

Bereavement counselling in a prison setting

Reflections and implications for clinical practice



Maria-Alicia Ferrera-Pena

BA PhD
Dip Psychosynthesis Counselling and
Therapy
Sociologist and counsellor

Working in a prison setting presents a bereavement counsellor with numerous, sometimes seemingly insurmountable obstacles to developing the necessary therapeutic alliance. Yet, as Maria-Alicia Ferrera-Pena argues here, it can make a huge difference to the lives of people who have experienced numerous losses of every kind that may be linked to their offending behaviour.

About 10 years ago I started working as a volunteer bereavement counsellor at HMP Lewes, a category-B prison in East Sussex for remanded and convicted male offenders.

I was responding to a request to provide such a service from the CARAT team at the prison. CARAT (Counselling, Assessment, Referrals, Advice, Throughcare) is part of the national government strategy to address substance and alcohol misuse in the prison population. The team felt there was an important link between increased use of drugs and alcohol, offending behaviour and possible unresolved bereavement issues, which they wanted to explore.

This article offers some thoughts that might be helpful to any practitioner who intends to carry out such work, either on a voluntary or paid basis. In my experience, when counselling in a prison setting, some of the assumptions about what it means to deliver an ethical and professional service need to be adapted to the specific conditions imposed by the prison itself. This calls for greater flexibility in approach, as well as imagination and courage to try to work under conditions that are far from ideal. I am also arguing for a greater provision of talking therapies, which currently do not seem to be a priority in the rehabilitation of offenders (an exception is the therapeutic work with offenders at HMP Grendon, in Buckinghamshire, where the therapeutic programme is explicitly the core work of the establishment). Some of my comments apply to all forms of counselling in a prison setting; others relate specifically to bereavement counselling.

The referral process

The referral procedure for offenders to receive bereavement counselling is quite simple but effective. In the course of their drug and alcohol work, members of the CARAT team will identify prisoners who they believe could benefit from bereavement counselling sessions. Someone might tell them: 'After my father died, I started to use drugs heavily,' or perhaps the offender will refer obliquely to past losses: 'When my mother died, I went to pieces but I didn't tell anyone; I kept it all to myself. I wish I could have talked to someone.' The potential client is then offered bereavement counselling. If he agrees to it, he is asked to fill in a referral form and this is forwarded to me. I will then book a session to see him when I next have a space on the waiting list.

The right kind of client?

When I started offering bereavement counselling in HMP Lewes, a colleague expressed absolute bewilderment and disbelief about the appropriateness of undertaking such work: 'But you will be counselling criminals. Are you sure that is the right thing to do?'

Behind that presumably protective comment lies a very damaging belief, quite commonly held, that an offender (ie. 'a criminal') doesn't deserve the attention and painstaking work that we put into helping individuals who enjoy freedom of movement. It also tacitly supports the commonly held belief that a criminal should be punished rather than rehabilitated. This belief (not always overtly expressed) probably explains why counselling and psychotherapy are not seen as productive or reliable elements within the rehabilitation process and are thus not adequately funded.

What is probably even more significant is that this belief disregards what is now a generally accepted fact: that if a person is able (through talking to a professional) to understand how their

emotions, thoughts and memories may have influenced their conduct (Partis, undated), they are likely to change their behaviour in the future. In the words of the Archbishop of York Dr John Sentamu (2003): 'The conclusion has been that prison does very little to tackle why a person offended.'

So at the start of this work we really need to examine the beliefs we hold about 'the nature' of the client we are dealing with. Are we capable of holding the Rogerian (Rogers, 1967) condition of 'unconditional positive regard' when dealing with someone who we know has committed what may be a quite horrific crime? Are we willing to support this client in discovering his (or her – but, as I work in a male establishment, I will refer to male clients throughout) responsibility for being in prison? And are we able to guide him in this process of discovery? Above all, are we willing to suspend any belief that he did whatever he did because he is 'a criminal' and thus set apart from a deserving client population?

