A confined encounter: the lived experience of bereavement in prison

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Abstract: Bereavement, due to the loss of a significant person through death, presents imprisoned persons with a unique challenge, yet so very little is known about the experience of bereavement behind bars. This paper, based on a qualitative practitioner-research study, explores the experience of bereavement in prison through drawing on the author's counselling work with bereaved male inmates of a Scottish prison and focussing on the bereavement experience as lived and described by one client in his own words. The paper depicts the experience of bereavement behind bars as deeply distressing and despairing. It portrays how the powerful sociocultural prescriptions of the prison environment can cause the grief of prison inmates to be profoundly disenfranchised and demonstrates how this can impact hugely negatively on their coping ability. The paper calls for the development of support systems to ensure a level of bereavement care more attuned to the needs of imprisoned persons.

Keywords: Bereavement, disenfranchised grief, prison inmates.

Introduction

Bereavement, due to the loss of a significant person through death, can be devastating even under the best circumstances. This form of loss presents imprisoned persons with a unique challenge, yet so very little is known about the bereavement experience of prisoners whose lives tend to be swamped by loss already. This paper aims to extend the meagre amount of knowledge about grieving behind bars, drawing on my experience of offering counselling, on a voluntary basis, to male inmates of Edinburgh Prison. I have delivered counselling in this context for seventeen years. Since 1999, I have set up and developed a bereavement counselling service within this setting under the auspices of what is now known as Cruse Bereavement Care Scotland.

Existing literature demonstrates that prison inmates suffer dramatic loss as a direct result of incarceration (Stevenson & McCutchen, 2006). Additionally, many prisoners have also suffered severe loss prior to imprisonment (Hammersley & Ayling, 2006). The Scottish prisoner population, for example, is characterised by social deprivation and exclusion with high levels of mental ill health, substance use and childhood abuse (Houchin, 2005). It is against the backdrop of such legacies of loss that prisoners' experience of bereavement, in response to the death of someone significant, is lived.

According to Rosenblatt (2008, p208) 'culture creates, influences, shapes, limits, and defines grieving, sometimes profoundly'. Significantly, grief can be influenced by the imposition of the immediate sociocultural environment and its prescriptive norms to the extent it is 'disenfranchised' (Doka, 1989). It is the experience of disenfranchised grief on which I focus in this paper.

In the next section of the paper, I discuss the concept of disenfranchised grief together with existing evidence concerning the disenfranchisement of grief among prison inmates. I then explain the methodology of the study. Following this, I present and discuss the findings through a client's story. I then go on to make conclusions from the evidence and discuss the implications of understandings and learnings in relation to bereavement care for prisoners.

Disenfranchised grief

Disenfranchised grief is defined as 'the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially

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supported' (Doka 1989, p4). Grief can be disenfranchised with regard to unrecognised relationships (eg. extramarital affair); unrecognised losses (eg. abortion); and unrecognised grievers (eg. children and very old persons) (Doka, 2002). Circumstances surrounding the death (eg. AIDS-related death) and the ways in which individuals grieve (eg. wailing where stoicism is expected) can also disenfranchise grief (ibid). Disenfranchised grief is recognised as a risk factor in bereavement (Parkes, 2002). Whilst it tends to exacerbate grief, it leaves people to grieve alone (Doka, 1989). Where bereaved persons perceive themselves to be without support, a complicated bereavement can be expected (Rando, 1993).

As yet, there has been very little research into disenfranchised grief within prison. Ferszt (2002) examined the experience of three female prisoners who had suffered the death of a loved one during their incarceration in an American state prison. Her study describes how, due to the context of prison, inmates are afforded limited opportunity to grieve and have their grief validated and supported. Ferszt asserts that the grief of prisoners can thus be described as disenfranchised and points out how this can act as a barrier to the processing and integration of grief. In a discussion regarding the facilitation of four bereavement counselling groups for male prisoners who had experienced the death of a close person prior to and/or during imprisonment, also in an American state prison, Olson and McEwen (2004) refer to prisoners as being disenfranchised in grief, postulating that 'the right to grieve often is taken away when a person is incarcerated' (p235). The narrative review of Hendry (2009) explores the challenges facing prisoners and the prison service in the light of inmate bereavement. Hendry reports that issues relating to masculinity and prison culture increase the risk of male inmates developing disenfranchised grief.

