

The 'Meanings' of Female Staff in Male Therapeutic Community Prisons: Gender as Symbolism and Specialism

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Abstract: Informed by observations of, and interviews with, male prisoners and female staff, this article proposes that women working in democratic therapeutic communities (TCs) are credited by prisoners with two 'meanings': as symbolic representatives of familial and intimate nurturers and as gender specialists. The former allows for the emergence of transference relationships, which invites analysis of prior, present, and prospective attachments. The latter enables the communication and translation of 'the woman's perspective', which encourages the development of empathy. Both increase appreciation, and advance reduction, of male offenders' risk factors. Accordingly, the gender of female staff represents a significant rehabilitative resource.

Keywords: therapeutic community (TC); prisons; gender; transference; staff-prisoner relationships; rehabilitation

It is an accepted truism that crime is not an equal opportunities activity. Globally, the vast majority of offenders are men, violent and sexually violent offences are mainly committed by men, and in consequence, most prisons are for men: 95% of the Anglo-Welsh prison population, for example, is male. Criminal justice in Western democracies, however, aspires to be an equal opportunities employer. Women have, therefore, been permitted to work as prison officers and governors in men's prisons – and men in women's prisons – since the advent of anti-discrimination legislation and the related implementation of so-called cross-posting policies, from the 1970s onwards (Enterkin 1999). In addition, women have routinely worked in areas such as administration, education, health care, probation, and forensic psychology. Nevertheless, 30 years after the introduction of cross-posting in England and Wales, men still comprise two-thirds of the operational (custodial) staff with whom prisoners have the most frequent contact.¹

Research on women working in men's prisons to date has focused almost exclusively on the occupation of prison officers, and been conducted predominantly in the United States. Criminologists have catalogued the often difficult experiences of, and dispiriting reactions to, female officers, emanating more from their colleagues than from prisoners; though instances of overt sexism and discrimination have declined considerably since early analyses (Carlson, Thomas and Anson 2004; cf. Crawley 2004). They have also considered whether women's attitudes towards, and execution of, their custodial duties significantly differs from those of men; producing a mass of contradictory, and hence inconclusive, findings. As a broad summary, however, women's guarding style may exhibit a more ('feminine') human service-oriented and caring approach towards correctional work, rather than the ('masculine') custodial-oriented and authoritarian attitude preferred by men. Women may also rely more than men on their interpersonal and communication skills and bring a 'softening', 'calming' influence, which promotes less aggressive, more compliant prisoner behaviour (Kissel and Katsampes 1980; Zimmer 1986; Szockyj 1989; Pollock 1995; cf. Tewksbury and Collins 2006; Lambert *et al.* 2007). Male prisoners' complimentary appraisals of female officers may, therefore, reflect their perceptions of *how* women relate to them and carry out their work, rather than *what* they do or do not do.

Absent from this literature, however, is consideration of prisoners' perceptions of the gender-specific ways in which female staff can facilitate men's understandings of the root causes of their offending and thereby of their route towards rehabilitation; where gender refers to a socially-constructed, situated accomplishment, as distinct to one's biological sex – an attribute which has to be 'done', rather than just 'is' (West and Zimmerman 1987). This article addresses this omission by drawing on original research conducted at two English therapeutic community (TC) prisons. It proposes that the distinctive contribution of women who work therapeutically with male offenders can be located within the attribution by prisoners, and sometimes willing assumption by staff, of two 'meanings': as symbolic representatives of familial and intimate nurturers and as gender specialists. The former allows for the emergence of transference relationships, which invites analysis of prior, present, and prospective attachments. The latter enables the communication and translation of 'the woman's perspective', which encourages the development of empathy. Both increase appreciation, and advance reduction, of risk factors. This research, therefore, revitalises the debates about gendered ways of working first raised by the cross-posting literature, and demonstrates how the 'doing' and 'redoing' of gender (West and Zimmerman 2009) by female TC staff represents a significant rehabilitative resource.

The Research: Setting and Sample

There are some *seriously* deviant men here. And women, they push those buttons, don't they? . . . Personally, I wouldn't have no woman coming up here. Quite frankly, you're off your head coming up here yourself!

Oh! Thanks for that, Brian!

That's all right, you're welcome! [both laugh]. (Brian, Grendon)

Five medium-secure English prisons currently operate democratic TCs.² These TCs, aimed at serious, often recidivist, personality disordered and/or psychopathic offenders, combine engagement in group psychotherapy with residency in a carefully-designed social community. Psychotherapy in forensic settings seeks to develop a psychodynamic understanding of the offender and his or her treatment needs; to gain insight into the unconscious motivations for, and disturbing re-enactment of, or reactions to, one's past disguised within the index offence (Welldon 1994). The offence is not condoned, but neither is the offender condemned: offending is understood as just one part of a person's life history, the entirety of which is explored in TCs in meticulous, unabashed detail over time, by 'slow, open'³ groups of around eight offenders, in thrice-weekly group therapy sessions. The role of residents (as TC prisoners are called) in these groups extends beyond participation in their own therapy to acting as auxiliary therapists to each other, overseen and facilitated by staff members whose professional training may be as a psychotherapist, psychologist, or prison officer. In addition, all residents are expected to contribute to the day-to-day peaceable organisation and management of their community. Notably, they participate in biweekly community meetings, in which all residents and available staff meet to discuss any topics which are of interest to, or might inhibit or jeopardise the harmony, efficiency, and rehabilitative purpose of, the community. In this intensive '24/7' regime, then, every observable incident and interaction, whether resulting from the deliberations of psychotherapy or occurring spontaneously during the activities of daily life, is considered to be a potentially valuable learning opportunity, about oneself, other people, and the dialectical relationship between the two, and hence can be subject to the community's scrutiny and evaluation.

