



# **PHOTOTHERAPY IN PRISONS**

## **LITERATURE REVIEW**

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# Executive Summary

## 1 Project Aims

This project aims to develop the use of phototherapy within EU prisons in promoting the emotional learning of prisoners. Phototherapy is considered a cost-effective method, allowing fast access to clients concerns; a method in which staff can be trained in a sustainable manner. Phototherapy seems particularly suitable to be used in this context as it provides a unique means of expression for those who are rarely given a voice, overcoming cultural and language barriers.

## 2 Identified Needs – Management of Emotions in Prison Samples

Over 20% of prisoners in a UK sample experienced mental illness and emotional problems (Ministry of Justice, 2010) and often abused drugs and/or alcohol to manage their emotions (Bosteder & Hargrave, 2008). In Malta, 41% of prisoners are thought to abuse drugs, and large numbers experience mental health issues. Further, despite the relatively low number of offenders in Finnish prisons, we find high rates of reoffending and suicide (Joukamma, 1997) and a very limited range of activities within prison that provide an opportunity for emotional learning. Opportunities for emotional learning and psychological intervention in Italian and Austrian prisoners are particularly limited and sporadic. Romanian prisons also face difficulties, in particular with the management of anger and violence in custody compounded by the fact that the Romanian penitentiary system has little experience in the use of therapies.

### **3 Gaps in Provisions for Therapeutic Intervention with Prisoner's Emotional Learning**

Despite a focus on cognitive intelligence in prisons, psychologists have brought to attention the importance of alternative areas of learning and intelligence such as that of emotional learning in prisoners' adjustment, utilisation of skills and integration into society; and, an important gap has been identified with regard to the provision of 'emotional learning' opportunities in prisons in the EU.

### **4 Identified Needs – Emotional Intelligence, Emotional Learning and Prisoners**

'*Emotional Intelligence*' (*EI*) denotes the process involved in recognising, using, understanding and managing the emotional state of one's self and others in regulating behaviour and navigating problems of an emotional nature (Mayer & Salovey, 1997; Salovey & Mayer, 1990). Emotional learning, a process through which a person may develop emotional intelligence, may involve gaining the capacity or skills to notice, convey, assimilate and regulate one's own and others' emotions in thought (Mayer et al. 2000). There is also evidence to suggest that emotional intelligence may be a factor in criminal behaviour (Santesso *et al.*, 2006). Gaum *et al.* (2006) have suggested that successful rehabilitation of offenders relies on the effective learning of the regulation and enhancement of emotion management skills. This is particularly relevant to current policy both with regard to decreasing reoffending rates (Ministry of Justice, 2010)

### **5 Increasing Emotional Intelligence – Potential Benefits for Prisoners and Society**

According to Kravitz and Schubert (2010), the following are potential indicators of emotional intelligence:

- **Self-Awareness:** Those considered emotionally intelligent show awareness of their feelings, their motivations and demotivations, and their affect on others.
- **Social Skills:** Those considered emotionally intelligent are adept at communicating and relating to others by listening attentively and adapting their communication style to the needs of others by showing compassion.
- **Optimism:** Those considered emotionally intelligent show positivity and optimism, with attitudes that stimulate a desire to work consistently towards goals even during setbacks.
- **Emotional Control:** Those considered emotionally intelligent handle stress evenly, and are able to remain in situations which may be stressful, for instance during change or conflict.
- **Flexibility:** Those considered emotionally intelligent are able to adapt to change by developing options by using problem-solving techniques.

## **6 Measures of Emotional Intelligence**

Emotional Intelligence can be measured in several ways. The *Mayer-Salovey-Caruso Emotional Intelligence Test* (MSCEIT), designed for adults over 17, aims to measure emotional intelligence by asking questions based on objective and impersonal daily scenarios. In this way, the MSCEIT establishes how people perform in solving emotional problems through eight task-level scores, rather than relying on participants' subjective assessments.

The Bar-On model (Bar-On, 2006) measures emotional-social intelligence by exploring the range of interconnected emotional and social skills through an Emotional Quotient Inventory.

Goleman's (1998) model measures emotional intelligence through the Emotional

Competency Inventory (ECI), the Emotional Intelligence Appraisal(EIA) and the Work Profile Questionnaire-Emotional Intelligence Version (WPQei) The Emotional Intelligence Appraisal was developed from an intuitive and user-friendly skill-based model based on four skills that connect what one sees and what one does with their emotion in the presence of others.. Along with an overall emotional quotient score, the EIA also measures self-awareness, self-management, social awareness and relationship management. The WPQei, on the other hand, measures emotional intelligence within a work context through a series of 84 questions. It is believed that this is an effective tool for training and team building.

## **7 Using Photographs in Therapeutic Intervention**

Within the therapeutic disciplines phototherapy and therapeutic photography are not completely separate entities. The two practices can be considered to involve making use of the “emotional-communication qualities of photographs and people's interactions with them” (Weiser, 2004:1), to enable clients to speak of difficulties they experience (Weiser, 1999, 2001). Phototherapy and therapeutic photography were mainly developed in the 1980s and 1990s but there seems to be a resurgence of interest in phototherapy and therapeutic photography (Loewenthal, 2011; Weiser, 2000). This revival may be spurred by the advent of camera phones and increasingly inexpensive digital cameras, along with the availability of the internet enabling easy access to images on social networking sites such as Facebook and YouTube.

Phototherapy can be seen as the use of photographs to enable clients' expression of their concerns (Krauss & Fryrear, 1983; Weiser, 2002). One way of seeing 'phototherapy' is the use of photographs in what is normally practiced as psychotherapy and counselling, but where the client chooses, either in a one-to-one or group situation, a photograph that calls to them as a way of eliciting what is on their mind. 'Therapeutic photography' on the other hand often involves the client actually taking photographs as a way of working through an emotional constriction (Martin & Spence, 1987, 1988; Spence, 1986). In this project, the term

‘phototherapy’ was initially used to cover any therapeutic use of photographs. Indeed, the distinctions between phototherapy and therapeutic photography are not always clear, and some practitioners use the methods interchangeably within their practice. Throughout this project, the term ‘phototherapy’ is used in a very broad sense. What is vitally important is that what people call their practice is regulated differently in different countries and that anyone considering the approaches through the project ‘PhototherapyEurope in Prisons’ must check what is permissible in their particular country where they practice.

Following Freud’s belief that “the essence of repression lies simply in turning something away and keeping it at a distance from the conscious” (1915:147), it is argued here that photographs are potentially an avenue by which the unconscious mind can be accessed in order to explore repressions (those memories, thoughts and desires that may be too difficult to accept into consciousness). Weiser (2001) holds a similar view in discussing methods in which subjects use photographs as a basis upon which to project their interpretations and meanings of their world.

When incorporated into therapy, photographs have been reported to be effective at facilitating improvements with impulse control, social skills, and self-esteem (Cosden & Reynolds, 1982). Comfort (1985) introduced clients to the value of visual language as a foundation for imagery communication between the client and the therapist.

## **8 Methodologies and Products**

Arising from the literature review, four approaches regarding the therapeutic use of photographs (photocards, photobooks, photovoice/employability, and portraiture) will be piloted across all seven partners in six countries. As a consequence, a website, training manuals, and photocards will be developed. These will be further disseminated through

presentations and cascading in the six countries, a conference in London and training programmes run by each of the seven partners.

## **Introduction**

This current project aims to develop, through the involvement of seven partner organisations (see appendices I - VII), the use of phototherapy within EU prisons in promoting the emotional learning of prisoners. There is a wide range of learning opportunities offered in EU prisons, from classroom based provision to cognitive and thinking skills groups. However, despite the prison service's current focus on cognitive intelligence, psychologists have brought to attention the importance of alternative areas of learning and intelligence such as that of emotional learning in prisoner's adjustment, utilisation of skills and integration into society (Jimoh, 2007). In turn, an important gap has been identified with regard to the provision of 'emotional learning' opportunities in prisons in the EU.

Emotional learning, a process through which a person may develop emotional intelligence may involve gaining the capacity or skills to perceive and express emotion, assimilate emotion in thought and regulate emotion in self and others (Mayer et al. 2000). The need for emotional learning in prisons is particularly important given prisoners lower levels of adjustment and self-awareness as well as the evidence to suggest that emotional intelligence may be a factor in criminal behaviour (Santesso *et al.*, 2006). Particular significance may be drawn from this problem given that it has been suggested that learning to regulate and enhance emotion management skills may be key factors in the successful rehabilitation of offenders (Gaum *et al.*, 2006) and is thought to lead to fewer incidences of violence and self-harm both in prisons (Safer Custody, 2002), leading the authors to suggest

the need for emotional intelligence training.

This is particularly relevant to current policy both with regard to decreasing reoffending rates (Ministry of Justice, 2010) and initiatives to make prisons safer by decreasing violence and suicide across the partner countries (e.g. Safer Custody, 2002) and the EU. Despite addressing the need for emotional learning opportunities, to date, little to no provision has been developed in the EU.

It is reported in a UK prison sample, 20% of prisoners experienced mental illness and emotional problems (Ministry of Justice, 2010) and often abused drugs and/or alcohol to manage their emotions (Bosteder & Hargrave, 2008). In Malta, 41% of prisoners are thought to abuse drugs, and large numbers experience mental health issues. Further, despite the relatively low number of offenders in Finnish prisons, we find high rates of reoffending and suicide (Joukamaa, 1997) and a very limited range of activities within prison that provide an opportunity for emotional learning. Opportunities for emotional learning and psychological intervention in Italian and Austrian prisoners are particularly limited and sporadic. The rehabilitative goals within the Italian prison system of reducing reoffending rates and violence in custody and suicide (WHO – IASP, 2007) are particularly relevant today given the overcrowding and despairing environments of Italian prisons. Romanian prisons also face difficulties, in particular with the management of anger and violence in custody compounded by the fact that the Romanian penitentiary system has little experience in the use of therapies as a method of recovery and social reintegration in prisons.

There is therefore a need for strategies to stimulate the integration and the creation of alternative ways to help prisoners. This identifies a particular need to enable emotional learning opportunities for prisoners in the EU.

In Romania and Finland, policy makers are beginning to acknowledge the proposal of new programs related to the art-therapy field as a viable solution for supporting the development of prisoners. In Italy, Malta and UK there are projects conducted by



associations who try to help prisoners through teaching of art, music, and theatre. However, despite these projects enabling prisoners to develop skills and to acquire self-esteem, they are scarce, costly and often involve a level of staff training which is unsustainable.

This project aims to address the emotional learning of prisoners through the use of phototherapy. Phototherapy involves exploring one's interaction with what Weiser (2004) describes as the photograph's 'emotional-communication qualities' within therapy sessions. Phototherapy is considered a cost-effective method, allowing fast access to clients' concerns; and, a method in which staff can be trained in a sustainable manner. Phototherapy seems particularly suitable to be used in this context as it provides a unique means of expression for those who are rarely given a voice, overcoming cultural and language barriers. Further, research into the use of phototherapy has been reported as enabling clients to experience improvements with impulse control and social skills; and, has proven to be effective in restructuring a sense of identity in at risk groups (Saita *et al.*, 2011).

This particular project develops the preliminary collaboration of the partners through a previous funded EU Leonardo da Vinci Lifelong Learning Fund partnership 'PHOTOTHERAPY EUROPE: Learning and healing through phototherapy', which involved discussions between partners and the sharing of current ideas and practice with regard to the use of phototherapy and therapeutic photography techniques in the EU in promoting wellbeing and social adhesion. The partners have come together for this collaboration through their interest in phototherapy as a psychological intervention in developing prisoners' emotional intelligence. In developing and disseminating protocols for the use of phototherapy in EU prisons, the training products such as the photocard set, guidelines, lesson plans and manual produced by the partners for this project are designed to enable practitioners who are involved in the emotional development of prisoners to use phototherapy with prisoners at individual and group intervention levels in enabling an opportunity for emotional learning.

The initial literature reviews were carried out as follows: London, United Kingdom (Del Loewenthal and Dawn Clark) - Overall literature review on psychological interventions in prisons and collation of the final literature review; Malta (Joseph Giordmaina and Anita Beatrix Nagy) - Literature review on emotional intelligence and prison inmates; Italy/Milan (Emanuela Saita and Monica Accordini) - Literature review on photographic techniques and, Finland (Tommi Natri and Hanna Pietila) - Literature review on phototherapy. Additional literature reviews on prison policies in Germany (Roberto Righi), Greece (Evrinomy Avdi), Italy (Monica Accordini) and France (Betty Bertrand-Godfrey) are integrated in the overall review on psychological interventions.

## **Prison Policies on Psychological Intervention**

### **United Kingdom:**

The Prison Service in the United Kingdom has three distinct prison systems within it, one in England and Wales, one in Scotland and one for Northern Ireland. The English and Welsh prison system is comprised of 148 prisons (including Men's Prisons, Women's Prisons and Young Offender Institutions or YOI's) and it is run by Her Majesty's Prison Service (HMPS) which is part of the National Offender Management Service (NOMS) (Cavadino & Dignan, 2007). However, 14 of those prisons are run by private companies, such as SERCO and G4S (HMPS, 2010). Within the prison service, there are also specialist therapeutic prisons such as YOI Keppel Unit, a high-dependency therapeutic prison for young men and HMP Grendon, a category B training centre, for adult males run on community therapeutic principles for behaviour management (HMPS, 2010). Some convicted criminals requiring specialist psychiatric care are detained in one of three high-security psychiatric hospitals in England, and although many of the nursing staff are members of the Prison Officers Association, these

institutions are hospitals, not prisons and the forensic-psychiatric care offered in them is mostly beyond the scope of this review (see Bowers,2002 and Mason & Mercer, 1998, for a detailed review of high-security hospitals and treatments).

All Prisons in England and Wales, whether run by the public or private sector are inspected by Her Majesty's Inspectorate of Prisons (Cavadino & Dignan, 2007). In the 1990's The Inspectorate of Prisons argued for prison healthcare, including psychological therapies and psychiatry to be taken over by the National Health Service (NHS) in an attempt at bringing healthcare for prisoners more in line with healthcare in the general population (HM Chief Inspector of Prisons, 1996). The following review is a brief exploration of that healthcare delivery, with specific focus on psychological therapies and interventions in English and Welsh prisons. This covers healthcare reform, the influence of the political context on therapeutic intervention in custodial settings and the tensions arising from the opposing aims of penal establishments, to punish and to rehabilitate. The review then looks at the status of offending populations, their criminogenic and non-criminogenic therapeutic needs and the preferred theoretical perspectives in working with offending populations. The paper concludes with a short exploration of three currently popular therapies in prisons and secure settings in England and Wales. It covers the Cognitive Behavioural Therapies run by the Offender Behaviour Unit (OBP) of the Ministry of Justice (which are also MOJ accredited), Dialectical Behavioural Therapy (which is modified for prison populations) and Mentalization-Based Treatment, popular with those mainly treating young offenders and female populations, though males with diagnoses of Antisocial Personality Disorder are also discussed here in this context.

