THE SOCIAL LOCATION OF PERSONALITY DISORDER:

An exploration of the social problems and needs of male offenders in probation hostels

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ABSTRACT

Personality disorder is a contested and imprecise diagnosis that has occupied significant public and legislative interest over the last fifteen years. This has included the development of services for dangerous people with a severe personality disorder (DSPD) (Home Office, 1999), the beginning of the Personality Disorder Strategy (Department of Health, 2005), and the inclusion of personality disorder within the legal definition of mental illness for the first time in the Mental Health Act 2007.

This primarily qualitative mixed methods study adopts a social constructionist approach to investigating the psychosocial needs and problems experienced by male probation hostel residents who could be seen as having a personality disorder. Hostel residents took part in semi-structured interviews and focus groups, but in addition, their case files have been analysed and they have also completed personality disorder (IPDE) screening questionnaires (Loranger, 1999) as part of the sampling process. Probation officers also took part in focus groups in order to provide the professional and service context for the discussion of how offenders construct social problems and needs. All completed IPDE questionnaires screened positive for personality disorder and only three out of the twenty-five offenders offered the questionnaire had a formal diagnosis already.

The probation officers’ narratives tended to focus on risk management and person-centred relationships with personality disordered offenders, even after recent role changes left them with less time for social work. The offender narratives suggest their social problems link to their claim for normative identity. It is complex and problematic as they aspire for an idealised hegemonic masculine position as part of the mainstream masculinity in society, often using crime as a means of expressing their belonging to this. They could be seen to be trying to recover from spoiled identities.
INTRODUCTION

Study Aims and Research Questions

This thesis provides a qualitative insight into the social problems and psychosocial needs of male offenders with a diagnosis of personality disorder, and those offenders who might attract this diagnosis from having contact with mental health professionals. The study’s setting is a probation hostel. Although some attention is paid to the views of probation officers, this is not primarily a study of probation practice as such but rather an exploration of a topic with relevance to practice. The thesis attempts to answer the following three research questions:

1. What are the connections between male identity and offending for men who could be seen to have a personality disorder?

2. Are men who could fall into the diagnostic category of 'personality disorder' distinctive in terms of their social location?

3. Is there a relationship between psychosocial need, social problems, and personality characteristics in men who could be seen to have a personality disorder?

The next few pages attempt to frame the thesis by introducing some key aspects of the social, cultural and political context of the topic: aspects which later chapters will return to in more depth.
Introducing the Context of the Study

A new regulatory context for managing high-risk offenders has emerged out of a combination of new laws and service developments arising from the then *New Labour* modernisation agenda and public concerns echoed in the media about the potential risks posed by mentally ill people and known sex offenders in the community. Criticism of community care for adults with a serious mental illness in instances where they have committed homicide has amplified these concerns (Shaw et al. 2001). Specific attention from the media on offenders or psychopathic men who commit sexual or violent crimes has contributed to a shift in public policy and law towards aiming to prevent serious risk to adults or children. It has also given justification for changes in service design and increased secure provision aimed at containing and reducing dangerousness (Quinney, 2002; Double, 2002; Rutherford and Duggan, 2008).

Service developments like this are arguably a feature of the late modern moral and political climate in the United Kingdom, named by some as a ‘risk society’ (Beck, 1992), which is characterised by risk aversion and moral panics as the structure of social order and people’s lifestyles change. In trying to balance human rights with the expectations of citizens’ safety the current ambitions to predict risk and manage dangerousness more effectively have never been stronger since the introduction of modern community care than they are now (Kemshall, 2002; Kemshall and Maguire, 2002; Manning, 2000; Webb, 2006). It therefore seems no coincidence that severe personality or psychopathic disorder has received high-profile attention as it has a stronger association than any other mental disorder with crime (Holin, 1997), and especially violent crime (Hare, 2002).
Recent developments in psychiatric, probation and prison services have been a response to the perceived failures of mental health services. These include failure to provide effective support, supervision, and treatment of service-users in the community, often upon their return to the community after spending time in psychiatric or penal institutions (Peay, 1999; Prins, 1999).

Media, political and clinical research attention has continued over some time now to focus on protecting the public from offenders with a personality disorder, as public awareness of this condition has increased (Gray et al. 2002). In Scotland, attention has focused on violent and sexual offending first and personality disorder second (Kemshall, 2002; Scottish Executive, 2000), which reflects historical differences in the legal definition of personality or mental disorder in Great Britain. England and Wales have however experienced more highly publicised homicides and other offences of similar severity involving personality disordered diagnosed men, so this might explain the different focus to some extent. For example, there has been high-profile media interest in psychopathic men such as Michael Stone, who killed Meg and Lin Russell (Brindle, 2000), and Jill Dando’s alleged killer (whose conviction has now been over-turned) Barry George (Panton, 2001). Michael Stone and Barry George were men previously known to mental health services, which appeared to further compound the view held by the public and politicians that community care was failing. Added to this was the high profile Fallon report (Fallon et al. 1999) highlighting the shortcomings of Ashworth Special Hospital’s personality disorder unit. A key criticism was its failure to protect visiting children from sexual and emotional abuse by patients. This report did more than focus on high secure hospitals as it provided a thorough review of psychiatric services for individuals with a personality disorder and recommended radical change in provision.

A few months after the Fallon report was published, the Government began to talk about a small heterogeneous group, mainly men (statistically predicted
to be 98% of the group), called 'dangerous people with a severe personality disorder' (DSPD). This term was first officially used in the consultation document *Managing Dangerous People with Severe Personality Disorder* (Home Office, 1999). This document recognised that improved research, public services, and effective inter-agency co-operation were key aspects of good practice. It boldly assumed this good practice could increase awareness of personality disordered adults' needs and management of their risks towards others in the community. For the first time some of the recommendations of the Reed report on psychopathic disorder (Home Office, 1994) were being proactively addressed. Both the Reed report and the DSPD consultation document recommend the use of the term *severe personality disorder* to replace the common usage of psychopathic disorder in social policy and psychiatric services because its definition and meaning for society has achieved little consensus amongst psychiatrists. Psychopathic disorder was accepted as a concept that had become (and still is) a highly stigmatising diagnosis. It has been criticised for being a term used too widely and inappropriately as a personal taint, and as an excuse for excluding individuals from services when psychiatrists do not like patients, or feel they cannot treat them (Home Office, 1994; 1999; National Institute of Mental Health England, 2003a).

The DSPD consultation document's definition of severe personality disorder is broad but quite similar to the clinical definition of psychopathy (Hare, 1991). It is arguably progressive in nature as the term is an umbrella for more than one type of personality disorder located at the severe end of a continuum of personality disorder symptoms. The definition used in the DSPD policy document is as follows:

Personality disorder is an inclusive term referring to a disorder of the development of personality. Personality disorder is not a category of mental illness, but a diagnosis of personality disorder, like mental illness and other mental disorders, can potentially be
regarded for legal purposes as a cause of "unsound mind". It includes a range of mood, feeling, and behavioural disorders, including anti-social behaviour. These may separately or in combination, contribute to identification of severe personality disorder. Those with a severe personality disorder generally have an inability to relate to others, poor control of impulses, and difficulty in learning from previous experience. Not all people with severe personality disorder present a risk to society or themselves. The severity of the disorder may, or may not, be related to the risk posed. (Home Office, 1999, p5)

This definition of DSPD is broadly open to individual interpretation because there was no widely accepted empirical definition for severe personality disorder at the time of the documents' publication. It refers to a small DSPD population although this is only an estimate based on secondary analysis of a prison study examining the prevalence of antisocial personality disorder. Throughout the development of the DSPD programme - the government’s main policy initiative in this field - researchers have made improvements in defining this term more robustly (Tyrer et al. 2009). The initial focus had been on developing the DSPD service referral criteria for admission to DSPD units, but the criteria lacked clarity in relation to when individuals no longer require high security and thus are appropriate for transfer to step down levels of secure care (Duggan, 2007). The idea of having a defined way into high secure DSPD care and not a way out seems problematic and there are social justice implications here in disadvantaging DSPD service users. For instance, they are in danger of being stuck in the system and so reinventing the problem from the 1970s of not having enough step-down secure services (Butler, 1973).

To date, the DSPD programme’s research has focused narrowly on clinical needs and definitions as being of primary importance. Therefore service developments have been dependent upon the effectiveness of clinical
definitions to capture the traits, behaviours and lifestyles of a particular population. Social needs or problems have been treated as subordinate to clinical issues within the DSPD programme. But now with the development of more non-DSPD community personality disorder services (Department of Health, 2009), social problems are becoming more important in developing the knowledge-base required for creating service outputs across the criminal justice, health and social care system. The DSPD consultation document (Home Office, 1999) demonstrates an eagerness to prevent severe personality disorder (SDP) through tackling some of the root causes of adult antisocial, criminal, and dangerous behaviour. These causes were said to include school truancy and bullying, family turmoil, child abuse, and youth offending.

An accepted association between crime and psychopathy featured in the DSPD policy document, and this assumption was applied to the practice of probation officers with the introduction of the evidence-based Offender Assessment System (OASys) (Home Office, 2002). The OASys is an assessment that assumes both mental illness and personality disorder are offending-related needs. It promotes the idea that a rational offender will avoid re-offending with problem solving and support to meet their social needs, but it appears to assume personality disordered offenders are rational and therefore responsible for their criminal actions. The OASys includes a screening section for DSPD, where probation officers judge if an offender has a severe personality disorder and is dangerous. Therefore, in essence, officers are expected to make a subjective assessment under the gaze of a rationalistic framework, but the identification of personality disorder is perhaps less important than meeting the needs of offenders. For example, Bonta et al. (1998) provide evidence to suggest that criminal recidivism is less to do with psychopathology and more to with social and psychological factors.

My study promotes this view held by Bonta et al. but it does so within a constructionist framework of analysis. It intends to contribute to knowledge
in this area, but it does so in the context of a paucity of social scientific and social work research on personality disorder in relation to social problems. The study’s aim is to explore the social location of personality disorder, via qualitative research with a sample of male probation hostel residents.