Leach *et al* (2008) examine the relationship between traumatic grief and recidivism. They acknowledge the presence of disenfranchised grief within the prisoner population and argue it can be a complicating factor in traumatic grief. Traumatic grief is also known as complicated grief and prolonged grief disorder (Prigerson *et al*, 2008) which, the authors argue, prisoners are at higher risk of experiencing than the general population due to the many unaddressed death and non-death related losses and associated traumas they tend to hold.

Wilson (2011), who explores the efficacy of a bereavement support group for prisoners within an English male prison, makes brief reference to the concept of disenfranchised grief within the prisoner population. So, too, do Harner *et al* (2011) who examine the experience of grief and loss among incarcerated women in the United States of America. Both of these studies make the point that, although bereaved prisoners are never alone, they can feel very isolated and lonely in their grief because of situational factors of incarceration.

Many years' experience of working as a counsellor practitioner alongside bereaved male inmates of a Scottish prison has given me extensive and intimate inside knowledge about an aspect of human experience that is typically suffered in silence and laden with risk of a complicated bereavement. This paper aims to build on the knowledge about disenfranchised grief in prison through drawing on my counselling work with bereaved prisoners and focussing on the bereavement experience as lived and described by one of my clients in his own words.

Method

I chose a qualitative case-based approach to explore the experience of bereavement in prison since this research strategy has the ability to shed maximal light on human experience, as lived, within its real-life context (Edwards, 1998; Schneider, 1999). My evidence consisted of records from a set of individual case studies relating to a small group of eight bereaved imprisoned male clients who had completed their counselling work with me during my MSc in Counselling programme at Edinburgh University. The case studies accounted for 208 counselling sessions (average client contract: 26 sessions). Of those, 50 were audio-taped and transcribed either verbatim or in part (average number of taped sessions per client contract: 6.25). Whenever I wished to audio-tape a counselling session for the purpose of course assignments or practice and process forums, I sought consent to do so from all of my clients at the time in the interests of equality of opportunity.

The prisoner population is a vulnerable one and requires special research considerations, particularly as this relates to the issue of informed consent (Maeve, 1998; Pont, 2008). Incarcerated within a fundamentally disempowering environment, prisoners have less ability to exercise their autonomy and freedom of choice than the general population. The prevalence of learning disabilities and illiteracy places them at risk of exploitation by research. Approval for my study was sought from Cruse Bereavement Care Scotland and the Scottish Prison Service. Informed consent was sought from my clients whilst contracting and at various stages throughout our counselling work including the end. This type of 'process consenting' (Munhall, 1998) makes it possible for clients to change their minds and withdraw consent at any time throughout the process for whatever reason. All eight clients expressed a clear desire for their stories to be used for research purposes and heard by the wider community. It was striking to note that each and every one of them voiced a hope that their experience, in some small way, might help other prisoners.

The data was analysed according to the heuristic framework for organising and synthesising data suggested by Moustakas (1990). This process insists upon a total personal immersion of the researcher in the data to the point

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where a creative 'incubation' results in a new understanding of the phenomenon under study (ibid). It demands of the researcher the kind of disciplined and purposeful use of self that counselling requires of its practitioners (West, 1998). The data was used to develop an 'individual depiction' of the meaning and essences of each client's particular experience; a 'composite depiction' that represented the common core qualities, themes and meanings in the experience of the clients as a group; and 'individual exemplary portraits' of two selected clients whose experiences, whilst unique, were characteristic of the group as a whole (Moustakas, 1990). Finally, a 'creative synthesis' (ibid) of the lived experience of bereavement in prison was developed. This took the form of my dissertation report (Masterton 2007) which tells the stories of the two selected clients, one of which is partly explored within this paper. Moustakas (1990 p39) claims that, unlike most research studies, heuristics retains the 'essence of the person in experience'.