Psychotherapy is widely considered within forensic literature as holding a useful role within the prison system and psychological interventions may benefit prisoners who are experiencing emotional distress (Harvey & Smedley, 2010). The importance of

psychotherapy in prison is often acknowledged through the highlighted benefits of the supportive therapeutic relationship in the maintenance of health and psychological wellbeing for those who are incarcerated (Wills, 1991). It may also help to contain responses to stressful events experienced within the prison system (Crewe, 2009). From this, we might say that the model of psychotherapy in prison adheres to a psychological approach, where psychological difficulties and disorders receive an intervention and have the potential to be subsequently resolved (Towl, 2003).

Following recent healthcare reforms in prisons it has been suggested that the aims for prison health care should be to give prisoners “access to the same quality and range of health care services as the general public receives from the National Health Service” (HMPS, 2001). The Department of Health report, ‘The Future Organization of Prison Health Care’ (Home Office 1999), states that the Prison Service works with the NHS to enhance mental health care in prisons according to national policies. . With regard to aims within the prisons, the teams have the following focus:

- a service reaching out to the wings of the prisons where prisoners reside
- a focus on prisoners with severe and enduring mental health problems
- a community mental health team model of care (see DoH, 2002b)
- liaison and support to health care and primary care practitioners in prisons
- liaison and support to wing-based prison officer staff
- a role in spreading mental health awareness particularly among prison staff
- evidence-based interventions (e.g. cognitive behavioural therapy)
- a multidisciplinary service such as one might find in a community mental health service
- nursing, psychiatry, psychology, social work, art therapy and occupational therapy

However, these reforms in the way psychological therapies and mental healthcare are delivered in prison environments have also highlighted the well documented historical and

political tensions that exist between the dual aims of rehabilitation and punishment in the criminal justice system (Bowers, 2010). These tensions can have varying effects on approaches to psychological interventions in prisons and secure settings (Seddon, 2007). In custodial settings there are two opposing goals; the first being punishment and the second rehabilitation (Seddon, 2007). Within this mixed economy of punishment and rehabilitation, which has been termed 'therapeutic' (Carlen & Tombs, 2006: 339) the carceral context may decrease the effectiveness of therapeutic interventions (Carlen, 2005). As Polledri (2011:232) posits: 'The main obstacle in working as a psychotherapist in the prison, lies in the prison culture itself'. This is associated with the dilemma of the prison punishing prisoners (Roberts & Hough, 2005) and offering the provision of psychological therapies for their emotional needs (Huffman, 2006). Wilson (2005:359) suggests this enables the institution and public to perceive the criminals as victimizers. However, as Sim (2009) argues, it also prevents an attendance to the reasons behind the criminal behaviour. As a result, it has been suggested 'that psychotherapy in prisons does not and cannot work, that it may be an unethical endeavour, and that it should not be routinely practiced' (Schlesinger, 1979: 307).

Huffman (2006:326) however, disagrees stating that although 'the punitive nature of prison pervades all interactions' and the psychotherapist's ethical position is constantly challenged, psychotherapy in prison must continue. It has been argued, however, that therapy may not necessarily be conventional (Siegelman, 1990) and therapists must instead attend to 'the quality of the therapeutic, dyadic attachment' (Huffman, 2006: 331). Gee, Loewenthal and Cayne (2011) take this somewhat further and suggest another issue for psychotherapists working in the prison system is perhaps the extent to which we see the prisoner as a person and the extent to which we ourselves are able to contemplate our and others' despair, raising perhaps the question as to whether the attempted systematization of notions such as despair,

are a defence against our own anxiety. In addition to this Bertrand-Godfrey and Loewenthal (2011) noted five superordinate themes in their Interpretative Psychological Analysis (IPA) research exploring psychotherapists experiences of work in the prison system, these being the challenges to frame and boundaries, having to face the specificities of a prison environment, focus on the therapeutic relationship, focus on the self and the choice of working in prison.

For Toch (1992) the aim of the therapeutic effort in prison should be to facilitate the prisoner's psychological recovery partly through the development of skills to deal with distress and crisis feelings. However he suggests that within the therapeutic relationship, clients often present 'sicker' or 'healthier' than they feel, associating the therapy with a game, and with the 'prison game' in general (Toch, 1992: 409). This, Toch argues is linked to the punitive aspects of the work such as the security reporting, fact gathering and safety protocol activities that prison staff, including psychotherapists, are often obliged to work with and suggests it is 'in this context that the shape of inmate concerns cannot emerge'. This has further implications in that according to Toch (1992) the non-sick inmate is considered self-sufficient with resources to maintain resilience. As stated previously, this raises the issue of how one could 'assess' whether the client is sick (Toch, 1992). More importantly, therapists should also have an awareness of the imbalance of power which exists between therapist and client, as well as the lack of trust the client may have for the therapist within this imbalance (Crewe, 2009). In this respect there have been suggestions that a contextual approach is vital in enabling the therapist to work within the broader prison system whilst allowing 'the therapist to depart from a solely pathological model of emotion and behaviour' (Harvey & Smedley, 2010: 20). Moreover, Haney (2005) reminds us that psychological and psychotherapeutic models applied to prisoners and imprisonments are largely individualistic in nature, despite the contextual revolution which has taken place within psychology.

Despite some calls for therapists and researchers to understand the institutional context into which prisoners are embedded (Harvey, 2011) there appears to be far less emphasis on

the therapist's recognition of the wider structural context into which prisoners are interpellated (Althusser, 1971). This is important because the recent political landscapes in the UK have seen approaches to rehabilitation wax and wane between the infamous criminological claims of the past that 'nothing works' to the politicians' claims for the future that they have found 'what works' (Utting, 1996). Successive government ideologies, from the managerialism of the New Right (1980's-1990's) through to the prison reformation strategies following the Woolf report (1991) to penal populism approaches (1993-1997) into the risk management approach of New Labour (1997) and back to the penal populism of the current coalition in 2010 have had sustained influence on rehabilitative strategy and by default, psychotherapy in secure settings (See Cavadino & Dignan 2007; Pratt, 1995; Bottoms, 1995 for reviews). In the UK, radical changes are being proposed in the coalition government's 'Breaking the cycle' (Ministry of Justice, 2010) and 'Prisons with a purpose' (United Kingdom Drug Policy Commission, 2010) papers that include: incentivizing offenders to comply with their sentence and to change their lives as well as opening up the market for offender management services, and paying providers by the results they deliver (Loewenthal, 2011). Bringing into question, what at the very least, in past criminal justice services has failed to work (Loewenthal, 2011). Furthermore, tensions have been exposed in terms of mental healthcare provisions in prisons being delivered by health oriented staff (NHS) rather than forensically oriented (HMPS) staff (Pratt, 1995, Bowers, 2010). Moreover, tensions between those disciplines and proliferations (or inhibitions) of specific knowledge and practices in this particular area of psychotherapy should always be historically and culturally situated if they are to be fully understood in the context of their practical application and efficacy claims (Foucault, 1977).

Following from this, innovations in forensically-oriented psychological therapies and their viability or perceived efficacies are intrinsically tied to the socio-political climate which,

in England and Wales is guided by a penal populist political culture (Garland & Young, 1983; Bottoms, 1995) and this has had continuous and demonstrable effects on psychological treatment of offenders and forensic mental health provisions (Mason & Mercer, 1998). The links between penal populism in the UK and legal changes in surveillance, detention and rehabilitation were perhaps most strikingly illustrated by the creation of Dangerous and Severe Personality Disorder Programme (DSPD) following public outrage at a particularly rare crime committed by Michael Stone in 1993 resulting in changes to the treatability clauses in the Mental Health Act (McMurrin & Howard, 2010) and the case of the murder of two year old James Bulger (also in 1993) by two 10 year old boys which resulted in a complete overhaul of the youth justice system (Green, 2008) leading to an 'interventionist imperative' in youth crime (Muncie, 2009).

The rise and demise of the Dangerous Severe Personality Disorder (DSPD) Programme in England and Wales (McMurrin & Howard, 2010) with its foundations (but not execution) based on those of the *maatregel van terbeschikkingstelling* (TBS) or Placement Under Hospital Order system in Denmark (McMurrin & Howard, 2010) has had mixed reviews in terms of its outcomes for 'patient-prisoners', but has seen further adoption of 'efficacy-based' interventions with their foundations in Cognitive Behavioural Therapies (CBT) and their extensions such as Dialectical Behavioural Therapy (DBT) and more recently the psychodynamic-inspired Mentalisation-Based Therapy (MBT) throughout the prison service (HMPS).

It has been suggested that being in prison potentially causes psychological distress, with the possibility of aggravating and intensifying preceding conditions (Harvey & Smedley, 2010). This highlights the need for effective mental health support in prisons and a range of therapies being offered including occupational and art therapy services (see Harvey & Smedley, 2010 for a review). However, much therapeutic intervention is focused on



criminogenic needs and factors associated with risk (Beck, 1992) and re-offending (Andrews & Bonta, 2006) despite convincing evidence that concentration on non-criminogenic needs or 'neutral' interventions targeting personal problems through non-offence focused work can build a stronger therapeutic alliance, making way for more criminogenically focused work (Harvey & Smedley, 2010). Interventions that focus on non-criminogenic needs such as pre-release anxieties, financial or family/personal issues have been reported recently as being in as much demand in prisons and secure settings as those criminality-focused interventions (Crewe, 2009). Though it should be acknowledged several reviews and evaluations have shown very slow progress in developing a reliable evidence-base in terms of efficacy of interventions with prison populations (Harvey & Smedley, 2010).

According to the Offenders Positive Practice Guide (Department of Health, 2009: 1): 'Offenders and their families, represent one of the most socially excluded groups in our society, with some of the highest levels of morbidity, in terms of both physical and mental health problems. More than half the offenders in prison experience common mental health problems such as depression and anxiety, very often linked to issues such as history of family poverty, family breakdown and substance misuse. Over half of the women in prison have experienced domestic violence and a third have experienced sexual abuse . . . 40% of women in prison will have received help for a mental or emotional problem in the year prior to custody'. The mental and emotional health needs of women (Smart, 1984) young people (Pitts, 2001; Muncie, 2009; Boswell, 1996) and men (Cavadino & Dignan, 2007) enmeshed within the criminal Justice system are varied, well documented and considerable.

As far as theoretical approaches to working with offending populations in secure settings, there is a preference for cognitive and psychodynamic approaches with attachment theory providing the developmental 'bridge' between them (Bowlby, 1969). Attachment theory has

been shown to have particular value for understanding and working with offending populations (Bowlby, 1969; Boswell, 1996). From Bowlby's (1969) perspective, attachment styles and interpersonal interactions are shaped and organised into representational models which structure one's inner subjective experience. Research into young offenders elicits a history in up to 90% of participants of ill-treatment and loss; and, many have been reported as having disorganized attachment narratives (Boswell, 1996; Fonagy, Target, Steele *et al.*, 1997). Advocates of research-minded practice suggest that brief therapy based on attachment theories can enhance offenders' narrative intelligibility, which in turn plays a role in integrating dissociated thoughts and emotional affect, and thereby a reduction of criminal and/or violent behaviours (Boswell, 1996).

Following the results of well-known associated studies evaluating the efficacy of Cognitive Behavioural Therapy (CBT) for offending populations (Ross & Fabiano, 1985; Ross *et al.*, 1988; Farrington & West, 1993, 1996) Offender Behaviour Programmes (OBPs) in England and Wales widely employ CBT programmes which are designed to target different presentations within the prison setting. These are delivered as National Offender Management Service (NOMS) accredited therapeutic interventions. The Offender Behaviour Programme Unit (OBPU) provide specialist CBT programmes including Aggression Replacement Training (ART), Alcohol Related Violence Programme (ARV) Addressing Substance Related Offending (ASRO) Building Skills for Recovery (BSR) Controlling Anger and Learning to Manage it (CALM) Community Domestic Violence Programme (CDVP) Chromis (for psychopathic traits), Focus on Resettlement (FOR) COVAID programmes (for control of violence in impulsive drinkers), RAPT programmes (Rehabilitation of Addicted Prisoners Trust) SDP programmes (for harm minimization), the seven SOTP programmes for sexual offenders and The Women's Programme. However, such widespread adoption of CBT inspired interventions are not without criticism concerning the treatment of offenders (see

Pitts, 2001) which are similar to broader criticism and concern about widespread adoption of CBT therapies more generally (see House & Loewenthal, 2008). With respect to CBT in the Criminal Justice System, Loewenthal (2011) has cogently argued that ‘CBT has been the main basis of the nationwide IAPT scheme and whilst there is evidence to show that this can be effective for people with uncomplicated, simple, mild depression, there is less evidence of CBT’s effectiveness in helping people with more prolonged or complicated depression’. This includes depression arising from early trauma (Ferguson & Negy, 2006). Which, we should acknowledge is significantly high in offending populations (Boswell, 1996).

Another therapy which has had a recent proliferation, particularly within Youth Offending Institutions (YOI’s) and women’s prisons, is Dialectical Behavioural Therapy (DBT). DBT was developed by Marsha M. Lineham in an attempt to treat Borderline Personality Disorder (BDP). The central tenets of the therapy are a combination of CBT techniques for emotion regulation, reality-testing and cognitive restructuring with mindful awareness drawn in part from Buddhist meditative practices. In prisons a modified DBT approach is practiced involving both group and individual interventions. According to the Corston Report (2007) the criminal Justice system, including the prison psychotherapy teams within it are specifically designed for incarcerated men ignoring the needs and particular vulnerabilities of female prisoners and ex-offenders. The Corston Report made 43 recommendations and The Prison Service Order 4800 has suggested we have far further to travel in meeting the needs of incarcerated women (WIP, 2012). Thus many therapeutic treatments are designed within a historically biased framework towards male offenders and their needs or risk factors (for full reviews see Smart, 1984; Heidensohn, 1985; Cavadino & Dignan, 2007).