Studying the social location of personality disorder involves a focus on psychosocial needs, risk, and social problems. As Sheppard (2006), amongst others, argues, social location and psychosocial needs are interrelated. In exploring this issue via primarily qualitative research methods, the study may encourage professionals to avoid over-reliance on risk-needs assessments based on population group-based assumptions and value judgements. Such assessments often use actuarial figures, and needs are simplistically defined rather than being considered in their socially constructed context (Kemshall, 2008; Williams, 2004).

The notion of ‘social location’ has the potential to make more meaningful sense of why psychosocial needs and problems occur, and therefore provide an alternative to sole reliance on descriptive needs. There will be a focus on how offenders cope with the social conditions they find themselves in. Service use and social exclusion inevitably play an important role, and chapters 1 and 2 (below) emphasise the importance of understanding the impact of these issues for people with a personality disorder.

My approach does not accept without question that social needs simply exist, and then can be named and given a value (i.e. quantified), but rather that human needs and personality disorder diagnosis are socially constructed: these constructions are attributed meaning and influence within human interaction. Qualitative research has the potential to provide meaning and in-depth representations of service users’ social circumstances and factors helping to maintain them. It is rare to find qualitative evidence about offenders’ social circumstances where social problems arise. For instance,
criminological research knows very little about the actual social circumstances of personality disordered offenders, other than being able to have a narrow understanding of them through an awareness of value-laden types of need (Aubrey and Hough, 1997; Raynor et al. 2000). Social circumstances are something that mental health social workers normally grapple with, analyse, and reformulate into reports for others to understand from a social perspective (Department of Health, 2002).

The term 'social location' encompasses factors such as gender, ethnicity, sexual orientation, age, social class, religion, and physical abilities. Rather than being seen simply as human traits or social epidemiological factors, these aspects of a person's social location are part of a network of dominant and subordinate cultural expectations that can be analysed and described in sociological terms (Andersen, 2005; Worell and Remer, 2003). For instance, every person has a distinct social location where elements like race, class or gender intersect with the experience of a person. These interacting social relations work multi-dimensionally to shape one's social location (Andersen, 2005; Burgess-Proctor, 2006; Margaret and Taylor, 2005). It is as if locations are fuzzy, dynamic, changeable, but never static, in part because external factors like symbols, power, status, stigma, and social capital all influence human interaction.

The concept of social location has been used to understand how ethnic groups develop and become sustained through group belonging (Verkuyten, 2005). Hammersley and Atkinson (2007) argue that a social location is where a pattern of social relationships and personal identities are formed and maintained. Similarly, Berger and Luckman (1966) note that an individual's social reality is shaped by characteristics of social location, and Tushman and Romanelli (1983) argue that social location defines an individual's position with a social network but it is relative only to the positions of others. Issues of power, dominance, subordination, and identity can therefore play a major
role in allowing researchers to explain and analyse the social location of psychosocial problems. Awareness of social location can therefore fill gaps of understanding relating to aspects of interaction between individuals and groups in society.

I have chosen to use qualitative research findings to explore key aspects of the social location of personality disorder within a sample population of male offenders, focusing on domains of social exclusion, offending, masculinity, and identity. Personality disorder diagnosis is contested, but it is potentially useful to examine social location with reference to diagnosis and its social influence, as this should provide insightful impression of why offenders' have certain needs and how they experience social problems.

The next chapter provides an overview of the diagnosis of personality disorder, including issues such as clinical models, assessment before diagnosis, and the relationship between problems in childhood and adulthood. Chapter two follows with a review of social problems need and risk in the context of modern service provision, and in relation to personality disorder. The literature review then ends with the adoption of a social constructionist perspective to explore how masculinity and identity management are critical theoretical issues for understanding men (chapter three). Chapter four then reviews methodology, and provides an explanation of why certain methods are chosen from a theoretical and pragmatic perspective. The emphasis is on the benefits they offer in helping to respond to the research questions.

Chapter five starts to present the empirical findings of this thesis. It uses data to promote the argument that the sample population should be located in a social and personal context, and not a diagnostic one, with reference to data from both offenders and probation officers. Chapter six then explores issues of assessment, resistance and power. Probation officer views, men’s reaction
to a screening tool and their approach to hostel life generally, help to highlight the interface between these issues within social interaction. The focus then moves in chapter seven to how offenders talked about crime. Particular emphasis is on processes of protection and caution against threats to self-esteem utilised by offenders, and techniques used to neutralise risk to their identity and status. Chapter eight then brings together ideas around masculinity, psychosocial protection, and social exclusion as a critical axis for understanding these men. Finally, a concluding chapter brings together the potential implications of the study for social work and probation practice.
Chapter One

DEFINING AND LOCATING PERSONALITY DISORDER

Personality disorder diagnosis is a social construction that exists in the professional categorisation of mental health professionals, but the potency of this label is amplified when it can influence decisions, including application of the law to support compulsory treatment options. Like any diagnosis, personality disorder is validated by empirical field tests, often using quantitative methods of data collection and analysis, which then legitimise its definition and location within the diagnostic manuals of psychiatry. It has become a label legitimised by scientific and biomedical rationality, so it has become integrated into professional culture as assumed knowledge that represents a real and measurable form of mental abnormality. The idea that something called 'normality' exists becomes taken-for-granted and yet it is not measured and is simply 'known' in the same way that diagnostic labels are.

This chapter begins with an explanation of the link between social policy and the development of modern services, discussed in the context of how services respond to a risk society, by trying to regulate dangerousness through enhanced measures of containment and control. The chapter then moves on from this background by critically analysing the problematic nature of personality disorder diagnosis and assessment. Particular emphasis is given to how divorced the diagnostic system of psychiatry is from the culture and social problems the diagnostic traits are meant to relate to because there is no theoretically informed link between them and psychiatric categories. The chapter then moves onto discuss how theory and research supports some association between childhood abuse and trauma, and adult diagnosis of personality disorder. Based on the critical analysis and discussion within the
happen, are most likely to be committed by adults with no previous contact with mental health services and no conviction for dangerous conduct in the community (Appleby et al. 2001; Manchester University, 2006; Taylor and Gunn, 1999).

A move towards punitive service provision may seem unethical and could be seen as signalling the demonisation of certain vulnerable groups in society, given that the link between crime and mental illness has never been clear (Hodgins et al. 1998; Hollin, 1997; Peay, 2002; Pilgrim and Rogers, 1999). However, the link between violent and aggressive conduct (which may include crime), and psychopathic (personality) disorder (Hare, 1991; 2002; Hodgins and Müller-Isberner, 2000; Laurell and Dåderman, 2005) is where the strongest association between mental illness and crime is known to exist.

The acceptance of the psychopathy-offending link by Government ministers can be seen in the original (but changed\textsuperscript{3}) plans to amend the Mental Health Act 1983. Preventative detention and particular attention to violent and dangerous behaviour formed central themes of the White paper Reforming the Mental Health Act (Department of Health/Home Office, 2000). The magnification of interest on the inner-life (or cognitive processes) of individuals has become synonymous with theoretical and clinical models of assisting with the management and regulation of risk. With the development of Dangerous and Severe Personality Disorder (DSPD) services (Home Office, 1999) and generic personality disorder services (Department of Health, 2005) we have seen a legitimisation of an illness that many psychiatrists did not previously treat because it had been seen as an untreatable condition (Manning, 2000; 2002). This implies a significant change in direction for clinicians who, in this context, perceive personality disorder to be a treatable

\textsuperscript{3} The Mental Health (Amendment) Act 2007 did not include preventative detention, although the powers to detain someone on clinical grounds prior to anticipated antisocial conduct were already available under case law produced under the Mental Health Act 1983.
condition more often than they used to. It was a condition that often led to service exclusion in the past, but as services begin to take more interest in adults with a personality disorder, it has become a diagnosis in danger of being a demonised due to its strong association with high levels of risk and dangerousness.

The increase in service provision and resurgence of interest in treatment of personality disorder represents a shift in notions of blame and responsibility for behaviour in society. Professionals will sometimes interpret the way people make decisions as evidence of illness that is restricting rational thinking. This appears to offer a comfortable departure from an ambiguous past where the line between rational and irrational was more blurred by talk about personality disorder (Wade and Halligan, 2004). This new attention to treating personality disorder has become part of what has been called the new penology (Feeley and Simon, 1992), with association to growing criminological and legal interest in actuarial justice since the 1990s (Feeley and Simon, 1994). With reference to the work of Feeley and Simon, Kemshall (2006) describes how the postmodern emergence of a new penology is characterised by new ways of regulating risk. These include the use of actuarial risk practices to ensure civil stability and social order, and concerns the effective assessment and management of the 'dangerous class' by professionals and agencies working together (e.g. Multi-Agency Public Protection Arrangements: MAPPA). Psychological models are popular as they promise greater certainty of understanding of the relationship between risk, crime, and mental health. This includes the areas of community protection (which prioritises public protection); clinical treatment (illness-related); and the justice model (based on the idea of the rational actor) (Taylor-Gooby and Zinn, 2006; Kemshall, 2008).
Rationality and its Role in Maintaining Social Order

Kemshall (2006) makes sense out of the nature of this modern service context and how it differs from services of the past by suggesting that the foundations of modern services are now more psychological, and hence theoretically informed. She argues that offenders have become conceptualised as rational actors (i.e. linked to rational choice theory), which means they are regarded as volitional information-processing units in a socio-political landscape concerned with personal choice and responsibility. This means that those who do not process information correctly are regarded as irrational, and everyone regarded as rational is thus assumed to be responsible for their crimes. This is a position supported by psychological research adopting a realist paradigm (e.g., cognitive science), but Kemshall identifies that this has led to risk being investigated at an individual level, with some connection to social issues such as power (to act differently) and opportunity (to avoid risk situations).