Apart from examining our own beliefs and assumptions, it is important that we take into account the specific characteristics of the client population. Generally, clients in a prison setting will have a background of serious abandonment and neglect. Most of them – but clearly not all – have themselves been victims of violence. Quite frequently they will have a history of petty crime from their teenage years that will have progressively escalated into more serious crimes. A significant majority will have spent much of their lives in correctional settings or prisons. Some will have become profoundly institutionalised to the extent that they experience life inside a prison as more manageable than life outside – as a client once told me: 'I know I can do prison.' A few will have learning disabilities; some would be better supported in a mental health setting. Some will be completely unfamiliar with the counselling process and will have great difficulty in articulating thoughts and feelings; others will request counselling sessions for the 'wrong' reasons – to be seen to be ticking the right boxes, for example, in the hope of impressing the judge when their case comes to court.

The kinds of bereavement that clients bring to the sessions cover a wide range in terms of when it happened (recent and very recent as well as dating from a long time past); type of bereavement (violent death, suicide and murder, as well as old age and illness), and the relationship of the client to the deceased. Not uncommonly, the client is grieving for a friend or relative who died from a drug overdose or as a result of some criminal activity.

There will also be other collateral losses that the client has not explored or dealt with and that he needs to bring to the sessions. I would say that about 90% of the clients with whom I have worked have been brought up in local authority or foster care. It is generally assumed that people are better able to cope with bereavement when conventional or traditional support systems are available – ie. family and friends. Because of the itinerant nature of many of my clients' lives before prison, those support systems are on the whole absent. This lack of informal support networks, coupled with a learnt capacity to fend for themselves under any conditions, can lead to great difficulty in forming relationships and trusting others. Inevitably, this impinges on the therapeutic relationship I can establish with the client and compounds the complexity of the bereavement process.

Briefly, I should add a word about what members of the CARAT team call the 'gate-happy' client – that is, a client who is about to be released back into the community. It is not uncommon for a client who has been receiving counselling suddenly to declare that he has no further need for it and wants to bring the process to an end. When, puzzled by this abrupt decision, I enquire about the client's reasons, he will reply to this effect: 'Oh well ... I am OK now and I do not need to carry on delving into the past. It wouldn't do any good anyway. And anyhow I will not be here for much longer.'

When I hear these words I realise that it is the allure of immediate or forthcoming release that is influencing his sudden loss of commitment to therapy. In the client's view there is not much point in continuing to explore painful episodes in his life if, as he imagines, they will cease to affect his life once he is released into the outside world.

Faced with so many complex issues, it is not difficult to become discouraged about the magnitude of the task of delivering bereavement counselling in such a setting. And yet, in my experience, the job is very worthwhile indeed.

The right kind of environment?

When I set up my private counselling practice more than 14 years ago, I took special care to create a consulting room that would offer a potential client complete privacy, safety, a warm environment and easy access. All these conditions seemed to be of paramount importance in helping to create an atmosphere that would be conducive to fostering and developing a therapeutic relationship.

The conditions in a prison setting could not be further from that ideal. There is no consulting room as such. I see clients in the visiting hall, which comprises a number of small cubicles with big windows that allow the prison officers to intervene, if the need arises, and also to monitor any possible dangerous situation. The cubicles are now sound-proofed – when I started working at the prison, it was almost impossible to ignore what was being said in the next-door cubicle, which could be a serious distraction to the counselling process.

This kind of environment – while understandable and reasonable within a prison setting – goes against some of the most important requirements of a counselling relationship: that is, privacy and confidentiality. Will the client be able to get in touch with his – sometimes devastating – feelings of loss and grief, if he is being watched by an outsider? Can he cry if he feels like it? And if he does, what will the officers and fellow prisoners make of it and think of him? It is well known that there exists in prison a very powerful 'macho culture' (Hendry, 2009), where any perceived vulnerability is seen as a weakness, rather than a cathartic experience. As a client once told me: 'If somebody sees me crying, what will they think of me?' (see also, for example, Huffman [2006]).