Over representation of diagnoses of BDP in female offenders, which follows the well-documented gender biases in personality disorder diagnoses in the general population

(Kutchins & Kirk, 1997) has seen pilots of modified DBT commence in the UK based on a US community-based model of DBT. Nee and Farman (2007) used a case study format to document the first pilot of DBT in the UK in a prison context concluding that results were ‘promising’ and improved manageability of prisoners on the wing. The case studies varied in symptomatology and background and the authors claimed that DBT was versatile across presentations and had ‘capacity’ for reducing criminogenic risk. However, despite studies claiming effectiveness with sexual abuse survivors who are over-represented in women’s prisons (Decker & Naugal, 2008) and with those who suffer chemical dependency (Lineham & Dineff, 2001) or those studies by the proponents of DBT which report a general effectiveness of DBT for treating BDP (Lineham, 1991, 1993). Meta-analysis has shown moderate effects across BDP presentations in prisons and the community thus far (Kliem *et al.*, 2010).

Sakdalan *et al.* (2010) also ran a pilot study to evaluate the group component of modified DBT with those with a history of convictions for violent crime and diagnosed with intellectual disabilities. A thirteen-week DBT group training programme was developed for six participants. Outcomes were considered in relation to ‘dynamic risks, relative strengths, coping skills and global functioning’. As well as a reduction in risk, findings illustrated progress in each of the outcomes, as well as overall general functioning and coping skills. Moreover Shingler (2004) has argued that modified DBT techniques may be useful when working with sexual offenders and Jones and McDougall (2007) reported in their second of two papers (comparing US and UK mental health services for young offenders) considerable benefits of DBT for young offenders. Quinn and Sherer (2009) suggest this approach to working with young offenders should be more widely practiced.

More recently in HMPs, there has been a move towards Mentalisation-Based Therapy (Fonagy & Bateman, 2006) a systematized approach going some way towards

operationalising the theories of Stern (1985) whereby attempts are made to work with the ability to reflect on self and others in offender presentations. Issues with attachment, development of a theory of mind and difficulties with empathic response have all been shown to be prevalent in large numbers of prison populations (McMurrin & Howard, 2010). More recently, there have also been moves towards working in a mentalisation-based framework with males who have diagnoses of Antisocial Personality Disorder, which the authors contend brings various challenges but promising results (McGauley *et al.*, 2011). However, despite MBT's growing popularity there have been cogent arguments against claims that this treatment is at all able to be operational in practice and more importantly due to the multifaceted nature of mentalisation as a concept whether its validity and reliability can be evaluated as often claimed (Choi-Kain & Gunderson, 2008). Some findings have suggested that mentalisation may be a useful heuristic for use with offending populations, but that MBT cannot be sufficiently manualised in the ways its proponents may espouse (Choi-Kain & Gunderson, 2008).

## **France**

There are 191 prisons in France administered by the Penal Administration (Administration pénitentiaire) itself part of the Ministry of Justice since 1911. In January 2006, France has adopted the European Prison Rules which constitute an ethical framework and an action charter for the prison administration. The rules remind each country of the fundamental principles and practical recommendations with regard to: conditions of detention, access to healthcare, security and good order (*bon ordre*), penal staff policies, inspections and controls and regimes for prisoners both on remand and sentenced. As a result of the adoption of the European Prison Rules a prison inspector (Contrôleur général des lieux de privation de liberté) has been appointed in June 2008 for the first time in the history of

French prisons. As an administrative authority, the inspector is independent and his role is to ensure that the fundamental rights of detained people are respected and to control the conditions in which they are detained.

Two main types of prisons are found in France: remand prisons (99) and sentence prisons (85). The remand prisons host people on remand (people waiting to be sentenced or for whom the sentence is not definitive) as well as people whose actual or outstanding sentence doesn't exceed 2 years. The sentence prisons are divided in central establishments (centrale) (6), detention centres (25), parole centres (11). Penal centres (45) are mixed and are comprised of at least 2 different types of establishments. Six young offender centres have been opened between June 2007 and April 2008. 66 572 people are currently incarcerated in French prisons (Direction de l'Administration Pénitentiaire, 2013) for a total of 56 992 places. As a result 13 establishments have a density of 200% or more, 29 between 150% and 200% and 54 between 120% and 150%.

In 2011 a report presents the results of a review of French penal policies over a period of 6 years between 2005 and 2011 (Observatoire International des Prisons, 2012) and points out the consistent failings of the penal administration to provide incarcerated people with decent living conditions while in prison as well as a lack of policy regarding the legal rights and the protection of prisoners, and as such its breach of Human Rights. The report outlines that recent penal policies (Penal Law of February 2008) are contradictory and have been implemented in reaction to sensational cases relayed by the media rather than being thought about but which have a disastrous impact on sentencing judges required to demonstrate a 'tough on crime' attitude. Additionally the implementation of sentences based on 'the dangerous nature' of some offenders which allow the person to be detained over and above the usual tariff is raising grave concerns insofar as the methods for assessing the dangerousness of an individual are thought to be unreliable and have been criticised by

experts and researchers in the field (Buchanan & Leese, 2001). Christiane Toubiera, appointed Minister of Justice of the new Hollande administration in May 2012, has presented a memorandum last December aiming at revoking this form of detention (similar in the UK to IPP sentence) which she considered 'unacceptable'.

In November 2012, a report from the general inspector of detention centres, Jean-Marie Delarue states that 'it has been reported by our team of 20 agents who have inspected the penal establishment of Les Baumettes between 8<sup>th</sup> and 19<sup>th</sup> October 2012 that this establishment is in grave violation of fundamental rights with regard to the obligations of the public authorities to preserve prisoners from inhuman and degrading treatments' (Contrôleur général des lieux de privation de liberté, 2013).

Following this report, and considering the derelict state of some of the prisons in France, l' Observatoire International des Prisons (International Observatory of Prisons) has referred the situation to the State Council (Conseil d'Etat) whose mission amongst others is to oversee the actions of the different administrations (including the penal administration) and eventually sanction them. The State Council has ordered immediate repairs in les Baumettes, one of the largest prisons in France.

Section 2, Article 27 of the 2009 penal law states that 'it is compulsory for every sentenced prisoner to take up at least one activity proposed by the Governor of the prison and the manager of the reinsertion and probation services as long as this activity aims at the specific reinsertion of the offender and is adapted to his age, capacities, handicap and personality'. It goes on 'if the person has not acquired the basic literacy and numeracy skills, the activity will thus primarily be focusing on the acquisition of such skills. Education will be adapted if the person has a job within the prison'. In reality the work is sparse in prison and more so in Maisons d'Arrêt (remand prisons) which often functions as a triage and a holding prison where prisoners usually stay for short periods of time and as a result would not access

either work or education. In longer stay establishments, work is more widely available but is not always aimed at reinsertion and also contravenes many employment laws. For example, in a report dated of 2008, the inspector has highlighted that the hourly rate was much lower in prison than outside (minimum wage was found to be between €3.27 and €3.54 against €7.61 outside).

A decree dated May 1995 establishes the existence of 26 SMPR (Service Médico Psychiatrique Régional) across the French prison estate. These services come under the umbrella of the regional health agency but are implanted within carceral establishments. S.M.P.R.s provide inmates of the prison they are implanted in with routine mental health care and specialist care for those coming from other local penitentiaries. The existence of such structures is important as epidemiological research and inspections have highlighted for the following reasons: prevalence of mental issues prior incarceration; aggravation of these pathologies due to certain aspects of detention; triggering effect of incarceration on acute mental health; frequency of addictive behaviour (alcohol and drug abuse); needs for psychological support to a dissocialised population. The two main objectives of the SMPR are to provide inmates with a similar level of health care as the one usually found in the general population and to facilitate access to mental health care to those inmates who would not ordinarily access them outside. Working as a psychologist/psychotherapist in a SMPR requires to be mindful of being at the crossroads of two main discourses: the individual and the institutional. For Golovine (2004) the status of the psychologists in prison is one of a professional who belongs neither to the penal system nor to the medical staff team and as such is more able to facilitate the therapeutic alliance. Moreover the therapeutic space available in prison has the potential to offer inmates a relational dimension within which new thought processes can take place supported by positive transference, 'we [thus] become the privileged witnesses of a naïve and attaching humanity out of which remarkable intuitions



emerge' (Golovine, 2005: 194).

## **Germany**

The prisons in Germany are run solely by the federal states, although governed by a federal law. The aim of prison confinement in Germany is twofold: emphasis is placed on enabling prisoners to lead a life of "social responsibility free of crime" upon release, but society is also to be protected from further acts of crime by the guilty. Since the beginning of 2010 the laws of the State regulate the detention as part of the judicial process on the one hand, and it is the right of the regions to regulate the detention law enforcement.

The German Prison Act (*StVollzG*) states that instead of working, suitable prisoners can take part in advanced training courses (§ 37 paragraph 1 of the Prison Act and § 37 paragraph 3 of the Prison Act). Partially also education is offered (§ 38 of the Prison Act). The Distance University Hagen offers distance university courses for prisoners as well. The first German Prison Act (1976) applied only to adults, however the 2006 decision by the Federal Constitutional Court promoted the inclusion of juvenile corrections. The Federal German parliament in 2006 restructured interactions between the federal government and the Länder (states) ("federalism reform"), resulting in prison legislation being assigned to individual Länder. In 2008, three Länder (Bavaria, Hamburg and Lower Saxony) embraced the prison laws for adults, whereas other Länder maintained the old Federal Prison Act. The most recent Law is from November 2012, "Beschlussempfehlung und Bericht des Rechtsausschusses – Entwurf eines Gesetzes zur bundesrechtlichen Umsetzung des Abstandsgebotes im Recht der Sicherungsverwahrung" (Draft law for federal legislation implementing the distance bid of preventive detention). One of the aspects that is underlined regards the "psychiatric, psycho-social therapy or treatment that is tailored to the detainees is encouraged, and adapted to its willingness to cooperate".

The regulations of security detention (Sicherungsverwahrung) were considered unconstitutional by the German Federal Constitutional Court as they were deemed to violate

rights to liberty. The court highlights the need for security detention to be reformed in order to become increasingly “freedom-oriented” and “therapy directed”, with a restriction of retroactively administering or extending detention (nachträgliche Sicherungsverwahrung) to inmates who have been evaluated to either be highly dangerous or diagnosed with a severe mental disorder.

The master thesis *Bildung im Strafvollzug* compares the education methodologies in Austria, Switzerland, and Germany prisons. The statistic data that are presented show how the most inmates (80-90%) in prison have psychological and addiction problems, beside a very low educational level. From this it comes the necessity for a not-traditional education, and the need of therapists. The use of “generative images” is mentioned as a means to remind the offenders’ experiences and make them talk about their past: a way to open a door for a possible interaction that can lead to a kind of learning. Also it is mentioned the so called approach "Lazarus / Bosshard": the priority is not given to the working or training rehabilitation, but to the possibility to help the offender to get some pleasure and passion for his/her knowledge and curiosities.

Two new treatment projects in the prisons Offenburg and Adelsheim should reduce the recidivism rate of offenders. In Offenburg the project aims at addicted sexual and violent offenders. In Adelsheim are insecure and inhibited young prisoners trained against relapses, but also be protected from attacks by fellow inmates. Both projects are launched by the non-profit treatment initiative called victims to life, are supported scientifically by the University of Heidelberg and financially by the Foundation of the Wiesloch entrepreneur Manfred Lautenschläger. The work of Bios supports the therapy instead of prisons, especially for sexual offenders. Bios has been set up aid in the prisons of Mannheim, Heimsheim, Heilbronn and Bruchsal. In the opinion of Ulrich Futter from the Ministry of Justice, with these two projects the Land is reaching the goal to offer to all prison inmates a more customized offer.

500 inmates currently sit in Offenburg, since the number of prisoners in the Land have recently fallen slightly. Nearly 100 of the offenders, so one in five are not only classified as violent, but also addicted. This will start with 20 Bios special treatment places, which were established in December 2011. They consist of an intensive psychotherapeutic group and individual therapy and complement the already existing Offenburg Sozialtherapeutische department. Currently only 14 of the 20 new positions are occupied, which is also because that is by far not every prisoner wants to get involved in the offer. The reasons are: "This is not a wellness program for felons, but for those concerned an unpleasant confrontation with their life deficits". Studies show recidivism rates can be reduced for violent and sexual offenders through consistent psychotherapeutic support for up to 60 percent. According to the BIOS chairman Klaus Boehm, the main professional judges at the High Court in Karlsruhe, statistically one in five violent and sexual offenders will re-offend without treatment. Rainer Goderbauer, Executive Director of the Penitentiary Psychology Adelsheim criticized: "Always too many prisoners released without treatment and no cure." Given limited land resources, the involvement of private initiative is therefore to be welcomed: "It is good, if the people also take care of the convicts in his name."

## **Greece**

In Greece, the Ministry of Justice, Transparency and Human Rights is entrusted with the planning and application of the general national correctional policy and is thus responsible for the running of prisons. The General Direction of Penitentiary Policy of the Ministry of Justice and the related departments (a) Direction of Crime Prevention and Penal Training of Juveniles; b) Direction of Penitentiary Training of Adults; c) Direction of Operation of Special Therapeutic Establishments; and, d) Direction of Inspection of Prisons and Special Juvenile Detention Establishments) are responsible for supervising the procedures and

organisation of penitentiary systems. Moreover, several bodies including the Central Scientific Prison Council, the Central Council for Prisoners Transfer and the Council of each Prison, are involved in exercising policies.

The Constitution, international customs, laws and presidential declarations each produce general principles that organise the Greek Penitentiary System. Prisons form part of the Greek Penitentiary System and have the following aims (a) punishment in the form of sentences that restrict one's freedom (b) safeguarding the inmates' civil rights as well as ensuring the smooth operation of the prison and (c) fostering the inmates' social and professional rehabilitation and re-integration (Rigoutsou, 2005).

The legal basis for the organization of the penitentiary system is the Penitentiary Code. The current Penitentiary Code was put into practice in 1999 and it contains regulations regarding the ways in which sentences are executed as well as the treatment of prison inmates. More specifically, the Code defines the different categories of prison and of prisoner, the living conditions in prison, the running of educational and other programmes within prisons, as well as regulations regarding the use of inmates' free time, work, and contact with the social environment. A central principle in the Code concerns the treatment of prisoners with equality, justice, respect for their legal rights and legal protection. A new Penitentiary Code was proposed in November 2012, which is currently under discussion. The new Code aims to render the penitentiary system more effective and humane, bringing its organization and applications in line with contemporary trends and values.

Currently thirty prisons operate in Greece, including four open prisons, three Juvenile Detention Establishments, three Special Therapeutic Establishments, seven high security prisons and thirteen closed prisons. According to recent statistics by the Ministry of Justice, Transparency and Human Rights, in 2012 there were 12479 prisoners in Greece, out of which 7887 were of non-Greek origin, 562 were women, 587 were juveniles, 977 were serving life sentences and 4136 had been convicted for drug-related offences.