This article draws upon material gathered as part of a wider semi-ethnographic study of 'the TC way' of offender rehabilitation and imprisonment (Stevens 2013). Fifty male residents at HMP Grendon – the only prison to operate entirely as a TC – and at HMP Gartree's TC, known as GTC – one wing within an otherwise mainstream prison – volunteered to be interviewed; while six female members of staff were approached for interview, four of whom facilitated small groups, while the other two provided psychodrama and art therapy. All but one of these interviewees worked at Grendon, and only one was a uniformed prison officer. The semi-structured interview schedule encouraged participant-led interaction and agency, and was informed by my observations of the TCs from the 8 am 'unlock' to 8 pm 'bang up'; encompassing community meetings, 'hanging out' on the wings, and informal or organised social activities, but excluding attendance at therapy groups. Verbatim excerpts from interviews appear here with the participant's pseudonymous first name, except where to do so might compromise the resident's privacy; and in order to

help preserve the anonymity of staff interviewees, their work location is withheld and the clinical staff are uniformly described as therapists. Data analysis involved systematic and iterative immersion in, and coding of, the fieldnotes and interview transcripts to produce an interpretative understanding fully 'grounded' in residents' perspectives.

Resident interviewees were serving lengthy (often indeterminate) sentences for offences including murder or manslaughter or their attempt (52% of this sample), grievous bodily harm or wounding with intent (8%), sexual offences against women or children (18%), robbery, usually involving firearms (16%), and burglary (6%). They had resided, on average, for 17 and 20 months at Grendon and GTC respectively and often considered themselves to be progressing successfully towards desistance-focused change. Most residents spontaneously prefaced or framed our discussions about female staff by seeking to assure me that they did *not* have 'issues with women' – by which they meant to convey that they were not '*seriously* deviant' sexual offenders. Yet, some of these men might well be thought to have such 'issues', since their violence was sexually motivated: perpetrated against a present, former, or potential partner and propelled by emotions or experiences such as jealousy, possessiveness, and actual or feared rejection by women. Moreover, both resident and staff participants noted that men in therapy sometimes disclosed a history of domestic violence, for which they had never been prosecuted; or more generally that 'a lot of people here have never had stable relationships, because they weren't stable. They're a bit messed up about girlfriends, how to treat them, and that kind of thing' (Andrew, Grendon). These comments were confirmed in the prison records, including initial and periodic therapy targets and progress reports, which I reviewed.

Importantly, when asked about TC staff, it was residents themselves who either explicitly distinguished between male and female staff in their responses, or whose statements prompted me to ask supplementary questions about the relevance, or importance, of gender. They were, however, subsequently asked about 'macho' penal culture, which often occasioned more wide-ranging assessments of the implications for prisoners of cross-posting. Residents were, therefore, alert to gender dynamics and could have clear opinions about women's particular contribution to therapy and community life, the 'buttons' they push, and the 'hidden meanings' sublimated in, or concealed behind, the exterior presentation of their peers' 'issues with women'. Female staff were asked directly to reflect upon their therapeutic role as a gendered performance. While the focus of this article is upon presenting residents' perspectives, the interviews with staff greatly informed interpretation of, and challenged or confirmed, my resident- and observation-derived data. This was most noticeable in emphasising and interrogating the 'meaning' of female staff as symbolic love-objects.

Finally, two assumptions underpin the argument presented here. First, that gender politics infiltrates and shapes 'acceptable' discourses in prisons research, just as in everything else. Some topics were discussed with me because I am a woman; some were not because I am a woman. It is highly improbable that some of the comments and anecdotes which residents

shared with me about their experiences and perceptions of female staff would have been made to a male researcher. Conversely, rather more sexually-judgmental and objectifying remarks, suggesting an altogether different kind of 'value' attached to female staff, may have been made to a male researcher (for example, Crewe 2006). Female and male researchers, discussing women with men, are thus likely to find a qualitative difference in the qualitative data that are collected, and are collectable.

Second, staff-prisoner relationships in TC prisons are generally superior to those in 'normal' prisons because TC prisons are not 'normal'. Their purposively small population (Grendon's five main therapy wings each accommodate around 40 men; GTC, only 23), the psychosocial treatment modality, and the ethical and organisational edifices upon which the TC is built ensure that the interpersonal relationships which develop between residents and staff are more profound, more transparent, and more sincere than is conceivable in traditional custodial establishments, or, indeed, permissible in conventional inmate culture. TCs provide more opportunities for informal interaction with a range of staff – particularly through the use of shared social spaces such as the wing office and dining room – and do not, unlike mainstream prisons, largely consign responsibility for seemingly specialist rehabilitation-focused deliberations to offender supervisors, personal officers, and classroom-based offending behaviour programmes (OBPs). This creates more possibilities for the mutual discussion, and residents' demonstration, of criminogenic 'issues', and institutionalises a greater sense of rehabilitative purpose. Few would, therefore, question that staff-resident social relations in TCs are, indeed, 'exceptionally good', 'mutually supportive', and 'amongst the best' in the prison estate (HM Chief Inspector of Prisons 2004, p.4; 2007, pp.5, 11), or that certain staff act as particularly inspiring and solicitous 'therapeutic champions' (Wilson and McCabe 2002).

