth increase, attributing it to both the CBT and talking therapy he had received. Ali, confirmed he too, had felt more self-worth because of the counselling.

From Tim’s perspective, he agreed that he did feel an element of self-worth, but he also had a feeling of pride because of the counselling *“I did, but I also felt that little bit of pride as well, because I’m so used to dealing with issues myself.”* Nat, just by

knowing that he would not be judged agreed that he felt more self-worth, *“Ye. Ye, the first knowing there is someone you know that you will not be judged”*.

Others felt as those they were taking control and were empowered to own their issues and take control. For example, Jon who stated it helped even though it was a painful process. Experiential therapy held a particular helpful aspect for Jon, *“Drawing it”* things down in letters to the user and that, *“Showing I was taking control of me self.”* Tim specifically speaks of how the counsellor had tried to get him to understand how he had felt about his issues, *“Own them feelings, instead of just flying off the handle and how I could understand my own feelings”*.

Even though it was a painful process to imagine a visit to his ‘abuser, Jon appears to be in control of certain aspects of the counselling process, Jon appears to have known how much of his abusive experience to divulge to the counsellor and where he went with it, *“I knew it wasn’t going anywhere where I didn’t want it to go”*. Jon had learnt that the abuse was not his fault. *“I think it was teaching me where, I always felt it was my fault, teaching me that it wasn’t my fault”*. Jon does not mention if his feelings had altered. However, his words carry a logical train of thought which leads me to think that Jon’s feelings concerning fault were also changed. If Jon had learnt initially to feel ‘that it was his fault’, he now appears to have been empowered through counselling and taught that it was not his fault. In Tim’s therapy sessions, the counsellor had guided Tim allowing him to become aware of his feelings and giving him the confidence to take ownership of his feelings. There is evidence that Tim has developed in his personal growth through his counselling experience *“because I’m so used to dealing with issues myself. And dealing with them in a way that I feel not the rest of the world but because I would like trying to step away from that.”*

5.9 Superordinate theme six: Unhelpful aspects of counselling

<u>Lack of trust</u>	<u>Not being listened to</u>	<u>Counselling hurts, it's uncomfortable</u>	<u>Interrogation, invasion & intrusion into my life</u>	<u>Confidentiality not protected</u>	<u>Felt worse after traumatic sessions</u>
5.9.1	5.9.2	5.9.3	5.9.4	5.9.5	5.9.6
Sam	Sam	Sam	Sam	Sam	Jon
Jon	Tim	Jon	Dan	Tim	Tim
Tim	Dan	Tim		Dan	Dan
Dan	Joe	Dan			Joe
Joe		Joe			Ali
Ali					

Note Dan is in all sections

Note Nat is not in any of the sections

5.9.1 Lack of trust (Subordinate theme)

Participants had expressed their lack of trust and how they had felt uncomfortable in the counselling environment. For example, as illustrated earlier in Section 5.6.2 Sam explained his lack of trust which had occurred in a situation where there had been a stranger (probation officer) in the room who had not been in previous group sessions. This situation had made Sam feel uncomfortable, he had said, “*not comfortable sharing with that person*”. Sam did not trust anyone who had not built trust within the therapeutic group, and he could not build up a relationship of trust with the probation officer who he did not know, “*do I trust that person, no I don't*”. Sam’s intense feeling of anger had built on his lack of trust in this instance is an unhelpful aspect of counselling in prison as it has impeded on Sam’s ability to focus on his counselling in the group.

Joe appeared to have a simmering anger: as explained earlier in Section 5.6.3 when his counsellor had told him his feelings were normal. The counsellor’s words had a negative impact on Joe to the extent that he felt uncomfortable and unable to open up about his issues. Joe had felt that the counsellor was just telling him what the counsellor thought he wanted to hear. Joe does not trust what the counsellor is saying to him because it does not reassure him. Joe does not know what normal is and he feels mistrustful of the counsellor,

When you're younger you're not to know what normal is ... I ave got no mates because I've been, been in prison half me life and before that it was kids homes and foster homes. So all my life's been institutes so what is normal what is normal nine to five hours? How does a normal person live? You just

tell that's normal because that's what I want to hear. You now, so you're not reassured of things.

Some participants did not trust their counsellor for other reasons. For example, Jon tells of how the counsellor wanted him to speak about himself. The outcome initially was a struggle with the counsellor. Jon tried to keep his secrets of abuse because of his lack of trust, *"I had to get that trust build up before I could speak"*. Before Jon could tell anyone about his issue of abuse, he had to build up trust.

Confidentiality is an issue for prisoners receiving counselling. In particular, Dan would not trust counsellors enough to speak about his successful criminality. He could not trust the counsellors to hold the secrets concerning criminal codes, *"You don't tell your codes, but these things you don't tell people"*. Dan in this particular counselling session had nothing to tell.

Lack of trust in the prison counselling environment is an unhelpful aspect of the counselling process as it prevents the prison client from opening. Joe did not trust his counsellor because Joe did not feel his self-knowledge. However, Ali believes in the integrity of the counsellors in contrast to the prisoner Listeners on the wings, where he describes his experience of the prison listening system, *"they listen to your business and then err in my experience they chat about your business to other people"*. Ali does not agree with the prison system of Listeners as counsellors and shows a lack of trust in the Listeners.

5.9.2 Not being listened to (Subordinate theme)

Participants felt they were not being listened to. This is illustrated in Sam's experience, where he feels he is not encouraged by the counsellors to seek other types of interventions for his problems when there are problems with accessing counselling session. For example, the listening scheme, *"They would discourage people to call a Listener."*

Tim explains of his experience with one counsellor, he felt the counsellor was placing the emphasis of the counselling work on to him. Tim felt the pressure to find the answer to his problems without the guidance of the counsellor. Although Tim acknowledged that the counsellor was correct in her assessment of his situation, he

was not getting the help he needed, *"I won't getting anywhere." ... "I was just getting how do you feel? I gave it up. You know like I tell you how I feel. I won't getting anywhere so I gave it up."*

Dan explained why he felt that he was not being listened to, he explained that he had to complete a form in the counselling session, with tick boxes and he did not feel the counsellor would read the form, *"an then there's nobody, there not really paying attention that's what I found Because I'm not even going to tell it cos I don't think that you're going to even bother reading it."* Dan provides a further example of when he felt that he was not being listened to, stating that he found the silence unhelpful, *"I think if, if I'm there and like got an hour to discuss me issues with yer a conversation would go down a lot better, because I could be talking to the wall if you're not going to answer me back."*

Tim's counsellor was asking him a question but did not appear to be listening to Tim's answer. Just by the counsellor asking Tim 'how do you feel' appears to be an unhelpful aspect of the counselling process particularly if there is not a follow up of guided questions and insightful prompts from the counsellor towards Tim's insightful process. Dan proposes a helpful process of counselling of being listened to and supported, as he explains, *"I, don't know I recon if it's like I got a phone call at the night time do you know if I am going to an appointment for two o'clock in the afternoon and like a phone call not even a phone call just a message when I got back to the wing. "Your counsellors to know if you're all right after your session that would have made me think woo! Ye. It's about someone somehow is caring!"*

All of the participants wanted to be valued, listened to and they wanted to talk. If they could not talk, or was not listened to, they became frustrated. Joe did not feel as though he was being listened to, he felt that the counsellor was not on the same wave length as himself and this was a block in the communication process, as he explains, *"I'm to express how I'm feeling that's why I'm here and for bereavement counselling and , and your telling me that's normal. I wouldn't need em if I thought was normal, would a? as soon as, soon as he said normal, I thought this guy isn't on the same wave level."* Joe is trying to communicate how he feels but he feels that the counsellor is not listening to him, *"He's not even branching out, trying to help me you know."*

Joe was also disbelieving that the counsellor, and any man could feel the same experiences as him. Joe believes even his own thoughts and feeling were not really normal. The counsellor was not empathic and missed the point that Joe was making, Joe needed the counsellor's help, and he also needed the counsellor's empathic response and understanding. Joe claimed that the counsellor did not understand and felt that the counsellor was not trying to help.

5.9.3 Counselling hurts, it's uncomfortable (Subordinate theme)

Unhelpful aspects of counselling may include the type of counselling that hurts because it could be counter-productive if as Sam states, "*I would choose so many because they were hurting so much but they were hurting.*"

Jon too described his discomfort on how he felt concerning the beginning of the Session, "*first four sessions I felt it difficult. But when you look back, but the first time felt uncomfortable.*" However, here Jon exchanges the word *worse* to "*it felt difficult.*" Tim's perspective of the counselling process was painful because he would be locked in his cell with counselling work to process without the help of the counsellor. He explained of one occasion, when he had been interrupted after ten minutes into his session and had opened, "*These ten minutes you open up and then you go behind your door, do I think oh fuck it*". Tim confirmed that it had been prison who had interrupted his session "*Ye, ye it was the prison*".

Joe did not feel comfortable with his counsellor, "*I didn't feel comfortable. I didn't feel as though I could open to like in uncomfortable. Cos if I never had those counselling as a kid because I'd have kept all those emotions in pent, and pent up certain you know, it helped.*" Joe appears to be saying for him counselling hurts it's uncomfortable. While Dan's perception of counselling includes that most people are intimidated by counselling, "*I could understand why most people find the first steps like in....intimidating*", he added "*I just felt it was uncomfortable*".

5.9.4 Interrogation, invasion & intrusion into my life (Subordinate theme)

Some participants expressed their dislike of interrogative and invasive counselling intervention. For instance, Sam explains his experience of the counselling, emphasising an interview type session, "*It's like they are digging, digging*". He appears to dislike the constant investigative, invasive questions. Investigative and

invasive type of counselling appears to be an unhelpful aspect of counselling. However, Sam found this type of counselling intervention ambiguous as he did agree that intervention was reflective. Reflection appeared to be a positive aspect of counselling from Sam's perspective.

Dan experienced some of the counsellors probing and searching deep into his counselling sessions. Asking the obvious is not helpful Dan states, that he the counsellor should have known *"You know and then you're prodding me more about it. It's putting more shit in me head. Like you know he'd ask, if you're alright I don't think that's helpful. I'm obviously not all right"*. Dan found that interrogation is unhelpful, *"Certain things just leave it you know I've told you"*.

5.9.5 Confidentiality not protected (Subordinate theme)

Several participants felt their confidentiality would not be protected and this fostered a lack of trust. For example, Sam agreed there was no anonymity in prison in that he would not want his story to go any further. Confidentiality during group counselling sessions is precarious in prison. Sam appears to be saying he is careful and might not divulge every aspect of his issues because his anonymity is exposed.

Tim struggled with group therapy, which presented issues of confidentiality, before and after the sessions. He experienced pressures to reveal his issues and explained, *"I don't want to be talking about some issue to, with another group of inmates"*.

Dan appeared to have stated that he would want to disclose during a counselling session that he would attempt to be violent, however, the counsellor would break the confidentiality and that would be a problem for Dan, he explains, *"That's just a figure of speech on the landing I take it out. I'll kill him or give him a slap. But if you say that to the counsellor, they just get on the phone to the prison and say how so and so goner kill him. And then you've got like to get out of that one"*. Counselling restrictions and ethical boundaries are difficult for Dan to comply with because his vocabulary has violent overtones that do disturb people.

5.9.6 Felt worse after traumatic sessions (Subordinate theme)

For some participants, they told of how they had felt worse after traumatic counselling sessions. Jon who had said that he did not feel better in the initial sessions and had felt worse. Counselling at this point may have been counterproductive as Jon felt worse after the session.

Tim does not feel good after each of the counselling sessions and offers examples, *"could sometimes feel emotional all the time, but I could cos that just stirred something up inside me"*. Counselling stirred something up inside of Tim and he found issues that were raised during counselling difficult to process, saying *"Can play with your head"*.

Dan felt worse after one traumatic session he explained after he had gone through the pain of his buried emotions and reached a point in the session, when he had to finish the session, he explained, *"No I felt worse you know... I felt worse I couldn't find. Cos as I say getting into it was hard enough. Then when I finally got there I was leaving worse than when I was going in this is what puts me off going back to be fair."* *"Well I use to go away from them worse than I felt in years"*.

Participants sometimes felt worse after a traumatic session as they had been left with intense feelings after the counselling session and then they would have to go back to their locked cell and remain with those feelings. As Joe explains, *"sometimes, sometimes you feel worse because you've offloaded bad things and that, and sometimes it puts you in the wrong frame of mind."* Ali described the therapy which consisted of one hour a week, writing in a booklet. Initially, this appears to be like experiential therapy. Listening to the counsellor and writing in the booklet made Ali occasionally grumpy. Ali thought he was just chatting. Ali described regressive therapy counselling and describes the counselling session, *"re this lady she will see, she was proper into taking you back to when you was a child"* and he felt better after the counselling session however sometimes felt suicidal yet would want more counselling. Ali experienced intense feelings through counselling he said *"it makes you worse"* and *"sometimes I feel like suicide."*

5.10 Superordinate theme seven: Feelings after the counselling

Helpful, could cope better

5.10.1

Jon

Tim

Dan

Joe

Optimistic, no longer feel down all the time

5.10.2

Jon

Tim

Nat

Dan

5.10.1 Helpful process, could cope better (Subordinate theme)

Several participants expressed that counselling was a helpful process. For instance, Jon confirmed after the counselling he could cope better and was more optimistic about life, *“Err, I was able to, I could cope better, but I was still bit shallow you know I was a lot more, lot more coping with you know things like”*

Tim thoughtfully agreed that he was sometimes more confident after counselling. *“Sometimes. Sometimes, ye sometimes it would grow and ye!”* Tim’s personal growth had increased, he added that he was also “looking, at things in different ways and trying to do things in different ways”.

Dan too felt he was more confident after the counselling session and Joe confirmed that he was grateful for having had counselling after the counselling had ended *“so I’m grateful for the counselling, I don’t, I think, I think if I ‘addend ‘ad counselling when I was a kid, I’d bin a different, Joe person now”*. Joe confirmed that the sessions were helpful, *“Well I think they helped me, they helped me, not with bereavement counselling they helped me they helped me with that. Getting them things out helped me.*

Although, Ali, when asked had stated that it had helped, but at the same time said he felt bad after a traumatic session, he said, *“Ye sometimes, sometimes I feel like suicide”*

5.10.2 Optimistic, no longer feel down all the time (Subordinate theme)

Several participants felt optimistic after their counselling session had finished. Such as Sam, who did appear to admit to being optimistic? He agrees emphatically there is optimism and growth, *“yes, absolutely”*. Sam appears to say healing took place

during the counselling process, *“healed, of course that’s the difference of running away from treatment and you’re going because you’re healed. However because in the end I knew I’d done everything I had to do. A few occasions they said Sam, there is a big change in you. So they saw true change in me, so that’s why.”* Sam was happy to end the counselling. Sam experienced powerful mixed emotions and free will. Counsellors had been probing Sam’s process for insight behind his behaviour.

The counselling process helped Jon, when asked by the interviewer Jon agreed he was more optimistic since counselling and no longer feels down all the time, *“It was easier because I had counselling and I wasn’t feeling down every day I used to be down all the time.”* Another helpful aspect of counselling for Jon was that he stopped using drugs, *“It’s stopped me using drugs”, “Not right away but in the end!”*

Tim considered that he had a better outlook on life, though he appears to be a little pessimistic concerning his own personal outlook, *“That’s a bit of a sore point at this moment”*. While Nat too confirmed that he did feel optimistic after his counselling, *“Always felt better at the time. I felt there was help.”*

Dan however, was not always more optimistic, *Not always, not always no err, but it’s not like, when you do, do you know when you do group therapy it’s not like, Ye but errm it’s more personal.”* Dan is explaining that group counselling in his experience was more personal. *“Ye and when it is more personal I think you become more self-reliant, and you know I think you do push yourself more.”* However, Dan was confident, happy and did have plans for his future, *“and I think like the way I am in myself today, it must have helped somewhere. You know it’s got I’m confident am happy, I know what I want for me life have planned a future you know. I have never had these things before.”*

The participants have characteristics of intelligent and thoughtful people. All participants share a valuable wisdom of experience and insight into their own role concerning how they became a prisoner and how they had changed throughout their time in prison. They appear grateful and wish to freely share their experience of prison and their counselling experience in prison. The participants have been generous with their valuable time. They are friendly, polite, helpful and cooperative with the researcher. Each respondent answered questions with an articulate and thoughtful answer. They offered a rich and open assessment of their perception of

being counselled in prison. All participants were reflective and empathic towards their fellow prisoners. They demonstrated a genuine desire to help other young men who were in a similar incarcerated situation. They also wanted to help to prevent young people from self-harm while in prison and on release. This was demonstrated through their sharing of their past experiences and new-found insight and wisdom into prison life and counselling in prison.

There are three short sample transcripts of participants, Sam, Dan and Joe included in the Appendices section (See Appendix 16).

Chapter Six

Discussion

6.1 Introduction

This research exploring the experiences of males who have been counselled in prison has explored various outcomes from psychotherapeutic alliances, evaluating the richness of the client's perspective to gain an understanding of how the clients experienced their counselling in the context of being in prison. Common characteristics and themes from the participants' answers to research questions have been identified by focusing on examples that have direct relevance to the practice of psychotherapy (i.e., what works and what does not), for the client who receives counselling in prison. This consists of seven superordinate themes and twenty-eight subordinate themes. The superordinate themes are motivation, access to counselling in prison, client's view of the counselling process in prison, Intensified feelings experienced through counselling in prison, A helpful process, Unhelpful aspects of counselling in prison and feelings after the counselling session.

The themes constitute the identification of explicit or surface meanings from collected data. Further, it is noticed in the research that in some respects the evidence suggests that clients have a desire to change for the better. The findings in my research revealed that being counselled in prisons does find a benefit towards the prisoner's mental well being which may facilitate their personal development towards the creation of a better society. The changes appear to manifest in each of the prison clients' attitude and behaviour from criminality to a more empathic outlook in regard to other citizens, colleagues, friends and family.

This chapter will acknowledge through discussion, the aim of this research, which was to explore the male client's experience of counselling in prison. The analysis in this study is shaped by the aims and objectives of the research, as seen in Chapter One. One aim is to explore the male prison client's experience of counselling in prison and to gain an understanding of how the clients experience their counselling, exploring what is useful and what is not useful about counselling from the prison clients' perspective. The objectives are to understand the barriers to engaging with counselling in prison and how counselling therapy may be improved for the benefit of

prison clients. In order to mitigate any assumptions or bias from the researcher, it is necessary to view the experience of being counselled in prison from the client's perspective (Levitt et al., 2016).

Studying the clients' perception of therapy informs our understanding of the therapeutic process of change; it also will contribute to new therapeutic approaches (Timulak and Keogh, 2017). Exploring the clients' perspective in psychotherapy has been previously researched, for example, Bohart and Tallman, (1999), Cooper and Norcross, (2016), Levitt et al., (2016). In previous research, it is reported that knowledge of immediate impacts rather than delayed impacts of events experienced by the client is a guide for therapists in order to plan and revise the counsellor's interventions for the next therapeutic session. Elliott (1985) identified immediate and short term impacts, also, some researchers do not differentiate between the two. Researchers have argued the relevance of significant events based on the clients' perspective was more important than other research into either helping or hindering the process (Timulak et al., 2010).

The evidence does suggest that significant events truly matter (Timulak, 2010), therefore, the research into males, who have been counselled in prison offers the clients a choice to express for themselves what is important to them within the counselling process, with the knowledge that it remains relevant to understand what types of events clients consider being helpful and unhelpful. A further consideration is the therapeutic impacts within the counselling process (Timulak, 2010).

6.2 The clients' experiences of hindering events in counselling in prison

The findings in my research indicate that not all of the participants experienced counselling in prison as a positive experience. Analyses of helpful events were more focused, in contrast to the more difficult moments within the therapeutic alliance (Davies et al., 2020). Many of the findings in previous studies demonstrate a great deal of variability in the client experience of the therapy, while clients find therapy sessions helpful, engaging and satisfactory, and holding a positive view of the therapists, they also report a negative view of the therapists and report that therapy

is stressful and threatening (Timulak & Keogh, 2017). Previous and new studies offer a similar perspective.

Safran et al., (2011) reported that limited or reduced therapeutic progress has been conceptualised and identified as moments within therapeutic session that have lead to clients reporting dissatisfaction of therapy and eventual withdrawal. Examples of hindering events include; overwhelming silence, self disclosure, negative counsellor reaction and repetition this behaviour is similar to reports in previous studies conducted outside prison, for example, negative reaction, repetition, misdirection, unwanted thoughts (Elliott 1985, Timulak, 2010). Examples from the studies of Walfish et al., (2007), report that therapists perceive outcomes as more positive than therapeutic outcomes reported. It appears that underreporting of hindering events in the therapeutic alliance had become less focused, although the majority of previous significant events researched included both helpful and hindering events (Timulak, 2010). My research also offers examples of unhelpful aspects of counselling.

One event that was reported by research participant Sam found it unhelpful when a stranger entered the therapy room during therapy. Sam explained that it was an inappropriate invasion. Also, the stranger was not challenged by the counsellor at the time. Previous research similarly reported a negative reaction, (Elliott, 1985, Timulak (2007).

Dan's response during my research to the question concerning unhelpful aspects of his therapy sessions, he said that silence is unhelpful when you have an hour. In a further response from Dan, he complained that the counsellor ask if he was alright. That was not helpful. Dan added, in line with Timulak, report (2010).

Jon found counselling positive and helpful; he explained that he was taking back control of his life. The counsellor taught Jon that it was not Jon's fault. It seems as though the therapist's perceived outcome may be as positive as the therapeutic outcome. In this case, the participant's reporting appears to contradict reports from Walfish et al., (2007).

Nat felt that if his counsellor had acknowledged him outside of the counselling session, when she had seen him in the prison, then, that would have been more

helpful to him, Nat also said that talking would be more open also previously reported by, Safran et al., (2011), limited or reduced therapeutic progress has been conceptualised and identified as moments within therapeutic session this may lead to clients reporting dissatisfaction of therapy and eventual withdrawal, although Nat was disappointed he did not withdraw from the session.