Despite the positive developments that are included in the proposed Penitentiary Code, it is widely accepted that the prison system in Greece has failed to promote the rehabilitation and re-socialisation of inmates following their release. With the exception of the special therapeutic establishments that offer psychological therapy, mainly aiming to rehabilitation from drug abuse, in the majority of prisons the opportunities for inmates to receive psychological support is almost non-existent. This is primarily a result of understaffing of health and mental health professionals in the penitentiary system. Indeed psychologists were employed in prisons for the first time only recently and there are currently only 20 permanently employed in the prison system in Greece (Rigoutsou, 2005). This situation is in stark contrast to the needs for psychological support of inmates. Official statistics show that the vast majority of inmates in Greece have very limited education, with only 6% having attended further or higher education, and many experience drug abuse problems and mental health difficulties. Moreover, prisons in Greece are overpopulated by about 65% a situation that leads to serious limitations in basic living conditions and hygiene. Moreover, the majority of interventions regarding adult education, vocational training and psychological support are carried out by voluntary organisations rather than services linked to the criminal justice system or to mental health services (Papatzanaki, Pikni, & Sereti, 2008).

The creation of education classes was piloted in several prisons in Greece in 2003 as part of a European project in co-operation with the Ministry of Justice. The main aim of the programme was to promote learning of new skills for inmates, in order to increase their access to employment, to reduce social exclusion and recidivism and to foster an attitude of active citizenship. A further development in Adult Education services in prisons related to the establishment in 2005 of the first “Second Opportunity School”, initially in the prison in Larissa and, since then, in seven other prisons across Greece. These Schools are run by the Department of Education and aim to provide an opportunity for adults to complete mandatory

education, with a broader aim to foster their personal and social development and increase their vocational opportunities and social well-being. Within the context of the prisons, classes are held daily and studies last for 18 months, spanning over two years. Within the context of Second Opportunity Schools, inmates- students also have access to counselling services, including both specialised career/vocational counselling and psychological support. With regards to psychological support, both individual and group counselling is available to inmates that attend the adult education service, with a broad aim to foster client empowerment and the development of psychological and social skills that will increase the clients' opportunities for social integration, as well as improvement in mental health.

### **Italy**

Despite their key role in the psycho-social rehabilitation of convicts, psychologists often have only a marginal role within Italian penitentiaries. According to a survey conducted in 2008, only 404 psychologists were working in the 205 penitentiaries present over the Italian territory and only 20 of these psychologists were regularly hired by the penitentiary administration, all of the others being external consultants (OPL, 2009). In each institution, the maximum amount of time to be devoted to the psychological assistance of convicts is 64 hours per month, in reality, each correctional facility dedicates only about 30 hours per month to this task, this corresponds to less than 12 minutes per month for each convict. This data seems to dramatically underline that penitentiaries are often still viewed as places for detention and social exclusion, where no chance or rehabilitation and re-education is given to those imprisoned. These problems bring to light the unsolved and long-standing matter that contrasts punish and re-educate (Castellano, Stasio, 2009; Ferrario, Campostrini & Poll, 2005).

Another problem for psychological interventions in prisons is connected to the role of penitentiary psychologists and their institutional placement. However, before discussing this

matter, it seems important to underline that, for their specific nature, the treatments and scientific observations performed by penitentiary psychologists place the needs and interests of the institution before those of convicts, thus posing an obstacle to the development of a sincere and serene relationship between these latter and the psychologists (De Leo and Patri, 2006). Actually, psychologists have limited chances to perform interventions beyond the scopes of judicial processes. At the same time, their professional opinion and the reports drafted together with other colleagues, psychologists and educators, often receive no attention when the penitentiary administration has to decide whether or not to grant a convict alternative detention measures (Esposito & Turco, 2011; Patri, 1996; Salvati, 2011). Psychologists hold a difficult and ambiguous role: they are representatives of the institution, the same institution that punishes and incarcerates, and, at the same time, they bring support and hope for the future. This strong ambivalence is also felt by convicts, to the point that several authors (Castellano & Stasio, 2009; Othmani, 2011) have questioned the actual possibility of performing any kind of psychological treatment within prisons. When non unwilling, convicts did not make any request to receive the treatment they are subject to and therefore they may use the psychological intervention in a manipulative or functional way (e.g. In order to obtain a reduction of the sentence, alternative detention measures or some privileges).

Penitentiary psychologists are called to perform a number of different tasks and activities that can be synthesized as follows: Observation and Treatment (following OT in the text); Psychological Support, "Newcomers Service", Integrated Discipline Council according to art.14 bis, External Penalty Execution Offices, Internal Specific Projects (Caprasecca, 2005; OPL, 2009). Before explaining in detail the tasks and duties psychologists perform when working with convicts, it is important to specify that there are no agreed upon or standard procedures regulating psychological interventions in prisons. In Italy, in fact, each

correctional facility is entitled to develop a specific pedagogic project in collaboration with local agencies and services and in conformity with the needs of the inmates. While all penitentiaries are compelled by law to develop and carry out interventions aiming at the inmates' re-education and rehabilitation, each institution is free to choose the theoretical approach to be used as well as to activate projects specifically targeted to address the population it hosts.

The aim of convicts' re-education is accomplished throughout a complex of activities, measures and interventions that go under the name *re-education treatment*. Each penitentiary establishes an operative protocol in order to promote and enhance the inmates' psycho-physical well-being, such a protocol is divided into two phases: observation and treatment. A diagnostic and therapeutic process is activated as soon as the convict enters the prison and involves several professionals who work in a team with the aim of facilitating the inmate social inclusion and rehabilitation. This team generally involves: the director or vice-director of the penitentiary, social workers, educators, psychologists and the penitentiary police. Moreover, medical doctors, priests, voluntaries, and teachers might also be involved in the various steps of the OT process thus forming a working group called Observation and Treatment Group. The scientific observation is aimed at "the definition of the needs of each subject as well as of the psycho-physical, affective, educative and social faults that may have hindered the development of a normal -well-adjusted- relational life" (Art. 27 of the Decree of the President of the Republic n.230, June 2000). In other words, the observation phase consists of a functional and structural diagnostic evaluation and it investigates the following areas:

- Behavioural diagnosis: the subject's behaviour, his/her words, voice, gestures, expressions, etc. are observed and conclusions on his/her general attitude and personality are drawn and compared with the outcomes from the other diagnoses.



- Social diagnosis: it involves the observation of the subject's interactions as well as the reactions others may have to his/her behaviour.
- The behavioural and social diagnosis are connected with the functional diagnosis as they both try to understand how a given subject functions in various domains, both, in fact, wish to answer the question: "What kind of behaviour is this person showing?" "What does this behaviour stimulate in others?"
- Historical diagnosis: when making such a diagnosis, the subject history is taken into consideration; particular emphasis is given to his/her development and the relationships with his/her parents and other relevant attachment figures.
- Phenomenological diagnosis: it involves the observation of the emotions and feelings expressed by the subject while narrating his/her history.

The historical and phenomenological diagnosis constitutes the structural diagnosis, this diagnosis might help professionals understand the degree to which past events and traumas have been elaborated and overcome. In other words, this diagnosis aims at determining whether the subject is still dependent on unsolved past events or if he/she is able to go on and change his/her perspective. The scientific observation phase may last up to 9 months, at the end of this period an individualized intervention treatment is agreed upon by the working group and implemented. During the observation phase, the psychologist carries out several clinical interviews with the aim of collecting anamnestic data and formulating a diagnosis as well as a clinical evaluation of the subject's psychological condition. Moreover, the psychologist evaluates the convict's cognitive, emotional and affective functioning and investigates his/her emotions towards the crime he/she committed. Finally, the psychologist analyzes the convict's personal history and looks for possible causes of the deviant behavior (Caprasecca, 2005; Ferrario, Campostrini and Polli, 2005). At the same time, the educator can also talk individually with the convict in order to collect as much information as possible

regarding his/her life, his/her family, his/her education, career, crimes committed, important events, etc (Gulisano, 2012). The social worker, on the other side, meets with the convict's family (although in some occasion he/she might meet the convict as well). Once each of the professionals involved has performed his/her individual tasks and the observation phase is concluded, the working group meets and a conjoint treatment program is developed. Convicts can benefit from different kinds of treatment, either inside or outside the penitentiary. The interventions carried out inside the penitentiary include: education, work, religion, cultural activities, sports as well as the maintenance of regular contacts with the family and the community in general. On the contrary, convicts who are granted treatments and interventions to be carried out outside the penitentiary are allowed day releases or can benefit from alternative detention measures.

During the observation phase, the psychologist brings about a "psychological culture", thus underlying the importance of the individualization of treatment and the humanization of penalty in order to preserve human dignity and promote personal well-being.

After the conclusion of the observation phase, and anyway within 9 months, the working groups drafts a final report describing the convict's personality characteristics. Such a document, signed by the penitentiary director, is written by the three professionals (educator, psychologist, and social worker) that have been working in close contact with the convict; they suggest the treatment (or treatments) to be carried out in order to promote re-education and social inclusion.

Such a document will then be sent to the Surveillance Court, the body responsible of deciding whether or not a convict should be granted an alternative measure to detention. The "treatment" includes a set of interventions aimed at favouring individual growth as well as a process of "modifications of those attitudes who may hinder the convicts' effective and constructive participation" (law 354/75).

The psychological treatment is a specification of the more general "penitentiary treatment" and it includes the use of psychological instruments in order to promote change, personal growth and self awareness. According to the law, in fact, all the various interventions should aim at the convict's rehabilitation and promote his/her social inclusion (Basco and Del Citerna, 2009; Pajardi, 2008).

After the implementation, the professionals involved continue the monitoring and evaluation of the treatment, periodically checking the progresses made by the convict. The working group meets on a regular basis in order to update the report and adapt the interventions to the convict's needs.

Individual and group therapy are the most widely used instruments to promote self awareness and the exploration of unconscious thoughts and conflicts. However, clinicians working in correctional facilities need to be aware of the fact that they are dealing with clients who have been mandated to attend therapy and therefore whose engagement in treatment might be difficult and discontinuous. Psychologists working with unwilling clients, in fact, need to face several impediments such as the lack of motivation, the instrumental use of therapy made by some convicts, the presence of contextual factors that hinder the treatment and the fact that ordinary techniques might not work with inmates (Bruni, 2007; Salvati, 2011).

Penitentiary psychologists run the risk of being "trapped" between the requests made by the institution and the emotional needs expressed by convicts and need to try and find a delicate equilibrium between "punishing" and "taking care", isolating and rehabilitating.

Defendants, who, not having been convicted, cannot benefit from the OT activities, are offered psychological support. Psychologists are not allowed to start any treatment before a definitive sentence is delivered, even in case the defendants him/herself asks for a

treatment. Psychological support is defined as "a set of treatments aimed at supporting the defendants' human, cultural and professional interests" (article 1 of the Penitentiary Execution Regulation). In particular, psychological interventions in these cases are aimed at helping defendants cope with the difficulties and limitations (isolation during preliminary hearings, limited contacts with family members, etc.) of the pre-judicial phase.

The "newcomers service" was established in 1987 with the Amato Ministerial Circular n. 3233/5683 alongside the observation and treatment. At present, this service is only active in bigger correctional facilities with the aim of safeguarding the convicts' physical and psychic safety. Psychologists in this service operate in order to reduce the risks of convicts committing suicide or initiate violent or aggressive behaviours toward themselves or others (Concato & Rigione, 2005). Psychologists in this facility carry out a clinical interview with the newcomer within 24 hours from his/her arrival in the correctional facility in order to assess the presence of potential risk factors. According to his/her evaluation, the psychologist drafts a report indicating the level (minimum, low, medium or high) of risk and giving indications for future treatments. Convicts who are considered particularly dangerous for themselves or others are subject to special surveillance measures.

The Ministerial Circulars explicitly clarify that this service does not merely classify subjects according to the potential risk they might incur; it should rather aim to an effective and global intake of the inmate in order to develop an adequate and individualized psychological treatment. The increasing number of drug and alcohol addicts among inmates brought to the development of these aids in the early 90's. Sanitary Aids are aimed at the psychological and physical treatment of alcohol and drug addict inmates as well as inmates suffering from HIV in order to favour their social inclusion and promote contacts with external resources. When treating drug addicts, psychologists should carefully assess the

relationship between the use of drug and the crime or crimes committed and distinguish between users, consumers and addicts. Moreover, when working with addiction, the involvement of other territorial services is key, in fact, because of the characteristics of correctional facilities, the care and rehabilitation of addicts would be almost impossible if carried out within the institution (Ferrario, Campostrini & Polli, 2005; Vianello, 2012).

The penitentiary administration developed two different kinds of structures:

- First level structures: convicts in these structures are offered the basic services and rehabilitation programs and they are helped in the transition to alternative detention measures.
- Second level structures: these structures are also called Attenuate Custody Institutions for the Treatment of Drug Addicts, they constitute actual alternatives to detention where convicts are offered psychotherapy together with other sanitary treatments.

Psychologists operating in these facilities perform a set of specific and complex interventions, among which psychodiagnosis, psychological support, clinical treatment, networking with other professionals. Psychologists may also perform several interventions (Bruni, 2007; Ferrario, Campostrini & Polli, 2005); Socio-sanitary, educational interventions for children: these interventions aim to: promote the psycho-social development of under aged convicts; develop age-appropriate prevention programs according to the gender and cultural background of the convicts involved. Individual and group re-education interventions involve the participation to cultural, artistic, creative, and training activities. Inmates are also offered the chance to do sports or learn a trade. These interventions, generally carried out by educators with the occasional help and cooperation of psychologists, are aimed to favour social and emotional learning and are addressed to inmates who do not suffer from mental health problems and are not drug or alcohol addicts. Several kinds of groups (training groups, therapy groups, self-help groups, discussion groups) might be activated within prisons. Task-

centred interventions, also called hetero-centred interventions, are non-therapeutic special group activities aimed at supporting individuals, improving their well-being, life quality and promoting empowerment. In general, group work is extremely positive as it contrasts the penitentiary logic based on isolation of convicts, it also gives inmates the chance to learn from each other, to experience and test their social and relational abilities as well as to develop and improve effective communication and interactive skills. Moreover the group might prove to be extremely useful to promote responsabilisation and encourage the exchange of ideas and opinions within the group. From a pedagogical point of view, art therapy activities favour auto-determination, emotional intelligence and constitute an important tool to channel and express aggressive or violent feelings. Counselling interventions aim to improve communication and coping skills, promote self-esteem and psycho-social well-being as well as to activate changes in the convicts' behaviour. The main difference between counselling and psychotherapy is that, while therapy focuses on the internal and subjective factors able to promote change and self-awareness, counselling is aimed at analyzing and helping clients to face external and objective difficulties activating the resources they already possess (Basco & Del Citerna, 2009; Scilligo, 2013). Interventions facilitating social inclusion or work placement: psychologists, educators and social workers operating in various local services are involved in helping convicts and former convicts finding strategies to contrast social isolation and find strategies to cope with the disadvantages and prejudices they often experience after release.