'Bad' Mothers, 'Good' Lovers, and 'Native Speaker' Interpreters

To understand the 'meanings' of female TC staff working with male prisoners, one has to understand the significance in the psychoanalytic and psychodynamic tradition of transference. Transference during treatment refers to the unconscious displacement, redirection, and discharge of attitudes, feelings, and fantasies associated with one person on to the therapist. Archetypally, the analyst reminds the client of her parent(s), with whom she then unconsciously re-enacts (dysfunctional) aspects of that relationship. The formation of a transference relationship between the person in therapy and the therapist is not only inevitable but is to be welcomed, because its elucidation uncovers the client's earlier prototypical relationships and emotionally propels analytic progress (Clarkson 1994).

The range of transference phenomena which female TC staff can provoke is seen most clearly in the reactivation of Oedipal (incestuous) conflicts and the reformulation of the family unit (McLure 2004, 2006). Women could represent a mother or a lover; 'meanings' which not only

varied between residents, depending upon the woman's perceived sexual attractiveness, age, and seniority of status, but could vary for the same resident, at different junctures in his therapy. Unilateral imposition of these roles on female staff by male prisoners may occur in mainstream prisons (Britton 2003; Crewe 2006). Conscious adoption of these roles by female staff is accepted as sometimes necessary and desirable in the TC, however, if the community is to provide the reparative or 'corrective emotional experience' (Alexander (from Alexander and French 1946), cited in Yalom 1995, p.24) which TC advocates argue is one of the TC's primary functions and rehabilitative methods. In particular, practitioners familiar with attachment theory (Bowlby 1969, 1988) recognise the importance of providing a regular, reliable presence in the community for those residents whose psychogenesis and psychological and emotional development was corrupted or derailed by early experiences, personally or vicariously, of abandonment and abuse during their formative years. Shine and Newton's (2000) analysis of prisoners received at Grendon, for example, found that 69% had experienced loss or separation from either their natural or their surrogate parents for at least one year before the age of 16 years, and 63% reported being the victim of physical, and 40%, sexual, abuse during childhood. Experience of a 'good-enough' mother – not a perfect, Madonna-like imago but an empathetic, responsive, and boundary-setting nurturer – within a facilitating 'holding' environment can, however, help to render the remnants of early trauma less salient to present-day patterns of relating (Winnicott 1953, 1960).

'The Mother-figure Role'

Many residents identified 'motherly' female staff who were considered (at least initially) more friendly and easier to talk to than men. The reasons for this perceived approachability lay not in anything the women did to invite confidences, but in the men's imported (*extra-prison*) and essentialist assumptions that 'good' women, as a homogenous gender category, are 'more understanding' of human frailties, possess more advanced 'people skills' and innate emotional intelligence – 'you lot are good at emotions, aren't you?' (James, Grendon) – and thus make 'naturally' attentive and sympathetic listeners. The need to present oneself in prison as a 'hard man', devoid of 'difficult emotions, feelings and shit, messy shit' (Ravi, Grendon), structures and restrains men's relationships with each other, in an especially exaggerated, or hypermasculine, form of the hierarchies between men in the free world. Submitting oneself to group therapy, with the depth of examination and exploration of one's whole life, personal problems, and internal world that this demands, however, requires residents to identify and verbalise their 'softer' feelings and to share personal information, in direct contravention of the tenets of such hypermasculinity generally (emotional reticence and stoicism, circumspection about one's personal life), and the hypermasculinity-endorsing inmate code specifically ('do your own time', 'be a man') (Sykes and Messinger 1960; Seidler 1985, 1992). Male staff could thus be regarded as inextricably invested in the competitive maintenance of the 'façades of being macho' (Mukhtar, Grendon) or the winning of

'pissing contests' (Robbie, Grendon) *between* men, making women, by default, more acceptable, 'safer' repositories for residents' confessional disclosures, and less 'threatening' deliverers of reprimands:

I find women easier to open up to. Especially [name of officer], she's like my old mum, bless her! Though she don't half tell me off! And I don't mind it! [laughs, sounds surprised at himself] . . . I can take criticism off a woman easier than I can a man. They're less of a threat, aren't they? If a man has a dig, he's probably going to be a bit more aggressive with it, bit more abrupt, and then that's going to get my back up. (Tony, Grendon)

For men who had positive relationships with their mothers or primary carers, a *secondary* 'mother' attachment provided them with an opportunity to demonstrate their affection, regard, and care for this staff member, and to reproduce their self-concept as (notwithstanding their imprisonment) a 'good-enough' son. The concept of care in the custodial setting is usually portrayed as a gift bestowed by a minority of prison staff to suitably 'deserving' prisoners (Tait 2011). The intimate feel of TCs, however, with their commitment to relatively egalitarian, informal, and 'friendly' staff-prisoner relationships, enables care to become, in a limited but real sense, bidirectional. Residents related, without embarrassment, their small acts of kindness for female staff whose 'mothering' they valued and whose care they sought to reciprocate:

The warmest person I've come across here is [my facilitator]. She's like my second mum, I love her to bits . . . I like to make her cups of tea, sort of fussing over her a bit, because I worry she takes too much on. I do try to look after her! [chuckles]. (Muktar, Grendon)

For other men, however, the need to rework their relationships with 'bad' mothers played itself out through their sometimes palliative, sometimes prickly, relations with *substitute* 'mothers'. These men had been subjected in childhood to the, in forensic settings, commonly-observed toxic combination of seduction and neglect (Welldon 1994); a parent or guardian who oscillated between intense smothering (when momentarily partner-less or abstaining from addictive substances) and casual disregard for the child's corporeal and emotional needs, including protection from the perpetration of physical and sexual abuse. One GTC interviewee, for example, told me that he had been repeatedly raped by his alcoholic mother's on-off boyfriend and, earlier in his sentence, had encountered unwanted sexual attention from a male prison officer. The 'safe' relationship he had formed, however, with an exemplar of motherly attachment had enabled him to commit to, and persist with, therapy and thus address his 'issues' *with men*, whilst simultaneously gaining an instructive insight into healthy maternal-filial relations:

I was so pleased that [name of female facilitator] was on my group and I attached myself to her because I felt safe with her. Without her, I don't think I would have stayed.

Right, so it's important to you to have some female staff here?

Oh absolutely, *really* important, and that's not just because of the 'man situation', if I can call it that . . . I think all of us can get something extra from the women here, something extra for your therapy . . . [My facilitator] is such a good mum, the way she talks about her son, she 'phones him to make sure he's got home safe, that he's done his homework [laughs], you know, little things like that. I would have *loved* to have had a mum like her, I really would. She shows nice mums and nice families do exist, for some people.

When such men were more focused on their (justifiable) anger with 'bad' mothers, however, the level of persecutory transference against female staff could be feral and ferocious. Frequently, a key subtext here was the propensity for male residents to 'kick back against' (Anne, therapist) female authority figures. In TCs, it is anticipated that staff who embody the rules of the community and the legal authority of the prison service to detain offenders, will remind residents of all the adults who previously tried (and failed) to control, punish, and exert their will over the vulnerable, dependant, child these now seemingly invulnerable, self-contained men once were. Thus authority figures can be male or female, and transference relationships are not necessarily gender-specific. Yet, within patriarchal social relations, it is men who are presumed to possess 'natural' power and authority over women, and women who are positioned as subordinate to men, politically, professionally, socially, and sexually. In correctional settings such as the prison or the supervisory probation relationship (for which, see Petrillo 2007), these assumptions are destabilised: women staff have the power to issue instructions for, impose discipline on, and curtail the privileges of, male offenders. Such subversion of prevailing ideas about gendered power inequality and appropriate gender roles can challenge, in psychological terminology, some men's rigid thinking and internalised beliefs about women and their relative status to men; or, more psychoanalytically, conjure up castration anxieties amongst men who fear that female authority equates with male humiliation. While many residents stated that male prisoners generally are protective of, and polite to, female staff, because they believe they should behave in a more civilised, 'female-appropriate' way, or are aware that there is little social status to be gained by victimising a member of the 'weaker sex', or even due to gender-blind respect for their correctional position; resident interviewees provided numerous examples of how female staff provoked, from some residents, more antagonism than did male authority figures, and in particular, more vitriolic insults of a personal and coarsely-sexualised nature.

This instance of gender-specific abuse in a Grendon community meeting illustrates this point well. A female therapist had attempted, for several minutes, to elicit reflection about rule breaking from a resident, and gently offered her observations about how this transgression mirrored traumatic themes from his childhood which 'must be difficult' for him. The puce-faced resident angrily responded: 'Don't come that psychoblocks with me, you patronising c***', before storming out of the meeting. Here, the female therapist had, in her telling choice of phrase, been 'slapped

down' by the resident for challenging him in a male-dominated public forum to consider an interpretation of his behaviour he resisted. The resident knew he could not use physical violence against her (not if he wished to remain in the TC, at least) but the vehemence of his verbal response was indicative of both the threat to his hypermasculine self-presentation he felt when undermined by a woman, and his sense of impotency when reacquainted with the embedded powerlessness of the prisoner. The combination of denigrating the validity of her clinical expertise and experience and reducing her as a person to an offensive reference to female genitalia enabled him to reassert his autonomy and gender dominance – which, of course, would have been unnecessary with a male therapist – and to regain control by silencing her and refusing to participate in proceedings further⁴ (fieldnotes). As one witness to this meeting subsequently opined:

Let's face it, some guys just don't like being told what's what by a woman. They don't like being told by a fella either – but from a woman, it seems worse; it's not the natural order of things. Not for me, you understand, but a lot of men think that way. There's still a lot of cavemen out there! (Johnny, Grendon)

'Target Practice'