Biomedical rationality helps to promote ideas about how a rational actor, or mentally capable person should behave and how they should be expected to make decisions in a rational way. Rationality forms the empirical underbelly of modern psychiatric diagnosis with its current trend towards ever increasing biological and genetic explanations for mental disorder. This includes ideas from neuroscience and bio-cybernetics (Rose, 2005), and it is seen most strikingly in literature and research describing how brain imaging suggests psychopaths and non-psychopaths are cognitively and biologically different (Blair et al. 2005). For example, the part of the limbic system, known as the amygdala, is one of two components of the limbic system that transmit sensory information, such as emotion and feeling, to other regions of brain that can help humans make decisions. This has led to the hypothesis that decision-making and emotion in psychopaths is noticeably different and thus may explain psychopathic traits such as rule violation and lack of empathy (Hare, 1998a, p105-137).
Kemshall does not consider radical or critical perspectives, such as whether or not society is using the status of biological rationality to divert blame away from its own responsibility for inequalities and injustice that promotes crime by focusing on individuals (e.g., Bessant, 2002). Kemshall (2006; 2008) does however, with reference to the Foucauldian work of others (e.g. Rose, 1998; Lupton, 1999), argue that this new context has served as a form of governmentality (e.g. surveillance, discipline, or regulation) or responsibilization. She argues that risk has been socially constructed to reinforce social order, blame homicide on others, and marginalise high-risk offenders. This is achieved through the emphasis on individual responsibility and self-regulation of conduct in accordance with social norms (i.e. personal risk management), so the modern service context concerned with personality disorder and risk is not politically neutral or void of theoretical bias. It appears to represent a welfare system that appears more tolerant of people with cognitive problems, rather than social problems. This is because there is an underlying neoliberal theme within social policy that suggests people can somehow reduce their social problems with the right kind of thinking.

Kemshall (2006), with reference to Stenson (2001), suggests that social problems can influence the way people think because they impact upon individuals' ability to self-risk manage, though neither author explicitly refers to personality disorder or mental health and its relationship with psychosocial needs or social problems. The concept of governmentality or responsibilisation expressed here does not critically appraise the assumption that people are either rational or irrational, and instead consider whether mental health problems might otherwise exist along a spectrum between these two cognitive poles. There is a lack of interest in the grey areas of mental health and risk in current literature, such as an exploration of whether or not social problems, stress, and identity issues outside of an individuals' direct control reduce their mental capacity to make effective decisions.
The interface between social problems and identity have largely been ignored in the study of risk posed by mentally disordered offenders even though this interface might have an impact upon risk levels in the community. This will be explained later, but it is one way in which this thesis claims an original contribution; because it allows attention to be given to these concepts within a constructionist framework. Before I explore how identity and social problems can help us understand the interface between risk and mental (including personality) disorder, I will deconstruct some psychiatric and psychological understandings of personality disorder, as a further important part of the context for my study of the social location of personality disorder.

Tensions in Diagnosis and Definition

There is more controversy over personality disorder than almost any other area of psychiatric practice. It is a confusing area and one that attracts very little research attention. It is an important clinical area about which we know very little. (Lewis and Wessely 1997, p183, cited by Manning, 2000, p628-9)

Psychiatric diagnosis assumes mental and personality abnormality exists within humans and this is based on the premise that individuals become mentally disordered after being normal if, that is, they were not already born with a mental impairment. The diagnosis of personality disorder has been slow to evolve into an accepted clinical construct with some agreement over basic classification guidelines (Nathan, 1998). Guidelines exist within the two main categorical diagnostic systems of psychiatry. The first is the fourth edition of the Diagnostic and Statistical Manual of Psychiatric Disorders (American Psychiatric Association: APA, 1994) (DSM-IV), where personality disorder is located in a different section from mental illness (Axis II). The second diagnostic system is the tenth edition of the International Classification of
Diseases: Classification of Mental and Behavioural Disorders (World Health Organisation: WHO, 1991) (ICD-10). The ICD-10 defines personality disorder as;

...a severe disturbance in the characterological condition and behavioural tendencies of the individual, usually involving several areas of the personality, and nearly always associated with considerable personal and social disruption. (World Health Organisation, 1992, p264).

The DSM-IV acknowledges that personality disorders are a heterogeneous group of disorders that arise when an individual’s personality traits are maladaptive and inflexible. Its general definition is as follows:

A Personality Disorder is an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment. (American Psychiatric Association, 1994, p629)

The acceptance of personality disorders within psychiatric classification is a consequence of a long evolutionary process, where over time psychiatrists have became increasingly interested in their patients' underlying psychological problems. This interest has been informed by the early use of psychoanalytical theories (Paris, 1996), but after the neo-Kraepelinian revolution in psychiatry (Clarkin and Lenzenweger, 1996; Paris, 1996) it became a profession concerned with an atheoretical and empirically tested trait-based category model of diagnosis. Subjectively validated, theoretical, or

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* Kraepelin (1913) was concerned with empirical trait-based approaches to diagnosis
phenomenological-based approaches to understanding mental disorder like psychoanalysis are in opposition to this (Alarcón et al. 1998).

A clinician’s choice of personality disorder diagnosis is often determined by the nature of an individual’s behaviour, prominent personality traits, and the absence of a mental illness (Blackburn, 1993; 2000). The ICD-10 is more widely used in Europe, and it defines nine specifically named personality disorders, whereas the DSM-IV is more widely used in North America and has ten disorders split into three clustered groups. Some personality disorder categories in psychiatric manuals have a different name for essentially much the same descriptive disorder, and there are a couple of categories within each manual excluded from the other (See Appendix A). For example, the DSM-IV diagnosis of antisocial personality disorder and the ICD-10 diagnosis of dissocial personality disorder are very similar (See APA, 1994; WHO, 1991). The DSM-IV takes categorical classification a step further with its use of an Axis II section, as it groups personality disorders into clusters in recognition that they have some descriptive similarities. Cluster A is for odd and eccentric individuals, Cluster B for dramatic, emotional and erratic individuals, and Cluster C is for those who tend to be anxious, avoidant and fearful. The ICD-10 does not include cluster groups, however it has become popular practice in research and practice to use clusters by placing ICD-10 personality disorders in the nearest matches to DSM-IV types despite these having different names (McMurran, 2002; Tyrer, 1992).

Some common criticisms and concerns about the psychiatric diagnosis of personality disorder are outlined by Alarcon et al. (1998). They argue the importance of ethnicity, culture, and gender has been underestimated, in part because not enough attention has been paid to these issues in clinical research. Second, psychiatry promotes generalised categories of disorder that are not tailored enough towards understanding individuals’ unique clinical profile or treatment needs. Thirdly, there is a high prevalence of overlap in and between
categories, and little is known about the process of diagnostic decision-making itself; although this is perhaps made worse by the historical reluctance of psychiatrists to diagnosis and treat the condition (National Institute of Mental Health England: NIMHE, 2003a; 2003b). In addition to these themes of critique within psychiatry, Pritchard (2006) argues from a social work perspective that the uni-dimensional nature of psychiatry is too rigid, ethnicity is too often ignored, diagnosis is class-biased, and the influence of the pharmaceutical industry is too powerful.

No universally accepted empirical measures of personality exist, so Paris believes that until this changes or theories improve, then little is likely to change. A reliance on psychiatric trait-based categories to diagnose personality disorder therefore leaves us with a construction of abnormal personality, but with no theoretical way of knowing what normal personality is. For example, questions remain as to what does it intuitively feel like to have a normal personality; how does a personality disorder stand out as different; and how can professionals know when personality disorder is not present?

Common emotional and behavioural presentations and affective states relating to personality disorder include a lack of empathy, extreme egocentricity, blame avoidance, and disregard for social norms. Drug using, sexual promiscuity, self-harm and impulsive antisocial behaviours are just some of the lifestyle characteristics, traits, and habits associated with these disorders (APA, 1994; Gelder et al. 1999; Paris, 1996). Despite using psychological assessment instruments to assist with their sense of 'knowing' personality disorder, psychiatrists are often reluctant to diagnose an individual with personality disorder(s) due to a lack of effective treatments (Dolan and Coid, 1995; NIMHE, 2003a).
Attempts have been made to identify severity as a means of morally separating the general population of offenders from those who offend more as a result of their clinical symptoms. A taxonomy of severity has been developed by Tyrer (2000; 2005), to help define DSPD and to try to make sense of when a personality disorder becomes severe, dangerous, or both. It is a four level classification of personality disorder severity (See Appendix E). Level 1 is where a person is almost demonstrating all criteria for having a personality disorder; and level 2 is where a person has one or more personality disorders within the same Cluster. Level 3 is with two or more from different Clusters; and level 4 is ‘severe personality disorder’ with two or more from different Clusters and the presence of serious antisocial behaviour. It should be noted that this taxonomy still requires independent investigation of its usefulness and accuracy in identifying severity.

Psychiatry tends to acknowledge its use of categorical models has limitations, and that dimensional models might be useful in future (APA, 1994), so to some extent the profession accepts this diagnosis is problematic and sometimes uncertain. There are signs that psychiatry realises the actual process of diagnosis is not simply a scientific logical act, but something that involves objective measurement, intuitive reflection, and an acceptance that personality disorder is caused by more than biological factors alone.

Theoretical Dimensions and Models of Personality Disorder

Dimensional approaches to understanding personality disorder are like categorical models, in that they are also trait-based, and they are intended to help clinicians decide where personality abnormality exists (although from more of a psychological perspective). Personality is theorised as being something real, measurable, and in permanent existence along a continuum that merges between normalcy and abnormality (Millon, 1998), so this means no clear dividing line exists between mental disorder and mental order. A
The popular dimensional classification system is the Five-Factor Model (FFM) of personality. Its conceptual beginning was in the work of McDougall (1932), but with the help of computer statistical software to perform complex factor-analysis of research data (Digman, 1998) since the 1980s, the FFM became the most popular dimensional model. The FFM presupposes personality may be best analysed as five separate factors, each with a hierarchical structure of personality traits. By observing the consistency of individuals' thoughts, feelings, and actions in response to their social interaction and environment these traits can be assessed. They are used to inform questions within assessment instruments, and they are grouped together in dimensions of neuroticism, extroversion, openness to experience, agreeableness, and conscientiousness (Costa and Widiger, 1998). For example, the NEO-Personality Inventory (Costa and McCrae, 1985) is an assessment measure of the Five-Factor Model. The Millon Clinical Multiaxial Inventory (MCMI) dimensional assessment (Millon, 1983) and the popular International Personality Disorder Examination (IPDE) (Loranger, 1999) are assessing dimensions of personality with reference to categories or types as a means of relating dimensions more directly to psychiatry.