### **Emotional Intelligence and Prison Populations**

Although the literature on Emotional Intelligence (IE) is extensive<sup>1</sup> particularly in

relation to Education and Leadership/Organisations, that on the association between EI and prison inmates is rather limited. Having said this, one finds that the document entitled *Research Report: A Review of the Emotional Intelligence Literature and Implications for Corrections* (Stys & Brown 2004) is very extensive, and is useful for those whose work is in some way related to education and training in prison. *Emotional Intelligence (EI)* denotes the process involved in recognising, using, understanding and managing the emotional states of one's self and others in regulating behaviour and navigating problems of an emotional nature (Mayer & Salovey, 1977, Salovey, Brackett & Mayer 2004).

### **Emotional Intelligence and Prison Administration**

Johnson and Dobrzanska (2005) in their article on leaders of correctional institutions identify the challenges such leaders face, and argue that these challenges need to be met with courage, high emotional intelligence, action, charisma, motivation to achieve and desire for additional learning. This implies that EI is not only something inmates can benefit from in prison, but also the administrators of prison. The book *Test Your EQ: Assess your emotional intelligence with 22 personality questionnaires* (Carter, 2009) suggests the kind of characteristics a prison administrator can have in order to successfully manage a prison<sup>ii</sup>. The teaching of EI is also encouraged for prison officers. Halcrow (1999) argues that what inmates need to find employability are soft skills – for it is these that make a better prediction of job success. Shari (1999) also points out that developing one's 'soft skills' also encourages emotional intelligence, which provides further benefit. Animasahun (2010), with five-hundred prisoners from five Nigerian prisons, explored variables for prison adjustment and found that emotional intelligence was the highest positively correlating factor, followed by spiritual intelligence and lastly, intelligence quotient. It was thus recommended that prisoners have access to training in emotional intelligence as well as regular religious programmes.

Bosteder and Hargrave (2007)<sup>iii</sup> conducted a research on the relationship between emotional intelligence training and work-education programmes on female inmates in a prison environment. During the training, participants were taught the basic concepts of emotional intelligence, including self-awareness, self-management and relationship management and were asked to record self-observations twice a day for five days. Data was collected through an Emotional Intelligence Appraisal (ME Edition), a Brief Symptom Inventory (BSI) that was taken by participants during the first training session and again after the training, Discipline Reports recorded by correctional officers 4 months prior to training and 4 months post-training; and, written evaluations at the end of training. Results showed that following the training, emotional distress (e.g. obsessive-compulsiveness, depression and anxiety) were reduced, and an increase in the key areas of self-awareness, self-management and relationship-management. A decrease of discipline problems in the prison was also reported.

Selm (2001) further demonstrated how inmates themselves can act as teachers by employing a group of 18 offenders in a social entrepreneurial company, the Corrective Action Holdings in South Africa, committed to preventing crime. Offenders held emotional intelligence classes in schools, in disadvantaged communities, as well as in shelters for homeless children and universities.

Young (2009) illustrates how North Carolina prison educators have been teaching prison inmates EI through new communication technology. These are lessons forming part of an 'enrichment class', also including areas such as the meaning of dreams and stress management. Jones (2003) shows how EI can be developed through an arts programme. There are various approaches that have a potential to be used in prison as a teaching text. For example Kravitz and Schubert's (2010) book entitled *Emotional Intelligence Works: Think, Be and Work Smarter* contains exercises to develop five emotional intelligence skills.

These are:

1. Self-Awareness: Those considered emotionally intelligent show awareness of



their feelings, their motivations and demotivations and their affect on others.

2. **Social Skills:** Those considered emotionally intelligent are adept at communicating and relating to others by listening attentively and adapting their communication style to the needs of others by showing compassion.
3. **Optimism:** Those considered emotionally intelligent show positivity and optimism, with attitudes that stimulate working consistently towards goals even during setbacks.
4. **Emotional Control:** Those considered emotionally intelligent handle stress evenly and are able to remain calm in situations which may be stressful, for instance during change or conflict.
5. **Flexibility:** Those considered emotionally intelligent are able to adapt to change by developing options by using problem-solving techniques.

Sparrow and Knight (2006) focus on the importance of developing attitudes in the development of Emotional Intelligence. The emotional intelligence model of these authors is derived from two of the nine ways in which we can be intelligent (Gardner)<sup>iv</sup>. These are the Intrapersonal intelligence and the Interpersonal intelligence. These are explained as follows:

#### *Intrapersonal intelligence*

- The capacity to grasp internal experiences and knowing what needs to be done about these.
- Understanding behaviours, thoughts and feelings, and the relationships between these.
- Staying in control of one's self and one's emotions.

Interpersonal intelligence underpinned by self-awareness enhances one's self-management by controlling moods, developing motivation, coping with setbacks, attuning to intuition, handling energy, managing stress, and preventing depressive and addictive behaviours.

### *Interpersonal intelligence*

- Grasping the experiences of other people and between people, with an understanding of what needs to be done about these
- The ability to empathise and communicate with others, including inspiring and motivating them, with an understanding of a relationship with and between them
- The ability to inspire others, instil trust and develop an effective and creative team.

### **Measures of Emotional Intelligence**

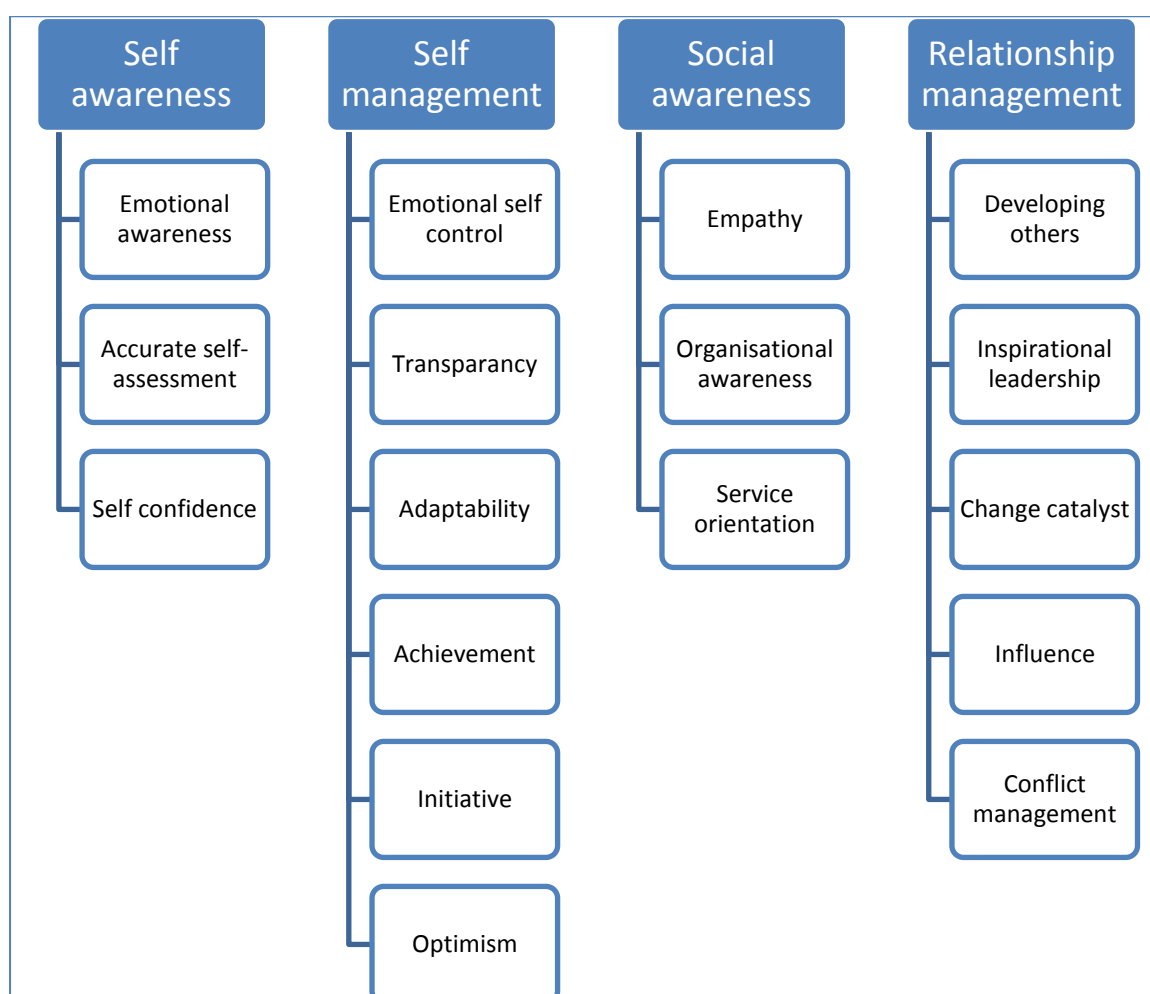
Mayer and Salovey (1997) have used 'Emotional Intelligence' (EI) to denote the ability to recognise, access, generate and regulate emotions. EI is measured here by the Mayer-Salovey-Caruso Emotional Intelligence Test, which is designed for those aged over 16 and consists of a series of questions based on objective and impersonal daily-life scenarios. Rather than relying on subjective assessments of emotional skills, the test is intended to measure how participants perform tasks and solve problems of an emotional nature through 141 items that generate an overall emotional intelligence score. Within this test, participants are asked to complete a number of activities regarding identifying, generating, defining and understanding emotions in one's self as well as using emotion to solve problems.

The Bar-On model (Bar-On, 2006) examines emotional-social intelligence through a range of interconnected competencies that influence intelligent behaviour. This model is measured through the Emotional Quotient Inventory, which features one overall EI score, five composite scores and a further 15 subscales.

Goleman's (1998) model, on the other hand, utilises an Emotional Intelligence Appraisal (EIA) and the Work Profile Questionnaire-Emotional Intelligence Version (WPQei). These tests are an assessment of emotional and social capabilities of people in work situations.

### The Emotional Intelligence Appraisal:

The EIA arose from a skill-based model of EI that is considered intuitive and user-friendly. The four skills utilised in this model include what one sees and does with emotions themselves and in company, and measures self-awareness, self-management, social awareness and relationship management. This is composed of 18 competencies collated into 4 groups and further subgroups:



### Work Profile Questionnaire-Emotional Intelligence Version (WPQei)

The WPQei measures EI in work contexts. It is composed of 84 questions and considered effective for team-building and training. There are seven competencies considered in the scale, which generate an overall scale for EI and a narrative report which illustrates

each scale in further depth. The report further suggests areas of developments and identifies preferred team roles.

- **Emotional Intelligence** refers to the effectiveness of performance, and involves one's capacity in understanding emotions and feelings, and being able to utilise and control them effectively to benefit themselves and others in activities (e.g. thinking, decision making, communication).
- **Innovation** refers to the creativity one harnesses in eliciting responses to problems, including testing parameters and taking risks to permeate obstacles.
- **Self-awareness** refers to the understanding of one's strengths and weaknesses and the motivation to further identify what they are capable of and what needs improvement, positively responding to feedback and learning from experience.
- **Intuition** refers to the use of instinct and gut feelings in making decisions.
- **Emotions** refers to the capacity to distinguish and understand their own feelings and the awareness of their effect on others' and their own behaviour.
- **Motivation** refers to the willingness to strive using energy, initiative and persistence.
- **Empathy** refers to one's capacity to be interested in, and actively listen to, others in a democratic/participative manner by making time to listen to others' views and concerns with a general understanding of the positive effect that involving others has on commitment. .
- **Social Skills** refers to the aptitude of building relationships through good communication by people who are both good leaders and team players. .
- **Team Roles and Profile** refers to members of the team being able to adapt to the expertise and abilities of others, with an understanding of which personality traits satisfy certain team roles and constrain others.

## **Phototherapy and Photographic techniques**

### **Historical overview**

Diamond (1856) is considered to be the first to report on the use of photography as a

therapeutic technique, through his use of portraiture on patients with mental illnesses. Milgram (1977) and Fryrear (1983) support the therapeutic uses of photographs, claiming that photography is able to elicit emotion, memories and concealed meanings. There have been a number of studies that have explored the uses of photography in therapy in a variety of settings. Hubbard et al. (1987), Miller and Happell (2006), and Erdner and Magnusson (2010) have been involved in research that has included people with schizophrenia, chronic illnesses or other mental illnesses. These studies used photography as a means to facilitate notions of "sickness" and "hope" through exploring how photographs elicited emotion and facilitated discussion. A number of researchers (e.g. Phillips, 1986; Entin, 2006; Graf, 2001; Hanna and Jacobs, 1993; Hubbard and Romero, 1987; Wessels, 1985; Zwick, 1978) have explored the use of photography with body image, particularly with those suffering from eating disorders, schizophrenia, cancer, and victims of sexual abuse in order to enhance self-control and gain greater self-awareness. In summary, the literature has identified that photography plays a role in, amongst other things, the following:

- Facilitating the expression of feelings and emotions, particularly for those who are unable to vocalise emotions or recognise emotions in others
- Promoting pro-social behaviours and decreasing anti-social behaviours
- Enabling the elucidation of problems and traumatic events
- Enhancing personal identity in helping the acceptance of body image, self-esteem and sense of self
- Enabling a greater control of instincts
- Facilitating the recollection of experiences, memories, emotions and thoughts
- Strengthening relationships by compensating for difficult communications
- Enabling the elaboration of grief or depression following a loss.

Phototherapy can be seen as the use of photographs to enable clients' expression of their concerns (Krauss & Fryrear, 1983; Weiser, 2002). One way of seeing 'phototherapy' is

the use of photographs in what is normally practiced as psychotherapy and counselling, but where the client chooses, either in a one-to-one or group situation, a photograph that calls to them as a way of eliciting what is on their mind. 'Therapeutic photography' on the other hand often involves the client actually taking photographs as a way of working through an emotional constriction (Martin & Spence, 1987, 1988; Spence, 1986). In this project, the term 'phototherapy' was initially used to cover any therapeutic use of photographs. Indeed, the distinctions between phototherapy and therapeutic photography are not always clear, and some practitioners use the methods interchangeably within their practice. Throughout this project, the term 'phototherapy' is used in a very broad sense. What is vitally important is that what people call their practice is regulated differently in different countries and that anyone considering the approaches through the project 'PhototherapyEurope in Prisons' must check what is permissible in their particular country where they practice.