Part of the rationale for, and claimed benefits of, cross-posting is to 'normalise' the prison environment (Kissel and Katsampes 1980); to make custodial establishments more reflective of the outside world, in which women are a numerically equal constituent part. Yet the closed prison can never be a fully 'normal' social environment, and neither is it 'normal' that mainly young, heterosexual men exist, and *know* they will exist, sometimes for months, sometimes for years, without unfettered social interaction, and sexual intercourse, with women. Sykes (1958, p.70), in his majestic 1950s sociological study of a men's secure prison, may have been amongst the first to note the ontological insecurity an imprisoned man experiences when 'figuratively castrated by his involuntary celibacy', but the imposed denial of heterosexual relations remains a curiously underanalysed pain of imprisonment in countries such as Britain which, unlike many Council of Europe states, do not permit conjugal visits. Moreover, because prisons have remained, to a significant extent, same-sex institutions, many prisoners seek to establish an unequivocal distinction between the reality of their incarceration in a homosocial environment and the potential for homosexual activity,⁵ by their discursive and embodied participation in an inmate culture which is robustly, palpably, heteronormative. 'Straight' sex is paradoxically everywhere in prisons precisely because it is nowhere: psychologically omnipresent but almost always physically unobtainable, unreachable, and unknowable again, other than through one's memory, imagination (enlivened perhaps by images of, or visits from, one's partner), and pornography. Women working in men's prisons (and *vice versa*), in frequent, regular, and close proximity with prisoners of the opposite sex, therefore reintroduce the spectre, through its superficial possibility, of heterosexual sex again. The opportunity would appear to be there, but in reality, is not.

A minority of resident interviewees accordingly objected to female staff in men's prisons as being physically and sexually hazardous for the former, and detrimental to the latter's psychological and emotional well-being. An interesting, and seemingly intractable, impasse was that men who considered women in prison to be 'unsafe' simultaneously conceded that women were especially 'useful' staff members when working therapeutically with men whose behaviours and attitudes cause women everywhere to be 'unsafe'. The presence of women, however, was experienced by these participants as intensifying their sexual frustration and sensory deprivation and 'cruelly' underlining the limits to their relationships with, and the unattainability of, female staff – 'so near and yet so far!' (Charles, Grendon) – and thus risked undermining their self-concept as sexually-responsive, virile men.

The embarrassment that many men may have felt about acknowledging to a female researcher, directly or indirectly, the enforced sexual abstinence their custodial sentence had imposed upon them may explain why, in contrast to the frequency and fluency with which interviewees referred to 'the mother-figure role' (Tim, Grendon), references to female staff as symbolic lovers were usually made by interviewees only in relation to other (unnamed) residents. Some men, however, would 'own up to a little bit of flirting' with amenable staff, which evidently helped to reassure them that 'the old charm's still there!' (Paul, Grendon). The term 'flirting' was not problematised by residents, but rather assumed to describe non-threatening, playfully teasing, and ideally, shared, behaviour. Moreover, some interviewees suggested that women staff in men's prisons generally were, on occasion, flirtatious in order to defuse potentially volatile situations, to calm irritable or irate prisoners, and 'keep you happy and good' (Nick, Grendon). Thus, these men depicted some of their social interactions with female staff as not only allowing them to flirt, but for them to be flirted with by female staff. Both gained from the transaction, if, at times, for different reasons.

Only two Grendon interviewees, then, conceded or implied that they were, or had been, attracted sexually and romantically to female staff. Both undeniably had 'issues with women': one was serving life for weapon-assisted nocturnal rapes of women unknown to him; the other had tried to kill his fiancée when she ended their engagement. The former explained how his work with a female therapist had enabled him to explore, and her to establish, how he 'blamed' his 'weak' mother for his sexual offending because she had 'allowed' herself throughout his childhood to be sexually and physically abused by a succession of boyfriends, who, in turn, had educated and inculcated in him notions of the correctness of a pervasively misogynistic world view. In adulthood, he had felt conflicted and confused by his sexual attraction towards women and emotional desire to experience care and intimacy from women, whilst simultaneously despising and disparaging women as the source of all his sorrow and for their utility only as receptacles for his sexual gratification. In raping women, he figuratively raped his mother; punishing her, his victims, and womankind in general for his intolerable feelings of need, dependency, and insecurity. Through

the professional relationship he had built up over several years with his female therapist, however, he had been able to progress from evaluating her merely as a 'f***able' woman whose power to invoke intense feelings of erotic transference, he greatly resented; to relating to her 'as a person', as a sensate and sovereign individual, more than the sum parts of her anatomy, whose professional capabilities he respected.

The latter interviewee's chaotic and disjointed childhood, with multiple short-term foster carers and forever transient friendships, had driven his need 'to totally own' his fiancée. His group was initially led solely by a male psychotherapist, but the arrival and now regular co-facilitation of this group by a female prison officer had, he recognised, 'opened up a whole new world of issues'. To some extent, his criminogenic needs had been occluded in a same-sex therapeutic relationship, but were now exposed and challenged by the 'strong feelings' he had developed for this 'good, lovely' officer and by 'talking to a woman about women and relationships. That changes things, big time'. Moreover his idealised love for this officer had recently been tested by his 'anger' and 'disappointment' in her when he learned from another resident that she was about to depart on a fortnight's holiday. Her 'failure' to inform him first had challenged his image of a proprietorial, exclusive relationship with her, and aroused familiar feelings of anxiety about impending abandonment. He was thus 'working through' in therapy, the experiential connections he had made between the malign matrix of his distorted thinking, insecurities, and patterns of relating which had triggered his offending 'on the out', and his functionally analogous (offence-parallel) thoughts and behaviours about, and towards, the officer in the TC. In both cases, then, the 'relationships' these men had formed with female staff members, although one-sided and of necessity highly constrained, signified a constructive developmental progression in the men's attitudes towards, and attachments with, women and were, in conjunction with other aspects of 'the TC way', helping to inform understanding of, and reduce, their risk factors.