Clinical psychology has gained influential ground in theoretically informed research with the aid of computer-assisted factor-analysis, while psychiatry remains preoccupied with atheoretical categorisations of mental disorder. Both professions do however claim to be taking a scientifically rational approach to diagnosis and treatment but academic and clinical psychology has more interest in theory and models of explanation rather than just categorisation.

The study of personality and its disorders has been named personology (Millon, 1990) but there are a number of major theoretical approaches to understanding personality; such as psychoanalytic, behavioural, cognitive, evolutionary, biopsychosocial, and interpersonal models. These theoretical
approaches are diverse, all have some limitations, and some evolve from
psychoanalysis (Clarkin and Lenzenweger, 1996; Livesley, 2003; Millon, 1990;
Millon et al. 2004). The models are all united by a perception of personality
disorder as a collection of abnormal personality traits that are variants of
normal personality found in the general human population (Gelder, et al.

It has been argued that the process of validating mental disorders never quite
ends as they become updated after further research and the resulting changes
in attitudes about them (Cooke et al. 1998). This observation supports the
argument that diagnosis is essentially a social construction of human
abnormality based on character, temperament and human traits (Millon et al.,
2004), but not one that is solely located with individuals, their minds, or their
ability to negotiate roles and responsibilities in society. Within the disciplines
of psychiatry and psychology, there is little emphasis on how to link
diagnosis with society and the social problems that individuals encounter. But
according to the diathesis or stress-vulnerability model, it is possible that the
experience of social problems will disadvantage, oppress, or disable
individuals, and their capacity to regulate their own behaviour as effectively
as some other people. This model has a particular interest in how this relates
to culture or ethnicity and processes of acculturation5 (Gurung and Roethel-
Wendorf, 2009), or how distress associated with personality disorder can
fluctuate over time because of stress (Tyrer, 2007). Whilst this theoretical
model assumes there are predisposing factors to illness, at least there is some
acceptance of how stress and social problems linked to environment can
influence the severity of symptoms. The ‘bio’ in biopsychosocial still
therefore holds on to some dominance within different theoretical models,
and it is argued it dominates mental health professional practice (Tew, 2011).

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5 Adapting to a new culture and society when, for example, someone has migrated to a different country
This chapter has so far talked about the popularity of rationality within recent social policy and mental health services but this seems to be connected to how biological models of understanding mental disorders (including personality disorder) still dominate mental health practice and research. Epidemiological studies that I will now discuss, take the philosophy of rationality a step further beyond theories by empirically associating forms of moral self-regulation and social conditions with particular types of personality disorder. This still keeps the focus of responsibility for individuals' behaviour with them and their illness, and not on how society and psy-professions treat citizens.

Epidemiology and Assessment of Personality Disorder

Limited national data exists on the prevalence (psychiatric morbidity) of personality disorder(s) in the community, or within the criminal justice and mental health system, however it is estimated that the prevalence of any type of personality disorder in the general population is between 6 and 15% (Royal College of Psychiatry, 1999). Estimates indicate the adult community prevalence of personality disorder is 10-13%, although it has been shown that it is more common in 25-44 year olds in the community (de Girolamo and Dotto, 2000). In private households, about 1 in 25 adults were assessed, using the SCID-II assessment (First et al. 1995), as having any kind of personality disorder, and obsessive-compulsive, or Cluster C personality disorders more generally, are most prevalent in wider society (Singleton et al. 2001). The dominance of Cluster C in the general household population is also supported by evidence provided by other researchers (e.g. Lenzenweger et al. 2006; Zimmerman et al. 2005), although it has been argued how this might be explained by the close relationship between Cluster C and more common conditions such as depression (Faravelli, 2005; Trull and Stepp, 2005; Viinamäki, 2002).
The prevalence of personality disorder amongst populations removed or segregated from wider society, and exposed to marginalisation, stigma and social exclusion, are much higher than the general household population in the UK. For example, between 36%- 67% of psychiatric hospital patients are thought to have a personality disorder, although this includes co-morbidity of diagnosis (NIMHE, 2003a). Similarly, Singleton et al. (1998) interviewed prisoners using the SCID-II diagnostic screening tool for the DSM-IV, and found 56%, 40%, and 65% of male remand, male sentenced, and female prisoners respectively met the criteria for antisocial personality disorder and one or more personality disorder in addition (Table 1 below). Percentages of prevalence for hospital patients are similar to U.K prisoner sample populations.

Table 1
Prevalence of personality disorder in prisoners (from clinical interviews) by sample group

<table>
<thead>
<tr>
<th>Type of personality disorder</th>
<th>Male remand</th>
<th>Male sentenced</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of the population with each type of disorder</td>
<td>Percentage of the population with each type of disorder</td>
<td>Percentage of the population with each type of disorder</td>
<td></td>
</tr>
<tr>
<td>Avoidant</td>
<td>14</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Dependent</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>7</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Paranoid</td>
<td>29</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>Schizotypal</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Schizoid</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Histrionic</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Narcissistic</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Borderline</td>
<td>23</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Antisocial</td>
<td>63</td>
<td>49</td>
<td>31</td>
</tr>
<tr>
<td>Antisocial only</td>
<td>28</td>
<td>30</td>
<td>11</td>
</tr>
<tr>
<td>Antisocial and other</td>
<td>35</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Other only</td>
<td>15</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Any personality disorder</td>
<td>78</td>
<td>64</td>
<td>50</td>
</tr>
<tr>
<td>Base</td>
<td>181</td>
<td>210</td>
<td>105</td>
</tr>
</tbody>
</table>

Antisocial personality disorder (i.e. Cluster B) is the most common type found in this prison population within table 1 above. In a similar light the earlier prison study by First et al. (1995) found 62% (male remand), 48% (male sentenced), and 40% (female) of prisoners were assessed as having a Cluster B personality disorder (i.e., includes borderline, antisocial, histrionic, and narcissistic classifications). Therefore, personality disorders associated with antisocial behaviour are more common in offender populations, than the general community population in the United Kingdom. Antisocial personality disorder has very close historical links with traits (e.g. dramatic, erratic, emotional, and impulsive behaviour in addition to high risk-taking and/or offending) of psychopathic disorder (APA, 1994; Hare, 2002; Tyrer, 2002; Widiger et al. 1996). Psychopathy is closely associated with serious and violent offending (Dolan and Coid, 1995; Hare, 1991), but also with severity of personality disorder; as seen by its strong relationship to the definition of Dangerous and Severe Personality Disorder (Tyrer et al. 2009).

Outside of illegal behaviour, it is difficult to morally, or scientifically assume some sort of universal answer to the question of what normal self-regulation is. By virtue of the links made by epidemiological studies between antisocial behaviour and personality disorder there is a suggestion made by these studies that people segregated from wider society are more likely to attract this diagnosis. It could be that there is a bias in assessment process because of the way that assessments have developed from a psy-professional culture dominated by bio-medical rationality and subordinate the importance of social problems in helping to treat and support people effectively.

Various authors have discussed the best ways to assess personality disorder; how to best differentiate between its different types or severities; and how to understand social problems and emotional distress associated with it (Alwin et al. 1999; McMurran, 2002; Millon et al. 2004; Tryer et al. 2007). For instance, some caution is required in assuming severity from the data provided by
modern assessments like the International Personality Disorder Examination (IPDE) (Loranger, 1999), and more generally, some self-report personality assessments have been said to over-report symptoms and others underestimate the presence of disorder (McMurran, 2002).

It is possible that problems with current clinical assessments exist because they do not take serious account of issues like social justice, equality, and exclusion. For example, Singleton et al. (1998) acknowledge that White males appear to attract positive screening for antisocial personality disorder (Cluster B) whereas Black African-Caribbean males tend to attract Cluster C (anxious) types. They do not discus this and instead leave the findings open to potentially worrying interpretation of racial and ethnic differences between personality disorder types, or accusations of discrimination within unreliable assessment tools because they may have a racial or cultural bias. Such accusations may have some foundation. For example, the psychopathy diagnostic and assessment tool known as the Psychopathy Checklist-Revised (PCL-R) became empirically validated by tests on samples of primarily white, male, North American, and European prison and psychiatric populations (See Cooke et al. 1998).

In light of historical reports and research, it could be possible that assessing clinicians inadvertently see the personality of black men as having a closer link with possible mental illness. Given how over-interpretation of illness severity in black men does keep happening, culturally unreliable and biased assessment tools could reinforce judgemental views held by professionals. For instance, it has already been mentioned that Cluster C types have been more closely associated with mental illness in research findings, and Black Afro-Caribbean men in the UK have, for a long time, been over diagnosed with schizophrenia, and over medicated and secluded in the psychiatric system.
(Fernando, 1995, 2002; Littlewood and Lipsedge, 1999; Parker et al. 1995). In view of these issues, there is room for questioning assessment reliability.