### **Photographic Techniques**

Hunsberger(1984) has identified some ways in which photographs can be used in clinical settings. These include:

- Using photographs to enable subjects to tell clinicians about their past
- Photographs being taken of subjects in the clinical setting
- Photographs taken by the subject in the clinical setting.

Hunsberger purported that the use of photographs in this way allows clinicians to use photography as a tool to stimulate dialogue and interaction.

Martin (2009) provides other alternatives in which photographs allow the investigation of unusual meanings, including the use of 'visual diaries' made through free-association from collages of photographs and text images from journals and newspapers; and, re-interpreting the roles and functions of traditional family albums to establish differences

between partially explored memories and constructions of a ‘myth of an ideal’.

Further, Weiser (2010) has proposed five ‘Phototherapy Techniques’ that can be developed from examining the relationship between the subject and the camera (for further details, visit [www.phototherapy-centre.com](http://www.phototherapy-centre.com)). These include:

1. *Pictures taken or created by the subject* (using a camera or taking possession of the images of others, such as collecting photos found in magazines, postcards, internet, etc.) and exploring what this photograph reveals about the subject, e.g. an expression of a personal path, or subjective associations regarding particular feelings or thoughts. .
2. *Portrait of the subject taken by an other who determines the subject’s post, time and place of shooting* (this technique includes photographs in which there is a deliberate pose, and the more ‘candid’ photographs where the subject is unaware of the photograph being taken. Weiser has reported that participants are often surprised that their image is different to what they expect they are portraying.
3. *Self-portrait taken by the subject.* (here, participants are in full control over the photograph that is taken, in order to enable an intimate non-verbal experience with one’s self).
4. *Family albums or other collection of biographical photos* (this includes the gathering of photographs of biological families or otherwise, in a sequence that the participant believes to be significant to portray a subjective construction of the meaning of the subject’s existence).
5. *Photo-projections* (here, any photograph can be looked at to elicit meanings perceptions and reactions that the subject projects from their inner world)

For the purposes of this project, PhototherapyEurope in Prisons, a number of techniques have been explored, which involve those used by clients by themselves, group

work, or with the help of trained professionals.

## **1. PHOTOLANGAGE© (For further information visit [www.photolangage.com](http://www.photolangage.com))**

### **+ PHOTOLANGAGE PHOTOGRAPHIC SET**

This method was originally created by Babin, Baptiste and Belisle (1965) The method of photographs being printed on black and white paper was originally used with adolescents to stimulate discussions and assist in the expression of emotions and communication within a group. Following the success of the first study, the method was extrapolated to a variety of fields including adult training in organisations. The method is widely used in Italy by Studio ArteCrescita ([www.artecrescita.com](http://www.artecrescita.com)) with different types of people. It is a method that has also been used in a prison of Milan in the project “Oltre la soglia”. The intent was to intervene on participants’ emotional and relational dimensions, social skills and problem solving, using the group as a safe space for sharing and comparing. Another objective was to support the participant in the development of reality testing related on their own individual perspectives.

### **PROPERTIES**

Photolangage is a collection of 40 to 100 pictures, with the specific dimensions of 16 x 25.5 cm for colour pictures and 18 x 24 cm for black and white pictures.. The photos are taken by different photographers and chosen on a basis of quality, beauty and the potential for evoking strong emotions and associations.. The choice of photographs to be used depends on a set of specific questions, unique for the group, that draw upon themes that will be discussed in each session. Facilitators begin the sessions by asking the group a question that should be answered with the use of the photographs. It has been found that this method



facilitates communication, promotes creativity and allows for the expression of inner representations regarding the given theme.

Photolanguage can be used with different purposes within a variety of settings:

- In organisational and professional settings to encourage team-building, facilitate the creative use of solutions for conflicts, assisting in organisational changes. Groups may range in size from 12/15 people in small groups to 25/30 in large groups.
- In social settings, one of the applications of Photolanguage is the work with inmates and penitentiary institutions. Photolanguage has been successfully used to help inmates share their feelings and worries as well as contain their apprehensions.
- In health care settings, Photolanguage has been used with mentally ill patients and their caregivers. Usually in these cases groups are smaller than those in adult training, with a maximum of 5-8 participants to each group.

## PURPOSE

The aim of the method is to enable a different language to be used to access internal images, rather than to describe what is represented in the pictures. In this way, the chosen photograph assists in the evocation of scenarios, memories and environments. Participants using this method have reported pleasure in sharing ideas and discussions regarding objects of common interest. Participants share both the similarities in their personal conceptions as well as the differences. This method enables participants to be more aware of their personal beliefs and thought patterns as well as an effective way to channel their fears and concerns.

## METHODOLOGY

Photolanguage involves 4 different phases.

- 1. Introduction and presentation of the work to the group** (around 10 minutes). The group-leader presents the work method and explains how the work will proceed. It is

extremely important that trainers explain clearly the work to be done, give time limits, and provide precise instructions. Besides motivating participants and arousing their interest, trainers should also decide on the initial question to be posed to the group, this question will in fact lead the pictures' choice.

2. **Individual choice of photos** (between 5 and 10 minutes). The group-leader displays the photos on a table or another plane surface around which participants can move freely to see all photos. The leader should try to obtain a calm and respectful atmosphere during the choice of photos. S/e must not judge, evaluate, or comment what is said, he must help every member of the group to express himself/herself. On the basis of the initial question, each participant is invited to choose one (or more, according to the session aim) picture. When choosing the pictures, participants should follow two important rules: the choice is to be made in silence, the choice is made by simply looking at the pictures, without picking them so that pictures are always available to all the participants during the whole process. One of the main characteristics of Photolanguage is that trainer actively take part to the process together with the other participants, therefore, trainers also choose a picture and are later invited to comment on their choice.
3. **Groupwork** The group-leader should enable a space in which everybody can talk about his/her picture, tell his/her own feelings and share his/her story. Participants as well as trainers are invited not to interpret the choices and stories told by each subject, they are rather invited to provide comments about what they see in the picture as well as to illustrate the differences and similarities between the various perceptions and representation.
4. **Group work analysis** (optional, depending on the objectives – minimum half an hour). When appropriate, this additional time is used to stimulate further reflection and the in depth analysis of the group work. Group leaders ask participants how they

felt about their work with photos, the feelings that aroused in them and the meaning the whole process had for each of them.

## **2. PHOTOGRAPHIC GENOGRAM**

The genogram technique was originally developed by Bowen (1979). Genograms allow therapists to work with three generations even when, for obvious reasons, these people cannot be present in the therapy room at the same time. Photographic genograms, in particular use the associative power and strong evocative potential of pictures to investigate clients' historical and cultural identity as well as to uncover the values and myths at the basis of each family history.

### **PROPERTIES**

The photographic genogram can be used in a variety of settings and with different audiences (individuals, couples, families) as a way of bringing the family to therapy even when it is not present. This method allows clinicians to work with a double focus: the family system and the emotions experienced by individual subjects. In drawing their genogram, the client is not simply asked to describe family relationships and connections, he/she is rather invited to specify the emotional quality of such relationships, the interactions between family members; and, their similarities and differences, the myths and rituals as well as the repetitive patterns underlying family functioning.

### **PURPOSE**

The primary purpose of the photographic genogram is to tell or narrate the family history, the genogram is also designed to help clients get in touch with feelings and emotions,

as well as with the memories each photo may recall. Each of the picture brought in session by the clients enables the exploration of inner, unconscious representations and help them acknowledge the implicit roles and rules regulating family functioning.

The Photographic genogram uses a nonverbal channel to access and explore the clients' implicit relational knowledge as well as to stimulate thoughts, comments and emotions regarding one's family of origin.

## METHODOLOGY

The genogram can be built through the collection of family photographs. There are two important phases of the photographic genogram:

- 1) **Photographic genogram drawing.** The client, or clients, is invited to organize the pictures according to the genogram structure. He is invited to draw family relationships connecting the various pictures to one another. While drawing the genogram, the subject should take into account both the structural relationships as well as the quality of the bonds between family members. The clinician gives the clients instructions on the symbols to be used to represent the picture.
- 2) **Storytelling.** While drawing his/her family genogram and pasting the various pictures portraying significant people, clients are invited to tell their story and give account of the relational patterns featuring the whole system. This narration can be done either to the clinician only or to a larger therapeutic group, according to the setting chosen. In this phase, the reconstruction becomes 'history', not only because it places events in a - more or less - linear continuum, but also because, once the history is told and narrated in front of others, it gains autonomous existence, it becomes a normative phenomenon that exists for itself and should be taken into consideration (Larmore, 2006).

### **3. PHOTONOVELS** (for further information visit [www.oliviero-rossi.net](http://www.oliviero-rossi.net))

Photonovels involve the production of images by the clients, such technique matches photography with narration. In fact, a photonovel is a story that integrates multiple narrative methods: photography, acting, writing as well as the use of various materials (e.g. costumes). Photonovels (novels made up of photos) consist of stories made of different photos; this technique focuses on taking pictures of several things and then creating a coherent narration. The most interesting aspect about this method is that the client -or group of clients- is called to create the story (Rossi, 2009).

#### **PROPERTIES**

When using this technique, the stress is posed on the rationale for choosing the images to be brought or shot within the setting. Looking at a picture might in fact generate a distance, an incongruity: sometimes people state that their own pictures do not look like them as they are bi-dimensional pictures might remind a lot of the memories one has about him/herself but they are very far from representing the way one feels in the present. Such an incongruity between the person looking at the picture and that telling the story is able to activate emotions and fantasies and to generate a new, creative novel.

Another key characteristic of such technique is the presence of two different moments: first, the technique is experienced through recitation, secondly it is re-experienced when photos are shown and personal feelings and emotions come into play. Moreover, also the text, the captions -the space between one photos and the following containing the narration, is able to arouse strong feelings.

#### **PURPOSE:**

Each photo may potentially assume a key existential meaning and it might be a mean

to help people acknowledge and express their perceptions in therapy (Rossi, 2009). The aim of such a technique is to facilitate self disclosure and improve self-awareness throughout a significant reduction of the story rational structure; in other words, photonovels elicit the expression of underlying (less conscious) emotions. The focus is, in fact, on the feelings and emotions brought out by the pictures.

## METHODOLOGY

The technique involves several phases:

The person is asked to place all the pictures brought on the floor in a casual order so that he/she is able to move freely among them (e.g. The person might be requested to bring 10 pictures representing his/her biography).

Once the pictures are placed on the floor, the client works with the therapist in order to trace the deep meaning of his/her choices: questions are asked and the rationale for choosing the pictures and their order.

The client is finally asked to tell a story, each photo is accompanied by a caption.

## **4. PHOTOVOICE**

(For further details visit: [www.photovoice.org](http://www.photovoice.org))

PhotoVoice arose in the 1960s in the UK and USA from what has been known as 'participatory photography'. Freire (1970) developed a theory regarding pedagogy and participatory methods, which instigated the international development of such practices, with the term 'Photovoice' first being used by Wang and Burris (1997).

## PROPERTIES

Participants are supported to generate their own photographic work;

A facilitator works with a group of people, often marginalized and/or disadvantaged,

and teaches them how to use a camera with the aim of supporting them to define, communicate and improve their situation.

## PURPOSE

Marginalised communities are given the opportunity to present themselves, their stories and their own points of view, thereby enabling organisations and communities to develop opportunities for social change and increased knowledge.

## METHODOLOGY

1. **Develop and define:** Establishing the needs, priorities and expectations of communities to design a project that enables the use of participatory photography.
2. **Planning and Preparing Project Activities:** detailing activities, developing networks, establishing equipment, securing participants, recruiting and training staff and volunteers, defining evaluation tools etc.
3. **Workshops:** facilitators assist participants with PhotoVoice workshops teaching and building upon relevant techniques, including those related to technology, social skills, confidence, group work, ultimately to enable participants to determine their 'photographic voice'..
4. **Images and words are collated according to the project objectives and shared with an audience.**
5. **Final review:** evaluation of the project and planning for the future. .

## **5. PHOTO-DIALOGUE: PICTURE + STORYTELLING**

'PhotoVoice' and 'Photo-dialogue' are sometimes mistaken for each other.. However, the latter focuses on the attribution of a shared meaning to the photographic

materials generated by participants. In this case, the attention is posed on the meaning attribution process rather than on the spontaneous production of pictures.

Ramos (1999) invites individuals and groups to collect photos and personal narrations as a way to identify problems and find possible suitable solutions. Photo-dialogue is a participatory research method that has problem solving and education purposes.

## PROPERTIES

Photo-dialogue is a very useful instrument that involves:

- the evocation of personal facial expressions.
- sharing fundamental moments and passages of the participants' biographies.
- the identification of specific problems and the involvement of the whole group in their solution.

The Photo-dialogue method consists of a series of 30 black-and-white pictures, approximately 8" by 11" in size; each picture depicts people with varying facial expressions as well as the life scenarios that may be considered typical for the target groups

## PURPOSES

- Building dialogue among culturally diverse groups, and examining individuals' perceptions of social reality through the use of pictures.
- Facilitating self-disclosure, sharing life experiences, and identifying problems. Developing a deep understanding of cross-cultural issues within diverse communities Throughout the use of pictures and storytelling.
- Developing dialogue skills as groups discuss issues brought up by the stories and search for alternative ways of solving problems and analyzing situations in people's



lives.

- Assessing people's perception of social reality, their needs, beliefs, and values.
- Creating social support groups for people who share common life conditions.

## METHODOLOGY

The process begins with the unveiling of significant topics (i.e., social class, migration, gender, health, ethnicity and language) as described in interviews and conversations with participants. The researcher then uses photographs based on these themes to initiate dialogue and reflection enabling participants to explore their stories and the relationship their experiences have with their socio-cultural circumstances.

Groups can collectively create stories based on the pictures or each individual can create his/her own story. Once the stories are created and illustrated throughout the Photo-dialogue pictures, the group engages in a discussion and tries to identify the characters and plot of the stories, establish similarities between stories and actual life situations, analyze the issues that emerged in the stories within a given context, detect the main problems and explore alternative solutions.

## **6. PHOTO-EMOTIONAL WRITING**

+MIRAGES PHOTO SET or other pictures, such as SPECTRO CARDS

This technique matches two different languages, that of photographic images and the written language. Both these media allow to immediately access the symbolic level as they convey inner, subconscious meanings.