I now convey Craig, as the unique individual he is, in his experience of becoming bereaved behind bars. All verbatim data was transcribed from audio-taped counselling sessions.

Presentation and discussion of findings

My 22-year-old client, Craig (not his real name), was ten when his mum died on the operating table whilst receiving surgery for cancer. Shortly afterwards, Craig's dad, Archie, turned to drink and subjected Craig and his eight-year-old brother, Robbie, to severe emotional and physical abuse and neglect for 18 months until the boys were taken into care, never to see their father again. Archie was killed at work, two years later, after falling off a high roof under the influence of alcohol.

During their 3-year stay in care, Craig and Robbie suffered horrific emotional and physical abuse at the hands of two care workers. Robbie was also sexually abused regularly by these men, the witnessing of which Craig was forced to endure. In an attempt to escape the horrendous pain of their lived realities, the brothers began to smoke cigarettes and sniff lighter-gas and glue before going on to drink alcohol and then smoke cannabis.

When Craig was fifteen, he and Robbie were placed in foster care. Craig stopped using substances, but started stealing and then drug dealing, in order to fund his brother's continuing drug use which escalated into a heroin addiction after their foster mum was diagnosed with advanced bowel cancer.

It was Craig's drug dealing that eventually led to his 3-year prison sentence which began on a Tuesday. On the following Sunday, 19-year-old Robbie hanged himself in the flat the two brothers had shared for nearly three years. Ten months after Robbie's suicide, Craig referred himself to Cruse Bereavement Care Scotland for bereavement counselling on the advice of one of the prison's addiction workers. Craig and I worked together for 36 sessions.

Craig's experience of bereavement in prison

Craig was shocked beyond belief to learn of Robbie's suicide from the prison officer in charge of the admission hall; a response commonly experienced by prisoners (Ferszt, 2002) whose bereavements are often due to sudden, unexpected and traumatic deaths (Finlay & Jones, 2000). Vaswani (2008, 2014) has demonstrated that prisoners tend to experience multiple, traumatic bereavements. Craig's experience typified this.

> I just couldn't believe what the screw was telling me ... my baby brother dead … hanged himself … I thought, no, this can't be right … this can't be happening to me ... not another one dying on me (session 10).

Craig was desperate to find out exactly what had happened, to make sure that Robbie was indeed dead and to be with his much loved maternal grandmother who was his only known living relative.

> My head was all mixed up with questions … I was bursting to see my granny … and I needed to see Robbie with my own eyes (session 10).

Clearly, Craig was in need of family support which could help considerably towards reducing the impact of sudden loss (Reed, 1998). He also needed to view Robbie's dead body, a practice which can help to make real the fact of death (Worden, 2010), particularly with sudden, unexpected loss (Hodgkinson, 1995). The prison, however, was unable to meet Craig's request for a home visit. A brief private phone call to his grandmother was all that was allowed.

During this early period of bereavement and incarceration, seedlings of guilt had already planted themselves in Craig's mind regarding Robbie's suicide.

> I started thinking right away that I was to blame for Robbie dying … that if I hadn't got the jail it would never have happened … the guilt just got bigger and bigger … it wasn't long before I was drowning in it ... I felt absolutely totally ashamed of myself (session 12).

Guilt is a common manifestation of grief (Worden, 2010). It tends to be exacerbated where there has been a suicide (Wertheimer, 2001) in which case there is often an 'if only' aspect to it (Clark & Goldney, 2000). This was exemplified in Craig's experience: 'if (only) I hadn't got the jail it would never have happened'. Guilt is referred to consistently as a component of prisoners' grief (eg Finlay & Jones, 2000; Rodger, 2004). It can be intense when the death is perceived as a consequence of imprisonment (Potter, 1999) and can cause shame (Clark & Goldney, 1995). Further, it can be intensified by disenfranchising circumstances such as a stigmatised death like suicide (Doka, 2002).