Prison conditions also influence the reliability of the therapeutic contract that I make with my client. Currently, a client is brought to the visiting hall by a prison officer. Sometimes when I arrive to see a client I am told by an officer that he 'has declined to see me'. I ask: 'Did he say why?' Frequently the answer is simply: 'No, he just declined your visit'. In these circumstances it is impossible



HMP Lewes – the right kind of environment for bereavement support?

for me to know whether the client is ill and therefore unable to come to the sessions; whether he feels that he doesn't need any further counselling and is apprehensive about letting me know, or he is experiencing all kinds of new and frightening emotions and doesn't want to explore them at that particular moment. Trying to establish his real reasons for not keeping the appointment requires patience on my part, phone calls, re-scheduling the session, and keeping my fingers crossed that there will not be another unforeseen circumstance that will prevent the meeting.

Keeping to the agreed number of sessions in a therapeutic contract is also jeopardised by several possible unexpected events beyond my, and the client's, control. The whole prison may be going through a security alert, which means inmates cannot move around the prison. If that is the case, the client and I will, without notice, be unable to meet. The client might have been moved to another establishment without my being told about it. I can only wonder how such an abrupt ending to the counselling relationship affects the client's trust in the whole process, given that one of the aims of bereavement counselling is to help the client to achieve a 'good ending' – that is, an ending that is negotiated and agreed in advance

and so gives control back to the client. Another difficulty is booking sessions. I take special care to book sessions well in advance, but it is not uncommon for me to arrive and discover that the booking has not been logged by the prison authorities. In the last couple of years this situation has improved somewhat as a result of the introduction of email bookings, but even so this procedure does not always run smoothly.

The right kind of therapeutic relationship?

As Irvin Yalom (2002) has convincingly argued, it is the therapeutic relationship we are able to establish with the client that in the end will facilitate change, healing and, it is to be hoped, integration of past traumas. If I am able to create the conditions that will lead the client to believe that he is in a safe place, we will then have taken a significant step towards forming a therapeutic alliance that will foster trust. As pointed out above, the potential practical obstacles to the creation of such alliance are enormous.

But there are other more subtle kinds of difficulties that impinge on this delicate relationship and which, unfortunately, in most cases, remain unexplored and unexamined.

The position of my clients within the penal system is, inevitably, one of complete powerlessness. They do not have freedom of movement and their lives are profoundly regimented. They do not control their time or how they spend it. Meals are taken at specific hours, social visits need to be arranged with plenty of notice, written correspondence is monitored, and their cells are routinely searched. Even the hours spent at leisure (association) are defined by the clock. While this is completely understandable and in line with the prison remit, one result is that it is rare to find a client who doesn't see the world of the prison as divided into 'us and them'.

Often I have wondered to what extent I am seen as part of 'them' and what is the 'agenda' with which they imagine I come. As Greenwood (2001) has suggested: 'My role is a strange one: I am and am not part of the prison system; one of the challenges I face is to build up enough trust with my patients to overcome their suspicion of my ambiguous role.'

During the initial session, I take great care to make clear to my client that confidentiality is absolutely guaranteed; that my work is supervised by someone outside the prison system, and that I am working at the prison in a voluntary capacity. Yet often I find myself beginning a bereavement counselling session by exploring issues that pertain to the world of prison rather than to loss and grief as such. Often a client will come to a session in a clear state of agitation and anger because – in his view – some major injustice has been committed against him during the previous week. So we have to spend time exploring this specific anger with the prison, rather than his bereavement issues. This requires above all a great flexibility on the part of the counsellor, and the willingness to enter the world of the client and all that it encompasses at that particular moment.

Another important element to consider is that the service I offer is free; the client doesn't need to put up his own money to explore the bereavement issues that have influenced his offending behaviour. I sometimes find myself wondering if the client is really giving the process the importance it deserves when there is no price to pay if

he decides not to turn up for a session. This is a paradoxical position. On one hand, I passionately believe that counselling should be free to anybody who wants it but cannot afford it, and yet I am also aware that free counselling might, to a certain extent, be taken for granted.

In fact, the great majority of my clients respect and value the service I offer. On many occasions I have felt deeply moved by their level of engagement during sessions, and by their willingness to re-live extremely painful past experiences.

The right job to do?