This method was recently used in an Italian penitentiary and produced extremely interesting outcomes. The photos used have been shot by an Italian photographer (mirages

set), they were turn to postcards for the project purposes. Each inmate was invited to choose a postcard and to write the thoughts and suggestions they brought out. In short, this method might be defined as "participatory creation".

## PROPERTIES

As stated before, the method involves the integration of two different languages, that of imagery and the Emotional Writing. Thanks to these communication channels, feelings and thoughts that are normally conceived or subconscious are allowed expression. Emotional writing draws on the studies and researches by J. Pennebaker; according to the author, writing about stressful events or traumas as a way of giving vent to hurtful feelings, positively affects personal well-being, attitudes and interpersonal relationships with others.

For a long time narrative psychology has acknowledged the importance of giving personal life events a meaning by turning them into something similar to a story. These particular types of stories have been named self-narratives (Gergen & Gergen, 1988).

Poetic Writing is a variation of Emotional Writing; both the media, written language and images, allow to access a symbolic dimension.

## PURPOSES

Favour emotional self-awareness;

Facilitate emotional expression and verbal communication;

Enable participants to gain a deeper knowledge of each other;

Promote participants' socialization and integration and create a small scale self help community;

Promote the relationship and exchange between different contexts.

## METHODOLOGY

- a. **Contact phase.** The photographic set (either the "mirages" set or the Spectro Cards by U. Halkola) is introduced and the instruments presented to all participants.
- b. **Pictures selection phase.** Pictures are shown and participants are asked to select the photo that best represents their life path. In this particular phase participants are invited not to think about their choice but rather to have their "internal eye" guide them.
- c. **Emotional Writing phase.** In this phase participants are invited to write their emotions and thoughts with respect to the photo they chose. This Emotional Writing phase is followed by a group discussion and reflection.

## 7. DIGITAL STORYTELLING

Digital Storytelling is a term referring to a set of practices that involve the use of digital tools to tell personal stories or biographies. Digital tools are therefore used as ways of fixing memories, images, or events in order to reflect upon them.

Digital Storytelling is generally considered particularly suitable for the creation of personal or community biographies that focus on the individuals' as well as on their identity development.

## PROPERTIES

Digital Storytelling teaches people to tell their stories in new and different ways, using a wide variety of tools and codes and creatively experimenting innovative languages. Thanks to this technique, stories and biographies do not imply the mere act of narrating different actions, they are rather narrations within actions. The focus is therefore is double:

on the context, on one side, and on the subjective self performing an action on the other. Narrations generate emotions, sense of belonging and cognitive participation and support the understanding of complex events.

## PURPOSES

Favour emotional expression;

Promote empowerment and self-awareness;

Enable the opening to new point of views, stimulate changes, re-construction and interpretation of past events starting from the present.

## METHODOLOGY

This method involves the use of technological instruments such as computers, digital cameras or video cameras. The software Pinnacle© is very often used to support this technique.

Thanks to the above mentioned instruments, individuals have the chance to create a story, also making use of photos and images. Picture order is chosen according to its congruence with the subject's biographical narration. At a later stage, the emotions and feelings that emerged during narration are analyzed and further images, captions, or comments are inserted.

According to Joe Lambert and Dana Atchley, the founders of the Center of Digital Storytelling (CDS) in Barkley, California, some of the most important elements of this method are:

Actual personal stories that maintain the author's perspective, expressing

his/her intentions and objectives.

“Dramatic question”: the individual needs to choose a subject that is worth being told or narrated. At the beginning of the story questions posed should be surprising and not trivial and answers should only be given at the end of the narration.

The story is told with a personal point of view: the subject chooses the key moments he/she wishes to comment on and selects a particular soundtrack.

Not too many pictures and words should be used.

The rhythm should be consistent with the content and narration modalities.

Liveliness is key to tell a good story.

## **8. FRAMED PORTRAIT**

Framed Portrait is a therapeutic photography technique developed by Saita and Rossetti in 2009; such a technique was successfully used on patients recovered from infantile leukaemia. "Being photographed means being important, deserving attention" (Berman, 1993:67), in this sense, "being subjects of a portrait" might assume a therapeutic value per se.

### PROPERTIES

With regards to the various typologies of photographic portraits, the pictures shot using this method can be defined as *"in set" portraits*. In set portraits, however, should not be considered as images containing a subject and a background/location as single elements separated from one another. on the contrary, they should be conceived as images where subject and background/location are deeply interconnected in order to create a narration.

Framed portrait is considered an effective method to narrate and trace the most significant moments in one's life, while it also projects subjects in the future.

Among the various functions of photography, this method proved to be extremely useful as participants are given the chance to continuously build *new narrations*. Starting from the presupposition that *any* relationship might be therapeutic, the photographer tried to build a relationship mainly based on empathy with the subjects involved.

## PURPOSES

Narrate a story that could reframe and give a meaning to a particular experience (e.g. A disease, the death of a loved one, a stressful event, the imprisonment, ...);

Improve the subject's ability of dealing with his/her emotions; Favour emotional expression.

In order to accomplish the above mentioned aims, the photographer asks the subject several questions and this latter is invited to "represent" or depict the most significant locations/places for him/her. Questions do not follow a set style or a system of pre-determined questions, they rather reflect and are consistent with the individual paths each subject takes. This technique constitutes a true time travel: it explores present starting from past situations and experiences and it gives them a meaning in light of possible future scenarios.

## METHODOLOGY

**Self-portrait.** The subject is asked to make a self portrait and subsequently to comment and make reflections on his/her feelings and self perception.

**The framed portrait.** The photography technique needs to be performed by an adequately trained professional (psychologist, educator, photographer) that shoots a *photo-narrative reportage* (that takes about two hours) with the person involved. The subject is chosen according to both the aim to be accomplished and the types of

individuals involved. For example, when working with patients suffering from leukaemia, the reportage aimed to narrate the thoughts and feelings experienced during the illness by means of pictures. A time thread leads the whole photo-narrative reportage as it connects past, present and future feelings and experiences.

**Images choice.** In the last phase of the intervention, the subject is invited to view the images, choose the most significant ones and attribute each of the portraits chosen a specific meaning. Together with the Framed portrait expert, the subject also analyzes both the process and the outcomes of such intervention. Lastly, the subject may decide to create an object (a book or a diary) as a long lasting testimony of the emotions experienced.

## **9. SELF-PORTRAIT**

(For further details visit: [www.self-portrait.eu](http://www.self-portrait.eu))

**The Self-portrait experience®** is a technique developed by Cristina Nuñez (2005) and used in the prison of San Vittore (Milano, Italy).

This method was originally designed by the photographer Cristina Nuñez on the basis of some personal experiences, later, she developed a protocol that allows Self-portrait to be taught and used in several contexts, such as schools and prisons. The basics of this method are explained in her book "Someone to love" (2010); the volume explores topics connected with photography and visual arts but it also deals with psychological matters, such as the development of the self, the understanding of emotions and personal feelings, the exploration and acknowledgment of negative aspects connected to the Ego.

### **PROPERTIES**

"What is important in this exercise is the inner search each of us makes when continues

shooting, looking at the pictures or simply when he/she stops to reflect on his/her own portrait, this generated self-awareness and acceptance" (Nuñez, 2010).

## PURPOSES

Stimulate the creative process starting from the emotions;

Improve the personal inner image

Improve the personal public image.

THE COMPLETE METHODOLOGY consists of three parts with several self-portrait exercises each. The three parts are: "Myself"; "Myself and the others", "Myself and the world". The first part explores the individual's own emotions, the ego plasticity, the body and roots (family album); the second part investigates the relationship with others while the third focuses on the subject's relationship with the world, that is, his/her own role within the society.

The subject is asked to enter a room where a special photographic set has been set up: the background is dark and a timer device connected to a button activates a series of snapshots.

The subject is then asked to enact or play difficult emotions (first part of the method), choosing from anger, despair, and euphoria, while plunging into his/her inner world.

*"Please choose one of these emotions, play, exaggerate but don't do it for the camera.*

*Do it for yourself. Push the fake, strained emotion out, listen to yourself and look for the true, spontaneous emotion, whatever it might be. Move, use your body to stimulate your guts. (...) Do not insist on playing at yourself, just get out of*



*yourself.*" These are the instructions subjects are usually given by the photographer before the process starts.

Time needed by each subject to make the self-portraits.

Some individual time with the photographer is taken to comment on and choose the final composition of the artwork. Generally Cristina Nuñez is personally leading this

process without a specific method. Five pictures forming a sequence are selected and the subject is asked to tell what happens starting from the first to the last image and to give reasons for eventual changes in the well-being, self-acceptance and self-awareness.

The pictures chosen are shown to the group and dialogue is encouraged.

## **10. SPECTRO CARD ®**

(For further details visit: [www.spectrovisio.net](http://www.spectrovisio.net))

+ PHOTOGRAPHIC SET

Spectro Cards utilise sets of photograph cards developed by Ulla Halkola for individual, group and therapeutic settings to enable the expression of emotion and storytelling.

### PROPERTIES

Spectro Cards allow to:

Search for Essential Emotions, Emotional work and empathic resonance

Portray experiences and memories

Explore, analyze and define

Create something new

Tell Stories

Realize visions

Observe, learn and find new perspectives

## PURPOSE

As mentioned above, SpectronCard settings might be used for teaching, counselling or therapy; the evocative power of images is exploited to stimulate associations, promote self expression and self awareness as well as to enable interactions between different subjects.

## METHODOLOGY

- 1) **Initial theme:** There are no limitations or restrictions in using the Spectro cards, but it is essential that the instructor makes clear target and framing questions in the beginning of the session.
- 2) **Storytelling:** The subject is also told that the emotions and comments evoked during the process are individual and subjective responses and therefore there are no right or wrong answers. The interpretations, individualism and privacy of the participants must always be respected.

**11. SAND SPIRITS INSIGHT CARDS®** Gifts from the Sea, created by Pamela Hale

(For further details visit: [www.throughadifferentlens.com](http://www.throughadifferentlens.com))

+ PHOTOGRAPHIC SET

The Sand Spirits Insight Cards are unique self-help tools that prompt people of all

ages and backgrounds to greater understanding and inner awareness. These 36 stimulating photographs feature thought-provoking images can help users achieve the ability of "seeing" their actual, true selves and exploiting the power of nature. Sand Spirit Insight cards, as explained below, depict only natural objects and scenarios; the photographer did not alter, change or touched the images in any way, she simply selected the "angle" and portion of sand to be photographed.

Many different people have been found to benefit from this technique, in particular audiences that may find Sand Spirit Insight Cards particularly useful include: women groups, parents who wish to help their children expressing emotions and feelings, therapists, school counselors, cancer organizations, cancer patients, patients suffering from brain injuries, hospitalized and disabled patients' caretakers, photographers and phototherapists.

## PROPERTIES

These 36 pictures were taken in 2000 on a Mexican beach, they depict stones, strong streaks of iron fillings in the sand, lumps of sand agitated by the wind, tidal patterns, etc. As above said, Sand Spirit Insight Cards are works of nature.

As mentioned, these cards can be purchased and used by single individuals as self-help tools supporting emotional expression, self-awareness, individuation and bio-psycho-social well being. Moreover, people can take a three day workshop to get a certification in order to operate as Sand Spirit facilitators.

## PURPOSE:

Activate Inner Wisdom, Creativity, Healing and Transformation;

Discover life purpose, power and passion;

Awaken creativity;

Facilitate problem solving;

Reveal the individuals power to heal themselves;

Communicate one's deepest feelings.

## METHODOLOGY

The method is very similar to that used by Ulla Halkola with her Spectro Cards.

Following are the instructions given to participants and reported on the Sand Spirits website [www.throughadifferentlens.com](http://www.throughadifferentlens.com).

*Choose one of the three images that call to you most strongly. What form or figure do you see? This is your Sand Spirit for now. Try asking it these questions and “listen” for the answer:*

*-Who are you?*

*-Why did I choose you? What would you like me to see or understand?*

*-What message do you have about me and my life?*

*Now thank your Sand Spirit.*

## Conclusion

In summary, the partners have come together for this collaboration through their interest in phototherapy as a psychological intervention in developing prisoners' emotional intelligence.

In developing and disseminating protocols for the use of phototherapy in EU prisons, the training products such as the photocard set, guidelines, lesson plans and manual produced by the partners for this project will enable practitioners to facilitate the emotional

development of incarcerated persons using phototherapy at individual and group intervention levels.

The review as presented here would suggest, with regards to methodology, materials and procedure, that the project should employ the use of photocards, spectrocards and Professor Del Loewenthal's 'Talking Picture Cards' within 6 one hour (50 minutes) individual sessions. These sessions will be carried out by a trained facilitator (who has no other agenda) and will not report on prisoner's sessions other than in the event of a disclosure of harm to self or others. The phototherapy sessions will be conducted with a minimum of 3 (preferably 4) inmates who have volunteered for these sessions.

A minimum of 3 (preferably 4) client inmates will be also be facilitated to make 'photobooks' using the Loewenthal 'Talking Pictures Cards' as a basis. A further group (minimum of 3 preferably 4) client inmates will use cameras to take pictures with captions on 'preparing for release from prison' and another group (minimum of 3 preferably 4) client inmates will be involved in a form of portraiture to be determined by each partner.

In each case the client inmate will be asked to complete a simple questionnaire and a case study will be written up for each of the approaches under review. Reflective practice logs and process records will be kept. There will also be a focus on training facilitators to provide a relationship in ways that enhance the participant's emotional learning. Each method will be evaluated while combing the 'Phototherapy in Prisons' approaches with facilitator on-going client-centred supervision and training exercises in listening skills, Six categories of intervention (distinguishing authoritative from facilitative) and the foundations of Client centred facilitation with particular emphasis on 'Unconditional Positive regard' 'Psychological contact' and 'Empathy'.

In conclusion, the potential benefits for both prisoners and society in terms of the therapeutic facilitation of increased emotional intelligence with offending populations is well

documented. Studies in offender psychology consistently show a distinct lack of emotional intelligence and problematic affect regulation across samples taken from prison populations. This project intends to combine those evidence bases, to provide a new form of therapeutic intervention to a population who may struggle with the confines of conventional therapies. The ways in which phototherapy methods have been evidenced as empowering those without emotional literacy or emotional intelligence may infer that phototherapy could be a conceivably helpful approach to therapeutic intervention in prisons and custodial environments in the future.