Ali considered the issue of trust, when I asked whether he had been listened to. Ali appeared to be saying that he had not been listened to. Ali stated that he needed to be referred to a specialist. A referral was also the opinion of the same therapist that he had been working with. Ali also suggested that the therapists could not solve his problems because the therapist had stated it was not their field of expertise. Ali said that chatting about his own trauma and abuse was too complex and implied that was because the therapist was not skilful enough. Ali's statement appears similar to Timulak's, (2010) reporting which considered these types of statements as hindering events. Ali added that, you can't go to listeners (on the prison wing) and talk about abuse, they say; "it's what happens". Also the listeners' remarks made Ali want to commit suicide.

Ali appears to be stating that the Samaritan trained listeners on the wing do not have the depth of understanding to offer anything substantial although, they did offer standard clichés.

6.2.1 During the research the participants reported helpful aspects of counselling in prison

The majority of the participants regarded their experiences as beneficial and therefore regarded the counselling experiences within the prison as a valuable and useful option opposed to non-interventions or being listened to by inmates briefly trained by the Samaritans as listeners. The majority of participants in my research reported helpful more than reporting hindering aspects of counselling in line with Timulak, report (2010).

The majority of the participants reported that they could work at their own pace, be listened to by qualified and unqualified counsellors who would use a range of therapeutic techniques including cognitive behavioural therapy, and experiential

therapy singularly or in addition to listening therapy that include the use of soft skills, for examples; paraphrasing and empathy (Rogers,1951). These soft skills were evident in Ali's experience who explained, "*Just to go and see someone and say this is how I'm feeling.*" Also, "*she told me that it would gona be getting better by talking about it, by avin it.*" Ali's statement mirrors examples from the studies of Walfish et al., (2007), report that therapists perceive outcomes as more positive than therapeutic outcomes reported.

Nat had felt better during his counselling session; he had felt a real experience of empathy, from the therapy. Nat's confidence grew with each counselling session, and he learnt more about himself and his own counselling skills and appeared to have enjoyed the authentic atmosphere brought about by the interpersonal relationships. The above positive claims placed any helpful components of counselling above average when compared to Timulak's (2010), reporting of unhelpful aspects of counselling.

6.2.2 The clients' reports of negative experiences of counselling in prison

A few of the participants reported that they were not satisfied with the prison counselling service, because within the prison environment the counselling service was weighted in favour of the prison establishment, or because the resources were inadequate and lacking in funding. Also a few of the participants reported that the prison officers were not doing their job properly. Dan had felt similarly concerning these issues. However, he said he did not place blame on the counsellors, "it was the staff that put up the barriers.

Dan had given some thoughts to what would be more useful as he suggested, night counselling sessions, counsellors on every wing, drop in centres and more CBT counselling. "*I mean it's all based on time.*"

Dan told me that when he knew that he needed to see his counsellor he would take a day from work to make sure that he could get to his counselling session, he explained his concerns about the poor prison facilities, venues and funding, and that the lack of facilities resulted in little confidentiality.

Sam had expressed his disappointment that the establishment did not challenge its own establishment and colleagues - a stranger was not challenged by the counsellor. *“That I felt like, maybe you could have said during the group individual counselling session. Sometimes they need to be blunt.”* Sam did not trust anyone who had not built trust within the therapeutic group. The subordinate lack of trust is a good fit here because the situation made Sam uncomfortable and appears to have inhibited Sam’s ability to focus on the counselling. Sam was not comfortable sharing with that person.

Many prison clients noted that the time allocated for counselling was insufficient and the allotted counselling sessions were cancelled, not followed up, or were too brief. Also the participants noted that, too often the counselling session had ended abruptly. For example, Joe’s response, *“Stuck outside counselling. Ok you stuck you know there is no ground control to take you back to the wing.”* Dan too, had experienced difficulty with movement in the prison he reported, *“late counselling sessions.”* Tim’s response had been *“insufficient counselling time, got no time to close me down!”* Many issues within and outside therapy reported in my research can be recognised by previous research, Safran et al., reported that limited or reduced therapeutic dissatisfaction of therapy leading to eventual withdrawal because of hindering events include; overwhelming silence, self disclosure, negative counsellor reaction and repetition (Safran et al., 2011).

Time is always a problem associated with prison and despite not being a definite theme within this research it does undoubtedly continue to emerge as an issue for the participants themselves, Cohen and Taylor (1972, as cited in Jewkes and Johnston, 2006) the prison readings “Our memory of past and our recognition of the end of future throw into relief our every day human time–scheduling” (Jewkes and Johnston, 2006, p.181). Occasionally, counselling clients complained that they had poor access to counselling. However, the counselling service aside, a few of the participants noted that the counsellors themselves were at times offering the client only a brief time at the end of the sessions for processing the issues discussed in the counselling sessions. One respondent blamed the counsellor directly for inadequate service and a lack of emphatic skills, and one other respondent stated that for him counselling was impossible. A few participants complained that they were offered no

after care after the counselling session. As seen with Ali who is saying that there is no other way to be counselled in the block, because, a counsellor would be harmed, or a breach of security would occur as he told me *“It’s impossible.”*

Joe had complained that he felt his counsellor was not empathic and was unrealistic, Joe explained, *“I was like your experiencing these things and that any man could have. These are normal things, It’s not normal to me.”*

If the client feels the therapist is off the wave level of the client, then this would be an unhelpful aspect of the counselling process. In an example provided by Ladmanova et al., (2021) they highlight where the counselling client (outside prison) experience harm due to the counsellor’s misunderstanding from the client’s perspective in one study *“I was feeling offended from things that the counsellor was telling me”* (Ladmanova et al., 2021, p.730). Joe detailed further, *“I’m to express how I’m feeling that’s why I’m here and for bereavement counselling.”*

Joe had intense feelings during the counselling session and when the therapist did not branch out to him, he felt it unhelpful. The skill of the counsellor appears not to be open to considering any after care after the counselling session or a little time during or towards the end of the counselling session to help Joe to be less vulnerable by changing to a less deep conversation away from Joes *“deep stuff.”* Joe had felt as though the counsellor was not empathic.

Davies et al., (2020) had reported that analyses of helpful events were more focused, in contrast to the more difficult or unhelpful events which also require a focus, in order to be addressed similarly to helpful events. I concur with Davies’ report in respect of some of the participants’ reporting in my own research.

6.3 Therapeutic Communities inclusive counselling

Counselling within therapeutic communities were a prominent feature of my research, there were several notable reporting’s from two participants. Although, initially the reports were almost invisible I had to respond with a degree of reflexivity towards my own bias of one-to-one counselling. During the process of reflexivity I

was able to become unstuck from a biased concept towards the traditional model of counselling. Reflexivity finally addressed this bias concept and therefore allowed a different view of TCs from which I could appreciate the participants' perspective. "The participants perspective is possible because of the displacement of an over psychological concept of the person", (McLeod, 1994, pp.189-190). This study exploring males who have been counselled in prison, also demonstrate examples of the inner struggle of the client's ability to open up in group work. However, after the first few community therapeutic sessions had been undertaken, and when trust had been slowly established clients reported a range of comfortable feelings in line with a positive outcome for the client. There are many examples in this study where participants demonstrate their therapeutic journey in detail. Previous research by Akerman and Geraghty (2015) explored the TC environment where the residents live alongside each other through the day and whilst those in group therapy in the community would not see each other between sessions, residents in the TC prison spend the remainder of their day together.

Two participants had been in a therapeutic community. Sam was very specific concerning his therapeutic journey. Tim was a little vague; here are Tim's responses within the research, *"I would never have done therapy if I hadn't have done counselling. They opened that can of worms."*

Sam's response to the interview questions concerning his journey in a therapeutic community were, *"I lived in a therapeutic environment for nearly three years."* His responses; to his final counselling session were,

Ho! The last session was like a celebration, a cheer and a tearful experience, but in a good way. Err so that was the last session. One I am so, so glad I did my whole therapy, so yes Hah!

Other literature also reports on the advantage of group therapy and notes the development of psychological intelligence that is linked to childhood experiences and states that the group intervention is able to create new awareness. The advantage is offset by the problem of TC group members avoiding engaging while in group work. However, Gould and Hay (2015), state that one-to-one intervention means that prison clients are unable to hide in a group.

The users' perspective of group therapy in prison, published earlier by Morgan et al., in 2005, claimed to seek perspectives of the prisoners' experience. Although, they did not ask prisoners questions concerning their experiences directly, they did ask prisoners questions in order to identify the importance of process and the content of goals. Morgan et al.'s, (2005) research indicate prisoners in therapy have less regard to adjust than therapists when dealing with prison issues in group therapy.

Research by Blagden et al., (2014) examined prisoners' and staff's experience at a therapeutically oriented sexual offenders' prison. The aim of their study was to understand whether a prison environment was beneficial to prison change and rehabilitation. Their research concluded prisons that foster a therapeutic rehabilitative climate that is perceived to be safe and constructive, then the prisoner is able to facilitate beneficial change. The objective of the research was an investigation of the perspectives of prisoners and staff on the purpose of prison, its' regime, climate and opportunities for personal development. The final conclusion of the report included prisons that foster change may help promote positive practical identities and are a benefit to prisoners who want to change for the better. In prisons where the prisoner is able to rehabilitate who previously had links to crime have the ability to desist (Göbbels et al., 2012). All the therapies within my research including therapeutic communities they have a valuable contribution towards the research because all types of counselling are also a humanitarian expression of help.

Modern therapeutic communities are incorporated in the prison institutions, they compliment drug treatment programmes and offer support for prisoners to adjust their lives without crime and addiction. Brookes (2010), links published and unpublished articles of prisoner recorded perspective of their experience. Later qualitative articles include the reporting of Alan, a former resident at Grendon prison who offers his experiences of therapy in the TC in Grendon prison (Yardley et al., 2015).

Another qualitative analysis conducted by Bennett and Shuker (2016), of a case study describing the TC community at Grendon. Their study explored the usefulness and success of specialist treatment whilst remaining part of the prisons activities.

Their findings were that extensive positive benefits include, reduced disruption levels, reduction in self-harm and well being improvements.

All of the above noted studies offer the view of the participants' perceptions of their experience of therapy in prison using various methods of collection that differ in some respects to my own research, for example I did not use questionnaires' or case study. I used prepared semi structured questions for probing for answers.

6.4 Motivation to be counselled in prison (Superordinate theme)

The client's reasoning for wanting counselling therapy is the term used as a definition, and meaning for the motivation for counselling within this study exploring males who have been counselled in prison.

Most participants had a motivation for being counselled in prison together with a degree of insight, concerning their process. Some participants had to overcome their scepticism; concerning the counselling and if it would work. Tim said, "*They were there to give me a bit of hope.*" Dan needed to create a good impression; to himself and to other people in order to change and gain a chance of parole during his interview he said "*I wanted to kill that character,*" a similar motivation from a client in a previous study revealed that, "this is part of my transition of who I want to become" (Akerman and Geraghty, 2016, p.105). Also, there are overtones within Dan's statement that resonate with Rogers' ideas of the self concept (i.e. the "character" that Dan talked of), which may be an internalised view of Dan's self concept.

A direct approach within my research interview offered the participants the opportunity to use their voice and express how they recalled their counselling experience within a prison setting. Of interest, was Nat's experience of counselling in prison, Nat reported that he was motivated by self development although that may be said of all counselling clients at some point in their therapeutic journey. Nat's motivation is, however singularly characterised as scholarly because he had gained a certificate in counselling in prison and remained a counselling scholar. Actual counselling practice remained a significant component of Nat's training although it also added to his personal development and thereby possible good mental health.

Ali offered many reasons why he might have wanted counselling, two of Ali's examples are; psychiatric attention, or medical care. However, Ali's motivation for counselling was not explained during the research interview. The void of motivation remains, and could therefore lead to the possibility of assumptions. Although to build assumptions from retrospective accounts concerning Ali's ambivalent feelings would be misleading. However, an early study by Strupp et al., (1964) where they had focused on many aspects of clients' retrospective perspective on the therapy they had received which had offered an early look at how clients visualise the changes that they related to therapy. Also, Rogers' axiom concerning the individuals' goals and the reason that they were directed, "Behaviour is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived." (Rogers, 1995, p. 491), similar satisfaction may have been experienced by Ali when he reported his problems as "*too complex.*"

6.4.1 Talking their way through their issues (Subordinate theme)

Participants in the past have been more reticent in answering questions when reporting their motivation to be counselled (Levitt, 2001). Reasons beyond simply direct questioning are the cause of such reticence for example, previous research found that client's silences in the therapy may be productive, and may help to articulate ideas (Levitt, 2001). This was the case in my study when Sam was cryptic and offered no explanation for his motivation to be counselled, however, he articulated a timeline of accurate events to explain his counselling journey,

I remember my three month assessment my counselling manager she said, Sam the first three weeks I noticed when you are walking into the room you were thinking what are these people are going to do to me. ((Laughter)) and that was true!

Sam had not displayed emotional response to many of the questions asked for example when I asked him "before that can you talk me through a process that leading up to where you are engaging with the counselling itself? When asked by the interviewer if there were any issues about accessing counselling and when Sam had decided that he wanted counselling his response was to laugh. Expressing no pain is the privilege of the client's and participant's silence is also a privilege. Talking their way through their issues, (Levitt, 2001), found that client's silences in the therapy may also be productive for other reasons (e.g. to access emotions), or sometimes it

maybe an attempt to divert attention, or perhaps it is a deliberate disconnection from their emotions, also a client's sadness in therapy may be a response to self criticism (Frankle and Levitt, 2008). The majority of the above participants in my research reported that they were seeking help from a process of counselling by talking their way through their issues.

When Ali was asked his perception of the therapy, he noted that counselling or was it just talking? Ali had responded. *When you have a lot of heavy stuff. It's like you explode but I was exploding on a regular basis. And I did contribute to what's happened to me. I don't like being called a victim, I'm not a victim. it like gives you a different, different train of thought.*

Ali did not say that it made him feel better but he did confirm that he felt as though he was being listened to when he was counselled.

It appeared as though Joe received listening therapy as he confirmed *"Ye from counselling done that through a lot of talk related work."* Joe was responsive to the questions he was asked he referred to his *"traumatic child hood, talking about it open it up and getting it off your chest, and being able to move on from it."* Joe was motivated towards counselling because of his traumatic childhood. Joe thought that talking about his problems would help him open up and by getting his issues of his chest he would be able *"to move on from it."*

Nat felt there was more to counselling than just talking, *"Now it's not just like sitting and talking there's more about it, I mean the counsellors are not properly trained counsellors."* Nat was referring to volunteers known in prison as wing listeners trained by the Samaritans counselling organisation. Nat explained that the accessing of material and books were available and a counsellor would sometimes support the by talking to them.

Each session is appraised separately by Tim; also, each session could be different depending on what Tim was talking about. Tim offers examples, *"Depending on what we were talking about, it could be something we were doing tomorrow or talking about something totally different, I could sometimes feel emotional all the time."*

Sam explained his counselling experience of three years therapy, *“therapy was actually a very hard experience, an, I’m in prison for a crime, umm, so every to me I speak about getting things it all links to why I came to prison”*.

Jon distinguishes talking from therapy, *“The first couple of sessions we were just talking. Jon talked through each of the first counselling sessions. It appears that no real emotional depth was reached. Jon agrees he is happy to have counselling and minimises the talking component of counselling saying “Even if it’s just talking at least it will build up on what I have already learnt as well”*

Jon states that counselling will help. Jon appears to be preparing himself for the negative feelings he may experience during new counselling sessions.

6.4.2 Participants in the research who did not self-refer for counselling (Subordinate theme)

Findings from my research reveal that many of the participants were referred to counselling by health clinicians or were referred by a psychiatrist and a Clinical Practice Nurse, or Counselling Assessment, Referral, Advice and Throughcare (CARAT) team. All the potential counselling clients within a prison setting would have to ask someone in authority to add their name to the counselling waiting list for consideration or assessment for suitability – ‘HMP Prison rule 20’ (Roberts & Sullivan, 2009, p. 579).

Sam was a volunteer with a Therapeutic community of twenty five men. Jon had been referred to counselling by a health worker, he said *“It was offered to me after I had seen the CARATs worker.”* Dan told of his experience, *“I once had a psychologist like a head doctor like say you won’t get the help. You won’t get the help what you need you need to be out in the community for you to get like.”* Tim’s experience was through mental health, *“through the mental health, I erm spoke to a psychiatrist and em CPN nurse”* and Nat had been enthusiastic as he explained *“I was fired by a counsellor.”* Joe told how a health worker had him access counselling, *“Got it through CAMHS. I worked with them and that. I had PTSD, PDHD when I was a kid.”* Whilst Ali had not experienced support and guidance, he

explained, *“In those days there wasn’t any mental health. Just went to see the psychologist. That’s all I got. They stitched me up and that was it.”*

6.4.3 Positive past experience of counselling (Subordinate theme)

Many of the participants had previous experience of counselling inside the prison. For example, Ali said, *“I went to some dark places.”* Considering Ali’s words, it is difficult to think of his experience as positive. However; with a closer examination of Ali’s experience of being counselled there may be evidence of a positive outcome overall. Ali included many statements during the research interview which appear to place counselling and in particular the counsellor in a very positive light, although his recall of experience of being counselled during the research interview is also often explained to the contrary. Other participants reported mixed responses’ for example; Joe, said that he talked about his *“traumatic child hood, talking about it open it up and getting it off your chest, and being able to move on from it.”*

Nat recalled,

Just the first couple of minutes for the first couple of times it felt theatrical but after a couple of times it felt like you were being proper counselling and also if you were very confident.

Tim had felt put off the first time he experienced counselling, he said,

The first time I tried it ye? It wasn’t, it put me off a bit I just wasn’t certain exactly. It was like she was putting everything over to me which she was right about everything but you hope trying to get help with answers guided towards me, so I could see myself and that you knew, but I wasn’t getting well I was just getting how do you feel?

Dan had not been too sure and a little uncomfortable with his experience, *“So I when I was going and telling these guys all about my problems. A stranger you don’t even know. Who’s disappearing into the world?”* Sam, who spoke about his therapeutic journey, appears to have had no counselling experience previous to joining the therapeutic community.

6.5 Access to counselling in prison (Superordinate theme)

Within my research, three subordinate themes emerged from the Superordinate theme of access to counselling. The subordinate themes were: lack of staffing, security and lockdown and easy to access. All of the participants voiced their

dissatisfaction and difficulties that they had encountered accessing their first counselling session, participants reported a lack of access to counselling thereafter, because of a lack of prison escorts for the movement of clients, that issue affected the scheduling, and this became an additional issue; it created longer waiting lists of clients to be counselled. The impact was that clients complained of shorter counselling sessions. Escort prison staff were generally reported as unavailable although they were never immediately responsive because other duties had a higher priority. Some participants only complained about the number of days that counselling was available preferring all day and evening counselling. However staffing, scheduling of counselling time tables, or appointments cancelled were reported concerning issues connected with the not being able to have counselling here are a few examples; Dan said, *“the worst thing in prison it’s about getting about.”*

Joe answering a question concerning appointments for counselling said, *“To actually get appointment, by the time a got an appointment my issues I’m used to dealing with them with drugs.”*

Tim’s responses to the duration of counselling and its impacts were; *“These ten minutes you open up and then you go behind your door, do I think ho! Fuck it?”*

For Ali, counselling in the block was impossible for obvious security reasons. Previous studies linked; the lack of resources within the prison because of a high turnover of staff. For example, Interpersonal Psychotherapy Treatment (IPT) linked to the satisfaction of prison’s treatment. Johnson et al.’s, (2015) findings did indicate that IPT was the overriding factor in the prisoner’s improved health. However, because of the lack of staffing to organise prison services meant that a firm conclusion could not be substantiated (Johnson et al., 2015).

Interestingly, in my study, there were no reports from the participants concerning the lack of counselling staff, except for Ali’s comment that the prison needs more counsellors. Although some participants indicated that the prisons need better arrangements for bereavement counselling, a wide agreement among bereavement researchers is that *“counselling is only needed by, and effective for, a minority of*

high-risk bereaved persons who may suffer serious consequences to their physical and mental health unless they are given appropriate support,” (Jones, 2015, p. 182).

Participants in my research claimed that being escorted to the counselling venues would not have become a problem if the attitude from prison establishment toward counselling was more positive. Dan explained,

Call Oscar one, or want ever it's called. Escort stand. To get you there, I was entitled to a session for forty five minutes sixty minutes interview and I was getting twenty five minutes.

Participants also reported how they were unable to form a therapeutic relationship with a counsellor because of the prison lockdowns. Therefore, security issues had impacted on their counselling process. The implications of security lockdowns exacerbate issues that have emerged in this discussion, for example, the delay of a counselling appointment and the lack of bereavement counsellors when combined, create a backlog of therapy that may never allow a timetable catch up with the prisoner while he is in a particular prison Dan also had to contend with a number of short term counsellors, the problem of movement because of the security issue impacted on the counselling process. Dan said that he was unable to form a therapeutic relationship with a counsellor. Dan explained, *“I was going and telling these guys all about my problems. A stranger you don't even know. I didn't make that one-to-one relationship.”* Considering that bereaved prisoners can relieve their stress, by utilising counselling when their path is blocked or delayed, other types of counselling, for example group work is an alternative and has *been reported* to have a positive impact on the coping abilities of bereaved prisoners (Wilson, 2010).

6.6 Client's view of the counselling process in prison (Superordinate theme)

The Superordinate theme of the prison client's view of the counselling process relates to the participants' understanding of each of the different parts of the counselling process.

6.6.1 Boundaries and contracting (Subordinate theme)

There was a diversity of experiences concerning contracting for counselling sessions. Most participants reported that they had an understanding of a counselling

contract at some points during the counselling process. Jon confirms appointments were held with few cancellations. The counselling contract was upheld, everything was fulfilled with no exceptions. Jon confirms that he was given a warning if a counselling session was to be cancelled.

Jon confirms that the boundaries he seems to be saying that counselling made it easier for him to cope; before he had counselling, he used to feel down all the time.