The Singleton et al. (1998) study therefore raises the question of how useful or possible it is to differentiate between offenders with and without personality disorder, and it can help open up opportunities for critique of both the way assessment tools are validated, and the way in which diagnosis is used in society. It raises the danger of using assessment information as a tool for unfair risk regulation, rather than a clinically informed non-biased explanation for offending behaviour. Given that 64% of sentenced male prisoners within Singleton et al.'s (1998) study were assessed as having a personality disorder, it could be argued that these men are being morally punished by being imprisoned. It is possible that this punishment is seen as a form of aggressive societal oppression by non-diagnosed imprisoned men whom might otherwise attract a diagnosis and hospital treatment. Bias in an assessment process may not only seem unfair, but if it leads to them being given a prison sentence then the experience of prison itself might reduce their resilience to stress and increase their mental health vulnerability. Tew (2011) discusses how the internalisation of positive empowering and affirming experience appear to help people be more resilient, so what if these men have also experienced a life to date where they have had negative experiences since an early age? Might they feel angry, rejected, and want someone to blame for experiences of social exclusion, marginalisation, stigma, authoritarian treatment, and social isolation? The danger is that an assessment process might label those feelings within a construct of personality disorder and the assessed person may feel they cannot connect or trust a professional when this is something they might dearly want to do in order to feel able talk about their past, and maybe become more resilient.
Traumatic childhood narratives of offenders may relate to their adult mental health and behaviour. It is possible that some of them have never felt accepted or protected enough by society to want to invest their own trust, emotional energy, and commitment to it. Calling this situation a 'disorder' and then exposing offenders to stigma after diagnosis is one argument against offering clinical assessment to many more of them. For instance, professionals might wrongly label a person with a personality disorder diagnosis because they have certain personality traits and childhood experiences, but no formal diagnosis. Links have been found in research between childhood abuse and personality traits commonly associated with personality disorder so the risk of over-interpretation of the link between childhood experience and personality disorder is possible. I will now explore childhood abuse and trauma in the context of personality disorder research that uses personality assessment data to examine the links more closely.

Childhood Abuse and Trauma

Evidence has emerged to suggest that there is a statistical link between childhood abuse and common symptoms or diagnosis of personality disorder. For instance, Herman et al. (1989) found 81% of women with a borderline personality disorder diagnosis within their sample of 21 women experienced major childhood trauma, with 71% physically abused, 67% sexually abused, and 62% witnessing domestic violence. Levels of trauma diminished with an increased age of onset of abuse and abuse was strongly associated with borderline diagnosis. In their study of 60 female inpatients with borderline personality disorder diagnosis, Brodsky et al. (1995) found 52% reported a history of self-mutilation and 60% childhood physical and/or sexual abuse. There were high levels of dissociation (i.e. feeling detached or have an altered memory) in adulthood associated with both self-mutilation and abuse in childhood. Brodsky et al. recognise that self-mutilation and childhood abuse
are very common amongst people who experience dissociation, and yet
dissociation is common amongst people who receive a personality disorder
diagnosis. They could not prove a direct link between personality disorder
and childhood abuse but their findings do suggest that childhood abuse will
reduce mental health resilience against stress in adulthood.

Similarly, in a study of 156 subjects, Brodsky et al. (1997) found the
(borderline) trait of impulsivity was associated with suicide, and so was a
history of childhood abuse, but they were left feeling unclear about the link
between impulsivity and childhood abuse. Yen et al. (2004) looked at 621
subjects and found borderline personality disorder was present in the 15.3%
who reported suicidal behaviour and the 9.3% who actually attempted
suicide. These figures suggest that suicide is more common amongst these
subjects than the general population but they further suggest that low
resilience to stress and significant difficulties with coping in life are not
exclusive to people with a personality disorder. Vulnerability to stress and
certain types of coping with stress (e.g. dissociation, self-mutilation, and
maybe impulsivity too) may simply make some people more likely to attract a
diagnosis of personality disorder, but not significantly so.

Whilst there are some tentative links between childhood trauma and traits
commonly associated with personality disorder, and when children are
abused at a younger age the links seem stronger, these studies show that
traumatic experiences in childhood can have a lasting effect on people. This
can include difficulties with emotions, relationships, and identity, and
attachment theory is one perspective that can help to explain why this
happens.
Attachment Theory and Personality Disorder

Failed or insecure attachments in childhood can lead to maladaptive attachments in adulthood, such as difficulties forming and sustaining healthy relationships (Bowlby, 1988). Insecure attachments can be caused by abuse or parental disengagement from children, as well as the anxiety caused by childhood interaction with a parent with a mental illness (Adshed, 1998; Gerhardt, 2004).

Within the broad discourse on borderline personality disorder, attachment theory gets discussed more than other personality types in research (Levy et al. 2003; Westen et al. 2006) and theory (Clarkin and Posner, 2005). It is argued that certain temperament-related emotions and behaviours have a tendency to mediate between the need for secure attachments with others and the need for self-protection from rejection, uncertainty, or psychological distress. These emotions and behaviours include low mood (affect), impaired affect regulation, aggression, and impulsive responses to difficulties experienced in trying to secure new attachments. Clarkin and Posner (2005) see the development of effective self-regulation (of affect and behaviour) during childhood as a very important human goal to achieve because it is central to developing a normal personality, linked to normal cognitive organisation. If effective self-regulation is not developed, then identity diffusion takes place, which means a poorly integrated sense of self develops into difficulties in making judgements about the nature of relationships, and difficulties committing to a work role or personal intimacy. Identity diffusion is viewed here as a reaction to attachment problems as a child: abuse, long separation from caregivers and neglect can lead to adults feeling emptiness, rage, chronic fear of abandonment and intolerance of being alone. This view is elaborated upon by Gerhardt (2004) in her discussion about how the murderer Ian Brady felt rejected by the mother who gave him up for adoption. He grew up feeling
rejected by the world, and more so after being given a punitive jail sentence. Then his sense of injustice turned into revenge on the world through the act of killing children.

In their review of the theoretical literature on attachment theory and personality disorder, Westen et al. (2006) accept that research links insecure attachment patterns with different forms of personality pathology, referred to as traits in the psychiatric tradition. Westen et al. argue that several questions remain unanswered; including the link between specific attachment patterns and specific but overlapping personality disorders; or whether attachment patterns are best assessed by dimensions or categories of psychopathology.

Like others concerned with attachment theory and its relationships to early childhood, Westen et al. are concerned with the pursuit of evidence for explanatory models including cognitive structures, emotions, and psychopathology. This focus of attention ignores theories, research, and discourse relating to the importance of social problems, even though with a stronger social focus, professionals might be in a better position to identify the needs of people who might attract a personality disorder diagnosis, and reduce future risk of dangerousness through appropriate levels of support. Social inequality and injustice are very important issues, but if we move away from a focus just on individuals and instead look more widely at society and its treatment of marginalised citizens then its is possible to see how treatment of an illness or disorder will not reduce risk in society on its own. If a society excludes citizens from active participation this may make some feel more rejected and more angry, but with a need for an outlet for those feelings when their resilience lowers and their vulnerability increases. Little is known about what aspects of resilience help people avoid attracting a diagnosis of personality disorder but there are some well known social risk factors associated with the development of the condition, so I will discus these next.
Social Risk Factors and Social Exclusion

So far it has been established that childhood trauma appears to limit how much some adults might be protected against developing a personality disorder, as it predisposes them to experience difficult relationships with others and problems with their own temperament. These difficulties may have an affect upon the individual’s lifestyle and social circumstances, which may then expose them to stress and stressors that negatively affect their psychosocial wellbeing. For instance, using a biopsychosocial model, Paris (1996) notes that there are some other social factors in addition to childhood abuse that are associated with personality disorder. Paris accepts that some people will be more exposed to social and psychological stress due to their biology, and social structure or social conditions can amplify personality traits into disorders within four main social mechanisms (or processes). These mechanisms include the interface between society and family, psychological risk factors, levels of social integration, and adaptation in the face of social change. As well as family breakdown, emotional neglect and trauma, parent psychopathology is identified as predisposing risk factors for children later diagnosed as personality disordered in adulthood. Also, rapid social change causes stress as predictable expectations become replaced by new choices and tensions of identity formation; so adaptation to life can become more difficult and it produces stress and vulnerability for some people.

This theory suggests that some children who experience family problems, social instability and identity problems in childhood are at risk of developing symptoms of personality disorder, and more so if they are exposed to relationships with parents with mental health problems, and they live in a rapidly changing environment (e.g. the late modern inner city). Historical social factors like these should therefore be present in the histories of many people diagnosed with a personality disorder. It is not possible to know this
for sure, but there is some evidence to indicate that although some risk factors associated with antisocial, severe, or psychopathic personality disorder have been identified, these do not necessarily distinguish those with or without a diagnosis. Similar to some of the risk factors mentioned above in relation to borderline personality disorder, antisocial or severe personality disorder is associated with risk factors which include parental mental illness, family separation, low educational attainment, school exclusion, childhood antisocial or attention deficit problems, and family violence or conflict. These risk factors are associated with adult social problems like not being able to keep a job, difficulties in sustaining relationships and avoiding harm to themselves or others, drug use, and itinerant lifestyle (Home Office, 1999). The risk factors often have historical and adult lifestyle factors similar to those highlighted in the literature on the needs of offenders (Home Office, 2002). For example, offending in adolescence is a common historical trait of adults who become diagnosed as psychopathic or labelled as DSPD. However, regardless of personality disorder diagnosis, persistent youth offenders often have a history of school exclusion, family problems, and low-level qualifications (Liddle and Solanki, 2002).

The childhood risk factors and social problems mentioned above are examples of common characteristics of social exclusion (Burchardt et al. 2002; Social Exclusion Unit, 2004; 2006; 2009). Schnieder (2007) recognises that mental health problems can lead to a vicious cycle of unemployment, homelessness, social isolation, health deterioration, and debt. The social exclusion cycle is made worse by discrimination and prejudice linked to stigma within service provision, given that stigma is known to reduce or prejudice opportunities for mental health service users to meet their own basic social needs in the community (Link and Phelan, 2001). Whilst there are some social factors associated with personality disorder, some published research indicates that the prevalence of these factors is similar in the social histories of mentally ill socially excluded adults who are not recent offenders,
and severely socially excluded adults. For example Schnieder’s (2007) study of socially excluded personality disordered adult non-offenders, found the participants were prone to chaotic lives and had multiple needs, so it revealed similar historical factors, although it was unclear whether her research sample included non-recent offenders who might have a personality disorder.