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According to Parkes (2002) and Parkes & Prigerson (2010), Craig's history of loss, so far, placed him at risk of a poor bereavement outcome on several counts. For example, Robbie's death was a violent, horrific, sudden and unexpected one, for which Craig was unprepared and felt responsible, and which occurred when he was acutely socially isolated. Also, the relationship he had shared with Robbie had been a very dependent one. Further, Craig had now suffered multiple bereavements including those of his parents which had never been given attention and worked through. Moreover, Craig had a history of childhood abuse and serious neglect and also drug abuse. Arguably, Craig's loss of his brother had the potential to render him acutely vulnerable at a time when, as a newcomer to prison in the early days of his sentence, he had more than enough to cope with in terms of loss and change. Imprisonment is a highly stressful life experience that can impact profoundly negatively on the psychological well-being of its inmates (Parisi, 1982; Toch 1977, 1992). The initial period of incarceration can be particularly stressful (Harvey, 2007). Notably, of the 81 suicides completed in Scottish penal establishments between 1995 and 2000, the majority (68%) occurred within the first month of custody with risk being greatest during the first week (Power *et al*, 2003).

On admission to prison, which is a 'total' institution, a powerful 24-hours-a-day, day-in-day-out socialising machine, Craig experienced a 'mortification of the self' (Goffman, 1961).

> I had enough on my plate without my baby brother dying ... it's hard in the beginning … when you're not jail-wise ... you pretend you're okay … but you're wary … and scared … of everybody ... everything ... it's a different world … you've lost just about everything ... you're grieving for the life you had outside ... it cuts the soul out of you … you're not Craig any more … you're a prison number … you wear jail clothes … you don't have your own bits and pieces … I was only five days into my sentence when I got told Robbie had taken his life ... it cut the soul right out of me … it was like I was dying inside … like I was the dead one (session 10).

Stripped of much that defined his former identity, and separated from roles in which he previously felt affirmed, Craig lost his soul. Robbie's death intensified this loss and left Craig feeling mortally wounded. From that first dreadful Sunday in prison to the next, Craig's shock and disbelief continued. 'Nothing felt like real any more'. He felt 'so lost … absolutely totally lonely … and empty'. (Session 10).

It was intensely alienating for Craig to be so isolated from his grandmother at this time and cut off from funeral rituals which provide an opportunity to confirm the reality of loss within a context of support (Rando, 1984). He had to wait until the Friday before receiving confirmation that he had permission to be present at Robbie's burial for half an hour. This was to take place on the following Monday after a funeral service in the church which Craig was not permitted to attend, much to his chagrin. 'I was gutted at not getting to the church … I wanted to be there for Robbie … sing for him and everything' (session 12).

Craig felt tortured during the time before the funeral. His daily phone calls to his grandmother were 'like medicine, a wee dose of life juice', during this early period of his bereavement (session 10). However, he felt extremely guilty about not being at home to lend her support – a point referred to in the literature (Potter, 1999) – and so deeply ashamed to be imprisoned. He convinced himself that his imprisonment was the reason for Robbie's suicide. He even refused to let his grandmother visit him when the suggestion of a private visit was raised by prison staff.

> I didn't want my granny anywhere near this poxy place … I was ashamed enough … absolutely totally ashamed of myself ... without her seeing me here … in amongst all the other cons (session 10).

As if the days of that 'absolute purest black week' weren't bad enough for Craig, the nights were 'a million times worse' (session 10). Tired and worn out as he was, he could not sleep. There was simply no escape from the darkest darkness that had become his waking life. Lying on his bunk, Craig hungered for death.

> It was very, very black thoughts that were in my head … going round and round … absolutely all night long … all I wanted was to be away … to be dead … and be beside my baby brother … and my mum (session 10).

Craig was escorted to Robbie's burial by three male prison officers who were not known to him, handcuffed from the time he left prison until he was returned. The burial was heart-wrenchingly painful for Craig. 'I felt gutted … absolutely totally broken hearted'. His guilt and shame about Robbie's death, coupled with the embarrassment and shame he felt through being there in handcuffs ('there's no dignity with that … you feel a disgrace … a total embarrassment'), caused him to feel undeserving of the supportive presence of those around him. 'I didn't deserve any sympathy … everything was all my fault' (session 12).