Sam had a view of the counselling process concerning boundaries; he viewed boundaries as ground rules and came close to the edges of a boundary concerning his signed contract and the manner of his attendance. He explained, *“they could have asked that question separately instead of asking me in front of him. It goes back to confidentiality when we contract.”*

Dan already had trust issues, also issues with the prison due to the deficit of time which was getting in the way. Dan’s had felt his first session welcoming, although he felt his first steps into counselling uncomfortable, *“I just felt it was uncomfortable”* and his perception of counselling includes that most people are intimidated by counselling. Dan explained his understanding of a section of the initial counselling contract. *“Like if you’re going to harm yourself or anybody else. No I signed something but it wasn’t a contract... It might have been actually well it might have been.”*

Joe confirmed that there was a contract and he noted the length of the sessions were forty five minutes, also that they chatted for forty five minutes. Joe appears to be unimpressed with ‘just a conversation’. Joe’s expectations of counselling appear to be much higher. He may prefer a structure when being counselled and possibly may want a goal orientated outcome. Joe is suggesting person-centred counselling was part of his counselling experience. He seemed sure that goals were not set during the counselling sessions. However, Joe did not seem to know what type of counselling he was having. Joe states that the counselling he experienced *“was a conversation”* and thought the counselling was similar to a *“chat between two people.”*

Ethical consideration may include a structure from organisations like the BACP (BACP, 2017). The participants were willing to sign a counselling contract that included strict boundaries concerning the duration of the sessions, absenteeism, and premature termination of the sessions. Counselling once started, is not always completed. It is recognised that counselling may be disturbed as are their treatment programmes due to movement to other prisons. The intention is to avoid moving prisoners because it disrupts their participation in education courses or training courses (Secretary of state for education and skills, 2005).

Tim appeared to have a boundary breach concerning his contract because the counselling session was cut short, although Tim did not explain specifically why he had been given an inadequate ten minute period of counselling which was clearly under the mandatory counselling duration. He said he experienced interruptions that were due to other factors outside the counsellor's control. Tim appears to confirm that the counsellor set goals concerning his emotions. Tim was monitored by his personal check list of targets for self improvement and growth. For example prison adjudication was to be avoided. Tim's way of saying he would be free from any charges and not face a formal board of adjudication in front of any governor or assistant governor.

Mearns (2002) offers one alternative to rigid time orientated counselling sessions; efficiency of the direction of the person-centred model in terms of brief therapy and time limited sessions. Although, his view might be more controversial within a prison setting, where time is a paramount consideration, the alternative view is freedom from time constraints on the outside of prison. A generalised attitude concerning time in a free world may be relative, viewed less precious, or even taken for granted, "*The horizon for the 'now' is 'today,'* (Heidegger, 2000, pp. 459-407). As dissected previously, time is a problem within the prison system. In prison, time becomes a different dimension, a quote from Stanley Cohen and Laurie Taylor attempts to explain; "*When you tell yourself six years are to pass like this, you feel the terror of facing an abyss. At the bottom, mist in the darkness,*" (Jewkes and Johnston, 2006, p.183). Dan offered insight into despair; he explained counselling in relation to his own circumstance of serving an IPP order (IPP) and why he needed counselling,

IPP are most likely to kill em self the most likely cos when you living in a hopeless situation you know you can either accept the life that you are or not accept it and I don't accept it. That's why I, I'm positive about going home I'm positive about the future. Ye you know it might not be today and it might not be tomorrow it might be five years' time but one day they got to let me go.

Joe also has an (IPP) order against him. Joe did not confirm that he was optimistic because of the counselling. He connects to the fifteen year old Joe and also reflects on the amount of time he has been in prison. Joe states the he is, "*Trapped at fifteen cos I've been in jail a lot of times. Every one said an unsettling child hood and stuff like that, and that was through destruction through my behaviour*". Joe seems to be saying his behaviour was of destruction. He then links this to him being unsettled as a child as a reason for his destructive behaviour as an adolescent and adult. Joe appears to be stating this was not fully explored in the counselling sessions. It is not clear if he is making the excuse that he is trapped in prison because he is fifteen or that he is trapped at fifteen because he has been in jail a lot of the time. What is clear is that Joe is trapped in prisons as a thirty year old because of the fifteen year old that began the pathway to commit crimes. Also because Joe has an IPP sentence which offers no exit date, taking everything into account Joe really has been "*In jail all his adult life.*"

6.6.2 Being guided, set targets, goals (Subordinate theme)

Some participants within this study made definite decisions concerning outcome targets, which were independent of the counsellors. However, counsellors sometimes guided their clients, setting goals and targets are a regular practice in counselling set by counsellors and participants. Jon briefly confirmed that the counsellors gave a set of goals and targets for him to work on. Counselling was regular appointments were adhered to with few cancelations also boundaries were firm. Tim was monitored by his personal check list of targets for self improvement and growth. For example, prison adjudication was to be avoided (i.e., "*nick free*"), Tim's way of saying he would be free from any charges and not face a formal board of adjudication in front of any governor or assistant governor.

The counsellors set targets. Sam appears to want to know who he was. Sam wanted to know why he came to prison, why he did what he did, and what he wants' to be when he gets out of prison. Sam's targets were built upon his own questions

concerning himself. Therefore, assessments were given, targets were set by the clients, and the counsellors had expectations that the clients would tell them what they needed to work on. Sam describes the type of method that the counsellors utilised included signposting.

Dan explained his recollection, *“You had to fill in these forms. Do this number one to five like whether you agree or don’t agree, or strongly dis-agree. It’s all ways boiling down to like your depression and anxiety.”*

The client’s involvement in setting targets and goals can motivate client to achieve their goals. Counsellors working with the client can identify where clients’ requirements have made significant improvements. McMurrin et al., (2008), included outcome evaluation when exploring goal focused interventions; providing a firm basis to understand the prisoner’s therapeutic goals offers a structure for therapy. Their method of inquiry was semi-structured interviews on the perspective and experience of counselling therapies that the participants had received in prison. Therefore, the method and objective of gaining an understanding of how the clients experience their counselling in the context of prison fits with my research.

Here are two different examples from my research, where participants have reported goal setting within my research and have worked towards specific targets, and where fundamental implications can be seen in the context of health linked to a philosophical framework, for example, the counsellor encouraged Sam to face his anxiety by first identifying and focusing on his feelings. Sam reported that only then was he able to talk through each of his issues of anxiety. *“Anxiety is characterised by the fact that what threatens is nowhere”* (Heidegger, 2000, pp. 187-231).

However; Ali had an extra inhibiting psychological issue with his mental health for the second example, when asked, did the counsellors set him any goals when he started the counselling or was it just talking? Ali replied,

You recognise the buttons. Ali continued, “When the talk the screws. Sociable with the screws, when I do talk to them I got to be aware, are they talking to me whether they help me or they want to gain information, or that’s some part of paranoia over the years.

Applying a philosophical frame work with a link to health the implication appears transparent, "*Anxiety is characterised by the fact that what threatens is nowhere*" (Heidegger, 2000, pp.187-231). Participants felt that setting goals had helped them to focus and target a definite outcome for their personal growth. For example, Jon confirmed that the counsellor gave a set of goals and targets for him to work on and Jon had twelve sessions of counselling with the nuns. Also working with group therapy within a safe environment enabled Jon to open up, deep emotional memories surfaced into the present.

Tim's personal check list of targets for self improvement and growth includes "nick free" and more options regarding how far and what course counselling will manifest. He suggests counselling should be a regular managed activity, as it "opened that door" for him.

Also, Tim distinguished the therapy from counselling, describing therapy as more like mental health care. Contrast with counselling here, Tim said "*counselling is not ideal as a room is not always available. We had to sit on top landing people walking around.*" The basic goals of counselling are a safe room, with two comfortable chairs. The goals for Tim matched with what he needed. Tim said he experienced interruptions that were due to other factors outside the counsellor's control. Also ten minutes is an insufficient time to be counselled. Tim appears to confirm that the counsellor needs to set goals concerning the venue, duration of the sessions forward planning, and outcome.

The counsellor set several set goals for Dan when he was counselled. One goal was for him to start opening up more, being more vulnerable in his personal relationships.

Dan said,

I use't to feef a lot of things from people and I got a lot closer to me mum ye cos that's one of the goals they set, like it to start opening more opening up more were proper close now me and me mum.

Considering signposting in group work, Sam explained how the group was guided to identify the issues that were troubling them. In one-to-one counselling, Tim said that he was guided by the counsellor; he said, "*He, kind o guided me down that road.*" Ali explained that he had set targets and goals, he said, "*It's a mindset fing, 'sol modern stuff to day, like you're going to you want kick off.*" The counsellor helped Ali to

recognise the triggers that would start Ali's violent behaviour." Ali said, "*You recognise the buttons.*" Comments from previous research have similar statements to Ali's and are driven by the therapist's same logic, for example, to allow the client to demonstrate, as Aitkenhead (2007, cited in Brooke et al., 2010) describes "*You're put in a situation where you are dealing with real life emotions and actually working through situations without turning aggressive and violent*".

6.6.3 Counsellor skill and qualities (Subordinate theme)

The majority of participants were helped by the counsellor's use of analytical skills and challenges. Participants noted that the counsellor could focus on areas of their choice enabling them to speak. Tim described the skills of his counsellor, "*Not, that he didn't want to push and from time to time a little coaxing, but it's, I liked that. I like that! He tried to make me understand how I was feeling.*" Nat appreciated that the counsellors are trained not to judge and this made Nat comfortable enabling him to open up. Nat said, "*You feel great or better you know it was my turn as a client, someone telling me what they thought*" you know you are not going to be judged" Nat states his priority of not being judged, (unconditional positive regard Rogers 1951) Nat opened up about his issues, "*I opened up about stuff that happened*". *Nat did not feel judge or ashamed.*" Nat was assured and confident. Any negative feeling was a psychological block or resistance to the counselling.

The counsellor's attitude and intervention also helped Tim to talk about his feelings, and to avoid reacting to his problems. Rogers' axiom concerning psychological adjustment appeared to become operable as Tim's experience and his self concept become assimilated. Tim was able to accept himself and his feelings, Tim repeated his sense making themes demonstrating more sense and meaning, "*they struggle with things they can actually do and what counsellor tell them to do, now because you know they don't want to open up a can of worms and send you back to you cell all up in the air!*" Tim states the therapy was helpful and offered an example, "Making me unleash my emotions."

Rogers' self and organisation of the gestalt, (Rogers 1951, p. 513), enabling to help clients to talk because of the counsellor's intervention and non-judgmental attitude was demonstrated by the participants through personal recall of their initial

experiences of counselling during the research interview. Rogers' unconditional positive regard and the skills of the counsellors became a powerful intervention from the client's respective counsellors.

Most participants felt that they had gained more insight as the counsellors asks how they felt and thought. Counsellors demonstrated coping mechanisms, and looked into personal backgrounds analytically. Participants also praised the counsellors listening skills. The intention of the counsellor is to look out for the essence of what the client is trying to communicate to them (Rennie, 2012). Dan felt that the counsellor used good skill by established a good connection in the first counselling session. His counsellor used rapport building in a consistent cycle enabling Dan to start talking about his experiences. Dan experienced deep feelings during his counselling therapy. Also he noted that the deep feelings would have made him break down more than once, "I broke down a couple of times."

There was an alternative view that came from the participants who reported that they were unhappy, and uncomfortable with the counsellors' skills. Dan disliked that some of the counsellors were trainees, see a previous study by Swindels and Hall (2014) two trainee counsellors, whose objective had been to go into prison and explore the prisoners' issues. Dan was unable to feel a sense of rapport with them. Dan was an experienced client used to being tested and challenged to see things differently, he valued the experienced counsellor. Dan's counselling experience in prison began by, "*dissecting everything about meself*".

Joe reported that he did not discontinue with his therapy. However he did terminate the therapeutic relationship with the counsellor whom he perceived, did not consider his deeper feelings. Joe said,

If you had a bad counselling session and you've got to go and sit in a room with ten men. You may be crying your eyes out and you got to go in with them place a stiff upper lip back on and your sitting with ten men and all your emotions are running.

In my research, Ali appreciated the counsellor's skills in respect of enabling Ali to go to the deep, worrying recesses of his mind and say, "*Say, I had a trauma. I sat with you for an hour, say, but then I unloaded some deep stuff. I'd have to take that to my*

cell. Now I don't think that's good; I won't like aftercare." Ali, however, experienced counsellors as being selfless and counselling as a good thing, and he advocated for more counsellors to be placed in prison. Ali said that counselling is a selfless act by the counsellors and advocated for more counsellors to be placed in prison for twenty-four hours a day. However, currently there is no backup support service. Treating the person and not the prisoner is an accepted idea while counselling in prison. *"The professional service and the quality of the treatments for the clients are generally highly regarded by the prisoner-client"* (Harper & Franks, 2008, pp. 49–55).

6.6.4 Feelings about ending the counselling sessions (Subordinate theme)

The ending of counselling represents another loss for clients, it is therefore, *"crucial for this to be acknowledged,"* (Jones, 2015, p. 192). This study highlighted that, participants occasionally felt uncomfortable and unhappy with the way counselling sessions ended. For example, Tim reported that he felt lingering negative feelings when a session was interrupted and he had to go back to his cell early. Tim's feelings were still opened because he felt that the counselling session had been rushed. Tim needed time to process the work of the counselling session, He reported that there was no time *"to close me down or bring me back to a level rationally and properly."* Since prior endings have usually been traumatic, in prison with a time limited framework, *"Treating every session as if it were the last means that the ending has been presented throughout the work,"* (Jones, 2015, p. 192). This is also my experience of counselling in prison.

Some participants in my research felt that their counselling sessions were hurried. They felt frustrated that the counselling session ended abruptly without an explanation. The general expectation for the participants was that the counsellor should reasonably manage the ending of the counselling session, and that if this was not possible, a reason should be furnished as to why the ending of the counselling was being abruptly ended. A few of the participants felt that there was a gap or void left behind after the counselling session; they felt that they had no aftercare or support. Jon had anticipated that he would be left without support and experienced intense feelings after the counselling session. Joe appears to be suggesting that for him the ending of the counselling session was a lonely psychological process without

aftercare. Also, Timulak, (2017) suggest that a counsellor's silence can sometimes be associated with loneliness. Ali said, *"So I had no contact with another human being. The only time I had contact in, in one month is when me lawyer come. Lawyer used to come every month. I've not had a visit now for about twenty years."* Ali often expressed his dissatisfaction with the ending of counselling because there was no aftercare. Ali appears to fit the profile of a person who might be unable to communicate his inner most feelings because of other complexes, as the fact that he does not trust people easily. He told, *"I went to some dark places, she was good like. I unloaded some deep stuff. I'd have to take that away to me cell."*

Ali went to the deep, worrying recesses of his mind. Ali leads me to think that he enjoyed regressing and going to dark places and equates this counselling experience to being *"deep"*. Ali also reported that, *"There was no back up"* and *"Just chatting and then you go away, this isn't proper."* Ali was referring to aftercare services, particularly internal support from organisations similar to In-Reach, who can help with; mental health, substance abuse, teams and health care (Jones, 2015). Without any apparent help Ali continued to stoically persevere. Ali's issues were of a historical nature, usually appearing to be connected to the prison system, and he reported no improvement in his situation throughout the research interview, although his demeanour and his attitude towards counselling appeared to soften throughout the research interview. Ali expressed his dissatisfaction on reflection; he did not appear to resent counselling or therapists in general. When considering the endings of the counselling sessions are fraught with issues of security, as prisoners are unable to know if they will get to the next meeting without being transferred to another prison. Obviously for security purposes, the prisoner is not told in advance of any pending move and this creates a problem for the endings of counselling sessions in prison.

6.6.5 Environmental safe/unsafe (Subordinate theme)

Participants had different definitions of what was a safe environment. Some felt that a safe environment was where their counselling session had taken place and must be an enabling environment for example, not overheard and with confidentiality as a given. Sam described the counselling environment as an old separate building. The building was secure, comfortable, and therapeutic. Sam could sit next to a fish tank

whenever he felt low. Sam said, "It takes your mind away." Dan's counselling environment was similar with the inclusion of mandatory panic buttons on the wall for security, within the health care building. Dan's definition of a safe counselling environment, include his personal security. However, Dan thought the room was inadequate he said, "*They can hear me out there and this is not a private room.*"

Other participants felt that the counselling facilities were inadequate and uncomfortable. Tim felt that clients were not given consideration he said, "*A few times we were sat in a room and they've tried to check in and we've been sat there and it's not been ideal we had to sit on top landing people walking around.*" Tim's experience of the counselling environment was a busy space with little confidentiality. Nat said, "*You don't want to be put on an uncomfortable chair, because you're uncomfortable you're losing the value straight away. The more comfort the more the barriers come down.*" Ali said that he received counselling from outside his closed prison cell, within the isolation containment block. Ali said, "*Ye that's how it was in the block...safety reasons can't have bodily contact.*"

A safe environment for the majority of the respondent in the research interview had a perception of a safe counselling environment within a prison setting that included minimum requirements, that ensured physical and psychological safety. The clients expected confidentiality in a private space with comfortable chairs and security in the form of a panic button on the wall was for the staff, or counsellors (BACP, 2017).

6.7 Intensified feelings experienced through counselling (Superordinate theme)

All of the participants experienced a range of various intense feeling during their counselling sessions. The range of feelings reported by the participants is not restricted to painful or disturbing feelings; for example, sadness, anger, or anxiety. Some of the reports from the participants' include a wider range of feelings for example happiness, relief, or disbelief. Examples of a few of the participants' intense feeling are demonstrated in this section. Jon, internalised the abuse, attempted suicide, self harming. Sam said, "*Making me felt valued*" Sam acknowledging and rationalising his feelings of loss, grief, and bewilderment of the success of the unorthodox therapy, believing that through the therapy that, he can talk to his child.

Also his own feelings can and do exist and also the therapy made him feel valued. Nat said, "*bringing out emotions there you know getting upset. It does tire you out.*"

Dan recalled, "*I broke down a couple of times. Like you would you know you would expect it won't you? Errm... He'd ask, if you're alright. I'm obviously not all right you know.*"

Tim had related his feelings as "*In touch they were happy feely. "So I mean I was open, and opening my feelings up.*" Whilst, Ali said, "*I feel like suicide*". Counselling had been uncomfortable for Ali, and he had "*Felt worse*" and experienced intense feelings experienced through and after the counselling session.

Counselling can sometimes put the client in touch with what they really feel and enable the client to explore their inner world. Strong emotional statements are often attached to feelings. A previous study by Wilkinson and O'Keefe, (2006) conducted an evaluation study of a person-centred counselling service for male victims and offenders of domestic violence. The study has several similarities to this new research for example; semi structured interviews, exploring the prisoners' experiences and perceptions of the service, and qualitative data for analysis from a mixed method. The title of the study applies to both the perpetrators and the victims of domestic violence also, "*Raging Anger within me.*" They resonate with the strong emotional statements from the participants who engaged in the research. Within this new research there are several examples of deep painful feelings were demonstrated as the counselling process broke through to the surface of the client's awareness.

Deep and sometimes similar painful feelings surface also with Dan when being counselled in prison, he experienced deep feelings and intense emotions, as he said "*I broke down,*" and "*it stirred with thoughts in me head.*" Nat admitted, "*It does tire you out,*" bringing out his emotions made him weary. Tim said when he was talking about his brother, "*the emotions I had with that stuff, say I'm right.*" Tim at times felt a range of emotions; anger, frustration, and announce because he was unable to talk or being listened to. Jon actually used strategies in order to avoid intense negative emotions, Jon explained this as, "*to get through,*" apparently in order to avoid the

painful feelings brought about by his memories of being abused. Similar reporting from respondents in previous research has been in evidence for example, an unknown participant said, *“It made me want to not think about it at all”* and *“I was unable to discuss feelings about illness and consequences without tears feels very frustrating”* (Timulak, 2021, p. 729).

The clients’ understanding of their behaviour brought about through deep feelings from their internal frame of reference, allows the person to experience the world differently. Also, there is, as Rogers stated, *“the opportunity for more leaning are maximised,”* (Rogers 1951, p. 497). For example, when Sam explained how he felt concerning the counselling sessions, Sam appeared to be very uplifted and really in the moment he explained,

Ah yes, quite personally actually. The therapy manager of the entire unit, counselling therapy everything you know even the facilitator. He said that you know; when I finished speaking He said I just want to give you a hug. He said Dad metaphorically not physically he said Dad. I just want to give you a hug. And no one ever said that before not even my dad but for him to say that! I found absolutely uplifting .Wow!

6.7.1 Anxiety and doubt (Subordinate theme)

Wilkinson and O’Keefe (2006) highlighted the existential anxiety in relation to the client prisoner, anxiety, and mild to moderate depress were precursors to severe and enduring mental illness. The research noted that custody exacerbated mental illness and vulnerability increased the risk of self-harm. They concluded that counselling was beneficial to the participants’ relationship inside and outside the prison.

Reports within this study, state that some participants felt anxious and doubtful concerning the counselling sessions, and the process of counselling before and after the sessions. For example, Sam was initially filled with anxiety and doubt when ever counselling was mentioned to him. Sam was, especially concerned with his own anonymity because of the large prison population. Joe had a different source for his anxiety and doubt because the counsellor did not acknowledge him outside the therapy sessions. He said, *“Not talking to me would make me feel worse because then I’m going to go in the next session feeling I done something wrong init.”* Ali readily admitted that his intense feelings were caused by his paranoia. Ali said, *“I got to be aware are they talking to me whether they help me or they want to gain*

information or that's some part of paranoia over the years." Ali does not trust his experience; he distorts the experience because the experience is not consistent with his self image or his image of the world, (Rogers's eleventh proposition, 1951). The proposition goes on to state that, people meet their experiences in different ways for example, they may also ignore their experience because it does not fit with their self image, (Rogers, 1951). People also conceal their feeling while holding a positive view of others (Timulak and Keogh, 2017). If Ali concealed his feelings while feeling threatened, Ali would be making sense of his experience and bring that into a view of him (i.e. his self concept), (Rogers, 1951).