Social problems and conditions are discussed further in the next chapter; however, it should be noted that Schneider’s research suggests that both offenders and non-offenders, and those with and without a diagnosis, can share similar needs or social problems. The interaction between life experience, temperament, relationships, stress, and social circumstances is something of a long-term pattern for people with personality disorder, but it also overlaps with social exclusion. Social exclusion might actually provoke or cause symptoms of personality disorder, which suggests that research needs to examine if personality disorder is a social disease, and not one that any individual is responsible for managing alone. The issues raised in this chapter provide some grounding to begin to question whether social exclusion promotes negative reactions in some individuals, who can slip into a cycle of random exclusion linked to complex needs. It suggests the psychological consequences of exclusion on offenders might be exacerbated by trauma or other problems experienced in childhood. Unresolved or stressful experiences from childhood might then influence the development of problematic lifestyles, which may involve crime.

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6 Need support from services with two or more key mental health and social need areas.
7 Including literacy and numeracy problems, lack of qualifications and social support, unemployment, moving around (i.e., itinerant lifestyle), and low income.
Locating and Getting to Know Personality Disorder

The definition of personality disorder has been introduced in this chapter alongside a review of some key relevant areas of discourse and research evidence, including a focus on risk in society. Personality disorder, as a diagnosis informed by a dimensional spectrum or category of human traits, is concerned with how individuals experience life with other social beings, so the meaning people attach to interaction becomes important. This stretches back to childhood years where human experiences can negatively affect psychological and emotional development. Sometimes these human experiences include abuse, bullying, harm, rejection, and exclusion from aspects of society at an early age. The collective consequence of this can be observed in how people engage in and sustain relationships with others, but problematic relationships, life choices, and social circumstances can also negatively affect opportunities for social inclusion.

The experiences of social exclusion by individuals who attract a diagnosis of personality disorder often overlap with those who do not but might share some psychosocial traits with them, such as, for example, anxiety, relationship problems, and impulsivity. In addition to these issues there is still the problem of whether or not personality disorder diagnosis is acceptable in its current form, and the history of research in this area is biased by its concentration upon borderline and antisocial personality disorders (but mainly borderline). What stands out most is the idea that there can be considerable overlap between personality disorder types, but those who tend to receive the diagnoses, and are convicted offenders, often experience quite a severe form. This may be because they have not had access to appropriate services and treatment at an earlier stage in their life.

In undertaking this study, it is my view that the personality disorder construct that we see in diagnostic manuals is a social construction and not an
objective biological state that drives forward the development of dysfunctional traits like impulsivity, recklessness, aggressiveness, irresponsibility or lack of empathy. These traits develop out of experience in life and they thrive through conditions of rejection, social exclusion, hatred, and trauma that may go back to childhood. I accept that there are real personality differences between people but the 'personality disorder' diagnosis is merely a problematic psychiatric construct that does not stand up to scrutiny, as this chapter has argued. In fact, the assessment of personality disorder is in danger of causing the very traits associated with risk in society so the modern preoccupation with bio-medical rationality is in danger of causing social problems that will manifest themselves in a reinvesting and reinforced wheel of risk if biological dominance within the psy-professions and research is allowed to continue.

This chapter has argued that personality disorder diagnosis fails to stand up to scrutiny because those with and without a diagnosis share experiences of trauma and treatment by a society that may remove, reject and marginalise them. The psy-professionals continue to categorise or analyse traits of personality disorder but they are still left feeling unclear as to what is different about the forms of distress and difficulties with coping that people with and without personality disorder experience in life. The diagnosis is a social construction as personality disorder is not a real phenomenon. It serves as a legitimised method of encouraging conformity of behaviour, in an increasingly individualistic society concerned about risk prediction and the control of dangerousness. As a diagnostic construct it therefore has become a medico-legal method of regulating risk in society by focusing on individuals' personality, without taking interest in the social conditions that create risk in the first place.
The connection between social problems and risk is seen as very real because dangerousness, linked to serious sexual assault and violent offending has drastic and traumatic consequences for other people. The social location of personality disorder is an umbrella term for shared traumatic experience, long-term social exclusion, marginalisation, spoiled identities, and power relations between men. It is important to understand the links between identity and need, and how the use of power and responses to social problems (including stress) helps to define this 'population' more than a diagnosis or the regulation or risk and dangerousness alone. For the remainder of the thesis there will be talk of personality disorder diagnosis, and personality disorder as a particular kind of spoiled identity, but I will keep referring to men who are either diagnosed or those who could attract the diagnosis.

It is more common in research to investigate the links between personality disorder and risk, but instead of taking this approach I am focusing on how people experience and respond to social problems that can create psychosocial needs. The social focus is where the originality of this study lies. The study is also fairly unusual (though not unique) within the field of personality disorder research in using a primarily qualitative approach to data collection and analysis. More will be mentioned about methodology in the chapter 4, and chapter 2 will now discuss social problems in the context of human risk and need.
Chapter Two

REGULATION OF SOCIAL PROBLEMS, RISK AND NEED

Social problems are socially constructed in the sense that social phenomena may or may not be labelled as 'problems', depending on their social and cultural contexts, but the consequences of social problems can be very real and threaten people's survival and health. However, the further away social problems are from immediate threats to the health and safety of individuals, the less easy it is to argue that certain types of human needs should take priority over others.

This chapter will start by exploring ways that men regulate their own health and illness, and how their methods of regulation can attract the attention of psychiatry, but sections on the relevance of social justice and individual responsibility follow on from this. The rest of the chapter concentrates on how theory and models of human need and risk assessment can help us appreciate the experiences of social problems that people sometime have. Specific reference is made to men diagnosed with a personality disorder, or those who are at risk of attracting the diagnosis. The chapter then ends by briefly discussing the psychosocial problems that can be experienced by offenders with and without a personality disorder diagnosis, although they may appear as complex needs for offenders who could attract the diagnosis.
Regulating Men’s Health and Illness

This study is concerned with men specifically, as it is they who predominate in Personality Disorder epidemiology, so I am now going to discuss the regulation of men’s health and illness quite broadly.

Sociological attention to men’s health and illness is relatively recent (Sabo and Gordon, 1995) and there has traditionally been little focus on men and diagnosis of mental disorder within sociology. Prior (1999) argues there are four key reasons for why under-representation exists. Firstly, men are not good help-seekers; second, they more often externalise problems with crime rather than internalising them through mental illness; thirdly, male doctors less often view male distress as illness; and lastly, men have fewer life problems than women do. Prior predicts that:

...just as social attitudes change, so can the social constructs of mental disorder, and there is some evidence that the new conceptualisation includes notions of dangerousness and risk to the public. If this is so, stereotypical male behaviour will draw the attention of psychiatry, and thus mental disorders associated with men (substance dependency and personality disorder) are likely, in the future to become more visible in the psychiatric statistics on diagnosis and treatment. (Prior, 1999, p94-95)

The development work undertaken to help create specialist personality disorder services (Farrington and Jolliffe, 2002), and the early plans for personality disorder service developments (National Institute of Mental Health England, 2003b) provide influential legitimisation of this clinical construct. Prior’s assessment was correct, as far as personality disorder has received significant attention at a time when the perceived dangers posed by serious offenders, who are mainly men, have also caught the attention of
policy makers and the public. This is at a time when concern about ‘risk’ in endemic within contemporary social policy.

The trend of legislation has been moving towards heightened levels of social and legal policing of communities by directly and indirectly controlling deviancy within them. Self-control and responsibility are encouraged by re-emphasising that citizens need to be normal healthy human beings and that there is a threat of losing their liberty if they are not so. This raises the question of whether or not the emergent interest of the State in personality disorder represents an attempt to use trait-based statistical abnormality to control certain kinds of men. For instance, there are those who neither seek help with their problems or wish to engage in a process of personal or lifestyle change, as their needs have in the past been met without doing so. Crime can act as a convenient way of avoiding lifestyle and personal change due to the rewards it may provide. Now, however, clinical assessment can be used to challenge the behaviour and attitude of men whose lifestyle and behaviour causes social problems for other people through antisocial conduct.

There is an implicit focus on men and masculinity within recent social policy concerned with deviancy, since men commit the majority of crime (Messerschmitt, 1997). The recent interest in personality disorder might however, make men more reluctant to seek help when they require it, and hence possibly make conditions like personality disorder more severe over time. The social factors that increase men’s vulnerability in society receive less attention than their perceived risk to the public, so the consequence of this is that attention to their needs or the social problems they encounter appear to have become overshadowed by risk concerns. When this happens, there is a real danger that it will reinforce the reluctance of men to admit vulnerability or seek help for health or social problems at a time when significant vulnerability might be avoided (Prior, 1999). Therefore, it could be argued that a focus on risk and not the location of social need and problems in social
policy could be reinforcing unhelpful male health behaviours as it discourages help-seeking and pushes more onus on them to regulate their own lifestyle and behaviour without accepting help. It builds upon an idealised picture of a socially successful man being stoical, self-regulating, more psychologically minded, and less aggressive than others. These could include traits of idealised masculinity, which then could be viewed as a form of hegemonic masculinity in a changing society (Connell and Messerschmidt, 2005).

Within social scientific research on men and masculinity it is common to find references to how men, more than women, externalise their emotions and tend to harm others when they are in distress, as opposed to seeking help and taking responsibility for themselves (Brittan, 1989; Hearn, 1998; Prior, 1999). This suggests that men may be more likely to cover up or ignore the fact they are ill, and when they do eventually ask for help, they are likely to be in desperate need for it at a time when they are vulnerable. To be excluded from an appropriate welfare service at such a time may leave them little choice but to try to cope in society by what they perceive to be the only means available to them. This might be the means to maintain status and power amongst other men, such as crime. As masculinities discourse has only recently taken an interest in the health and illness of men it seems worthy of further exploration. A focus on men in distress can potentially question the idea that social problems are experienced differently by people with a diagnosis of personality disorder.