After returning to prison, Craig felt increasingly distressed. 'I was getting totally mangled with it all … the hurting was squeezing the life out of me' (session 12). Lying awake in the dark that night, Craig's distress reached fever pitch.

> It got desperate … I was bursting to greet (cry) … really bawl my eyes out and let it all out … but you can't do nothing like that in a place like this … you'd be labelled a weakling … a pathetic wimp … or a psycho … and once that happens, you're done for … the cons prey on any weaknesses like that … and if the staff think you're losing it and going mad … they take over and put you on

> special watch … you can end up in a suicide cell for 23 hours a day … with a mattress and blanket for company … nothing else … and you wear a goonie [gown] … you're not the boss of yourself in a situation like that … you're helpless … and if the mental teams say you need medicated … you can end up feeling totally powerless … being on watch is torture … everybody says it's enough to push you right over the edge (session 12).

Craig had a huge need to give expression to his emotional distress. The prison culture, which is not conducive towards such behaviour (Ferszt, 2002; Harner *et al*, 2011; Schetky, 1998; de Viggiani, 2006), prevented him from doing so. Craig feared being seen as a 'weakling' and exploited by fellow inmates on account of his vulnerability; an issue consistent with the research of Ferszt (2002). He also feared being perceived as 'mad' and placed in an anti-ligature cell on a system of observation and care which he regarded as punitive and controlling rather than supportive; a response highlighted in the study of Harner *et al* (2011).

Fearful of what might happen should he cry, Craig reached for his pen and, with the sharp edge of its broken off clip, tore lines into his left arm.

> I'd never done anything like that before … it was my way of dealing with the really bad feelings inside me … I couldn't handle them any more … the pain of cutting myself was better than the absolute total purest agony inside me … it took the lid off everything for a while … got me through that night in one piece … nobody found out … I used my socks as bandages (session 16).

Craig's need to harm himself physically was not unusual. In their research, Roth and Presse (2003) have shown that when confronted with intense emotional pain prisoners may self harm in order to relieve the unbearable intensity of their suffering. It is as if the physical pain becomes a bearable substitute for that which cannot be borne emotionally.

Within a few weeks of Robbie's funeral, Craig turned to illicit drugs in order to escape from his relentless and merciless crushing grief; a response reflected in the literature (Finlay & Jones, 2000).

> I never wanted to be a smackhead (heroin addict) … but I was desperate for something … that would blank out some of the shit that kept on coming at me … all the time … there was no mercy to it … it felt like I was being squashed to death … by a ton of grief (session 4).

Craig's grief was given particular weight by mounting feelings of anger. Anger is commonly experienced in response to loss (Worden, 2010) and is cited as a major component of prisoners' grief (Finlay & Jones, 2000). As Doka (2002) notes, anger can be intensified by disenfranchising circumstances of which imprisonment is an example. Craig lived in constant fear of giving expression to this experience due to the threat of disciplinary action; a response highlighted in the literature (Ferszt, 2002; Harner *et al* 2011). The thought of being sent to the segregation unit ('that place scrambles your brain with loneliness') acted as a strong motivator for Craig to hide his rage. Whenever his 'purest raging anger about twelve long shit years of nothing but death and total fucking misery' threatened to overwhelm, Craig cut his arms 'at night … in secret' in order to 'deal with the absolute total nightmare agony inside'. (Session 19).

What made Craig's grief even heavier to bear was that he felt completely alone with it; a finding consistent with the research of Ferszt (2002). Although he sorely needed to have a 'right big heart to heart with somebody sound' (session 10), he found this impossible to do within the prison milieu for fear of breaking down and crying. Craig became overwhelmed by a grief he felt forced to confine behind the bars of his own inner prison. As the first anniversary of Robbie's death loomed on the horizon, and Craig longed more than ever to be with his brother and mum in death, he decided to seek bereavement counselling in order to liberate his secret sorrow.

> I want to grieve for Robbie … talk about him and remember everything about him … feel what I need to feel … without having to blank out the bad stuff with drugs (session 3).