6.7.2 Anger (Subordinate theme)

Sam experienced intense feelings of anger while in prison because there was a stranger in the counselling room. Sam said *"So why would you expect me to trust a probation officer who I met just five minutes ago?"* It appeared that the stranger was accepted by the counsellor at the expense of Sam's concerns about his confidentiality and anonymity. "Respecting clients' preferences for therapy correlates significantly with lower drop-out rates and better outcomes (Timulak & Keogh, 2017, p.1558). Sam said that it did not affect the therapy but only the way he felt about trust. Sam's recall of the incident had clearly reverberated within the research. Tim also felt anger, frustration, and annoyance; he said *"you know because of that time I couldn't talk about it."* Ali also said he had intense feeling, he said *"They want to find things about you and it makes you feel worse."* Similar statements were reported by Lambert (2010) on the client's perspective on the progress of therapy.

6.7.3 Deep feelings (Subordinate theme)

Of the many findings a great deal of variability is seen in the clients' experience of the therapy, while clients find therapy sessions helpful, involving, satisfactory, and holding a positive view of the therapists, others find therapy stressful and threatening, as revealed in a previous study on counselling clients outside prison by Timulak and Keogh (2017). Participants' reported moments where their experiences of intense feelings had overwhelmed them during their counselling sessions or during the therapeutic process. Sam said, *"Yes there was times when I felt better"* and he was also grateful because the counselling worked. Many of the participants

reported moments where they broke down during their counselling sessions because of their experiences of sadness, despair, or joy. Outcome client experiences of therapist interventions such as empathy (Timulak et al., 2010), Dan said, “*I broke down a couple of times.*”

Rogers’ fifteenth proposition from his theoretical framework explains how a sensory and visceral experience of the organism are assimilated symbolically into a consistent relationship with the self –concept. The phenomenon of deep feelings did emerge spontaneously in the above examples. They can be described as what Rogers’s stated authentic being. A person can be spontaneous and be lost in their self-consciousness. “I am what I am,” (Rogers, 1951, p. 513).

6.7.4 The pain of buried emotions

During the research interview, participants expressed their feelings through memory recall occasionally in a matter-of-fact manner, buried emotions were reported in a similar way. The examples below are my interpretations of the participants’ meanings.

Sam said, “*I didn’t know any other way to get through.*” Sam appears to suggest a way of coping was the only way he could respond to his issues. Jon said, “*At the beginning things would be brought, it was the worse bit.*” Jon means at the start of the counselling sessions when his issues were initially raised, the issues were the most painful period of the counselling. Tim said “*The therapy was more intense.*” Tim meant more intense than other therapeutic interventions. Dan said, “*You feel more vulnerable.*” All of the above feelings appeared to be brought about through therapeutic interventions.

Clients experience of therapists interventions such as empathy (Timulak and Keogh, 2017). My research also included a poignant example where empathy surfaces through the counselling session. Sam said,

I, we get stuck! There’s a feeling we aren’t going anywhere and brains gone blank. That’s when they support just a little thing, like a tap on the shoulder, and say ye err, ((Long pause)). It was down because when I thought about the loss grieving over the loss. An unborn child why would you have some feelings for a child that wasn’t born in the first place? But it were your child and you expected that child and you even named that child. And it was going to happen and still have feelings one that’s still valid and you can speak

about. You can write a letter if you wrote to talk to that child and ye. Aar that's a moment, making me felt valued.

Sam appears genuine, elated, sad, compassionate and congruent. Sam also appears in the moment of his experience. Remembering the experience and feeling the same experience at the same time. *"Yes that was quite a moment."* Sam was alluding to deep feelings evoked in a particular counselling session. Similar events were identified by Shapiro (1992) as very important moments within a therapy session that serves as a specific intervention, response, reaction, interaction and, or an act that resonates deeply within the subjective experience of the client.

6.8 A Helpful Process (Superordinate theme)

Helpful events have been conceptualised as the most productive therapeutic process that lead to positive impacts on therapeutic change (Timulak, 2010).

6.8.1 Being listened to, supported and Freedom to talk, build confidence and trust (Subordinate theme)

Experiencing an authentic therapeutic relationship had enabled some participants to increase their confidence to grow and allowing freedom to talk. Other participants had been able to build their confidence with a solid foundation of trust. Sam said, *"A similar thing happened in my life and you can actually chip in to slowly, slowly develop trust."* Sam describes how he gained the confidence to speak about his issues and experiences within the group sessions. Trust was initially developed in the group.

Dan said, *"I'll start putting blockers up. They can't be trusted then, mental health services they can't be trusted then! You know one of them, they don't really care."*

Jon said,

You have got to try and build that trust up again. I wouldn't tell her nothing but she tried to find out when I first started using drugs. When I got that trust, it come out she was the all first person I ever told. I kept it in from when like I was twelve or thirteen till two thousand and seven, about thirty odd years.

Joe thought women were more experienced with children and had an understanding of childhood particularly mothers. Joe said, *"You could always know a woman."*

Analysing this, I asked Joe if he would trust a woman, he replied that women understood him. Joe was very satisfied with women from CAMHS. He remembers being counselled while he was a youth.

Within a safe environment, they were able to be safe and constructive, “which contributed to developing cognitions around that experience” (Blagden et al., 2016). Significant positive therapeutic outcome was possible because the counsellor fostered significant trust to build upon. Tim said that he needed to talk about his feelings and expose the emotions. Tim’s own authentic expression of his feelings appears to have achieved his aim of emotional relief, “to show itself” (Heidegger, 2000, p. 51). The counsellors’ were in part instrumental in bridging the void from the participants’ previous damaging experience of betrayed relationship towards restoration of confidence in human nature because of the therapeutic relationship.

An interesting point is that Tim persevered with counselling until he found a counsellor with the necessary skill to enable him to express anger and sadness. Freedom to talk was not available for all participants. Building confidence was difficult for Ali to achieve considering his distant past experience of counselling in prison. Ali did achieve a degree of confidence from his therapeutic journey, after the counselling sessions. However, Ali’s confidence was short lived because he tried to forget the painful memories brought up during the counselling sessions. Ali had many complex emotional and psychological problems. Ali’s statement underlines the need to be listened to and the freedom to talk Ali said *“just to go and see someone and say this is how I’m feeling.”* Ali’s needs are also echoed by Bradley’s (2009) report highlighting a high proportion of offenders have a range of complex mental health needs.

6.8.2 Satisfied it works, it helps (Subordinate theme)

Client satisfaction is another area of focus for this research drawing from experiences in psychotherapy. Researchers used open ended and supplementary research questions (Timulak, 2017). The majority of my participants in my research confirmed that they felt satisfied and that the counselling was worthwhile. Dan was satisfied for the most of the therapy that he received. Participants did not report that

they had any regrets concerning being counselled. Jon stated several times during the research interview, *“It worked for me.”* In an earlier mixed study, developed during the 1970’s, Interpersonal Psychotherapy Treatment (IPT) linked to the satisfaction of prison’s treatment for Major Depressive Disorder (MDD). Although a firm conclusion could not be substantiated, findings in one study indicated that IPT was the overriding factor in the prisoner’s improved health, (Johnson et al., 2015).

6.8.3 Enabled me, to learn about myself (Subordinate theme)

Males who have been counselled in prison, when analysed, displayed the subordinate theme titled above. I also discovered that the data I have read in previous research had a familiar range to my research. A compilation with examples is reported here: Tim said that the counsellor would go a little deeper into the counselling process and then challenge, and check out with Tim that he was on the right track. Tim would ponder on what the counsellor had said; once he had worked it out, he would open up to the counsellor more, in turn that would facilitate his sense making process.

Tim said he could understand his own feelings. Jon came to terms with many of his issues in counselling because he became more insightful. A discovery of learning about self for Dan was to realise that he was clinically depressed. *“I was getting used to me thoughts and emotions again.”* Joe came to the realisation that he could understand and see his issues more clearly. Sam clearly reflected on the counselling process, Sam asked *“Do I like myself?”* The process of self reflection through the questions asked by the counsellor in the therapeutic community was a helpful process of counselling, enabling Sam to learn about himself. Also, in seeking to defend the essence of TCs and how residents can change and develop (Brookes, 2010).

There have been previous studies concerning mindfulness and interventions to reduce stress in prisoners, for example Bouw et al., (2019), and two studies by (Davies et al., 2021), one aimed to investigate the impact of mindfulness on individuals. Another study linked to helpfulness sought to investigate the effectiveness contributed to identifying if the effect of therapy was a helpful process, (Davies et al., 2021); the two studies were based on self reporting, were for staff and

prisoners, and were computer based psychological measurements. The similarities with this research were that it was conducted with prisons with cat B prisoners and the representative sample had a majority of male participants.

6.8.4 Empowering, taking ownership (Subordinate theme)

Empowering self and taking ownership of feelings is a common theme reported from several participants, as seen in the following examples: Dan commented *“look at me now I’m happy.”* Jon confirmed his self worth had increased. Tim felt he had an element of self-worth because of counselling. Jon stated that it helped, though it was a painful process. Also, Jon only had taken responsibility for what he had done, not what others had done to him, he was empowered to a greater degree because of the counselling that he had undertaken. Taking responsibility is one of the two aims of a particular function necessary for psychological growth; the other aim is autonomy (Rogers, 1951, p. 71). Tim also took ownership of his feelings he said *“Own them feelings, instead of just flying off the handle.”* Empowerment through self, determination demonstrated within the research adds weight to the efficacy of the counselling process.

6.9 Unhelpful aspects of counselling (Superordinate theme)

This research reported that clients have come across difficulties when reporting hindering event within the therapeutic sessions and while waiting for the sessions. Problems arise despite a positive relationship between client and therapist. Clients have a tendency to hide negative aspect of their experiences and rather than expressing their thoughts and feelings clients may prefer to hide their feelings because they are negative reactions towards the therapy itself (Paulson et al., 2001). The study of hindering events is therefore described as difficult, (Henkelman & Paulson, 2006).

In this study participants reported they were not satisfied with the counselling service. Complaints ranged from the participants’ perceptions that the service was weighted towards the prison establishment; Dan complained,

It all stirred with me thoughts, in me head. So I went down that one. Then it was all about personal, short personal growth. I’m trying to make it clear ok? Every session I’m not here for medication.

Other complaints were that the resources were inadequate, lacking in funding and that the prison officers have not been doing their job properly. In addition, some prison clients noted that the time allocated for counselling was insufficient and the allotted counselling sessions were cancelled, not followed up, or were too brief. Joe complained, *“This jail, it was about six months, for bereavement counselling and that it took ages. Ye so I didn’t really access it. I seen em once and I didn’t really like his attitude.”*

Also, the participants noted too often the counselling session had ended abruptly. Occasionally, counselling clients complained that they had poor access to counselling. A minority of participants noted that the counsellors themselves were at times offering the client only a brief time concerning the endings of the counselling sessions. It is noted here in connection with the impact these issues cause for the clients. Joe’s complaint concerned the same issue noted here,

Sometimes you feel worse because you’ve offloaded bad things, when your forty five minutes are coming up. Well you might have been in a deep conversation, so you’re left with it then when you left that room. It’s like it not winding dooowwn. Change the conversation!”

Time for processing the issues discussed in the counselling sessions would always be at a time when the client was alone behind their cell door. The majority of the participants in this research reported feelings of being alone with the emerging memories of traumas to deal with from the previous counselling session. Their feelings appear to have added to their sense of isolation, confusion and frustration. Time had felt vulnerable at time when left alone in his cell after counselling, Tim’s responses;

Self-harmer and I’m here now and you’re talking to me now as a counsellor. And they’re coming and they’re locking every one up. Here I go behind my door and I’ve just been talking to you about something I haven’t had the time to close it off, and I don’t know how to close it off myself. I got behind the door now; I’m thinking what am I going to do alone? I’m going to self-harm again ant I? You know it’s not right!

“Ali also felt vulnerable behind his cell door, *“I had severe panic attacks behind the door? I was banged up for twenty three.”*

Subjective experience of the client’s dissatisfaction of the therapeutic process has been reported in previous studies seeking to establish indicative effectiveness of

counselling. In my research, Joe stated that a typical counselling session in his experience was negative; Joe confirmed that he did not think that he was listened to by the counsellor. Joe thought the counsellor was trying to dismiss him. Joe appeared to have a simmering anger; the counsellor's words had a negative impact on Joe to the extent that Joe was felt uncomfortable and unable to open up about his issues. Joe also felt that the counsellor was as uncomfortable as Joe.

Ali appeared to compensate for the delay with counselling, it caused Ali to lose interest in counselling, he began to dismiss counselling and avoided discussing his issues altogether, Ali said, *"I don't mix with people ye no. I do me bird behind the door and it's very rare I talk to other prisoners, prison fair isn't it?"*

However, there is limited research on these obstructive events regarding the client's perspective. Results from previous research provided more in-depth consideration concerning counselling client's dissatisfaction with the therapeutic process (Burton & Theriault, 2019).

6.9.1 Lack of trust (Subordinate theme)

Sam explains that his lack of trust occurred in a situation where there had been a stranger in the room. Joe explained that he felt uncomfortable when the counsellor told him his feeling of suicide every few minutes were as normal as everyone else's. Joe was then unable to open up with his emotions because he thought that the counsellor was telling him what he thought he wanted to hear. Joe wanted reassurances; however, he mistrusted the counsellor too much and was simmering with anger. Dan would not trust anyone in authority enough to share details of his past criminality; he said that he did not tell his codes:

There are certain things which you don't discuss thing that you weren't caught for because you don't know these people. I'm pretty guarded, you don't tell people. You don't want to get caught.

Sam explains the issue of trust, *"Trusting me, myself trusting them as well."* Sam begins a complex explanation he highlight the fact that he volunteered *"I actually put myself to this programme."* It's a very long programme. Sam appears to have returned to his initial point, which was that the programme was recommended to him.

Sam was initially filled with anxiety and doubts at the start of the Therapeutic community programme.

Ali said, *“I don’t trust people, very rare I trust people.”* Ali also believed in the integrity of the counsellors. However when asked if he would trust the counsellors? Ali responded with, *“Ye, because they do all the messy things don’t they. Their only interest is to hope help you and to stop yu coming back in here. See the end product. They need more counsellors don’t they for things like this.”*

Akerman and Geraghty, (2016) examined the impact of group discussion within a prison therapeutic community. The aim of their study was to scrutinise the impact of group work from the perspective of the participants. Akerman facilitated while Geraghty observed the group they reported that the participants experienced painful emotions while experiencing positive feelings. They noted that the uncomfortable feelings had left the participants mistrustful of other members. Sam reported in my research how long it had taken him to trust the TC group members, *“Two months we were doing that so times three times a week. It took me some time to gain the trust everyone.”* When Sam was asked, did that erode any of the trust that was built up? Sam’s response was, *“err, thankfully no.”*

6.9.2 Not being listened to (Subordinate theme)

Research by Akerman and Geraghty (2016) within a group in a prison-based community discussed the impact on group work from the perspective of the participants. Their findings suggest that many of the participants may never have received constructive feedback and helpful feedback from their therapeutic experience. Tim did not have the feedback he needed from his counsellor, he said *“I was just getting how do, you feel? I gave it up. You know like I tell you how I feel. I weren’t getting anywhere.”*

Tim worked with a different counsellor:

I sacked her off. And then a couple of months like I got some guy and he was all right absolutely brilliant, he tried to make me understand how I was feeling, and how I could understand my own feelings. Then getting the background and just getting the feel of me. He kind of started going a little deeper and challenging me on certain things and asking me if that’s the

correct way. I mean I'd sit back and work it out. So I would open up a lot more.

All of the participants in my research wanted to be enabled to talk, to be listened to, and be valued. As counselling clients they became frustrated when their expectations were not realised. Sam reported that the establishment did not want the clients to ask for help from the listeners between counselling sessions. During Dan's counselling, he said he was only getting *"how do you feel."* Dan also said, *"Silence was unhelpful."* Tim thought the counsellor was not listening to his answers. Joe thought he was not listened to by the counsellor. Ali said that counselling was impossible and because of where his counselling location was, he was never heard. The client's perceptions that their therapist was failing to provide understanding or offer feedback, or offered too much silence, appeared to help to foster feelings in the client that were uncomfortable. Other omissions from the counsellor include feedback of the client's major life events, or feeling. Rennie (2002) suggests being aware of nonverbal cues for improving counselling sessions.

One example from previous studies reported, *"It was too quiet"* (Grafanaki and McLeod, 2002, p. 28). This statement is similar to where Joe said, *"Anything but silence. I might as well as be talking to the wall?"* Joe also felt the counsellor was missing the point, Joe complained, *"He kept saying, how does that make you feel?"* The meaning of the clichés was lost on Joe because of its continual use by the counsellor.

6.9.3 Counselling hurts, it's invasive, feel worse (Subordinate themes)

Confronting the reality of their issues has been demonstrated as a manifestation of shameful feelings in clients who have received counselling in prison. However, once confronted the participants also reported that they spoke about their guilt and shame, they were empowered to accept their unpleasant features of the self (Akerman and Geraghty, 2016).

Sam reported that there were many experiences of counselling that were hurting, *“they were hurting like a medicine if you like. Medicine does hurt you sometimes.”*

Tim's experience of being locked in his cell, while processing the previous counselling session was painful. Joe did not feel comfortable with his counsellor, *“I didn't feel as though I could open up.”* Dan's perception of counselling was that, *“Most people were Intimidated.”* Also, in previous research, it has been reported that therapy is stressful and threatening, Timulak and Keogh (2017). In my research, Jon states that, *“even though it was a painful experiential process to imagine a visit to the abusers he, was breaking through the cycle of the abuse,”* Jon was taking control of his power. Jon's statement is an example of Jon's concept of self and his existential self which appears to have become synonymous, as Rogers suggests a self concept congruent with one's own organism (Rogers, 1951).

Taking into account the counselling process all participants should be on an “equal footing,” (Guo, 2012, p.347). Guo reported on counselling as an interrogation process that appeared to place the counselling as advice at the most optimistic assessment and a police interview as a pessimistic assessment. Some participants did experience some counselling questions as interrogative or invasive Sam explained his own experience of these questions as *“It's like they are digging, digging.”* Sam experienced the questions as reflective. Dan experienced the counsellors as probing, searching deep into the counselling sessions.

Jon had said *“at the beginning I felt worse.”* Counselling at this point for Jon was counterproductive. Tim found that issues raised during counselling difficult to process, he stated, *“can play with your head.”* Dan said *“I was leaving worse.”* Joe explained, *“Sometimes you feel worse.”* Ali occasionally felt grumpy after therapy,

sometimes, he felt better, however he sometimes felt suicidal, yet would want more counselling. Ali said, *"It makes you feel worse."* Akerman and Geraghty observe *"Therapy illuminates hidden parts of the self which can be a difficult process"* (Akerman and Geraghty 2016, p. 104).

6.9.4 Confidentiality not protected (Subordinate theme)

Confidentiality in therapeutic groups in prison is precarious. Thorn (2012, cited in Jones, 2015) described "Confidentiality obviously has a particular resonance in prison" (Jones, 2015, p.26). Several participants felt that their confidentiality would not be protected and this fostered a lack of trust in the counselling process. However, Sam said, *"but in prison there is no anonymity."* Sam was aware that in the TC group, he was known and his offence could be discussed. Sam feared that his confidentiality might be compromised as details of his offence might be exposed into other areas of the prison outside the therapeutic community. Tim struggled with issues of confidentiality; he experienced pressure to reveal his issues. Ethical counselling boundaries were difficult for Dan to comply with because his vocabulary included violent overtones that could disturb people and the counsellor would be obliged to pass on his threats to their supervisors or line managers. Dan said, *"And then you got, like to get out of that one."*

Counsellors also must consider issues of ethical standards and have to refer to The Ethical Framework for good practice in counselling and psychotherapy, produced by the British Association for Counselling and Psychotherapy (BACP, 2013), they combine five models of ethical practice.

6.10 Feelings after the counselling (Superordinate theme)

Feelings after the counselling was not generally reported with the exception of Sam, he said he was glad that he did his whole therapeutic journey, other none traditional communications from the participants of their counselling sessions were reported.

6.10.1 Helpful can cope better (Subordinate theme)

Studies have been conducted into identifying positive behavioural improvements. In 2015, Hakvoort et al., conducted a study for forensic psychiatric patients linked in part to this study in one respect. The objective was to improve the knowledge of how counselling therapy may be improved for the benefit of the prison client. Their study was dissimilar to this study in several areas; particularly in the use of questionnaires (they had used questionnaires). However, the results of the discussion from participants after counselling, reported that it was helpful and that they could cope better because they (the participants) demonstrate positive behavioural improvements including anger management, and improved insight by all the participants in the study, (Hakvoort et al., 2015).

My method of inquiry included semi-structured interviews concerning helpful aspects of counselling. In a later study, Ladmanova, et al., (2021), highlighted client-oriented impacts of helpful and hindering events in psychotherapy. A compilation of several examples from my research are listed below.

Joe confirmed that counselling was a helpful process; he could cope better. Tim was sometimes more confident after counselling and his personal growth had increased. Dan felt more confident after counselling sessions, Joe confirmed that he was grateful for having counselling, his sessions were helpful although not with his bereavement issues.

When Ali was asked what could help in counselling Ali said,

“So if they’d have stayed with you that would have been helpful. They gave up eventually; you sit down and have a chat where you mention trauma or abuse, they always they say no that’s not my field. The counsellor gave up.” When I asked Ali, if open ended questions could help, he said “that it could have helped”.

6.10.2 Optimistic (Subordinate theme)

Several participants reported feeling optimistic after the counselling session had finished. Sam did admit to being optimistic. The counselling process helped Jon; he

agreed he was more optimistic, and no longer felt down all the time. Also, John had also stopped using drugs. Tim considered that he had a better outlook on life although he appeared a little pessimistic. Nat confirmed that he did feel more optimistic.