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<sup>i</sup> See for example: <http://www.jhu.edu/~hr1/human-serv/ei.htm>; <http://www.mediationworks.com/mti/certconf/bib-emotintel.htm>; <http://eilearningsys.wordpress.com/bibliography/>

<sup>ii</sup> The identified qualities are: Strength of character, Success factor, Attitude, Social intelligence, Content or restless, Extrovert or introvert, How assertive are you?, Laterality, Optimist or pessimist, Aggression, Adventurous or timorous, How patient are you? Planned or spontaneous, Self-confidence, Emotional, How well do you cope under pressure?, Tactful or undiplomatic, Leadership factor, Tough or tender, Open or closed, Do you have the gift of thrift?, How obsessive are you?.

<sup>iii</sup> <http://www.heartmath.org/templates/ihtm/downloads/pdf/research/publications/learning-within-a-prison-environment.pdf>

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## Appendix I

### The Research Centre for Therapeutic Education

The Research Centre for Therapeutic Education (RCTE) Roehampton University (RU) involves one of the largest concentrations of the psychological therapies in the UK, with its associated trainings in counselling, psychotherapy and the arts and play therapies. It currently holds 33 staff, 65 doctoral researchers and over 200 trainees. The RCTE's major interest in phototherapy is evident through publication (Loewenthal, 2009a, 2009b, 2010; Loewenthal, D (forthcoming) Phototherapy and Therapeutic Photography in a digital age. London:

Routledge) and the RCTE's involvement in EU funded partnerships 'PHOTOTHERAPYEUROPE: Learning and healing through phototherapy'.

1) Interest in developing use of phototherapy for counsellors, psychotherapists and art therapists

In promoting the training of practitioners in the use of phototherapy, RCTE has set up the Phototherapy Interest Group (PIG), training art therapists and psychotherapists in the techniques. The RCTE therefore will play a role in developing the training programmes for practitioners.

2) Interest in Practitioner-researcher development and evaluation of effectiveness of phototherapy

The RCTE is particularly interested in learning how to be practitioner-researchers in evaluating the effectiveness of photographic methods. The RCTE has expertise in this area, having developed these ideas via publication (Loewenthal, 2006; Loewenthal and Winter, 2008) and recently held the first European 3-day Symposium on, 'Researching Phototherapy and Therapeutic Photography' bringing practitioners from over 9 countries together for training purposes. Given the RCTE's experience in phototherapy and researching therapy, their input will be vital in evaluating the pilot work, particularly through feedback. Further, given their research background, the RCTE will provide the Action Research training to National co-ordinators.

3) Interest in developing and researching methods for use in a prison context

The RCTE 'Psychological Therapies in Prison Research Unit' is a unit of specialist knowledge with active links to London prisons, through ongoing doctoral and post-doctoral research. The RCTE is particularly interested in working with prisoners and offenders e.g. prisoners with learning difficulties, from linguistic minority communities, and those from deprived areas, developing ways to promote emotional learning in prisoners.

Given the RCTE's experience in phototherapy and researching therapy, their input will be vital in evaluating the pilot work, the prisoners, prison staff and practitioner feedback. Further, given their research background, the RCTE will provide the Action Research training to National co-ordinators.

The RCTE has experience in project management both within national and international projects (IAC, UKCP, NHS trust). The RCTE, UK will employ a project co-ordinator, who will be responsible for the information sharing and communication between the project partners. This position sits well within the RCTE given the previous coordination experience of the institution in EU and international projects, planning symposium, events, mobilities and liaising between partners.

Further, the RCTE works closely with the European Bids Department, enabling a careful analysis of budgets and assistance with financial management of projects. The bids department will further provide expertise guidance and management assistance throughout every aspect of the project. The RCTE has an abundance of experience in e-learning implementation (including project webplatform, technical issues and support) will access to an e-learning software webplatform), vital for effective management of the project.

## Appendix II

### Kiipula Centre of Vocational Education and Rehabilitation

Kiipula Centre of Vocational Education and Rehabilitation (KVC) provides services on vocational special education, adult education, rehabilitation, and work life development. KVC is specialised in educating people with an impaired ability to work and function. It has a lot of experience of working with both prisoners and staff in prisons. Maintained by Kiipula Foundation, KVC has 400 employees and a turnover of 28 million Euros. The Centre is made up of a Vocational College, Rehabilitation Centre and Kiipula Garden

Within the Vocational and Rehabilitation Centres, the mission is to create, for clients, new possibilities and solutions to improve their working and functional capacity, well-being, and success in different phases of life. KVC's specialism lies in educating people with an impaired ability to work and function. In 2009, the KVC organised nearly 100 vocational courses, which gathered over 1,300 students from different parts of Finland. KVC also provides education and development services for the companies and communities in the region, and manages projects funded by the European Union.

Expertise in education and rehabilitation of prisoners

KVC, brings in the strong expertise in the field of vocational education for adult students with special needs. KVC offers the platform for testing and implementing new ideas and has a long history of training in prisons in the area of Häme:

- Riihimäki prison,
- Hämeenlinna prison, male, female and mother-child unit,
- Vanaja prison, open prison for females

At present, KVC, offers preparatory and rehabilitative education and guidance courses (PREG), including phototherapy methods, to prisoners in Hämeenlinna prison, enabling prisoners to develop basic skills. Having located groups of prisoners in both Hämeenlinna and Riihimäki prisons, who the would benefit from phototherapeutic intervention, KVC will arrange digital storytelling courses for offenders (drug and alcohol abusers and sexual criminals) in prisons and training sessions for use by prison officers. KVC will draw on their expertise using phototherapeutic methods both in training and therapeutic work with prisons in Finland. Kiipula also has an ESF-project which gives training to people working with prisoners in prison and will further draw on their training, management and rehabilitation expertise in working with prisoners and training prison staff.

KVC has an abundance of experience of project management both in national and international level. The financial management of the project will be arranged by Kiipula Foundation financial department and it will maintain a separate cost centre/account within the KVC's book keeping. The project office will provide its expertise assistance to the project coordinator on both the financial and operational management of the project.



## Appendix III

### Università Cattolica del Sacro Cuore

Università Cattolica del Sacro Cuore (UCSC) is Europe's largest private university and with five campuses it is the only university in Italy operating on a national scale. Research activity in UCSC draws on 54 institutes and is aimed towards the study and understanding of crucial issues to life and society. The vibrant department of clinical psychology works with many aspects of psychology and in turn psychotherapy. The laboratory of Clinical Psychology of UCSC is particularly involved in the use of photography in the psychotherapeutic field and researching this also.

UCSC has a long lasting experience and actively collaborates with several prisons in Lombardy (San Vittore with about 1400 convicts, both men and women and the prison of Bollate, at present the largest penitentiary in Europe). Members of UCSC staff regularly organize training activities, therapy groups and self help groups for convicts are organized by UCSC members with both rehabilitation and research purposes. Università Cattolica del Sacro Cuore is also part of important national and international networks on the topic with regard to training and in 2012 will host an important international conference.

Consistently with the most recent national and international recommendations within the field of detection, UCSC will work with prisoners with the goal of providing them with a safe environment to experiment new and positive aspects of their identity in order to restructure their personal concept. Moreover, our qualitative researchers collect data in prisons that is analyzed by means of statistical tools for the analyses of qualitative data to produce of best practices and recommendations of policy makers at both local and international level.

The UCSC at the moment has set up two projects with prisons. The two collaborations are working with the prison of Bollate and Milan's prison, San Vittore. These two pilot projects are addressed to the convicts and in particular have as the target, to improve the prisoner's self-esteem and self-awareness. Thanks to these two collaborations, the expertise gained by the laboratory, will bring to the project guidance and expert knowledge in setting up the evaluation of phototherapy.

With regard to operational and financial management, UCSC has an abundance of experience of project management both in national and international level. The financial management of the project will be arranged by the bids and finance office at the University; a team with expertise in EU bids and funding. The UCSC bids and finance office will provide its expertise assistance to the project coordinator on both the financial and operational management of the project, as well as project guidance and admin support. The specific laboratory further has experience in e-learning, ICT and web based learning environments.

## Appendix IV

### The European Prison Education Association – Malta

The European Prison Education Association – Malta Branch is mainly the local Branch of the EPEA. The European Prison Education Association is an organisation made up of prison educators, administrators, governors, researchers and other professionals whose interests lie in promoting and developing education and related activities in prisons throughout Europe in accordance with the recommendations of the Council of Europe. EPEA is recognised by the Council of Europe as a Non-Governmental Organisation (NGO). It is committed to working with prison administrations in Europe to further its aims, but is totally free-standing and independent. Currently there are more than 800 EPEA members in 35 countries in Europe and elsewhere. Apart from serving the aims of the organisation by encouraging the formation of national branches, etc. the EPEA organises a major international conference on prison education every two years. EPEA is registered as an NGO and non profit organisation.

The aims of the EPEA Malta Branch are:

- To act as a recognised branch of the European Prison Education Association.
- To promote education in prison according to the Recommendation No. R (89) 12 of the Committee of Ministers to member States of the Council of Europe (1989).
- To support and assist the professional development of persons involved in education in prison through European co-operation.
  - To work with related professional organisations.
  - To support research in the field of education in prison.
  - To monitor and support the development of Prison Education in Malta

Full membership is open to individuals involved in the field of prison education or in related disciplines with offenders, in Malta. Associate membership is open to others.

'Education in prison' is defined as education provided for all persons who are under the supervision of the judiciary, whether sentenced or awaiting trial, and whether serving a sentence in prison or in the community; 'Persons involved' are defined as all those working in the field of education in prison and in related disciplines.

## **Appendix V**

### **Amitié**

Amitié is an Italian research centre, focusing on education and training, with a large experience in the provision of support and management services. It has a long and positive track record of working with the Italian government, including the Ministry of University and Research and the Ministry of Cultural Heritage and Activities.

Amitié was created in 1991 as a sectoral University-Enterprise Partnership within the framework of the Comett Programme, with the objective to promote training activities in software and information technology. Amitié then created a private organisation carrying out the following activities:

- Research in the field of new methodologies of learning and in the labour market, focusing on analysis of employment needs, definition of new professional profiles, development of training curricula, identification of good practices and benchmarking, in particular in the sector of cultural heritage, new technologies and social research.
- Project Management, consulting and assistance for projects funded by European Commission, national and regional programmes. Amitié promotes, coordinates and develops projects, providing support to enterprises as well as to public and private organisations for the project management.
- Dissemination and promotion initiatives, organization of seminars, courses and infodays to allow a wide and efficient diffusion of the projects and products developed.
- Pilot training activities, both non formal and informal, mainly based on the use of e-learning, with the purpose to increase the accessibility of training courses and to customise them according to individual needs.

## **Appendix VI**

### **GRADECO**

GRADECO was established April 15<sup>th</sup> 2011 at the initiative of a work group which, since 2007 developed programs, projects and social campaigns addressed to certain categories of persons exposed to the risk of social exclusion.

GRADECO was born from the desire to continue the activity of the initiative group in an organized framework, able to ensure the optimal approach to the aims of making available to beneficiaries social services at European standards, for the improvement of their life. So, the members of the team want to diversify and streamline the activities held in the sphere of reintegration, reinsertion and social rehabilitation of detainees from Romanians penitentiaries, and also to facilitate their families' access to specialized social services. Also in the concrete action plan an important role will be played by the projects that want to inform and raise the awareness of the community on the compliance of human rights in Romania.

According to the statute, the aim of GRADECO is the economic, social and cultural development of Romania, by implementing projects and programs carried out locally, nationally and/or internationally; assistance, consultation and representation in economic, social and cultural domains; organizing and developing educational and professional activities.

The association board is formed by seven members who develop the specific activities of each department. They have specialized academic formation and experience in the social reintegration, rehabilitation and recovery of the persons who have committed crimes. Also, the Association has 20 volunteer who support the implementation of the developed projects and programs.

GRADECO Association plans to design and developed specific art therapy activities whose beneficiaries will be inmates, activities held within the prisons in the Nord East region of Romania. Following this direction our organization will implement activities specific to phototherapy.

Within the project introductory courses in photography will be organized, for those who previously passed through the selection process. The association's experts will organize trainings which will develop the beneficiary's capacity to sustain the recovery and social reintegration in the post-detention process.

## **Appendix VII**

### **The Aristotle University of Thessaloniki**

The Aristotle University of Thessaloniki is the largest university in Greece, comprising 42 Schools with more than 80,000 students, at both undergraduate and postgraduate levels, and over 2200 academic staff. The School of Psychology currently holds 24 staff and provides teaching covering a wide range of areas of psychology. In addition to an undergraduate degree programme, the School provides four Masters programmes, in Social Clinical Psychology, in Social Clinical Psychology of Addictions and Psychosocial Problems, in Cognitive Psychology and Neuropsychology, and in School and Developmental Psychology; moreover, several doctoral researchers currently work at the School.

The School of Psychology has extensive experience in the training of applied psychologists, including clinical psychologists (in both clinical and other community settings) and school psychologists. In the context of postgraduate studies, it provides training and supervision in assessment, in counselling and psychotherapy skills -individual and group work- as well as teaching and supervision in conducting research.

In addition, the School of Psychology has extensive experience in research in a diversity of institutional settings, with a commitment to conducting 'real-world research' that illuminates the experiences of socially disadvantaged groups. It also has experience in service evaluation, with a particular interest in psychotherapy research and in the evaluation of other clinical and community services. Several projects have been carried out with a variety and groups of participants in different settings, such as special schools, health services, mental health and other community-based services, self help groups and charities. A notable part of the research carried out in the School relies on qualitative methods and follows the principles of Action Research.

Given the experience in research and the special interest in researching psychotherapy and other clinical interventions, the School of Psychology's main input in the project will be in terms of evaluating the pilot and subsequent work, as well as studying in detail the experiences and views of staff, prisoners and others involved in the project.

PhotoTherapy in General: Please note that others are listed in separate categories below, if they have a particular specialized focus. Judy Weiser, Vancouver, BC, Canada, is a Licensed Psychologist, Registered Art Therapist, and one of the earliest pioneers of PhotoTherapy techniques. Director of the PhotoTherapy Centre, which she founded in 1982 to serve as the world's networking base and extensive resource library for these fields, she is now Bucharest's Jilava penitentiary may be one of the city's oldest, as well as most infamous, prisons, but it boasts one of the most progressive programs of rehabilitation for its inmates thanks to a grant from Iceland, Lichtenstein and Norway through the EEA Financial Mechanism. Through this financial help the penitentiary has developed an in-house therapeutic community made up of staff members to help inmates overcome their problems with narcotics. For all who wants to have a vary solid training in PhotoTherapy Tecniques and know more about Therapeutic Photography, I'm glad to inform you that registrations are open to the 4<sup>th</sup> edition of our annual course "Formazione in Fototerapia e Fotografia Terapeutica" 2020. The course will be held in Rome. The course is held in Italian. I'm interested in phototherapy. Minor and associates in Art. Major in psychology.