The experience of counselling

For Craig, the experience of counselling was 'like coming in from the cold' (session 10) and 'like getting a hug with big strong arms you can absolutely totally trust' (session 12). In session 22, he explained: 'If it wasn't for you and the absolute strong and purest caring way you do your counselling job with us boys in here, I'd probably be dead by now'. During session 22, Craig pondered out loud:

> The way I see things … counselling puts the soul back into you … and it gives you a dose of self-respect … and it's getting my soul back that's helped me stay away from the drugs … and it's helping me get my head round all the sadness and everybody dying on me and all the shit … all the bad stuff that was piled up inside me.

For me, to be alongside Craig in his experience of loss and sorrow was both harrowing and rewarding: harrowing through bearing witness to the desolation and deathliness that lived in him; rewarding through helping to foster his resilience and natural capacity for healing and growth. As Craig's trust in our relationship developed, he felt able to refer himself to the prison chaplaincy team for in-house support. I experienced this as freeing and containing. It gave me added confidence to meet Craig at relational depth, secure in the knowledge that he would avail himself of support outwith our sessions should he feel the need. Working with such a vulnerable client in such a

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challenging setting demanded that I made optimum use of my supervision, which is necessarily of the highest quality, in order to look after myself and ensure the best possible level of care and service for Craig.

Conclusions

The story of Craig depicts the lived experience of bereavement in prison as deeply distressing and despairing. It portrays how the powerful sociocultural prescriptions of the prison environment can limit the grief of prisoners from being openly acknowledged, publicly mourned or socially supported to the extent it is profoundly 'disenfranchised' (Doka, 1989).

Separated from kith and kin and excluded from important healing rituals, prisoners can experience themselves as being completely alone with their grief. Isolated behind bars, there is no real context of community and support within which their experience of bereavement can be. Notably, sadness cannot 'be' due to the fear of being perceived as weak; anger cannot 'be' due to the fear of disciplinary action; distress, in general, cannot 'be' due to the fear of being seen as mentally ill and at risk of suicide. Unable to be the truth of their experience, prisoners are unable to confront the reality of their loss and to process and integrate their grief. It remains a confined encounter; a secret sorrow. Significantly, this secret sorrow is experienced against the backdrop of lives that have often been swamped by loss and trauma from an early age. It is also experienced in the light of the relentless and enduring living loss that is incarceration. As with Craig, prisoners can make a bid to escape their prison of grief through the use of illicit drugs and by way of self-harming. The risk of suicide is real. All said, disenfranchised grief has the power to impact hugely negatively on the coping ability of bereaved prisoners whilst in custody. It also has the potential to complicate their process of transition back into the community following liberation from prison.

Implications

On the basis of my research, it was clear to me that a contextually informed, sensitive understanding of the experience of loss, as it is lived by prisoners, could enable prison staff to develop support systems capable of ensuring a level of care more attuned to the immediate needs of bereaved inmates. I therefore began to share the findings of my study with members of staff from my local prison – from the governor, who makes provision for care, to various staff groups who are involved in the delivery of care – with a view to raising awareness of disenfranchised grief and the harm it can cause to prisoners. My continuing dialogue with the prison staff about the harm unacknowledged grief can have has enabled them to appreciate that bereaved prisoners can conceal their distress for fear that staff will see them as mentally ill, at risk of suicide, and in need of being isolated within an anti-ligature cell or disciplinary segregation. When these insights are communicated by prison staff to grieving inmates, bereaved prisoners can immediately feel more recognised in their experience. Understanding how despairing prisoners can feel in the early days after learning of a death, especially on returning to prison post-funeral, has encouraged residential, chaplaincy and other staff to be more available to inmates at such critical points. This type of contact can help to make prisoners aware of the full range of support services available including that of Cruse Bereavement Care Scotland. Being admitted to prison shortly after becoming bereaved was highlighted in one of my case studies as a particularly distressing and threatening experience (Masterton, 2014). This insight prompted healthcare staff to consider enquiring about any recent losses when interviewing prisoners as part of the reception process.