Dan was not always optimistic he thought that the group experience was more personal therefore he became more self-reliant because he pushed himself more. Dan was confident and happy and had plans for his future he continued.

De, de thieves' accepted hopelessness. Expected that, I've accepted hope and you know that's why I've done what I've done and don't care what people say. My life's going to be better after it. They can't believe it; yer so fucking happy you're in fucking jail and you never killed anyone and you're on an IPP.

An interesting finding from this current study is that participants talked of many of the therapeutic factors that had been outlined by Yalom (1995) in supporting them to cope including factors such as, altruism and the installation of hope.

Ali said, "Their only interest is to hope to help you." Nat appeared hopeful concerning the prisoners in Mexico, "*You can't tell them you're never ever get out of prison and not offer you something.*"

Tim said, "*You hope trying to get help with answers guided towards me, so I could see myself.*"

6.11 Link to Rogers' theoretical framework

For the layperson, in this section of the thesis, I have selected several easily recognisable examples of Rogers' propositions with applicable quotes from the participants. The particular nuances to these examples are in the context of prison counselling, they are as follows; proposition one, personal reality, proposition two, reality of being counselled in prison, proposition four, psychological growth, proposition seven, own frame of reference, proposition eleven distortion, denial and acceptance, and proposition fifteen, self actualisation. In addition, the common convergence is that all of the participants have been counselled in prison.

Proposition Number 1 “every individual exists in a continually changing world of experience in which he/she is the centre. It may be called the phenomenal field” (Rogers, 1951, p.483).

“Another can never fully know it as I”

For the prisoner, the phenomenal field is the prison. From the individual prisoner's frame of reference being a prisoner is a personal reality. Here follows, examples of the participants' experience of prison.

Joe:

Some prisoners are wrong uns init? So I'm not talking to him, cos if I'm seen talking to him, you know what I mean If I'm seen talking to him, because he's a fucking rat, so. I talk to the people I want to talk to. Some of em you like can talk to; especially your friends and that I just talk to me friends, ye. You not to, not, when your younger your not to know what normal is, you know but I ave got no mates because I've been, been in prison half me life and before that it was kids homes and foster homes. So all my life's been institutes so what is normal what is normal nine to five hours? How does a normal person live?

Nat:

At first I thought because it was about other prisoners that they would judge me. They didn't though. Once you start to talk about things you were assured of other people then do the same then had the confidence to do the same so you're not ashamed because, but I already felt better when it was me than with the others. But what I'm finding, one thing I did find frustrating was and it might just have been because it was in a prison setting.

Sam:

You, well most of the time because it's prison, now on the outside, things could be different. Like, like you know stuck in traffic or missed your appointment because of family difficulty and things like that. You see we don't have things like that in prison. That's a luxury. Can't afford it's a living because you can't really have these commitments in jail. So things like that security issues and lock down, and things like that, I would say it was ok because even on the outside people don't get, you know, what they want. That's part of life isn't it?

Tim:

Well me brother died. All that's building up inside me I needed something I needed the lot off you know but I just didn't know how to do it. Anger, frustration annoyed. It frustrated me more. twist me up and I don't like being man handled cos that's what happened it takes me back to my childhood so when the police or the prison staff manhandle, but before I lost it now like I don't like to be manhandled it makes me more angry.

Ali:

Can't have bodily contact. Cos it's violent prisoners in there but then, you do it through the door there guys there's a nurse pray on the nurse because they want to find some. Yu breathe cos you're banged up twenty four.

Dan:

It's to break you in it. That's what prisons about it's about breaking your spirit so to get you there I don't think they really want you there. Woooooow! Goin in ye none stop and then, that internal conflict in me head. I don't need this anymore, ye fuck it! Who cares? You know I'll, who do I need to go and see? And then it was about self image. The only thing now is that I am a bit anxious about things cumin up and I haven't got access to people like me mum and me dad, I can't get access to me daughter and that's what's making me anxious.

Jon:

Yeah well I have met a few good prison officers; there are a few good staff in prison. just keeping myself occupied, reading and writing playing, plays station just to keep myself occupied rather than just dwell on things all the time just waiting to give a message to my sister he knows my family.

Proposition Number 2 "the organism reacts to the field as it is experienced and perceived. This perception field is, for the individual, reality." (Rogers, 1951, p. 484)

The reality of being counselled in prison for the participants may be gauged from the answers to the research questions. Here are some examples of the answers to the research questions. Ali's reality concerning being counselled in prison is examined,

Ali said:

I don't know the set up. You get bits of counselling, a massive waiting list. It's a puzzle. I'd have to wait another month to see her again, no back up. I had a trauma, sit with you for an hour, but then I unloaded some deep stuff. I'd have to take that away to me cell. Now I don't think that's good I won't like, get after care. I was in the cell and I brought up a lot of err bad stuff. I could flip any time, by talking about it.

Joe's reality of being counselled in prison, Joe said:

You may walk out of the door and they may say something that's happened, you know because they put that thing in your mind you don't know, but when you welt it down you don't think, when your forty five minutes are coming up, then when you left that room. It's like it not winding dooowwn.

Proposition Number 4 “The organism has a basic tendency to actualize, maintain and enhance the organism in the direction of self-actualisation of growth” (Rogers, 1951, p.487). Although prison is a total austere environment (Goffman, 1961), some prisoners will want to grow and develop. Here are a few examples from the participants during the research interview offering examples of their counselling sessions and their process of psychological growth.

Tim said,

Thing is but I had it, did it and I come back out I'd a really, really bad session I had this horrible, horrible officer diggers at me digging at me because I missed work. I was trying to explain I've come back from a session late, I don't care and ye I nearly lost the plot. But I didn't though. I thought about what he was saying to me, which always down to me (Therapy). And I did that and it worked. I spoke to him the next day and he said well-done lad! You know, so ye that was the first time I'd ever put it into practice. Tim added that he valued that.

Dan was more confident after the counselling session; he was occasionally more secure within himself. Dan was committed to his growth and optimistic despite his indeterminate public protection order, (IPP). Dan displays a positive outlook, although according to Dan, the majority of prisoners serving IPP experience a trauma from not knowing when they will be released. Dan is saying they are the prisoners who are most in danger of committing suicide. The benefits of counselling therefore are greater for the neediest prisoners For example, IPP sentenced prisoners are as Dan stated, *“Living in a hopeless situation.”* Dan confirms his optimism. Dan offers an unusual explanation concerning his counselling experience. *“Give me a poem, poem platform.”* In his statement concerning a poem Dan appears to need something tangible to invigorate and propel him towards a structured future beyond incarceration.

Proposition Number 7 The best advantage point for understanding behaviour is from the internal frame of reference of the individual. I can understand my behaviour only through how I understand myself, the world and others. *“Not only does there result a more vivid understanding of behaviour, but the opportunities for more learning are maximised when we approach the individual without a pre-conceived set of categories which we expect him to fit”* (Rogers, 1951, p. 494).

Dan answered the research question concerning his perspective of his frame of reference of counsellors, and his counselling process in prison. Dan explained:

When I see, when a counsellor starts telling me stuff about them, their experiences like what they'd done counselling before because most counsellors have been through counselling, I think that it put a defence up for me. I sort of walk away and go to find a different counsellor or a different format to serve.

Nat's frame of reference and world view of prisons, "I've got a lot of experience of the world and people. I have lots more experience to bring to the table to help people, because I can be quite confident at times. I, seen these lives cheap." Nat explained one of his experiences of a foreign prison, where he served a hard prison sentence. The example includes Nat's story of child prisoners in the foreign prison and a prisoner in England, who complained about the prison food served to him.

He said what the fuck! Throws the dinner plate up, and these kids that have hunger because they don't get fed in prison, starving to death, they were trying to catch pigeons and bats to eat. They didn't believe me. Thought I was lying. (Prisoners in England)

Proposition Number 11 As experience(s) occurs in the life of the individual, it is symbolised, perceived or organised into some relationships to the self, (b) ignored because there is no perceived relationship to the self-structure, (c) denied symbolisation or given a distorted symbolisation because the experience is inconsistent with the structure of the self.

There are a number of ways I can meet my experiences – I can (a) make personal sense of their meanings, then bring this into my view of myself, (b) ignore them because they do not fit in with how I see myself and the world, or (c) treat them as if they have no meaning and distort them to fit in my view of myself and the world. (Rogers, 1951, p. 503)

(a) Tim was considering what the counsellor was trying to do for him and he appears to make personal sense of his feelings, bringing them into the view of him. "He tried to make me understand how I was feeling, and how I could understand my own feelings. Own them feelings, instead of just flying off the handle."

(b) Sam appears to choose to ignore the experience by rejecting role play because it does not fit in with how he sees himself and the world. Sam explains his experience of role play.

I say it's like role play or drama. And for me I said look I'm not getting anything out of this because for me when I think about it. It's real where one or two people were acting when he takes the place of my Mum for example. He takes the place of my Father. It doesn't look real.

(c) Joe cannot accept his thoughts as normal; it is not how he sees the world. He appears to have distorted his perceptions of his thoughts to fit his world view. Joe explained,

These are normal things that, and thoughts and feeling, like that. Well is it really? No! Well it's not though is it? it's not normal to me because I'm expressing it and I've come that's why I'm here to talk to you as a person am trying I'm to express how I'm feeling that's why I'm here and for bereavement counselling and, and your telling me that's normal. I wouldn't need em if I thought was normal, would a?"

Proposition Number 15 psychological adjustments exists when the concept of the self is such that all sensory and visceral experiences of the organism are, or may be, assimilated on a symbolic level into a consistent relationship with the self-concept.

"I am what I am. A person can then be spontaneous and can lose themselves in their self-consciousness" (Rogers, 1951, pp. 512-513).

Examples follow, from the participants demonstrating characteristics of authenticity: Nat appears to have psychologically adjusted and assimilated on a symbolic level into a constant relationship with his self concept. For example, Nat felt bad initially in the counselling session, the reason was that he felt being judged and laughed at. Nat had his concerns. Nat states that he felt more confident when he practiced a little counselling. Because he became reassured that he would not be laughed at. Nat became more confident when he was the client, *"it made you feel better."* Nat underlines that confidence grows with practice Nat continues to explain how he felt and connected to the positive feelings, to the authenticity of the counselling process, *"that would make me happy really happy because what their saying is real."* Nat confirmed that the students worked in pairs. Nat suggested there's authenticity of counselling, when it is practiced and links this to his own confidence *"Proper counselling, if you were very confident"*. *I am what I am. A person can then be spontaneous and can lose themselves in their self-consciousness"* (Rogers, 1951, pp. 512-513).

Sam said that,

Why would you have some feelings for a child that wasn't born in the first place? But it were your child, and you expected that child, and you even named that child. And it was going to happen and still have feelings one that's still valid and you can speak about. You can write a letter if you wrote to talk to that child and ye.

Sam above acknowledges and rationalises his feelings of loss, grief, and bewilderment of the success of the unorthodox therapy, believing that through the therapy he can talk to his child. Also, his own feelings can and do exist and also the therapy made him feel valued. *"Making me felt valued."* Sam is also switching from negative to positive feelings, also Sam said, *"I broke down"*. Sam was reliving the relief of the counselling sessions, *"Aar that's a moment. Making me felt valued."* Sam displayed spontaneous behaviours during the research interview as he recalled that particular counselling session. *"I am what I am. A person can then be spontaneous and can lose themselves in their self-consciousness"* (Rogers, 1951, pp. 512-513).

Rogers's fifteenth proposition concerning authenticity as a necessary prerequisite towards a person's psychological growth and development has been demonstrated in the findings of this research. All of the participants' who have taken part in counselling in prison have demonstrated a level of self actualisation. Although feeling happy is only one indicator of self actualisation all the participants have convergence on this emotion. Here is a selection of examples of happy expressions from all of the participants who have voluntarily engaged in counselling in prison. It appears from the research that hope can overcome anxiety and happiness can be fostered through therapeutic counselling, even in prison.

All participants demonstrated a convergence of emotions:

Ali: *"Ye I'm happy in jail!"*

Dan: *"look at me now I'm happy."*

Joe: *"Somewhat cheerful, I've been happy, I felt good that I've offloaded."*

Jon: agrees he is happy to have counselling, *"Even, if it's just talking."*

Nat: *"That would make me happy really happy. You could talk about, if you're counselling."*

Sam: *"Hara, absolutely uplifting. Wow!"*

Tim: was happy to be reassured at the end of the counselling session, *“That’s what I liked about that.” “Happy feeling, get in touch, they Happy feely.”*

More than half of the participants displayed spontaneous laughter; (Sam, Dan, Joe, and Ali). Also, more than half the participants expressed hope; (Jon, Dan, Tim and Nat).

6.12 Ethical consideration of relationships in research – a reflexive approach

The transformation from therapist to researcher must be addressed with respect to where I position myself in the ethical relationship. More importantly is the reflexive researcher’s responses that may have adverse effects on the participants of the research. One issue to consider is the parallel encounter of a therapist and a researcher and the dangers that the differences in perceptions have the potential to inflicting and the different expectations of a relationship between a researcher and themselves (Birch & Miller, 2000). A different approach towards the way questions are considered, initially formed and reflected upon is appropriate because the construction of new identity is not a possibility (Bruner, 1995, constructivist theory), (Giddens, 1991, structuration theory). Therapists have to take responsibility for their knowledge and skills in order to mitigate potential damage to clients, researchers have a similar responsibility towards participants (Etherington, 2004).

Training in therapy, knowledge and experience raise many important issues for a novice researcher. The element of self-awareness- making a plan, with the knowledge of what role is expected from each party and where each role is appropriate in relation to knowledge, skills and, attitude in the clearest form with transparency is necessary in the early stage of research question-forming and when negotiating for informed consent (Etherington, 2004).

While being interested in other peoples’ lives, the involvement of intimate questions and the emergence of new knowledge from the research ethical issues manifest as they must (Josselson, 1996). Also, the important issue of power structures and perceptions have to be constantly scrutinised in the awareness of the researcher. This will occurs before the interview, during the interview and during the writing of the research, in particular when considering the context of counselling within this

new research in prison. Ownership of positions, perceptions, attitudes and behaviours will be always in clear view while seeking as Olsen observes (2000, cited in Etherington, 2004, p. 226) “tensions, contradictions, and complicities.”

6.12.1 Counsellor and researcher

One major contradiction can be experienced from the counsellor’s perspective and from the researcher’s perspective, for example, both roles need to be monitored, but separated from each other with the use of ethical reflexivity. “It would establish productive forms of relationships,” (Gergen and Gergen 2000, p. 39).

Example of the Counsellor role

The counsellor acknowledges a perception of the client as someone who is about to vent their ideas and views, thereby alleviating their frustrations or celebrating aspects of their life and hopes. Also, there is the perception of a way forward, to not only help the client but at the same time, to have effective therapy by exploring their world. When researching story telling, it can lead to a new understanding, insight and revelations in ways that can parallel the therapeutic encounter, (Birch and Miller 2000).

Example of the Researcher role

The view from the researcher is momentarily an opportunity to acknowledge a perception of the participant as someone who is about to vent their ideas and views, thereby, elevating their frustrations or celebrating aspects of their lives and hopes. Also, there is the perception of a way forward, to assist the participant in expressing their narrative and exploring their experience of being counselled in prison.

What also has to be acknowledged is that a qualification is also an end product for the novice researcher because not doing so could potentially exploit the same group of people that, over many years, I have aspired to help. The grandiosity of exploitation without self-awareness could erase any gains for the group and that would become a damaging process for all parties simply because the absence of self awareness is pernicious. Alternatively, by “Choosing people to write about, we run the risk aggrandising them,” (Etherington, 2004, p. 227).

Chapter Seven

Conclusion

7.1 How the research aims were met

The research aim for this thesis was to explore male clients' experience of counselling in prison. The objectives were to explore what was useful and what was not useful, within the process of their counselling. In addition, to gain new knowledge and understanding of their experience in order to increase the effectiveness of counselling in prison for the prison clients. The aim was met by interviewing seven clients and finding their experience of being counselled in prison using IPA qualitative research methodology that focuses on the way people make sense of their life experiences (Smith et al., 2009). The analysis provided a rich detailed description, which offered a deep insight into the participants' experience of what it is like to be a client, who receives counselling in prison and how the participants felt and what they achieved from their counselling.

7.2 Implications of the research

The use of IPA within this study has helped to provide a unique exploration of the clients' perception of what they see as helpful and unhelpful aspects of the counselling process for them, while being counselled in prison. Furthermore, the problem from the clients' perception concerning the counsellor's skills and lack of skills can be studied from the client's point of view concerning quality of skills, training, and practice. Finally, the ending of the counselling sessions has revealed the importance of planning for a premature counselling session in the prison environment, which is fraught with uncertainties that is not expected in the free world. This final point brings to the fore the fact that endings in particular are never fully controlled in reality. However, taking this knowledge and holding it up to the light in the context of the prison counselling process is an acceptable expression of the beginning of the debate into how humans may be able to mitigate hardship, from the inevitable conclusion to their evolving therapy and the ending of the human relationship that is formed throughout the therapy.

7.3 Limitations

As a counsellor within the prison environment, I found there were many opportunities for me to explore avenues of research connected to counselling. I have benefitted from my reflections of the mechanisms which operate within a prison that have an impact on the counselling process. However, my study did have a number of limitations, which could lead to results to be considered with caution. For example, the participants experience does not reflect all counselling clients in psychotherapy and counselling, particularly clients who differ in demographics. The timeline of the participants' counselling was set out as a research question; 'how long ago did you have counselling? With the exception of one participant, who acknowledged it had been 'decades ago,' most participants gave clear answers and were unequivocal in their responses.

I did not feel the need to prompt them beyond the initial question of how long ago they had counselling. Furthermore, other clients may have different expectations and treatments for their health care. Although it is acknowledged that the results are based on a small number of participants, these participants were clients who had a broad range of experiences with many counselling hours accumulated over many years. The participants supplied a rich and deep qualitative data, providing many examples that can be drawn upon. A larger sample was not necessary and may have produced more data than was manageable for the research, when also considering that points of saturation concerning the findings were felt to have been reached during this research. Also, taken into consideration was the fact that the number of participants concerning the method of IPA is not prescriptive and a small sample with a high yield of data is acceptable (Smith et al., 2009).

7.4 Unique contribution to knowledge

My research has explored the clients' experience of being counselled in prison with the use of in-depth IPA. One study in my literature review (Chapter Three) by Jacobs and Shuker (2019) used IPA in their study to explore the prisoner's perspective of treatments within a therapeutic community (TC). There are differences between their research and mine. My research involved a different approach because it was an exploration of the individual's experience of counselling in prison (my aim) and

questions nuanced towards their experience. Whereas, Shuker's study explored the prisoner's perceptions of treatments and therefore, using a different criteria for their study. A further study within my literature review by Goldman et al., (2016) used IPA in their research. However, their study was not about prisoners and it was not about prisons. The findings from the exploration of the perception of males who have been counselled in prison are diligent, robust, transparent and can be audited chronologically back to the participants' original transcript. The findings from the qualitative methodology increase new knowledge and understanding concerning the practice of counselling in a prison as the application of IPA in my research has produced rich data that has been interpreted and applied to a theoretical framework (i.e., Rogers' person-centred counselling). Further, IPA in my research has produced findings that reveal the participants who have had counselling in prison offered good recall of their experiences that demonstrate the need for more counselling. The findings further reveal how the participants value counselling and they want it to be improved, and be successful in their personal development and growth to enhance their life chances. As my research demonstrate to counselling professionals and health care workers a view of how counselling is experienced by the clients in prison through the assertion of what is useful and what is not within the counselling process and it is this process which places the emphasis on how the client would prefer to be counselled in prison.

Prior to conducting my research, we knew that access to counselling in prison was difficult because of the transient nature of the prison counselling client. Though, from my experience and anecdotal information, there was an assumption that prison counselling clients were able to be authentic while at the same time has a degree of anxiety and a degree of self-actualisation, as detailed in Chapter Six. Anxiety and depression may be viewed as natural and normal adaptations made by prisoners in response to unnatural and abnormal conditions in their lives (Haney, 2001). Also, in prison, it is difficult to avoid conflict of one kind or another. The prisoner is continually defending against anxiety, which results in tension (anxiety) created by conflicting impulses (Smith, 1999).

After completing my research, what we know now is that some prisons, where the participants were counselled have had some issues concerning staffing, time tabling

and the movement of prisoners because escorts were not available. These issues not only affect the counselling schedule, but also the counselling process because sessions are frequently cancelled or delayed. Even so, when the prison estate has the time and facility in place, the counselling process is often disrupted and clients can be left with a short inadequate counselling session and can remain displaced from their work, wing or other venues and activities, such as access to visitors. These key points emerged from the findings of my research (Chapter Five).

The findings revealed that many of the participants were able to self-actualise to some degree during their counselling process, as detailed in Chapter Six with examples. Even though they were contained in a harsh prison environment, the environment did not inhibit the self-actualising process because of anxiety – they are able to be authentic, (Rogers' 15th proposition, 1951).

We know now from the participants' reporting within the research findings that prison counselling clients value the therapeutic process enough to suggest more frequent counselling with a longer duration of the counselling sessions, regular counselling sessions, better facilities, venues, and reasons to be provided for any disruption, delay, or cancellation to the counselling session. The majority of the participants also reported that many of their suggestions would be helpful if they were implemented.

They would also like to continue to be offered a variety of counselling techniques, methods, and practises. A few participants suggested strongly that they would like the prison to care about counselling enough to offer a service equal to religious denominations and healthcare services in addition to an after counselling care service.

The participants who engaged in the research have spoken and their voices have expressed their experiences of being counselled in prison. In addition to their experiences, there are many suggestions concerning what the participants want. Other recommendations in the findings suggest what to improve upon so that counselling in prison becomes more effective for them. These findings contribute to new knowledge in how the counselling profession may improve its service in prison and offer agencies and counsellors the opportunity to identify clients' needs in order

that their approach to counselling is in tandem with what the prison client's reasonably request from their psychological therapy.