Throughout the remainder of this chapter the importance of masculinity to exploring the social location of personality disorder continues, however the regulation of men and their response to ill health is theorised in the context of the social and economic aspects of exclusion and injustice.
Personality disorder is a social construction of individual differences in a society more concerned than ever with identification and management of risk (Beck, 1992). The psychoanalyst Fromm (cited in Cuff et al. 1990), argues that individual differences are defined by social context in the community, such as employment success and wealth, or the way people represent their experiences. He suggests human nature is a product of its social context and he also sympathises with sociological theory which sees human nature as a product of social and economic structure. Reid (1985) recognises that people with antisocial characteristics may in fact be highly adaptive in a social context but frustrated by their lack of alternative opportunities and resources. Despite their different subject backgrounds, both Fromm and Reid suggest antisocial behaviour can be both the product of social conditions and social disadvantage, sometimes when the frustration of restricted opportunities to pursue needs is too much to cope with. Writers in radical criminology also share some agreement with them, and especially in relation to argument that crime is connected to the interests of the State. The argument here is that working class crime serves as a form of social control and oppression in capitalist societies. The problem of crime in working class communities diverts attention away from wider inequalities and material conditions that in fact encourage the working classes to commit crimes against one another (Bessant, 2002; Rock, 2002).

According to these writers, antisocial behaviour can exist independently of personality disorder in the general population, but they recognise how social inequality and injustice can accentuate it, as people become frustrated when their opportunities in life become restricted. Individual differences between people can then seem more different than they actually are because the social conditions they live in can make them seem very different people indeed. For
instance, a review of studies on antisocial personality disorder suggests that the condition is more common in men and younger adults, lower socio-economic classes and urban city areas (Royal College of Psychiatrists, 1999, p24). Looking at crime more generally, research by Braithwaite (1979) found relationships between lower social class, crime, men and younger males in particular. These relationships are primarily located amongst those who commit crimes that are visible to society and handled by police (e.g. burglary), meaning that these men are more vulnerable to the possibility of state punishment. It therefore seems possible that young men become more visibly criminal if they are working class when they engage in material crimes like theft and burglary. The more visibly criminal or antisocial a young man is in society, the more likely they are to attract a diagnosis of personality disorder. Radical criminological theory might therefore suggest that there is an attempt to visibly control working-class men and those in urban areas more so, by labelling them with an antisocial personality disorder. This raises the question of whether this diagnosis is perpetuating inequality through its use as a tool of social control, in a society that is becoming more controlling in the wake of increasing diversity and the breakdown of conventional norms and values amongst its citizens.

These sociologically-oriented views, including those from psychoanalysis, psychiatry, and criminology, all sit closely to ideas coming from social constructionist positioning, rather than an acceptance of conventional definitions of crime. They share an appreciation of how social and economic inequality can create conditions for crime to occur, and some antisocial behaviour is seen as an attempt to become adaptive to conditions of social inequality, rather than being a result of individual pathology. This approach locates responsibility for crime outside of the human brain, as opposed to the causation-objectivity approach and pathological focus that can be seen, for example, in scanning the brain activity of personality-disordered adults (Blair et al. 2005).
If professionals are to take issues such as social inequality and injustice seriously, then there is mileage in furthering a perspective of personality disorder that moves beyond causation-objectivity and rationality. There is a danger that the strength of connection between social injustice, need, offending risk, and dangerousness may be undervalued when in fact it has the potential to explain the complex interplay between risk, need, illness, and offending. By rejecting the individual as the object of interest as far as illness is concerned there are a number of issues that suggest personality disorder is more than a mere label, but an identity of stigma, or form of damaged or spoiled identity, as defined by Goffman (1963). An exploration of these issues is likely to provide a sense of the social location of personality disorder, because coping with social problems and injustice in an individualised culture may identify this as a group of men different from others who are not objects of such concerns about risk.

Some social change, such as the growth of a risk society and individualisation in politics and society can explain individual differences highlighted by personality disorder diagnosis without necessarily assuming personality traits are aspects of pathology. For instance, individualism, self-interest, and disregard for the feelings of others are traits promoted positively by capitalism, but they are also traits of psychopathic disorder (Hare, 1991). So they can be perceived as positive or negative personal traits depending on how they are socially valued and applied to desirable behaviour or specific roles in either society that conform to, or rebel against the capitalist structure of society. In recent years traditional class boundaries have dissipated and employment has changed to suit people who want to meet their own needs rather than the collective needs of society. This background for social change has come to represent what Beck and Beck-Gernsheim (2002) call ‘self-culture’, where individuals focus on meeting their own needs more but in doing so they demand more personal gains and direct results than previous
generations from their efforts in the workplace, in leisure and their home life. The temptation in this type of society might be to break the rules, or push the boundaries or moral values to get results. In this sense, it is possible to see how it might make sense to assume that the regulation of behaviour in society needs to be focused at a more individual level, including the regulation of risk and personality. This view will now be explored further.

Responsibility and Governmentality

Zinn (2008) notes how the individualisation thesis (as asserted by Beck and Beck-Gernsheim, 2002) is summarised by people being set free from class, stratification, and family and gender status linked to industrialised society. Beck (2002) argues there is a special form of control being established in society where the intensification of individualisation of social inequalities interlock and problems of the system are given less political responsibility and instead become more focused on personal failure. From this viewpoint, it could be argued that society is using the label of personality disorder to appoint responsibility for social problems onto people who keep experiencing them. This could be seen to be happening in an increasingly individualised society keen to relinquish itself from responsibility for the conditions that breed social inequality and problems within it.

If individuals experiencing social and economic disadvantage are blamed for this experience, it is possible that some will choose to respond by removing their own active participation in society; remaining on the margins of it or by choosing to self-exclude altogether. The same person might commit crimes despite holding onto the same values of others within society, so offending behaviour then could be regarded as in some respects a rational choice within a selfish society. In the context of contemporary society, a State interest in DSPD or psychopathic disorder therefore seems to be well timed in that it is
responsive to the changing structure and lifestyles in society. The State can increase its chances of upholding social order and promote a rights-based moral climate in society. This is supported by bio-medical rationality in the psy-professions, who provide promises that they can help the State, by helping the legal system deal more effectively with mentally disordered offenders. The promise of bio-medical rationality is that it will distinguish between blame on society, blame on illness, and blame on moral values for crime, risk and dangerousness.

Late modernity involves a move towards a blurring of traditional class boundaries, along with talk of an underclass, and a welfare system focused on function and responsibility. For example, there is a preoccupation with the financial contribution to society by the disabled and ill (Levitas, 2005). With the possibility of self-culture being sustained or even amplified in future, personality disorder diagnosis could potentially be used to control, socialise, pacify, and even detain a group of people. It seems theoretically possible that marginalised and socially excluded people could be located within a new personality underclass with little power or privilege.

A clinician’s power to define normality and abnormality provides them with the power to define personality disorder, and it is power legitimised and regulated through legislation. This supports Foucault’s (1991) theory of the progressive governmentalisation of the state, moving from direct law enforcement towards indirect rule through inventing technologies for the regulation of conduct. This does not challenge clinical constructs of mental disorder with an empirically informed alternative way of constructing human difference and need in a diverse society. However, in view of the modern preoccupation with risk assessment and management, risk appears to be used to provide social and political regulation of needs satisfaction in society. For example, The National Probation Service assessment tool OASys (Home Office, 2002) not only promotes the association between risk and needs, but
also the association of dangerousness and personality disorder. By doing so, the OASys tool promotes the idea that personality disorder is a persistent and enduring condition and reinforces the power (clinical technology) of psychiatry and psychology. The probation service has shifted its attention to public protection and an emphasis on the importance of improving the capacity of offenders to engage in the positive self-governing of their conduct, rather than just obedience.

Governmentality offers a powerful insight into the processes of prison, population obedience, discipline, and punishment as an explanatory and historical commentary on society (O’ Malley, 2008). It assumes that solutions to problems can be found, but this may require some form of re-moulding or defining of what the actual problem is, because both the solution and the problem may have previously been unclear. The DSPD programme is a form of governmentality as new technologies of measurement and assessment have been developed and used to support diagnosis and a response to dangerousness. The DSPD term is a social construction, similar to the diagnosis of personality disorder, but it is intended to regulate risk and it does not formally diagnose people.

Social Constructions of Personality Disorder

The power and status of psychology and psychiatry is likely to increase due to research on risk associated with personality disorder (e.g. DSPD programme). In the move towards greater use of rationality for solutions to dangerousness and risk there is a danger that social scientific insights into the life trajectory and experiences of people with a diagnosis may become overshadowed by medical thinking. A threat to this model and the professional psy-culture supporting it, could lead to a challenge to the power and status psy-professions hold by virtue of their claim to have clinical expertise. Fernando (1995) offers some insights which provide a challenge to
contemporary models of personality disorder. He argues that fluidity and movement of culture is incompatible with the way psychology measures cultural factors, like personality factors, in a static way supported by statistical norms of the human population.

Some social constructionist, and philosophically-influenced psychological accounts of human nature and personality also hold views that challenge the notion that personality disorder is an enduring condition, as they prefer not to perceive personality as a static formation of human traits. For instance, Matthews (1998) argues against essentialist notions of what it is to be a *person* persisting over time, throughout his discussion using reference to the concept of multiple personality disorder that is popular in the U.S.A. In a similar vein, Burr (1995) refers to social learning theory to help demonstrate that personality cannot logically be stable over time in a healthy person as people, in different social situations, assume different roles. Social behaviour is shaped by specific social situations that accept it as valid behaviour, and reinforce it in a given context, and thus behaviour is not solely dependent upon personality. In building upon this perspective, Burr examines the social construction of personality and feels that a constructionist paradigm provides a more useful mechanism for understanding people than a rationalistic paradigm, and as such she argues that any preoccupation with personality traits should be abandoned. Burr does not however examine the validity of personality disorder(s) directly and Powell (1984) is more cautious; arguing that personality is not static, but he does agree with Burr that we need to understand human behaviour from an interactionist perspective to help overcome the limitations of trait approaches to personality.

Trait approaches to clinical diagnosis are limited in their theoretical application to understanding social action, the lives of individuals, or strategies for needs satisfaction without some form of sociological (or social scientific more generally) framework for analysis. Without using a social
constructionist paradigm to help to construct understanding of links between social action, interactions, and relationships, issues like identity, status, and social conditions cannot be located convincingly in a social context. The construct of personality disorder diagnosis is used in this study to try and uncover social problems and understand the social location of a sample of male offenders who are diagnosed, or who could be at risk of diagnosis by virtue of their social location. The diagnosis itself is quite redundant as it seems to serve the need to protect the power and status of the State first, and be used to support individuals second.