The conceptual category of female staff as symbolic lovers, then, was nearly always referred to obliquely by residents about other residents. Female staff interviewees, by contrast, readily acknowledged that some residents developed idealised romantic attachments to them, or erotic fixations upon them. They accepted their role as 'target practice' (Wendy, prison officer) for flirtation, flattery, and sexual attraction for those men who needed to rehearse in the TC more effective emotional management of the 'difficult', 'messy' feelings that affection for another precipitates, to develop their social skills, and to relate to women in ways which were not solely or coercively sexualised:

They fall in love with me, quite regularly, and some will acknowledge it and some won't . . . Because I am well bounded,⁶ I allow them to play, I allow them to be flirtatious because some of them, their social skills are really quite naff and they need a bit of practice and to get feedback . . . You have to be quite thick skinned to work here, because they do make personal comments! (Anne, therapist)

I think it's not that unusual in the therapy relationship really, because you've got such a level of intimacy that they have never been able to achieve with anyone else. So although they say they fall in love with me, they don't really know me as a person . . . It's more about the quality of the therapeutic relationship we have. I don't take it personally; I don't really think they have [fallen in love]. (Victoria, therapist)

Therapist interviewees also noted that residents were often reluctant to discuss their reliance upon masturbation for sexual release, and had to be 'actively encouraged' to talk about their sexual needs, experiences, and fantasy life using, if they wished, sexually-explicit language and terminology. Masturbation is the most common form of sexual activity in prisons: indeed, American surveys have suggested that all (100%) (Wooden and Parker 1982) or almost all (99%) (Hensley, Tewksbury and Wright 2001) male prisoners masturbate. Since auto-eroticism lacks the masculine-endorsing status of 'real' (that is, penetrative) sex with women, however, it is not discussed among men with the same candour or relish as one's heterosexual adventures, let alone with women, and in these particular circumstances, with women whom in all probability regularly featured in those masturbatory fantasies. Moreover, in mainstream prisons expressing one's feelings about sex, sexual desires, and lust or love for female staff, to female staff, would likely result in disciplinary sanctions.

Such inhibition in talking about sex and sexual desires is, therefore, to be expected, even in the otherwise emotionally-expansive and openly-communicative environment of the TC. In psychotherapy, though, one has to 'bring to the group all the problems . . . [and] trust it to find the solutions' (Jane, therapist); to explore issues raised without fear of ridicule, and to retain confidences, including any expressed desire for a 'relationship', within the parameters of the group. This makes the admission feel safer and renders the 'relationship' safe: all members of the group acknowledge that 'nothing can happen' *and* it is the collective responsibility of the group to ensure that nothing does happen. The group's observant policing of the therapist-resident dyad helps ensure the bodily safety of the woman and protects the psychic safety of the resident, who learns that non-consummation need not be experienced narcissistically as rejection.

The multiple strands and complexities of transference relationships, then, are clearly illustrated by this vignette. One GTC small group was embroiled in a therapeutically-regressive conflict with its female facilitator, creating a highly-charged and emotionally-energating atmosphere which had seeped into, and infected, the wider community. By resisting her authority and belittling her interventions, this group sought to assert and protect their masculine identities in polarised and exaggerated opposition to all that she, the group's 'dangerously omnipotent early mother' (Maguire 1995, p.141), represented, and the fear of emasculating dependency she provoked (Chodorow 1978). In 'ganging up' on her, they acted in concert to reject her as they had been rejected; to cast her into the role of a 'devil woman', representative of all the women who had abused, suffocated, abandoned, and betrayed group members. Just as violent offenders have previously projected their pain, anger, fear, and hatred

onto, or quite literally, into their victims, through the bullet, the knife, or the penis, so small group therapy provides the forum for (so inclined) male residents to experience anew that projection onto, and into, their facilitator. In this instance, the group members were anticipating that their relentless provocations and vicious personal attacks would result in the actualisation of their unconscious desire: that their therapist would disown and discard them. To do so would confirm their comfortingly familiar internal working models about, and patterns of, pathological attachments, and endorse their self-conceptions as irredeemably 'f***ed up' 'bad boys' unworthy of a 'good-enough' mother.