7.5 Further research

There is further work to do in order to address the lack of research in this area. Comparisons can be drawn from future studies that explore the client's experience of their counselling in prison. Further studies are necessary in order to build a larger body of knowledge from other groups, such as females in prison, young prisoners (male and female), remand prisoners that want to speak about their own experiences of being counselled in prison. This will generate the necessary knowledge to understand the prison client's needs within a challenging environment and will add to the knowledge of how well the therapy is impacting their clients. We can then adjust our attunement to the client's needs by actively employing appropriate ethical counselling skills and thereby, answer the question from the clients' perspectives of how counselling works for them in prison.

7.6 Implications for practice and policy

Further, the clients' perceptions of their emotions before, during and after counselling have surfaced and can be studied for new insight to propel the counselling session toward a planned and managed event for the client. What has also emerged in this study is the need for improvements in counsellors' skills and practice, for example, different models of counselling could be offered, resulting in improved training for the counsellors, which would include a more experienced trainee counsellor. There is also a need for improvement in the counselling service and the prison service in respect of all therapeutic interventions, services and management.

There is a requirement for a proposal to be put forward for a framework to improve the management of collaboration with organisations. The framework should include private organisations and volunteer groups that specialise in abuse and prison management, with valuable input from offenders and ex-offenders. The proposal could also include the further promotion of therapy in prisons with interventions that aim to work with the prison client and financial funding from the Home Office in order to improve research into counselling in prisons. Also, the concerns of the clients of how they access their counselling and the deficiencies of the facility and how to

redress these issues are now recorded. These issues can be studied for the right ways and means of going forward; to help the prison clients to access more improved counselling services, for their health.

We have learnt that organisations for example, CAMHS have a value that builds a foundation to the older adult prisoner and it makes a difference if they have had counselling or CAMHS interventions in their earlier years. A strong contact with these organisations needs to be maintained.

In summary, the findings of this study, using qualitative research methods and the use of interpretative Phenomenological Analysis (IPA) have enabled the participants' perspectives to emerge, enabling us a view of the prisoners counselling sessions. The rich and deep themes that emerge from this thesis highlight the depth and breadth of the engagement that the therapeutic relationship can achieve in a prison context. This research is a foundation for more knowledge, through research into the experience of males being counselled in prison.

7.7 Conclusion

This study has met its aims by providing a picture of the perception of the participants' experience of their counselling in prison. A better understanding of what the clients need in order for a helpful counselling experience. The finding in this study demonstrates that the client values the counselling service in prison want more counsellors and more counselling interactions. The participants in this study have said that counselling is a necessary service that needs to be available to all the prisoners, who need to talk and be listened to. The participants in this research are not in complete agreement concerning a positive outcome from the therapy. Neither do all participants agree or approve of the way counsellors utilise their skills. Participants found lack of access to counselling, short inadequate duration of sessions, infrequent counselling sessions, lack of prison escort to counselling, lack of venues and poor amenities were all unhelpful. As participant Tim stated, "*Just being chucked anywhere you know because they haven't the space.*" Also reported in the research, is a recommendation from several of the participants that they approve of counselling and would recommend counselling to other people.

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Appendices

Appendix 1 Participant recruitment poster

v.2 05/12/17

PARTICIPANTS SOUGHT TO TAKE PART

IN

RESEARCH PROJECT

Have you received counselling or talking therapies whilst in prison?

To improve counselling services in prisons, I am looking for individuals who wish to take part in a research study exploring prisoner's views of counselling (talking therapies) in prison.

If you have received counselling in any prison and are interested in taking part, please contact the Chaplaincy to arrange a meeting to discuss further details of the research project.

If you agree to take part in the research you will be asked to sign a consent form. With your consent the interview will be audio recorded and I may want to take some notes. To ensure that you are not identifiable you will be given a false name. This project will form part of a PhD study which is being undertaken at the University of Salford

Appendix 2 Participant Invitation Letter

v1. 05/12/17

**HMP Prison
Chaplaincy Invitation**

Location

Name

Number

Has an appointment at the Chaplaincy

On the

At

For

Signed

Name in print

Appendix 3 Participant Information Sheet

v3 26/1/18

Title of study: Male Clients' Perspective of Their Experience of Counselling in Prison

Name of Researcher: xxxx

1. Invitation paragraph

My name is XXXX and I am a counsellor in the prison chaplaincy and PhD student at the University of Salford. I would like to invite you to take part in a research study. Before you decide, I need you to understand why the research is being done and how you will be involved. Before you decide, you need to read this information sheet. Feel free to ask me any questions, you can contact me through the chaplaincy.

2. What is the purpose of the study?

The aim of the study is to explore your experience of prison counselling.

In particular:

- What did you find useful for you?
- What worked and what did not work for you in your prison counselling session(s)?

This is to help inform counselling services within prisons.

3. Why have I been invited to take part?

Anyone who has received and completed counselling in this or any prison is invited to take part.

4. Do I have to take part?

You do not have to take part.

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

- Information will be collected via interviews in the chaplaincy
- The interview will be with me (the researcher) and will last about an hour.
- With your permission, you will be audio recorded.

- With your permission, I will take notes.

6. Expenses and payments?

There will be no payments or expenses involved with taking part

7. What are the possible disadvantages and risks of taking part?

The interview may make you feel distressed, for example you may recall a traumatic memory. If you feel distressed during or following the interview, you will be offered a dialogue with the researcher with a view to taking a break from the interview and receiving further counselling if you choose. This counselling would involve one independent counsellor not connected to the research project. Therefore you would be placed on the waiting list with recommendation of an urgent referral.

8. What are the possible benefits of taking part?

There are no direct benefits for you taking part, but the information you provide will help to improve the counselling services within the prison.

9. What if there is a problem?

In the event of any complaints: In the first instance, please contact my supervisor, XXXX at the University of Salford, 0161 295 0447. If you are still dissatisfied please contact Professor Susan McAndrew, Chair of the Health Research Ethics Panel, Room MS1.91, Mary Seacole Building, Frederick Road Campus, University of Salford, Salford, M6 6PU. Tel: 0161 295 2778. E: s.mcandrew@salford.ac.uk

10. Will my taking part in the study be kept confidential?

Your participation and information you provide will be confidential. However if you disclose any illegal acts or harm to self or others, the Chaplaincy Manager will be informed. Throughout the report you will be given a false name to ensure you are not identifiable.

11. What will happen if I don't carry on with the study?

You will have the right to withdraw from the study up to one month following your interview, and any data provided will be destroyed. This can be done by you contacting the Manager of the Multi-faith Chaplaincy

12. What will happen to the results of the research study?

The research is being undertaken for the purpose of PhD. Thesis for The University of Salford.

The results of the study will be available in a thesis which will be kept in the University library and will be available online.

13. Who is organising or sponsoring the research?

The research is sponsored by the University of Salford

14. Further information and contact details:

Xxxx
Chaplaincy, HMP Prison

Appendix 4 Study Participant Consent Form

V4. 04/02/18

Title of Project: Male Clients' Perspective of their Experience of Counselling in Prison

Name of Researcher(s):

	YES	NO
I confirm that I have read and understand the information sheet (<i>Dated: V4 04/02/18</i>) for the above study and have had the opportunity to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my participation is voluntary and that I am free to withdraw within one month of the interview.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that if I wish to withdraw and have my data removed from the study I need to inform the researcher within one month of being interviewed. This should be done via the Chaplaincy in accordance with security protocol. This is due to the researcher not being a full time member of HMP staff.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my name and involvement in the study will remain confidential.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that any personal information about me will not be shared outside of the study team and will only be used for this research.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that the information I provide could be used as part of the final study report or journal publications but any comments used will not be identifiable to me.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for the interview to be recorded with a digital voice recorder.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for the interviewer to take notes.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that if I disclose any illegal activity or act of harm to self or others that the researcher has a duty to act on this.	<input type="checkbox"/>	<input type="checkbox"/>

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

Appendix 5 Ethics Risk Assessment Form

v.1 05/12/2017

Risk Assessment Form

ALL projects MUST include a risk assessment. If this summary assessment of the risk proves insignificant, i.e. you answer “no” to all of the questions, then no further action is necessary. However, if you identify any risks then you must identify the precautions you will put in place to control these.

1. What is the title of the project?

Male Clients’ Perspective of their Experience of Counselling in Prison

2. Is the project purely literature based? NO

If YES, please go to the bottom of the assessment and sign where indicated. If NO, then please complete section 3 and list your proposed controls.

3. Please highlight the risk(s) which applies to your study:

Hazards	Risks	If yes, consider what precautions will be taken to minimise risk and discuss with your Supervisor
Use of ionising or non-ionising radiation	Exposure to radiation YES/NO	Obtain copy of existing risk assessment from place of research and attach a copy to this risk assessment summary.
Use of hazardous substances	Exposure to harmful substances YES/NO	Obtain copy of existing risk assessment from place of research and attach a copy to this risk assessment summary.
Use of face-to-face interviews Interviewees could be upset by interview and become aggressive or violent toward researcher	Interviewing ... Own classmates=Low risk YES/NO Other University students=Medium risk YES/NO Non-University	NB: Greater precautions are required for medium & high risk activities Consider: <ul style="list-style-type: none"> • Contact with participants will be made via a poster and informal discussion within the Prison Chaplaincy where I am a member of part time staff. The interviews will also take place within this location. •

	<i>personnel=High risk</i> YES/NO	
<i>Use of face-to-face interviews</i> <i>Participants or interviewees could become upset by interview and suffer psychological effects</i>	YES/NO	Consider: Support such as chaplaincy or officers on hand– should any prisoner get upset. As an Experienced counsellor, the researcher would break/terminate interview if respondent gets upset and would be signposted to appropriate support. Management would be notified if an illegal act or potential self harm was disclosed •
<i>Sensitive data</i>	<i>Exposure to data or information which may cause upset or distress to the researcher</i> YES/NO	Consider: • <i>This is unlikely as researcher is experienced counsellor is used to sensitive information – will access confidential Chaplaincy support afterwards.</i>
<i>Physical activity</i>	<i>Exposure to levels of exertion unsuitable for an individual’s level of fitness</i> YES/NO	Consider: • <i>Health Questionnaire/ Medical declaration form / GP clearance.</i> • <i>Trained First Aid personnel/ Equipment.</i>
<i>Equipment</i>	<i>Exposure to faulty or unfamiliar equipment.</i> YES/NO	Consider: • <i>Equipment is regularly checked and maintained as per manufacturer’s instructions.</i> • <i>Operators receive adequate training in the use of.</i> • <i>Participants receive induction training prior to use.</i>
<i>Sensitive issues i.e. Gender/Cultural e.g. when observing or dealing with undressed members of the opposite sex</i>	<i>Exposure to vulnerable situations/ sensitive issues that may cause distress to interviewer or interviewee</i> YES/NO	Consider: • <i>Use of chaperones/translators.</i> • <i>What initial and subsequent support will be made available for participants or interviewees?</i>

<i>Children</i>	YES/NO	<ul style="list-style-type: none"> • <i>Adhere to local guidelines and take advice from research supervisor.</i>
<i>Manual handling activities</i>	<i>Exposure to an activity that could result in injury</i> YES/NO	<ul style="list-style-type: none"> • <i>Adapt the task to reduce or eliminate risk from manual handling activities. Ensure that participants understand and are capable of the manual handling task beforehand.</i> • <i>Perform health questionnaire to determine participant fitness prior to recruitment.</i>

If you have answered “YES” to any of the hazards in section 3, then please list the proposed precautions below:

Within the location there is High level security (panic button) protocol – the building always occupied by Chaplaincy staff. Researcher *is* experienced with working with client group in that setting and aware of appropriate responses.

Support such as chaplaincy or officers on hand– should any prisoner get upset. Experienced counsellor would break/terminate interview if respondent gets upset and would be signposted to appropriate support.

Management would be notified if an illegal act or potential self harm was disclosed *researcher is* experienced counsellor is used to sensitive information – will access confidential Chaplaincy support afterwards if such a situation arises

Signature of student Date

Signature of Supervisor Date

Appendix 6 Ethics Letter of Approval



Research, Enterprise and Engagement
Ethical Approval Panel

Research Centres Support Team
G0.3 Joule House
University of Salford
M5 4WT

T +44(0)161 295 2280

www.salford.ac.uk/

6 February 2018

Dear Stephen,

RE: ETHICS APPLICATION HSR1617-170 – ‘Male Clients’ Perspective of their Experience of Counselling in Prison.’

Based on the information that you have provided, I am pleased to inform you that your application HSR1617-170 has been approved to go forward to NOMS.

Once you have received it, please submit a copy of the NOMS approval letter to Health-ResearchEthics@salford.ac.uk so that it can be placed on your application file.

If there are any changes to the project and/or its methodology, then please inform the Health Research Ethics Support team as soon as possible.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Sue McAndrew'.

Professor Sue McAndrew
Chair of the Research Ethics Panel

Appendix 8 The Prison Approval Letter

From: Xxxxx, Xxxxx [HMPS] <xxxxxxxx@hmps.gsi.gov.uk>
Sent: 27 January 2019 15:17
To: Fauguel, Stephen (PG)
Subject: RE: PhD approval request

Hi Stephen,

Many thanks for sending the approval. Hope the research goes well.

Please feel free to contact me should you encounter any issues whilst at Buckley Hall.

Xxxxx Xxxxxxx
Head of Reducing Reoffending
HMP
✉: xxxxxxxx@hmps.gsi.gov.uk
☎:xxxxxxxx

Official/Official-Sensitive

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 Please consider the Environment before printing this e-mail or any of it's attachments.

From: Fauguel, Stephen (PG) [mailto:S.Fauguel@edu.salford.ac.uk]
Sent: 27 January 2019 15:02
To: Xxxxx, Xxxxx [HMPS] <xxxxxxxx@hmps.gsi.gov.uk>
Subject: Re: PhD approval request

Hi Xxxxx

No apology needed! I have forwarded the email approval letter under separate cover.

I look forward to hearing from you.

Many thanks & best regards

Steve Fauguel

Steve Fauguel

From: Xxxxx, Xxxxx [HMPS] <xxxxxxx@hmps.gsi.gov.uk>
Sent: 24 January 2019 15:59:52
To: Fauguel, Stephen (PG)
Subject: RE: PhD approval request

Hi Stephen,

As always I start with an apology for the delay in getting back to you. I have spoken with Xxxxx, the Governor, and there is only one requirement before you commence. Can you please provide me with a copy of your approval from NOMS to conduct the research?

Many thanks.

Xxxxx Xxxxx
Head of Reducing Reoffending
HMP
✉: xxxxxxx@hmps.gsi.gov.uk
☎:xxxxxxxxxxxx

Official/Official-Sensitive

"This e-mail is confidential and intended solely for the use of the individual to whom it is addressed. If you are not the intended recipient, be advised that you have received this e-mail in error and that any use, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited. If you have received this e-mail in error please contact the sender. Any views or opinions presented are solely those of the author and do not necessarily represent those of HMPS. Although this e-mail and any attachments are believed to be free of any virus or other defects which might affect any computer or IT system into which they are received, no responsibility is accepted by HMPS, or its service providers, for any loss or damage arising in any way from the receipt or use thereof".

 Please consider the Environment before printing this e-mail or any of its attachments.

Appendix 9 Interview Guide Questions

Male Clients' Perspective of their Experience of Counselling in Prison

Draft Interview Guide (and notes for initial questions)

- 1. Can you talk me through the process leading up to you engaging with counselling** *Can you recall anything about what the counsellor might have said was on offer?*
- 2. Did you have any issues with accessing the counselling?**
- 3. Can you talk me through your first session with the counsellor?**

Additional prompts if necessary:

Can you tell me where the counselling took place, for example was it in a Youth Offender's institute or an adult prison?

How long ago did you have the counselling?

Were you given a contract or were given set goals?

Were you told how many sessions you would receive?

- 4. Can you remember how many sessions you had and what these were like?**

Prompts:

Can you recall a typical period of a counselling session?

How did you feel after that session?

Did you feel better during the session?

Satisfied with the session?

More self-worth during the session?

- 5. Can you tell me if there were any aspects of the counselling sessions that you found helpful?**

Prompts:

Was there anything that the counsellor said or did that made you feel better?

Was there anything about attending the counselling sessions that helped or you found useful?

Were you able to discuss the issues that were important to you?

- 6. Can you tell me if there were any aspects of the counselling sessions that you found unhelpful?**

Prompts:

Was there anything that the counsellor said or did that made you feel worse?

Was there anything about attending the counselling sessions that you found unhelpful or you didn't like?

Was there anything that could have been done better?

- 7. Can you tell me how you felt after the counselling?**

Prompts:

Did you feel more confident

Did you feel more optimistic about your life after you had counselling?

Did you feel satisfied with the counselling?

Did you feel more self-worth after counselling?

Did you feel like you needed more sessions

Did you regret attending counselling

8. Can you talk me through the process of ending counselling

Prompts:

How many sessions were completed?

Were there any sessions that were not completed?

Do you know why sessions were not completed, could you talk me through any factors that might be due to the prison routines and procedures?

Can you talk me through your final session?

Appendix 10 Training Record

	Title of training course/module/conference	Key learning point
4/8/14	Induction session (full induction)	The PhD journey process Understanding and applying the academic language to the process of learning. Other students' personal journey of research process Further engagement within the academic community
14.11.14	Finding Journal Articles	Basic database searching
14.11.14	One-to-one support with librarian	Resources available
23/02/15	Abstract writing for conferences	Abstract for poster presentation SPARC
23/05/15	SPARC conference attendance 2 days	Networking and how to engage with the media (completing mini video interview)
22/03/16	Surviving Interim Assessment	
January 2017	Methodology Training	
25/04/17	Critical Thinking and Critical Writing at Doctoral Level	Academic writing at PhD level
May 2017	Word Scope (6 weeks – 30 hours)	Academic writing
July 2019	Dyslexia 1-1 Coach Support (4 hours)	1-1 support
28/04/22	IPA Group – Dr India Amos	IPA
01/06/22	IPA Group – Dr India Amos	IPA
05/04/23	Worktribe Training	Create final hardbound submission of thesis

Appendix 11 Learning agreement



POSTGRADUATE RESEARCH LEARNING AGREEMENT

Introduction

The Learning Agreement should be completed by you (the research student) in collaboration with your supervisors. It provides an opportunity for you to plan and discuss the critical elements of your research degree at an early stage in the process. Completing the agreement will help you to clarify how you are going to approach your research subject and also the practicalities of managing your research project, which includes identifying any resource needs; establishing expectations about the student-supervisor relationship; planning the various stages of your research degree and discussing the requirements of the progression points; planning your professional and career development and identifying relevant training to enable this.

When writing your Learning Agreement, you should take into account the criteria by which your thesis will be assessed, as set out in Framework for Higher Education Qualifications in England, Wales and Northern Ireland:

Doctoral degrees are awarded to students who have demonstrated:

the creation and interpretation of new knowledge, through original research or other advanced scholarship, of a quality to satisfy peer review, extend the forefront of the discipline, and merit publication;

a systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of an academic discipline or area of professional practice;

the general ability to conceptualise, design and implement a project for the generation of new knowledge, applications or understanding at the forefront of the discipline, and to adjust the project design in the light of unforeseen problems;

a detailed understanding of applicable techniques for research and advanced academic enquiry.

FHEQ Descriptors Level 8: Doctoral Degree, August 2008

You should ensure that you have a copy of, and have read the University of Salford's *Postgraduate Research Handbook* and *Code of Practice for the Conduct of Research Degree Programmes*. The Handbook provides a guide to the procedures and requirements of the University in respect to postgraduate research degrees, and also outlines the roles and responsibilities of the research student and the supervisor.

The Learning Agreement is a valuable record of your initial aims and objectives. Your progress throughout your research degree can be measured against the expectations set out in the Learning Agreement, but it is also a flexible document and can be reviewed and updated as your research develops and, potentially, changes focus.

The Learning Agreement must be completed within the **first three months of your research degree**. Postgraduate researchers will not be permitted entry into the second year of study if they have not completed a Learning Agreement.

Complete the Learning Agreement form electronically and then return a printed copy, signed by you and your supervisors, to your Research Support Officer.

Completing your Agreement

Below you can find guidance on the requirements for each of the sections of the form. On the postgraduate website you can also find lots of information on Learning Agreements, and questions to use as prompts when writing it. See www.pg.salford.ac.uk/page/learning_agreements

1. Approach to Research

In considering your approach to research it is important to set the objectives of the research project as a whole, and to decide the principal purpose of the project. You may also include critical success factors here.

2. Roles and Responsibilities of Postgraduates and Supervisors

As a starting point, the Postgraduate Research Handbook contains a useful section on the generic roles and responsibilities of the research student and the supervisor.

You should consider how these responsibilities will be fulfilled in relation to your specific project. For example, you can include details here of how you plan to integrate with and contribute to the academic community of the university; what kind of feedback and guidance to expect from your supervisor and co-supervisor; and what the role of your personal tutor will be.

You should let your supervisor know at this point if you have any special/individual needs which should be taken into account. It is important to document these in the Learning Agreement so that your supervisor can take into account any necessary arrangements for you to complete your research (N.B. it is the duty of the supervisor to encourage the student to inform the Equalities Office of their needs in order for appropriate support to be organised.)

Local advisor (split-site candidates only):

You should identify the role that your local advisor will play during periods at your home institution, and indicate the likely level of support and frequency of meetings (Note: the advisor is not required to sign the Learning Agreement, but should be sent a copy as a record of their agreed role.)

3. Consultation and Review

You and your supervisor(s) should decide how frequently you will meet. All full time students should have a **minimum** of ten supervision meetings a year (twelve for Tier 4 Student Visa holders). Part time students should have an agreed equivalent number of meetings pro-rata. It is beneficial to decide in advance what topics will be covered in supervision meetings, and to agree on a schedule for submitting work in advance of meetings. You should complete a postgraduate research supervision record after each meeting, keeping one copy for your records and sending one to your supervisor. The forms are available here: www.pg.salford.ac.uk/page/general_forms. The meetings should ensure you are on track with your initially agreed programme of work. You should ensure that you update your supervisor on progress and any difficulties.