At the beginning of this article I explained that my aim in writing it was in part to appeal for greater availability of talking therapies in prison settings. Since I started working at HMP Lewes, I have seen nearly 100 clients, for a varied number of sessions and different lengths of time. I do the work voluntarily, unpaid, and am at the moment only able to offer sessions one morning a week, and can only see two clients in that time. Sometimes I have only managed to see a client once or twice before they are released or moved on. In periods when I have a long waiting list I may be unable to see a client at all, as he will have been moved to another prison by the time I have a space to see him. Since I started to do this work I have consistently had a waiting list, which shows that there is a clear need for this service.

I am aware that the reader must be wondering if the job is worth doing, given that the territory is so littered with obstacles and difficulties from the start.

It is probably clear by now that the availability of good supervision is of paramount importance in this work. Often, when I finish a session, I carry away with me my own unresolved issues: frustration, disappointment, hopelessness, discouragement, a sense of futility. I need to have a safe place myself where I can process all these feelings in order to be able to continue doing this work. Some of the dilemmas – around privacy, confidentiality and unpredictability of the therapeutic encounters – are part and parcel of working in a prison setting, and it is not within my power to change them. However, I can explore in supervision the feelings and thoughts that result from this work and, through that exploration, I am sometimes able to come up with tentative answers that allow me to minimise the impact on my clients of these far from ideal conditions.

To the fainthearted this might seem like an effort not worth making. Alas, I cannot contribute any significant element to the current discussions about the 'efficacy' of bereavement counselling in general (see *Bereavement Care* 29(1) 2010 for an interesting debate on this subject); I can only report what I have observed in my own clients.

Certainly my experience tells me that the benefits and results of this kind of work are more of a qualitative kind than quantitative or readily statistically measurable. The nature of my role within the prison means it is unlikely that I will know if the counselling sessions have had any great impact on the future behaviour of my clients.

However, the beneficial impact of therapy on the future behaviour of offenders is well highlighted in literature and autobiographical work. For example, in his book *A Rusty Gun: Facing up to a Life of Crime* (Smith, 2010), Noel 'Razor' Smith describes his success in turning his back on violence – a success he attributes to the therapeutic environment of HMP Grendon.

It is rare that I hear whether my client's life has improved after the sessions, or even if he has managed to stop using drugs for good when back in the community or if he has managed to stay out of prison altogether. In short, I cannot 'prove' that counselling (of whatever kind) in prison 'works' or contributes to the rehabilitation of the offender. And yet ...

While going through my notes over the years, in preparation for writing this article, I came across two letters that were forwarded to me from a couple of those rare former clients who acknowledged that they had benefitted from the process. (One of them I had encouraged to use drawing and painting as a tool to explore difficult emotions.) As a way of ending, and in the hope that their experiences may have been shared by other clients who did not write, here is something of what they wrote:

'I would just like to say a big thank-you to you. You really have helped me through some difficult times that I had stored away for years. I have never felt so positive about life as what I do today and I feel I owe a big thanks to yourself.'

'And I just want to say thanks to you for your time and understanding and help ... 'cause I couldn't have done it without you and Maria-Alicia. And if you see her tell her thanks and that I am still drawing.' ■

Greenwood L (2001). *Psychotherapy in prison: the ultimate container?* In: JW Saunders (ed). *Life within hidden worlds: psychotherapy in prisons*. London: Karnac Books, 37–53.

Hendry C (2009). *Incarceration and the tasks of grief: a narrative review*. *Journal of Advanced Nursing* 2 270–278.

Huffman EG (2006). *Psychotherapy in prison: the frame imprisoned*. *Clinical Social Work Journal* 34(3) 319–333.

Partis L (undated). *My experience of counselling within a prison* [online]. Available from: <http://www.counsellingoffenders.org.uk> [accessed August 2010].

Rogers CR (1967). *On becoming a person: a therapist's view of psychotherapy*. London: Constable.

Sentamu J (2003). *Towards a global paradigm of justice: truth, restoration and reconciliation* [online]. The second Longford lecture. London: The Longford Trust. Available from: http://www.longfordtrust.org/lecture_details.php?id=12 [accessed August 2010].

Smith NR (2010). *A rusty gun: facing up to a life of crime*. London: Viking.

Yalom ID (2002). *The gift of therapy: reflections on being a therapist*. London: HarperCollins.