The facilitator's problems were then compounded when she received a 'love letter' from a member of another group, for whom over-dependence on, and idolisation of, women were symptomatic of his attachment style and who had previously responded to 'being dumped' with homicidal rage. Staff observed how this man 'picked fights' with other residents who spoke to the therapist in any way he thought either discourteous or conversely, too friendly, and spent long hours in the wing office whenever she was around because he wanted to monopolise her attention and 'keep her safe' – though from whom, if not him, was unclear. The therapist, therefore, simultaneously had to bear the roles of hated mother and adored lover, and respond to both with equal, but distinct, re-educative care. The personal toll that this 'brutal treatment' and 'soul bashing' inflicted, and the resulting pull towards negative counter-transference, was understood and utilised in staff debriefs as integral to an accurate and comprehensive understanding of the men's problems and risk factors, and intellectualised and managed within the mantra that transference 'is *not* personal; it *feels* personal, but it's really not and I need to remember that!' (fieldnotes). Francis, a senior GTC resident and shrewd observer of the facilitator's predicament, encapsulated the vicissitudinous nature of transference relationships and affirmed the therapeutic value of women staff in these terms:

A lot of people up here kind of need a mother-figure – a *good* mother – and they can get that from [the women staff]. [My facilitator], I can talk to her about my problems; I think everyone in the group appreciates her. The trouble that [this other facilitator] has on her group is completely the opposite. I think she's being kind of verbally bullied by people with issues about women. It ain't really about [her], as a person; she's taking the brunt of all their issues about women that she brings up in them. So it's rough on her, but – this might sound selfish – but I'm glad we've got women up here because they add something special that's really needed, particularly for those guys.

A Woman's Perspective'

A further consequence of the prison as a still largely same-sex milieu is to replicate and reinforce gender stereotypes by mirroring and exaggerating gender differences (Pogrebin and Poole 1997). Women were considered by many residents to be, in various ways, unknowable or not understandable to men without the translation services of a native speaker (that is, a

female). Indeed, thanks to the cultural prevalence and porousness of popular psychology, this kind of Venus/Mars distinction (Gray 1992) is, arguably, supported amongst the general population:

Women are very complicated; not straightforward at all. I don't know that men ever really understand them. It takes another woman to understand the woman's point of view and put that across, doesn't it? But men, well, men are kind of simple, aren't they?

You said it! [both laugh]. (Richie, GTC)

The frequently-voiced perception that 'a woman's perspective is often very different from a man's, and therapeutically, that can be very useful' (Ross, GTC) ensured that women were 'obviously' considered better able than men to explain and effectively decipher this perspective for men. This almost exclusive reliance upon women to inject 'the woman's point of view' into men's therapy reflected and reproduced some gender essentialism. There was minimal acknowledgement from residents, for example, of the diversity of female opinions and life experiences, and thus of how this 'perspective' will be moulded by, and framed within, her socio-economic status and expectations, education, race, and age; or of the impossibility of female staff speaking for, and acting as experts upon, all women. Moreover, depending upon women to 'explain' the effects of men's criminal or unpleasant behaviours upon women risks transferring responsibility for discussion and problem-solving of these 'issues' from men to women.

In general, however, this veneration of female staff as 'natural' gender specialists and unconditional trust in the accuracy and wisdom of their advice could be experienced as rather touching – I was regularly consulted 'as a woman' about 'what women want' out of a romantic relationship or how to find a 'good' (here, law-abiding, desistance-supporting) woman, when one is impeded by a criminal record – or unintentionally, even inappropriately, comical. A Grendon resident who had murdered a woman he had first met barely an hour earlier, for example, was questioned extensively in a community meeting about whether his victim had voluntarily accompanied him back to his home and consented to sex. He was adamant she had (and he had not been charged with kidnapping or rape) but his peers derided his account as 'unbelievable', 'total bollocks'. A resident then proposed that they ask the female staff present whether, in fact, 'going off with a stranger and no offence, mate, but you're an ugly git' was something that 'women' would do. As one, the community turned expectantly to these staff to pronounce judgment upon the likelihood of this scenario and hence, by implication, upon the resident himself (fieldnotes).

At best, though, female staff's communication and interpretation of 'the woman's point of view' helped residents to develop empathy towards female victims of men's crimes and more diffusely, encouraged greater sensitivity to, and sympathy towards, women's understandings and experiences of the world. It 'changes things' when it is women challenging men about their victimisation of women, or undesirable (though not actually

crime-supporting) attitudes towards women, because the discussion is being instigated or steered by a woman whom, in most cases, the resident has come to respect and, within the well-functioning TC, care for. This applied equally to sexual and non-sexual offenders, and reflected a mutually-shared (resident and staff) perception that women could sometimes be more highly attuned to gendered risk factors than could men. Examples given by female staff included residents' recourse to 'hardcore' (graphically gynaecological and/or violence-endorsing) pornography, and the acceptability of 'near the knuckle' sexually-explicit or sexist jokes. These potential risk-indicators for sexual or sexually-motivated offending were, they thought, sometimes not fully recognised as such nor sufficiently challenged by their male colleagues, because such behaviours are so culturally embedded as 'harmless' manifestations of 'laddishness'.

As 'a source of information about things for which a man has no eyes . . . [and upon] ways which his own less personally accented feelings would never have discerned' (Jung 1986, cited in Ernst and Gowling 1994, pp.96-7), women were also better placed than their patriarchally-complicit male colleagues to prompt exploration of how the crimes the men had committed ostensibly *for* women or *against* women were not about men's relationships with women at all, but about their own understandings of, and efforts to embody and perform, (hyper)masculinity. The ways in which they variously viewed themselves as men – as 'breadwinners' and 'providers', or competitors for material status and women's attention, or as sexual aggressors and sexually-entitled dominators – and the implications of that self-identity when thwarted from the legitimate pursuit of its fulfilment, had fuelled their offending (Messerschmidt 1993). These, potentially very uncomfortable, insights thus led some men to reconsider, for example, whether their 'big man' crimes really were as heroic and selfless as they had imagined; and to recognise that they had victimised not only the direct casualties of their offending but also their families, for whose benefit the crimes had allegedly been committed:

There's loads of men here say they robbed the post office or dealt drugs to earn for their family but that's crap; they did it for themselves, because they enjoyed it, without a second thought to the consequences for their family. Having a woman facilitator, you become more aware of the woman's perspective and the effect of your actions on your family. (Keith, Grendon)

Ideally, then, it was the residents themselves who, once exposed to the gender expertise of female staff, came to reconsider the 'meanings' of their criminogenic or unconstructive, unreconstructed 'cavemen' attitudes and behaviours, and to comprehend and empathise with 'a woman's perspective', as Winston's (Grendon) testimony exemplifies:

The women staff are good, they spot different things . . . They notice more when someone isn't right with them and what that's about; they're on to it right away. They're more sensitive to it, and I think that sort of makes us more aware . . . In my group last week, [a resident] said his victim was 'no angel' and stuff like that, victim blaming, and f*** me, it was like setting off a bomb! We were all on to him, 'What

the f*** do you mean by that?' [The facilitator] didn't have to say a word about his attitude to that poor girl; we were digging him out about it because *I* was thinking, what must *she* be thinking having to listen to this crap? The crude way men talk about women sometimes, you know, I was ashamed to hear it in front of [her]; and it made me think about times I've spoken not nice about women and what that must be like, from a woman's point of view.

Conclusion

The heterosexualisation of the prison environment introduced by the cross-posting of staff represents in TCs neither welcome normalisation nor unwelcome complication, but a conduit by which to facilitate the therapeutic exploration of some male offenders' manifold 'issues with women'. In an entirely homosocial environment, these 'issues' might have remained unknown and untreated. The discursive positioning of most resident interviewees enabled them to assert that women, while not being 'an issue' for them, were for others, but that they, nevertheless, gained something 'extra' or 'special' from female staff. Yet, difficulties in relations between male residents and female staff, experienced through the re-emergence of formative attachments in transference relationships, understood within a psychodynamic framework, and safely contained within the community, were ubiquitous. As representatives of all women, male residents attributed to female staff gender-specific roles, made gender-specific relational demands upon them, and anticipated gender-specific emotional responses from them. Residents' willingness, however, to investigate their 'issues' thoroughly and incrementally over time, and to build secure attachments within the secure base and holding environment of the TC, could help them to understand the origins of, and potential resolutions to, their difficulties with women, and thus to foster more healthy attitudes towards, and hopes for, future (hetero)sexual relationships, beyond 'the theory of courses [OBPs] when it's all just words because you can't try it out for real' (Leslie, Grendon).

Female staff, meanwhile, could either reaffirm and reproduce, or confront and challenge, essentialist views of woman by presenting themselves, for example, as the caring nurturer or as the assertive authority figure. Whereas in most social situations and occupations, most of the time, gender operates only as a background identity (Ridgeway and Correll 2004), in the prison-based TC, female staff sometimes deliberately foregrounded their gender in their self-presentation in order to provoke or progress therapeutic considerations of 'issues with women'. In other words, they could both 'do' traditional gender, through fulfilling normative expectations and by consenting to translate 'the woman's perspective', and 'redo' gender, through acting and interacting in ways which disturbed 'the natural order of things'. Both could potentially 'push the buttons' of male offenders, by invoking past prototypes and present cultural stereotypes or by violating internalised norms about 'good' women; a gender-specific mode of risk reactivation unavailable to male staff. The ways in which residents might then respond differently – more aggressively, more

possessively – towards women provided further opportunities for staff to refine their assessment of that person's risk of offending, but also to help to address, and eventually ameliorate, the now unmasked 'issues'. Whether as symbolic representatives of secondary or substitute mothers or lovers, or as specialists in women, in TC prisons, the gender of female staff accordingly represents a significant, identifiable, and distinct rehabilitative resource.

Notes

- 1 In March 2012, 36% of the National Offender Management Service (NOMS) workforce – defined as staff working for Her Majesty's Prison Service and at NOMS headquarters – were women. Of operational grades, however, only 27% were women, compared with 56% of staff working in non-operational grades (Ministry of Justice 2012). These figures include women working in women's prisons, exclude those working in the contracted-out estate, and do not reflect the considerable variation in the employment of female officers between establishments.
- 2 A similarly small number of English hierarchical (addictions) TCs work with problematic drug users. Reference to TCs in this article refers only to the democratic model.
- 3 A 'slow, open' group is one which, whilst fairly stable and long term, accommodates new members whenever space permits. Ideally, 'culture carrying' 'senior' residents model participation in therapy for newer members.
- 4 Infractions of the TC's rules of conduct (and the Prison Rules) are always re-examined by the residents' small group and may result in a commitment vote, in which the whole community determines, by a show of hands, whether the majority support the offender's continuing residency. Additionally, residents can be punished through the prison's conventional disciplinary process (adjudications).
- 5 Homosexual interviewees at Grendon reported that this was the only prison, in their experience, in which they could be openly 'out'. They were amongst those for whom women represented a secondary mother.
- 6 'Well bounded': skilled at maintaining an appropriate (non-sexualised) therapist-client boundary.

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