You should discuss the requirements for the various progression points – the Self Evaluation Report, Interim Assessment and Internal Evaluation, and note the date by which each of these must be completed.

4. Topic Specific Considerations

Here you should think about the key characteristics of the literature in your field, any relevant theories that you will need to engage with, and whether there are any key contacts you should make. In this section you should also consider the practical implications of your research topic and how these affect your planning. For example, if your research involves any human subjects (eg. if you are conducting interviews) or animals, then **you must obtain ethical approval from your College Ethics Panel before starting any data collection or fieldwork.**

You should discuss this process and the level of ethical approval you require with your supervisor. More details can be found on the PGR website: www.pg.salford.ac.uk/ethics. The Salford Postgraduate Research Training (SPoRT) programme also includes training on ethics. See: www.pg.salford.ac.uk/page/sport.

A copy of the Research Ethical Approval Panel Checklist must be completed and attached to your Learning Agreement.

5. Research Support Requirements

If your research project involves any specific equipment and/or facilities, you should use the Learning Agreement to identify what these are and discuss how they will be financed. This might include the use of laboratory facilities; laboratory consumables; other room use (eg. for interviews, focus groups, rehearsals etc); hardware (eg. particular computers, media editing facilities, printers, art-related materials), specific software and any publications that are not available through the University Library.

If you will be carrying out field work, you should plan when this is likely to take place, consider the associated costs and how they will be met, and discuss how supervision will take place during any extended periods of field work.

You should also use this section to consider conference participation, especially if there are key conferences in your subject area that it would be valuable to attend and present at. Consider at which stages in your research it will be most beneficial to apply for particular conferences, and discuss if there are any sources of funding that could be applied for to help with costs.

6. Personal, Professional and Career Development

Use this section to consider what kind of skills you need to develop in order to conduct your research and, if relevant, to help ensure your future employability. The Researcher Development Framework (RDF) is a useful tool which maps out the skills, knowledge and behaviour of successful researchers. It is advisable to consult the RDF in deciding your strengths and priority areas for future development. See www.vitae.ac.uk/researchers/428241/Researcher-Development-Framework.html/

You should state in your Learning Agreement what training you plan to undertake. When identifying training, you should be aware of the following opportunities:

- Research and Innovation provides a dedicated programme of research and transferable skills training for researchers. The Salford Postgraduate Research Training (SPoRT) programme is available at: <http://www.pg.salford.ac.uk/page/sport> Other University-wide training available to researchers is also signposted on this website, including language programmes, academic writing and careers support.
- Graduate Teaching Students (GTSs) are required to undertake the Postgraduate Certificate in Academic Practice (PGCAP), details of which can be found at <http://www.hr.salford.ac.uk/employee-development-section/pgcap>
- The University hosts an annual postgraduate research conference (SPARC), which you can use as an opportunity to develop conference skills: <http://www.salford.ac.uk/research/postgraduate-research/sparc>
- Vitae - a national organisation devoted to researcher development - provides resources for PGRs and frequently holds training events in the North West which are open to Salford researchers. See www.vitae.ac.uk for more details.

You should discuss with your supervisor if there is any other external or bespoke training that is required, and the best ways of sourcing this.

Please note, the training plan outlined in your Learning Agreement will be referred back to in your Interim Assessment and Internal Evaluation.

7. Relationship with Collaborating Organisation (If applicable)

If your research involves a collaborative partnership with an organisation, you should document the areas of mutual benefit for all parties. You should set your objectives in terms of what you intend to gain from the partnership and how the organisation will benefit from being a part of your research project. The practicalities of working at an organisation must also be planned and discussed with the organisation such as liaison with the company/supervisor, protocol for contact with the collaborating company.

8. Change of Supervisor (if applicable)

If, during your candidature it becomes necessary to make changes to your supervision team, you should discuss with your new supervisor what impact the change may have on your research and completion of your studies. Details of your discussions and the action plan to mitigate any negative impact **MUST** be agreed and signed off by all parties.

PGR LEARNING AGREEMENT

Students Family Name: Fauguel

Student / Roll Number: @00126641

Students Given Name(s): Stephen

1. Approach to Research:

I will work in partnership with my supervisory team including Dr Anthony Hickey and Dr Alison Brettle who is covering Dr Elaine Crawley currently on sabbatical and will hopefully return in 2015. My supervisors will provide guidance in order that I become an independent academic researcher and expert in my field. The principle purpose is to enable me to study for a PhD, while I am researching therapeutic counselling within a prison context.

Supervision will include regular meetings in order to establish principles which are satisfactory to our mutual way of working. Meetings will form an on-going view of the development of my progress as we discuss in-depth draft submissions and annual self-evaluations. This will offer insight into my work.

My research will include a study of people's knowledge and their understanding of life's circumstances within a prison context. This investigation will be conducted through discussions and questions concerning successful qualitative research. This will assist me in creating and implementing the structure I envisage for my research that I envisage.

Key questions which formulate the major part of my enquiry concerning qualitative research have to be addressed. I am seeking answers to my questions regarding the meaning of existence and how types of existence relate to knowledge. I am applying this conceptualisation to theories. I have to take into consideration that my field of enquiry includes accurate measurements of my research. I must take into consideration my pre-determined assumptions concerning the very nature of my enquiries because these are bound in my beliefs. The relationship between each question raised creates constraints and limiting factors which derive from the enquiry. These also have to be considered when attempting to achieve consistency within the enquiry. This is because each question carries its' own set of their assumptions.

The objective of my research is to extend previous generalisations concerning person-centred therapy and improve therapy for prison based users of the therapeutic service. In addition, my research will offer new knowledge for other agencies. This will include management support systems and health services. My research should be extensive enough to include new systems of knowledge and understanding; in order to benefit others.

My aim is to review the conscious experience of incarcerated counselling clients in regards to my topic. This is in addition to the relationship between the questions outlined above and the process of the practical methodology of research. A secondary aim will be to produce a series of qualitative case studies.

The critical success factors for the research outcome are the completion of the design incorporated with the additional data for collection and the analysis of the phenomenological principles. These critical factors are also dependent on the answers to the questions outlined above. This is in relation to my topic of research in the chosen context; (a prison setting) and the theoretical model of choice, (Rogers' person-centred).

Therefore, critical factors should also include my pre-assumptions. To counter this I propose to include in my research; reflexivity concerning any generalisation, limits or interpretation through language. Further, these critical factors include a dependency upon the number of clients available in prison, accurate time-management, training, conferencing and the integration of knowledge from these sources.

The role of multi-agencies which include healthcare professionals and academics needs to be considered. I have to be mindful of flexibility when considering inter-organisational issue. Such issues should include organisation policies and procedures.

2. Roles and Responsibilities of Postgraduate Researcher and Supervisor(s):

My supervisors can expect from me the PGR:-

- I will be aware and accept my responsibility for managing the relationship between myself and my supervisors.
- I have to try to fulfil my supervisors' expectations of me and to raise any issues concerning this through discussion. This will ensure that any such issues are not neglected.
- I will continually re-appraise my supervisors of the topic of my research as I evolve from novice to expert. This in addition to understanding how the role of my supervisors can assist my professional development.
- I will be pro-active in increasing the communication between my supervisors and myself. I will do this by discussing the contents and deadlines of the work in order to reduce any barriers within our relationship and setting an agenda for each tutorial.
- I will take care that each tutorial is noted and agreed upon at each tutorial. I will be prompt and in time for all tutorials.
- I need to assist the supervisors to create improved feedback on my work. I need to take a risk with questions that I ask so that I can develop fully my understanding of what is required from me.
- I need to ensure through pro-active questions that my supervisors regularly liaise with each other regarding my work, (at least once a term).
- I will be independent, produce written work and have regular meetings with my supervisor team.
- I will be honest about my reporting on my progress and follow advice when requested.
- I have good expectations and I am excited about my work.

My expectations of my supervisors:

- That my supervisors read my work in advance of our meetings.
- To be supportive and constructively critical of my work.
- Provide written feedback as appropriate, in a timely manner.
- To have research knowledge.

- To structure the tutorials in order to exchange ideas.
- To be interested in my research so as to enhance information.
- To be interested in my research development.

3. Consultation and reviews:

These reviews will stimulate a conceptual understanding. They will also stimulate a deep awareness of issues which may arise from my isolation, frustration and possible rigors of my application to research.

3.1 A literature review will be stimulated through discussion and feedback from supervision. The literature review to be completed by 30th October 2015 with peer review feedback from conferencing. Methodology will be agreed by 30th December 2015 and the interim assessment will be completed by the end of January 2016. This will include drafting and revision of my interim assessment document.

Regular meetings of 1 hour duration per month at the University between my primary supervisor and me will be held. A record of each meeting will be made concerning the discussion and outcome of the supervision meeting. This record will be kept in a safe area for the purpose of confidentiality and adherence to The Data Protection Act (1998).

Additional contact will be between other supervisors and me. Feedback will be required. Document policy for the above will be completed and forwarded electronically by me to the supervisor and the College office. The supervisor will arrange for the examination of my final thesis and choose external examiners. I will work with both supervisors towards the publication of relevant papers for conferences and relevant peer review journals.

3.2 My data will be collected and initial analysis will have been undertaken to enable me to complete my internal evaluation by January 2018.

3.3 It is my intention to submit my thesis by April 2019 and complete my viva by 30th June 2019.

4. Topic Specific Considerations:

Topic specific roles:

The primary topic of research will be to test the effectiveness of Carl Rogers' person-centred model of therapy. In particular how the 15th proposition applies to the client base within a prison counselling context. This exploration of the phenomenological field in respect of the

counselling process within a therapeutic safe environment will be the vehicle for action research.

A flexible systematic approach to the research will involve qualitative case studies and methods of data collection. The research elements will include fully informed consent from the clients, counselling team, line manager, prison governor and research assistants. These research elements are for the benefit of the prison in-mates while they receive therapeutic counselling.

In addition, I will also receive advice from Dr Anthony Hickey concerning the counselling elements employed within the prison service and Dr Elaine Crawley for specialist advice on prison service protocol. Further, I need to consider extending my research to people with experience and expertise within prisons, counselling and therapy. This could include authors, governors, commissioners and politicians.

I need to look at the statistics and the influence I have taken over the past decade from my comprehensive research data.

Also important considerations are the protection/anonymity of the client base preventing harm to others. Before the research begins I will seek ethical approval through the University's Ethical Committee in respect of risk assessment for the benefit of all humans within the research.

4.1 What kind of ethical considerations are associated with your research? (Please provide detail)

The ethical considerations are necessary as I will be working with vulnerable adults and I have a duty of care for them. Therefore, it is necessary to seek formal approval from HMP Prison. Further, I will need to seek approval from the College Ethics Panel before starting data collection. Professional moral and ethical consideration will be set in place - in order to protect the clients, focus groups and possibly individuals that will have assisted in the research. Therefore a contract between all parties will be established to prevent unwarranted contradictions or ethical dilemmas. For example:- confidentiality and moral contradictions of power in-balance between counsellor and client. Knowledge of an ethical framework for personal moral values will be set in place. This will establish principles of respect for autonomy and the decision making capacity of each person. Also included are: non-maleficence for avoiding harm, beneficence for a balance against risks and costs and justice for distributing risks and costs fairly.

I will request approval from the College Ethics Panel before compiling data collection because I am working with human subjects. I will seek approval for the use of all consent created by researchers. These to include; forms, interview questionnaires and recorded material from focus groups. I will also seek the fully informed consent from clients and forum group participants.

Please note: you will also need to complete an Ethics Checklist Form, and attach it to this Learning Agreement.

5. Research Support Requirements:

There are financial implications to be considered for the costs of focus group work, venue costs, travel expenses and training costs. I will maintain a financial plan/budget using Excel spreadsheet, tracking costs. During the late stages there will be financial implications to consider, concerning research. These are the costs of printing, book binding.

5.1 Are there any specific facilities or resources you will require? Please detail below

Support includes library facilities

Support from university access to IT, search engine SUMMON

Personal computer, internet access, printer, data memory sticks

Stationery, ink, database passwords.

Study time management, tutor supervisor support, family support

How to keep in track related to specific training:- diary, timetable of events and journal notes.

Resources/facilities	Yes	No	Details
Laboratory facilities	<input type="checkbox"/>	<input type="checkbox"/>	Your text here
Room use (e.g. for rehearsals, interviews or focus groups)	<input type="checkbox"/>	<input type="checkbox"/>	PGR room at the University of Salford for interviews, focus group work.
Specific hardware (particular computers, media editing facilities, printers, art-related materials)	x <input type="checkbox"/>	<input type="checkbox"/>	Printing costs
Specific software	x <input type="checkbox"/>	<input type="checkbox"/>	Endnote, NVIVO, Mendeley
Other	<input type="checkbox"/>	<input type="checkbox"/>	Travelling cost expenses

6. Personal, Professional and Career Development

6.1 Short term priorities: skills that you hope to enhance during the first six months of your research

Time-management
Reading peer review papers and journals
Reading text books – understanding case-studies

6.2 Specific training events/programmes that you aim to participate in (include dates where known)

Intro to EndNote X7 28th April 2015
Mock Interim Assessment to be accessed via Blackboard
Critical Reading Seminary
To renew/update previous research methods training

6.3 Longer term priorities: skills that you hope to have developed by the end of your research degree

Training in analysis of data, published work, book, papers
Lecturing at universities
A deeper critical awareness of peer works
Completion of gaps in knowledge including client work also extending into other fields of expertise.

7. Relationship with Collaborating organisation (if applicable):

HMP Prison liaison works – chaplaincy management team, volunteers, focus group participants, clients and counsellors.
Main client base other prison publication

8. Change of Supervisor (if applicable):

Your text here
Action plan to mitigate any negative impact:

This Learning Agreement is made on :
between the above named Postgraduate Researcher and the University of Salford

Signatures:

Supervisor : % of supervision:.....

Date.....

For and on behalf of the University of Salford

Co Supervisor : % of supervision:.....

Date.....

Postgraduate Researcher: Stephen Brian Fauguel .

Date.....

Please print this document, sign and date and return to your Research Support Officer by no later than the end of month 3 of your research degree.

Research Office use only

Date of receipt

Date checked

Date returned for amendment (if applicable)

SIS NCR status updated: Date and Initials

SIS Hold status updated: Date and Initials

Appendix 12 List of Supervision Dates

Supervision Meetings record

2014	2015	2016	2017	2018	2019
28/07/14	09/02/15	18/01/16	04/01/17	26/01/18	15/02/19
18/08/14	09/03/15	07/03/16	13/02/17	09/02/18	01/04/19
15/09/14	06/07/15	08/04/16	15/04/17	02/03/18	13/05/19
24/10/14	27/07/15	09/05/16	12/05/17	18/05/18	28/06/19
01/12/14	17/08/15	06/06/16	02/08/17		19/07/19
		10/10/16	11/09/17		05/08/19
		04/11/16	02/10/17		30/08/19
		05/12/16	03/11/17		27/09/19
			18/12/17		29/09/19
					25/10/19
					29/11/19
2020/21	2022				
14/12/20	04/02/22				
15/01/21	04/03/22				
19/03/21	01/04/22				
07/06/21	29/04/22				
16/08/21	05/05/22				
01/10/21	19/05/22				
05/11/21	26/05/22				
	10/06/22				
	15/07/22				
	19/08/22				
	02/09/22				
	23/09/22				

Appendix 13 Progress Chart

Location for the research and outlined schedule		
HMP Prison		
Up to 10 male volunteers who have received counselling/psychotherapy		
Completed		
√		Poster and information sheet and consent (See Appendices)
√		Ethical approval sought from Ethics Committee – Salford University
√		Ethical approval sought by NOMS Prison service.
√	i	Consent forms printed
√	ii	Poster printed
√	iii	Posters placed in prominent locations (in each prison wing and through the cell door of each in-mate.)
On going		Screening and interviews of prospective participant - It is not the intention of the researcher to collect further data. Screening for suitability for the research is solely for the protection of the participant and ethical consideration for the researcher. The information will be destroyed before publication of the research.
On going	i	I have a proposal for the screening of suitable candidates for the research, example as follows: Have you experienced talking therapy or counselling/ psychotherapies in prison?
On going	ii	The suitable participant will be offered a form for them to sign offering the researcher the full informed consent to begin the research on appointment within seven days.
On going	iii	The participant will return the form within seven days. The seven day period will allow the participant time to consider whether to give consent or not.
On going		Consent form offered to participants for signing.
On going		Interview schedules and appointment included on the form with the return of the signed informed consent forms.
On going		Supervision continues

Appendix 14 Action Plan

Years 5-7 The University of Salford PhD Outline Study Programme Action Plan	
Annual Progress Report	June 2019
Annual Self Evaluation	June 2019
Re-registration	June 2019
Submit IE	10 July 2019
Internal Evaluation	24 July 2019
Supervision	July 2019
Dyslexia/One-to-one support/training	July 2019
Fieldwork & transcribe	August 2019
Supervision	August 2019
Work – CPD Days x 2	August 2019
Work – interviewing x 6 sessions	August 2019
Work – Classes start	September 2019
Supervision	September 2019
Recruitment of further participants/distribute poster	September 2019
Dyslexia/One-to-one support/training	September 2019
Supervision	October 2019
Supervision	November 2019
Interruption of Study (12 months)	1 st December 2019- 30 th November 2020
Supervision	December 2020
Fieldwork* (now cancelled due to Covid-19 lockdown) Transcribe	January 2021
Supervision	January 2021
Submit draft to Supervisors	1 February 2021
Receive feedback by	5 February 2021
Submit IE	12 February 2021

IE	26 February 2021
Transcribe	February 2021
Supervision	March 2021
Transcribe	April 2021
Supervision	June 2021
Dyslexia/One-to-one support/training * (affected by Covid-19 lockdown & restrictions)	April 2021
Book onto Wordscope training	May 2021
Annual Progress Report	June 2021
Annual Self-evaluation registration	June 2021
Write up	June 2021
Review Learning Agreement	July 2021
Write up	July 2021
Summer holiday period	
Write up Analysis work	September 2021
Supervision	October 2021
Write up Analysis work	October 2021
Supervision	November 2021
Write up Analysis work	November 2021
Christmas holiday period	December 2021
Supervision	February 2022
Supervision	March 2022
Supervision	1st April 2022
Supervision	29 th April 2022
Supervision	5 th May 2022
Supervision	26 th May 2022
Supervision	June 2022
Submit draft Thesis to Supervisors	9 July 2022
Supervision	15 th July 2022
Supervision	19 th August 2022
Hand in thesis to supervisors	29 th August 2022
Hand in Date*Submit Thesis	29 th September 2022

Appendix 15 Search Strategy

Search Strategy	Results
1 exp Counselling/	47373
2 Counselling.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	27306
3 Exp Psychotherapy/	211173
4 1 or 2 or 3	273139
5 Prisons	10658
6 4 and 5	662
7 (men or male or man).mp. . [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	9362373
8 6 and 7	324
9 limit 8 to yr="2015-Current"	71

Appendix 16 Transcript short samples from 3 participants

Illustrated below are preliminary notations taken from the transcripts of 3 participants.

Text Colour code

Red: Participant's emotions recall and present feelings during the research interview

Blue: are descriptions

Green: are inter-relationship dynamics

Brown: are Interviewer's (Int) questions

Black: (are my comments of my analysis)

My brief analysis of Sam's experience (short sample)

Int: Can you talk me through a process leading up to where you are engaging with the counselling itself? Can you talk me through the session from when you entered the room?

Sam: *[Laughter]* (Semantic reaction – Sam felt ok)

Int: Your hope and your expectations. What might they be?

Sam: *I remember my three month assessment my counselling manger She said, Sam the first three weeks I noticed when you are walking into the room you were thinking what are these people are going to do to me. [Laughter] and that was true! That was exactly what are they going to do! so that's how I felt.*

Int: So how did it feel when you sat down and started to listen to them? What started to happen then?

Sam: *others spoken and I felt like ok, this person went through that and that person did that that and err, maybe I can speak up and it's ok to talk about these things. So that why it took so long to slowly, slowly develop trust.*

(This is my analysis) Sam describes how he gained the confidence to speak about his issues and experiences within the group sessions. Sam had experience similar issues to other people in the therapeutic group, therefore he mustered the confidence to speak about similar issues he had experienced because the group could relate to each other's issues without making judgments. Sam can be identified within the subordinate theme concerning trust because trusting the group was a factor in Sam having the confidence to speak. Trust is a useful aspect of counselling.

My analysis of Dan's experience (short sample)

Dan: Traumatic experience it's stuff that I need to get out of my head, then it's about fuckin post traumatic stress and its. I went through it all for a variety of different reasons. An erm The only thing now is that I am a bit anxious about things cumin up and I haven't got access to people like me mum and me dad, I can't get access to me daughter and that's what's making me anxious.

Dan: I started doing psychoanalysis. I had ye I did like twenty four to twenty six sessions with them. Like I think I got two extra sessions, I shouldn't of got because how far I come over , She said like, by session six I was already session sixteen do you know with me, with me knowledge of me self and stuff.

I'd read like two hundred and fifty-eight self-help books. Went like therapy dies... did dissect everything about meself and that's how it stared in it? Was entitled to a session for forty five minutes sixty minutes interview and I was getting twenty five minutes. I always got on with the counsellors. They look at you with a quite a serene face. Like another face. Not like they're, like giving anything away, they start telling me about them. So I it's making it personal then. Sort of becoming me friend, because I'm a friendly guy so it's like yours sort of like becoming me friend and you sort of putting a block. I don't want you to know things about me.

When I see, when a counsellor starts telling me stuff about them, their experiences like what they'd done counselling before because most counsellors have been through counselling I think that it put a defence up for me. I sort of walk away a go to find a different counsellor or a different format to serve. But I always find the first sessions are welcoming. As when you get deeper into it it's more, It's deeper it's much deeper you start talking about things.

What, when, I had one counsellor and he started telling me about what experience he's had had. (Not being listened to)

He's had ye? And I couldn't empathise with them circumstance because I've never been through quite sexual abuse and stuff, going away from sessions with these images in me head. (Unhelpful aspect of the process of counselling)

I find like you can't really do that in counselling sessions because you feel more vulnerable.