Simple, practical initiatives such as these can immediately make a difference. They are examples of how doing a little can help a lot to validate and support prisoners at crucial points in their bereavement process. They also demonstrate how a small qualitative case study undertaken by a practitioner-researcher brought about a significant change in bereavement care for imprisoned persons through more informed practices.

The Scottish Prison Service has always been very supportive of my work. They were particularly supportive of my research and receptive to its findings and recommendations. They have now invited Cruse Bereavement Care Scotland to replicate in several other Scottish prisons the counselling service I set up in Edinburgh Prison. They are also in the process of writing a best practice guideline, *Dealing with bereavement in prison*, based largely on the recommendations of my research. Further, they have recently set up a working group, of which I am a member, to develop a strategy framework for bereavement care in Scottish prisons. Cruse Bereavement Care Scotland (CBCS) is committed to working in partnership with the Scottish Prison Service. CBCS has recently convened a development group, of which I am also a member, to appraise our current service provision to bereaved prisoners and to consider ways of extending this to other Scottish prisons. As a counsellor practitioner and practitioner-researcher, it is enormously rewarding to be involved in these initiatives, all of which hold the promise of improving bereavement care for grieving inmates of Scottish prisons.

Acknowledgements

This case study is also discussed in a chapter in the forthcoming publication *The experience of counselling: the power of examples in research and reflective practice* (Masterson J, forthcoming).

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Clark S, Goldney R (1995). Grief reactions and recovery in a support group for people bereaved by suicide. *Crisis* 16(1) 27-33.

Clark S, Goldney R (2000). The impact of suicide on relatives and friends. In K Hawton, K van Heering (eds). *The international handbook of suicide and attempted suicide*. Chichester: John Wiley.

Doka K (ed) (1989). *Disenfranchised grief: recognizing hidden sorrow.* Lexington, MA: Lexington Books.

Doka K (ed) (2002). *Disenfranchised grief: new directions, challenges and strategies for practice.* Champaign, IL: Research Press.

Edwards D (1998). Types of case study work: a conceptual framework for case-based research. *Journal of Humanistic Psychology* 38(3) 36-70.

Ferszt G (2002). Grief experiences of women in prison following the death of a loved one. *Illness, Crisis & Loss* 10(3) 242-254.

Finlay I, Jones N (2000). Unresolved grief in young offenders in prison. *British Journal of General Practice* 50(456) 569-570.

Goffman E (1961). *Asylums: essays on the social situation of mental patients and other inmates.* Garden City, NY: Anchor Books.

Hammersley P, Ayling D (2006). Loss intervention project for adult male prisoners – a project in progress. *Prison Service Journal* 166 22-25.

Harner H, Hentz P, Evangelista M (2011). Grief interrupted: the experience of loss among incarcerated women. *Qualitative Health Research* 21(4) 454-464.

Hendry C (2009). Incarceration and the tasks of grief: a narrative review. *Journal of Advanced Nursing* 65(2) 270- 278.

Harvey J (2007). *Young men in prison: surviving and adapting to life inside.* Cullompton: Willan Publishing.

Hodgkinson P (1995). Viewing the bodies after disaster: does it help? *Bereavement Care* 14(1) 2-4.

Houchin R (2005). *Social exclusion and imprisonment in Scotland: a report*. Glasgow Caledonian University.

Leach R, Burgess T, Holmwood C (2008). Could recidivism in prisoners be linked to traumatic grief? A review of the evidence. *International Journal of Prisoner Health* 4(2) 104-119.

Maeve M (1998). Methodologic issues in qualitative research with incarcerated women. *Family and Community Health* 21(3) 1-15.

Masterton J (2007). *Confined encounter: a counsellor's appreciative understanding of the lived experience of bereavement in prison.* Unpublished MSc dissertation. University of Edinburgh, UK.

Masterton J (2014). Counselling in Edinburgh Prison. *Counselling in Scotland* Winter/Spring 4-6.

Masterton J (forthcoming). A secret sorrow: making a difference to bereavement in prison. In L Bondi, J Fewell (eds) *The experience of counselling: the power of examples in research and reflective practice.* Palgrave.