(This is my analysis) (Intense feelings emerging from the counselling process) Also, (Pain of buried emotions).

My analysis of Joe's experience (short sample)

Int: What I'd like to know is, can you talk me through the process of you experiencing counselling, what actually happened? Let's start with foster homes. How did you get the counselling for that? How did you access it?

Joe: *I got it through CAMS. I worked with them and that. I had PTSD, PDHD when I was a kid. Like it was triggering like behaviour. It was triggering my behaviour. I used to be destructive and all that sort of stuff, like. So they were trying to work on me traumatic child hood, talking about it open it up and getting it off your chest, and being able to move on from it.*

(Joe was motivated towards counselling because of his traumatic childhood. Joe thought that talking about his problems would help him open up and by getting his issues of his chest he would be able) "to move on from it."

Int: Right, and was the access easy? Was it easy to get?

Joe: *Well I didn't access it for me self, that first one. Me care worker accessed it. Pretty quick I was in pretty quick, so.*

(Easy access to counselling in prison)

Int: Right, so what was your first experience in prison?

Joe: *I think done a bit of bereavement counselling. In jail and when I was in juveniles' and coming off drugs and stuff like that. I had drug counselling and I had you know traumatic stuff like that you know, when I was a kid.*

Int: And was that easy access for you as well?

Joe: *ye sometimes, I didn't feel comfortable with the guy. It took about six months before it come about. Though I've asked for counselling in here but I didn't feel comfortable* (Intense feeling) (Uncomfortable feelings). *With that either. To actually get appointment, by the time a got an appointment I didn't need to see you, because my issues I'm used to dealing with them with drugs. My issues I don't need your help anymore.*

(Joe said that he had to wait too long for a counselling appointment "by the time a got an appointment. I don't need you anymore." Waiting six months appears to be an unhelpful aspect of the counselling process).

But it's too late I wanted to unload, get things off me chest you know. I never saw them helping me anyway.

(Client's perspective of the counselling process), (Joe had an apathetic view of the counselling service).

Joe: *This jail, it was about six months, for bereavement counselling and that it took ages. Ye so I didn't really access it. I seen em once and I didn't really like his attitude.* (Joe had issues in obtaining bereavement counselling mainly because it took too long to get an appointment. Another unhelpful aspect of the counselling process was the attitude of the counsellor).

Appendix 17 Table 1 - Summary of literature on counselling effectiveness in prisons

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Adamson et al., 2014	To investigate if IAPT is effective at improving depression and anxiety scores for prisoners.	<p>CBT & Improving Access to Psychological Therapies (IAPT).</p> <p>Cross psychological therapies.</p> <p>Senior Psychological Wellbeing Provisions (SPWPs)</p>	<p>3 year perspective cohort study.</p> <p>Cross psychological therapies.</p>	<p>Setting samples Longitudinal 2010-2013.</p> <p>Statistic analysis.</p> <p>IAPT data collection.</p> <p>GAD-7 to measure anxiety PAQ-9 scale to measure depression.</p>	<p>Suggest that the study employs a brief evidence of psychological therapy for anxiety and depression compared to findings from other IAPT sessions.</p> <p>29 completed the therapy, 6% samples were taken of the therapy.</p> <p>14% re-offenders were moved to other prisons.</p> <p>No statistical results were reported – thus it is unclear how effective.</p>	<p>CBT</p> <p>IAPT clinical approach.</p> <p>Low & high intensity treatments focus on therapeutic wellbeing management structures to prevent burn-out and is appropriate to service workers.</p> <p>6.1 drop out.</p>	<p>The study is not about the statistical or proven experience of the counsellor.</p> <p>The study has given a voice to the offenders which are offered through part of the psychological treatment.</p> <p>Low drop-out rate ensures good validity.</p> <p>GAD7 and PHQ-9 have good validity</p> <p>Lack of statistical results means it is unclear how the study met its' aim.</p>

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Akerman, G. & Geraghty, K.A., 2016	Examine how group members tolerate discussed material within the group.	Therapeutic Community environment Group therapy.	Qualitative approach – using a focus group.	Thematic analysis.	Overarching themes. Type of material used. Impact of this material. How residents manage the material.	From the prison client's experience of group therapy.	Previously unexplored area of research. Conducted on a prison sample.
Bouw et al., 2019	To determine level of satisfaction and identify any potential barriers and challenges. To address relevant outcomes from the intervention	Mindfulness-Based Stress Reduction (MBSR) In prison.	Mixed method approach – retrospective pre-test and post-test design.	Aggression Questionnaire (AQ). Depression, Anxiety and Stress Scale (DASS). Barrat Impulsiveness Scale (BIS).	Participants (in-mates) and prison staff/instructors all reported improvements in areas explored and expressed satisfaction in participating in MBSR.	From the perspective of prison client and prison staff and MBSR instructors.	Gives the individual a voice. Second study in the Netherlands as at 2019 to utilise a scientific approach to evaluate MBSR in a prison.
Bennett, J. & Shuker, R., 2016	To describe the works and effectiveness of HMP Grendon.	Therapeutic Community Environment.	Case study. Descriptive paper of HMP Grendon – providing an overview of the prison's works.	Qualitative analysis of data.	Extensive and varying range of positive benefits; reduced levels of self-harm, improved well-being reduced levels of re-offending.	Descriptive detail of a therapeutic community based in prison.	Not from the prison client perspective.

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Blagden et al., 2014	To understand whether a therapeutic sex offenders' prison environment was beneficial to rehabilitation.	Therapeutic prison environment.	Mixed-method Qualitative & quantitative approach.	Essen Climate Evaluation Schema (EssenCES). Semi-structured interviews.	Showed the prisoners held positive regards towards their relationships with prison staff.	For male sex offenders to gain an understanding of any benefits in a therapeutic environment.	Prisoners and prison staff were asked the overarching research question; <i>if the therapeutic prison environment provided a climate conducive to personal change and rehabilitation.</i> Semi-structured interviews were conducted on 31 participants focusing on purpose of the prison, rehabilitation ethos and personal development opportunities. For the quantitative strand – questionnaires were hand delivered to prisoners and hand delivered to all prison staff.
Brookes, M., (2010)	To focus on the prisoner's perspective of their therapeutic journey at HMP Grendon.	Group therapeutic community Environment.	Narrative approach of prisoner's interviews.	Qualitative analysis of data.	Grendon has consistently maintained a positive impact on the residents throughout the decades.	Prisoner's perspective within therapeutic community.	Rich source of material retrieved from unpublished supply of prisoners' interviews.
Dahle, K.P., (2011)	To provide a construct of therapy motivation specifically for the prisoner.	Therapeutic Work.	Evaluation studies.	Quantitative Analysis.	There is expediency for a construct of therapy motivation which is considerate and specific to a prisoner wishing to engage in therapy.	Prisoner and prison staff perspective.	Limited evidence available.

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Davidson, K., & Young, J. (2019)	To unpack the processes that underlie the outcome of treatment engagement with Therapeutic Communities.	Therapeutic Community environment.	Mixed-methods approach. Data came from the Therapeutic Community Prison Inmate Networks Study (TC-PINS).	Client Assessment Summary (CAS) self-reporting summary. Five-point Likert scale (Vogt, 1999).	More differences between-person variation than within-person change. Participants experienced little change through their treatment engagement.	Prisoner's perspective within therapeutic community	Selection bias, Heterogeneous treatment effects and program fidelity lapses. Limited evidence available.
Davies et al., 2020	To assess the effect of mindfulness in prison (prisoners and staff) and non-custodial settings.	Mindfulness.	Study 1 - phased intervention design over a 10 month period with prisoners and prison staff. Study 2 – a quasi-RCT design utilised on participants serving a community sentence.	Five Facet Mindfulness Questionnaire (FFMQ). Cognitive and Affective Mindfulness Scale Revised (CAMS-R).	Study 1- indicated there were notable increases in mindfulness skills. Study 2 –Any increase in mindfulness skills were not in significant evidence.	Mindfulness.	Both studies investigate the outcomes and impact of mindfulness on prisoners, prison staff and individuals serving a community sentence. Data is provided from the participants and analysed utilising IBM SPSS version 2 which has good validity.

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Gussak 2007	To investigate if art therapy reduces depression in prison population and to consider the efficacy of art therapy.	Art therapy.	Semi-experimental design – quasi-experimental.	The Formal Elements Art Therapy Scale, (FEATS) – to measure change in attitude. BDI II Short form – standardised psychological assessment – to measure depression.	Reduced depression. The results were presented in a table of comparative results comparing pre and post test FEATS.	To reduce depression in the prison population.	Some major shortcomings in the study meant that the study should not be generalised to other populations. For example, a small sample could be unrepresentative and cannot be applied to other types of therapies in prison. A limitation may have been the small number of therapists that conducted the sessions because a larger number would mean a lesser workload for each therapist and more focus could be spent on participants, possibly giving more detailed results. Although the focus within each group remained consistent – the directives depended on the personality of each therapist which resulted in varying and less than reliable conclusions.

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Hakvoort et al., 2015	<p>To investigate the effect of music therapy on anger management and coping skills.</p> <p>The study asks if music therapy treatments can contribute to positive changes in coping skills.</p>	Music therapy grounded in CBT.	Experimental case study observation.	<p>Characteristics of the participants emerging from data sets from complete causal and subsequent treatment conditions. (RCT)</p> <p>SDAS to measure outcome of coping skills and anger management.</p>	<p>Similar patterns of change in pre-set controls and treatments.</p> <p>Sustained increase in the use of positive controlled coping skills (not sufficient results).</p>	<p>Group and individual music therapy - repetition of newly acquired skills.</p> <p>The hypothesis formulated e.g. Can effective coping skills be used in a positive way using CBT. To change positively, coping skills and anger management in forensic psychiatry patients using music therapy grounded in CBT.</p>	<p>No validated music therapy observational instrument for forensic and psycho-analytical patients. Valid as theoretical pilot large scale research styles. Not all participants were asked; therefore their voice was not expressed concerning their experience of the therapy. Observational only: - as patient's perspective was not considered and could have given more specific details if it had been.</p> <p>Small sample due to high drop-out rate left the study under-powered to give significant results & unrepresentative. Small data error may occur making it interpretive.</p> <p>Forensic psychiatric patients are a very specific population sample, possibly with unique, unrepresentative characteristic traits that are not generalisable to other populations using music therapy. Therefore results are not generalisable.</p> <p>RCT are effective to reduce confounders and give validity.</p>
Jacobs, L., & Shuker, J., (2019)	To explore the treatment experience of the adult male perpetrator of filicide within a prison TC.	Therapeutic Community environment.	Flexible semi-structured interviews.	Qualitative research using IPA.	Participants experienced their TC journey as beneficial.	TC participant perspective.	<p>Limited research in this area for comparison</p> <p>Qualitative analysis can give rise for potential of researcher bias (i.e. the current researcher's role TC psychologist), could lead to a biased interpretation.</p>

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Jing-Ying Gou 2012	<p>To explore communication and discussion strategies and styles.</p> <p>To explain how both parties in counselling communicate in the context of prison.</p>	Talking therapy (Police counsellor).	One case study.	<p>Looking into actual language used in actual situations in order to identify communication and language used.</p> <p>Ethnography Conversation analysis 113 questions to be offered to the respondent initiating change of behaviour and the counsellor has the responsibility to raise the questions. The respondent has the responsibility to answer the questions.</p>	Authoritative client relationship in communication was found.	<p>Non client perspective.</p> <p>Counsellor-led interview. Authoritative agenda driven.</p> <p>Not for the client but for the authority to listen to the client - in order to discover information useful for power and control.</p>	<p>Interrogative with the power imbalance with the authorities (the police counsellor).</p> <p>Does not show the whole picture and raises questions for more research into two way communication.</p> <p>Interference due to mandatory context of counselling with prisoners.</p> <p>Mandatory counselling is not representation of the average counselled participant, in that their nature has to want to change, rather than be forced to. This confounding personality factor would have affected the dynamic of communication for the participant and police counsellor, skewing results and making them ungeneralised.</p> <p>Subjective means of measure and interpretation can involve bias confounding data.</p> <p>Case studies – especially one individual is not enough to be representative to the population being researched.</p>

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Johnson et al., 2015	To, identify and evaluate evidence for Interpersonal Psychotherapy (IPT) (90 for males & 90 for females with depressive disorder) in the Criminal Justice System (CJS) and evaluate cost effectiveness.	IPT identifies personal crisis and goal orientation.	RCT.	MSPStrol HRSD,MDD, BSS,BHS to measure depression suicidal ideation and hopelessness before and after IPT and compare to the controlled groups, to measure IPT efficacy. Audio recordings. Collecting information data. Full cost effective analysis. Data analysis of effective outcome (RCT).	May be effective for PTSD. IPT is cost effective. IPT was likely effective in female prisoners with depressive disorders.	Uses a rate of objectivity Explorative group orientation and to facilitate underlying evidence for treatment in the CJS.	Public safety rather than public health. Concerns the cost effectiveness and implication for IPT and MDD. Agenda is goal orientated thus biased towards cost rather than health and well-being. Given gift of \$10 to participants - this can create an obligation and result in a bias. American study may not be generalisable to participants with depression in the UK as cultural and personality differences may occur and may result in certain traits responding better to therapy. Also, depression is diagnosed with a slightly different criteria (DSM) in USA compared to (ICD) in the UK that may also skew results. Results concerning the males were not discussed.

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Meek, R., 2011	<p>Perspective and implications for relevant evaluation.</p> <p>To investigate Cat D prisoners' views and perception of their engagement in relationship counselling.</p>	Brief talking therapy sessions.	<p>Phenomenology via a semi structured interview exploration.</p> <p>Participant information sheets in 2 phases.</p> <p>Qualitative design.</p>	<p>Short questions for analysing the focus view of counselling service rather than the issue.</p> <p>Analysis of statements made by respondents.</p>	<p>40% represented a view that came to terms with changes in their family circumstances.</p> <p>60% thought it had improved their communications.</p>	<p>Historical perspective of the prisoner's private life & relationships with their family.</p> <p>Feelings concerning anxiety and frustration, possibilities of developing systems for rationalisation and prisoner's ethics were over-whelming positive.</p>	<p>Confused mixture from numbers e.g. 15 participants to percentages. It would give more clarity if they had been consistent in methods of data measurement.</p> <p>Referred to the need to come to terms with their personal lives. Results were significant.</p> <p>They were not asked how they experienced the counselling themselves. Although they were asked such questions e.g. "Are your relationships better?" 12 – 15 replied "Yes".</p> <p>Qualitative open questions would have given specific answers on what they specifically thought helped.</p> <p>15 participants are a small sample therefore is less generisable.</p>

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Morgan et al., 2005	To identify process and content goals for perspective adult male in-mates comparing with the perspective of therapists.	Group therapy in addition to CBT dynamic relationship organisational group.	Case study – 33 item survey to measure.	Correlation of mixed substances with other methods and designs. Self exploration & coping skills. Factors concerning substance abuse and healthy lifestyle with 23 items correlations linked scales.	Factor analysis indicated that the factor structure for in-mates goal importance ratings did not mirror the group therapists' ratings.	Interpretative	<p>Gender driven and participants are not asked about their experience, although their experience was explored.</p> <p>Male in-mates were used which is not generalisable to females.</p> <p>156 is a good sample size and offers representative results in this study.</p>

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
McMurrin, M., 2008	To explain what prisoner's concerns are and what do prisoners want, what works in an effective practice.	Systemic motivational counselling.	Systematic review. Examining motivational strategies.	<p>Analysis and questions. Effectiveness in regard to substance abuse.</p> <p>PCIOA – (Persona concerns inventory) rating scales to measure adaptation.</p> <p>Semi-structured interviews to identify goals, value of goals and when they will happen.</p>	Prisons readily identify a range of concerns in life areas. They express a range of anti-social goals.	<p>Concerns rehabilitation and uses a basis for goal-orientated clarity. Goal focused approach. Also identifying large and small samples.</p>	<p>Not asked about the perspective of the counselling experience.</p> <p>Limited to what works. It does not ask what doesn't work?</p> <p>Is a tool for evaluation interventions.</p> <p>Prisoners were not asked about the therapies used on them.</p> <p>Prisoners likely to present anti-factual because they are unable to express anti-social goals. All male and mainly white-British are not representative of the general prison population. This may contain a bias.</p> <p>PCIOA has high validity and reliability.</p>

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
O'Looney, S., 2005	To investigate the effectiveness of counselling on young male prisoners who misuse substances.	<p>PCT.</p> <p>Gestalt, brief interventions.</p> <p>Motivational approaches.</p> <p>Low level drug misuse - 1 -1 counselling, group work.</p> <p>Relapsed prevention programmes.</p> <p>Moderate – severe misuse of drugs 12 step programme & CBT.</p>	Descriptive (in-depth case study).	<p>Quantitative data coded and entered in SPSS 11.0 for Windows.</p> <p>Qualitative data from questionnaires – analysed for emerging patterns.</p> <p>Questionnaire to measure quantitative data of the effect on number of times in prison and qualitative data of effects of life history.</p>	The prisoner's perspective of counselling created 3 clear groups: 50% more confidence with reduced anxiety, 17% still reliant on drugs to block anxiety and pain and the third group were ambivalent to the effectiveness of counselling.	This paper is about demographics and not the prisoner's voice.	<p>The prisoners were not asked what they thought about counselling services. They talked about their feelings with inter-personal relationship They were not asked what works, what doesn't work and what is helpful?</p> <p>The question of "if any of the counselling reduced drug use" was not specifically addressed.</p> <p>Individuals who use drugs may not be representative and generalisable to the prison population in general and can contain differential personality traits that can skew.</p>

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Wilkinson & O'Keefe, 2006	To evaluate and provide a transparent assessment on the extent of counselling service provision for perpetrators and victims of domestic violence at HMP Doncaster.	Person-centred approach outlined and contrasted with cognitive behavioural approach to counselling.	Mixed methods design - combined descriptive and correlation. The evaluation was designed to adhere to a humanistic and person-centred framework through naturalistic observations and observational studies. The scale was designed in conjunction with counsellors to ensure it was user friendly as possible and appropriate for the client group.	Data collection methods were a variety of documentation and information resources analysed for evaluation. Two sets of ratings using a simple numeric 10 point scale. They also used 23 simple statements.	The findings reveal significant evidence of beneficial improvements to participants.	A CBT approach is generally proved more popular than person-centred approach in institutional contexts because it focuses on monitoring and managing thinking patterns.	Criticisms: it upholds the stakeholders' interest <i>versus</i> the interpretation of the research. Also, during the semi-structured interviews, service users and staff were interviewed, and statements were organised in 5 separate but inter-related sections. The statements were imposed on participants instead of allowing the participant complete autonomy.

Appendix 18 Table 2 Summary of literature review – Counselling outside prison

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Burton, L., & Theriault, A., (2019)	Explores the retrospective account from the client's perspective of hindering events in psycho-therapy.	Psycho-therapy.	Nine individuals. Researchers' results. Dual role -point of view. Semi structured interview.	In-depth semi-structured interviews Sampling Braun & Clarke (2006). Six-phase approach to systematic analysis. Transcript analysis.	Four major themes – each one containing themes and sub-themes, forming base to further expand on client's experience.	From the client's experience.	Qualitative Limitation - Influences of the client's experience.
Genest, S., (2003)	Practical benefits that professional gain from the client's perspective of counselling.	Humanistic.	Literature Goedde (2000) Biagio (1996). Phenomenological Approach. Autobiographical Internal experience.	10 participants analysed data using consistent comparisons. 22 core themes grouped into four broad categories.	Focusing on evidence of the counselling client's voice. Implications could be drawn from the study on what counsellor could do.	Client perspective of counselling. Client voice moment to moment.	14 participants immediately after the counselling session.

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Goldman et al., (2016)	To explore and evaluate CfD from counselling client's perspective. To explore unhelpful and helpful aspects of CfD and highlight client's meaning of effective therapy.	Person centre/Experiential therapy (PCE).	Qualitative study using IPA.	Helpful Aspects of Therapy (HAT).	Identified 4 Superordinate themes supported by 13 subordinate themes: 1: A helpful process 2: Client's view of the counsellor 3: Gains 4: Negative aspects.	Client's perspective.	Very small pool of data due to the newness of CfD. Participants were not selected randomly. Using HAT forms and a poor response.
Ladmanova et al., (2021)	Investigation types of impacts identified by clients on helpful and hindering events in psychotherapy.	Person-centred/humanistic Eclectic/integrative CBT Psychodynamic Existential Experiential.	Qualitative meta-analysis.	Helpful Aspects of Therapy form (HAT).	Event impacts classified: 12 helpful 8 hindering.	Client's perspective on helpful and hindering events experienced	Has limitations and diverse approaches – did not provided detailed descriptions
Lambert, P. (2007)	Investigation of the client's perspective on counselling by <u>talking</u> to first-time users before they entered their first session, during counselling and itself again afterwards.	Behavioural and psychodynamic approach. Person-centred also eclectic.	Hermeneutic methods look at basic structures of experiences.	Participants Demographics.	Client's uncertain expectation of counselling. Strong sense of urgency to try 'anything'.	Client's perspective on the counselling received.	A divergent viewpoint from the client's perspective, before, during and after counselling. Interviews from the client's view.

Author & Year	Aims of study	Types of Therapy	Study Design	Outcomes Measures	Findings	Perspective	Critique
Swift, et al., (2017)	To gain a more thorough understanding of clients' perceptions of helpful and hindering events in psychotherapy.	Psychotherapy.				Client perspective	
Timulak, L., & Keogh, D. (2017)	To conduct a practice friendly review – examining studies concerning the client's perspective on treatment.	Psychotherapy.	Practice friendly review on qualitative studies.	Primarily focused on studies that allowed clients to present their own perspectives in a free format without being prompted.	Helpful and hindering events of psychotherapy.	Client perspective.	Seeks to provide balanced and unbiased information that would be useful for practitioners.