Moustakas C (1990). *Heuristic research: design, methodology and applications.* London: Sage.

Munhall P (1988). Ethical considerations in qualitative research. *Western Journal of Nursing Research* 10(2) 150-162.

Olson M, McEwen M (2004). Grief counseling groups in a medium-security prison. *The Journal for Specialists in Group Work* 29(2) 225-236.

Parisi N (1982). The prisoner's pressures and responses. In N Parisi (ed) *Coping with imprisonment*. 9-28 Beverly Hills, CA: Sage.

Parkes C (2002). Grief: lessons from the past, visions for the future. *Death Studies* 26 367-385.

Parkes C, Prigerson H (2010). *Bereavement: studies of grief in adult life (4th ed).* London: Penguin Books.

Pont J (2008). Ethics in research involving prisoners. *International Journal of Prisoner Health* 4(4) 184-197.

Potter M (1999). 'Inside' grief: bereavement in a prison environment. *Bereavement Care* 18(2) 22-25.

Power K, Swanson V, Luke R, Jackson C, Biggam F (2003). Act and care: evaluation of the revised SPS suicide risk management strategy. *Scottish Prison Service occasional paper series* 01/2003.

Prigerson H, Vanderwerker L, Maciejewski P (2008). A case for inclusion of prolonged grief disorder in DSM – V. In M Stroebe, R Hansson, H Schut, W Stroebe (eds) *Handbook of bereavement research and practice: advances in theory and intervention*. Washington DC: American Psychological Association. 165-186

Rando T (1984). *Grief, dying, and death: clinical interventions for caregivers.* Champaign, IL: Research Press.

Rando T (1993). *Treatment of complicated mourning.* Champaign, IL: Research Press.

Reed M (1998). Predicting grief symptomatology among the suddenly bereaved. *Suicide and Life-threatening Behavior* 28(3) 285-300.

Rodger R (2004). Counselling the bereaved in prison. *Bereavement Care* 23(2) 27-28.

Rosenblatt P (2008). Grief across cultures: a review and research agenda. In M Stroebe, R Hansson, H Schut, W Stroebe (eds) *Handbook of bereavement research and practice: advances in theory and intervention.* Washington DC : American Psychological Association. 207-222

Roth B, Presse L (2003). Nursing interventions for parasuicidal behaviors in female offenders. *Journal of Psychosocial Nursing and Mental Health Services* 41(9) 20-29.

Schetky D (1998). Mourning in prison: mission impossible? *Journal of the American Academy of Psychiatry and the Law* 26(3) 383-391.

Schneider K (1999). Multiple-case depth research: bringing experience-near closer. *Journal of Clinical Psychology* 55(12) 1531-1540.

Stevenson R, McCutchen R (2006). When meaning has lost its way: life and loss "behind bars". *Illness, Crisis & Loss* 14(2) 103-119.

Toch H (1977). *Living in prison: the ecology of survival*. New York: Free Press.

Toch H (1992). *Mosaic of despair: human breakdowns in prison*. Washington DC: American Psychological Association.

Vaswani N (2008). *Persistent offender profile: focus on bereavement*. Criminal Justice Social Work Development Service for Scotland. Briefing paper 13.

Vaswani N (2014). The ripples of death: exploring the bereavement experiences and mental health of young men in custody. *The Howard Journal of Criminal Justice*. doi 10.1111/hojo.12064

de Viggiani N (2006). Surviving prison: exploring prison social life as a determinant of health. *International Journal of Prisoner Health* 2(2): 71-89.

Wertheimer A (2001). *A special scar: the experiences of people bereaved by suicide.* Bristol: Taylor & Francis.

West W (1998). Passionate research: heuristics and the use of self in counselling research. *Changes* 16(1) 60-66.

Wilson M (2011). Exploring the efficacy of a bereavement support group for male category C prisoners: a pilot study. *Bereavement Care* 30(3) 10-16.

Worden W (2010). *Grief counselling and grief therapy: a handbook for the mental health practitioner* (4th ed). Hove:Routledge.

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