The medicalisation thesis, rooted in Marxist and phenomenological approaches to health and illness, considers illness as a product of social interactions within a process of unequal social negotiation where medical professionals have a great deal of power to define what a medical concern is. Medical professionals are in the position to use biomedical and technical solutions to problems of everyday life or social problems, and therefore medicalise social life, as this has become an area of interest to them (Nettleton, 2001). Recent interest in personality disorder and offending behaviour is an example of a legitimised medicalisation process supported by social policy. This diagnostic concept may be perceived as a tool of State control, but whether or not it is a morally acceptable or a valid use of medical power and influence is debatable. There is the potential for inappropriate use of psychiatric power through using the diagnosis of personality disorder without appropriate regard and consideration of the sociological or psychosocial perspectives on social problems and human need. The usefulness of these perspectives are now considered, with reference to how they inform models of assessment, and how they might inform better models in future practice with mentally disordered offenders or offenders.
Defining Need and its Taxonomy

Common sense understandings of human needs can be varied, confusing, and ambiguous due to the way the word need is diversely employed in everyday language (Doyal and Gough, 1991, p35). In their paper exploring the relationship between equality and need, Culyer and Wagstaff (1991) note that most of the literature they have encountered on these subjects attempts to address the meaning of need as a comprehensive concept, by embracing common meanings attached to the word. They doubt whether need as a word can ever be consistent with any definition but they believe it is a word that should be used in a general sense to refer to human goals and value judgements: need is therefore a social construction of them. Although the word need is essentially a subjective concept, it is used in a dynamic and flexible manner to highlight clusters of need characteristic of certain populations. Later in the chapter I will consider attempts to define the need of people diagnosed with a personality disorder in the context of their experiences of service provision, though little research has been conducted on this topic.

Attempts to define and theorise about needs tend to fall under the umbrella of two main traditional approaches. The first is a philosophical morality-based approach, and the second is a scientific knowledge-based approach (Sheaff, 1996). A morality-based approach tends to begin its argument by analysing concepts of need, or substantive moral judgements about them. It then uses critical questioning to assess what is logically necessary to sustain them, but usually without involving scientific theories to support the theory.

As a consequence of the flaws in universal theories of human need, some writers do not attempt to develop their own theories and instead develop moral and political frameworks for pursuing needs-satisfaction. In the book
Morals Based on Needs, Ohlsson (1995) advocates that all individuals have the right to satisfy their perceived needs if it is morally right to do so. Basic needs include the avoidance of suffering and impaired opportunities for normal development, as these can lead people into morally unacceptable lifestyles. There is a suggestion here that an unfair society with unequal opportunities will encourage antisocial behaviour in its citizens. It therefore seems possible social injustice may trigger antisocial behaviour in men who could attract a diagnosis of personality disorder. Maybe more so if they have developed personal traits in adulthood to help cope with the emotional consequences of a traumatic childhood and existing social problems. In light of this point and similar ones made in chapter one, models of need appear to need some moral framework of values to be included in any approach to assessing the needs of people with a diagnosis of personality disorder or those who can attract one. For instance, Rawls (1972; 1993) argues that all humans have the right to pursue their needs so long as they do not harm others or break the rules and regulations of society. This Rawlsian view is based on a relatively unquestioned acceptance of behavioural norms and social structures in society as the mediator of human potential to pursue the satisfaction of their needs. Arguably, it does not sufficiently account for the influence of restricted opportunities to pursue needs and wants, and therefore insufficiently addresses inequity and injustice in society. Rawls' theory insufficiently addresses how society can unintentionally motivate people to harm others as a last resort, perhaps to compensate for oppression and injustice from their own lives. Doyal and Gough (1991) challenge inequality and include rules to account for this within their theory of human need. They feel it is acceptable for a person to pursue their needs and satisfy their desires so long as they do not harm others and do not block opportunities for other people to pursue their needs and satisfy their desires.
A knowledge-based approach to defining human need starts with scientific knowledge, usually from biology or psychology, and then seeks ethical support for the theory. It therefore relies more on a rationalist paradigm to purport a theory of need reliant upon conditions of priority within a universal reality, rather than subjective morality. Theories of need are varied and some use a mix of political, moral, and scientific premises, although they have arisen out of some criticism for their lack of relevance to real life and the complexity of issues like risk, desire and wants related to social problems and policy. For example, Sheaff (1996) argues that these two traditional approaches are unhelpful in that are not naturally applicable to health policy in the United Kingdom because they are too distant from areas of real life. Sheaff argues:

> Existing theories of needs, then, founder on a dilemma. Either they sustain their preferred moral judgements about needs by evacuating the theory of needs of scientific content at best by encrusting it with dubious metaphysical and pseudo-logical obfuscations at worst; or they elaborate an empirical, scientific content without any defensible means of generating the practical implications that give the concept of needs its relevance and importance for (among other things) health policy. (Sheaff, 1996, p19-20)

Traditional theories of need informed by scientific theory are represented as taxonomy, and there are two well-known sociological and psychological theories now outlined (See Higginson et al. 2007). First, Maslow (1973) defined universal human needs within a hierarchy, rather than specific types, starting with the most important and immediate ones that have to be met. These are physiological needs, safety, belonging and love, esteem needs, and the need for self-actualisation. When goals for meeting basic physiological needs are satisfied then the motivation to meet others apparently takes over
as a new priority because humans are then considered naturally motivated to meet them. Thompson (1987) suggests a sequential approach to meeting needs like this cannot be universally applicable to all humans as their drive to meet certain needs can differ, however there is more to understanding need than the examination of types or drives to meet them.

Bradshaw (1972) however, did show awareness of the different ways need can be perceived, expressed, or assessed. The linguistic use of the word ‘need’ is considered by Bradshaw, and used in different ways with his taxonomy of social need representing four inter-linked categories. These categories of need are classified as normative (i.e. professionally defined), felt (i.e. how they feel rather than professional definitions), expressed (i.e. the demand), and comparative (comparing claims for needs to others). Negotiation between normative and comparative need on a more widespread scale forms part of what Loseke (2003) considers a normal part of agreeing how to identify, name and prioritise how to respond to social problems.

Modern approaches to defining and applying a taxonomy of need attempt some interface between philosophy and science, although they remain mostly scientific in their use of theory and justifications for universal theories. Doyal and Gough (1991) are critical of how many scientifically-inferred models of need do not account for the subjectivity and diversity of human drives, motivations, and desires. They argue it is not possible to identify need in an objective way because there is no absolute agreement on what it means to be a normal human being in society, or about what serious harm is.

Theories of human need do not discuss the subject of mental capacity and the ability to take appropriate risks well, but Deci and Ryan’s (2000) self-determination theory (SDT) is flexible enough by nature to consider them. It can be applied to individuals who do not necessarily act to meet their own needs in a similar way to others. It is a theory of human need or motivation
that is dimensional in its approach and it offers some scope for explaining how needs can, and will be met, through different motivations and priorities. Just like in drive theory (i.e. physiological or unconscious drives), Deci and Ryan perceive need as being motivated by innate processes as they give primacy to psychological needs. They assume people do not innately satisfy needs because of a drive to do so, but instead they pursue activities that interest and motivate them as individuals, along a path to psychological and social harmony.

Deci and Ryan (2000) do not account for why some people may follow, in the eyes of others, a path of self-destruction and disharmony, but they do accept that each path is unique to them. It is unique because each person has different social opportunities for meeting need, preferences for satisfaction, and experience of what brings them happiness and security linked to social harmony. Deci and Ryan argue that all people need competence, relatedness, and autonomy, and if these needs are not met they develop dysfunctional need substitutes that do not satisfy their thwarted needs fully and alter their motivation to satisfy innate needs as they should. They appear to offer some basis for excusing or accepting a reason why offenders may commit crime in response to social conditions akin to social exclusion because they have paid a psychological price for not being able to satisfy their innate psychological drives. This means offenders have become used to using other ways of substituting for those needs, and perhaps so in the absence of specialist personality disorder or complex need services. I will now examine the needs assessment process that is most likely to be encountered by my sample of research participants, and discuss whether the focused risk-needs assessment models can properly understand social problems.
Risk-Needs Responsivity

Modern day offender assessments allow for flexible dimensional assessment without rigidly separating normality from abnormality. They assess choice and decision making, and they identify social or clinical problems known as 'criminogenic' needs. These are needs related to risk of offending.

It is widely recognised that poor literacy, housing problems, addiction, limited education, and financial assistance are among the needs of many offenders (Aubrey and Hough, 1997). The sample of male convicted offenders used in this study includes residents in probation hostels. As a consequence of residency they are all required to participate in needs assessment (i.e. OASys) with probation staff so that staff can use that information to justify referrals to other agencies. This allows offenders to meet identified needs, receive therapy, access housing, and attend training. The Offender Assessment System known as OASys (Home Office, 2002) includes screening for other specialist assessments that might involve health professionals, and more in-depth risk or treatment planning. It has been called a risk-needs responsivity approach to assessment as there is a tight link between identified needs and a risk informed response to meeting them (Kemshall, 2008; Raynor, 2004; Robinson, 2003).

The OASys concentrates on criminogenic needs related to risk of re-offending and it uses the hypothesis that unmet needs are more likely than not to lead to recidivism. The relationship between defined unmet needs and risk is often given priority in these standardised actuarial assessments. For example, interview participants in this study had serious violent and sexual offending histories; which means that any identified unmet need resulting from an assessment might act as a method for alerting others to their potential dangerousness. Clinical assessments like the PCL-R (Hare, 1991) (See Appendix G) also do this, as a positive score for psychopathic disorder
usually equates to an assumed higher likelihood of offending in future. The HCR-20 (Webster et al. 1997) assesses risk of violence in populations of mentally disordered offenders, and therefore focuses on risk and information to inform professional responses to it.

Whilst OASys has been criticised for taking away the decision-making discretion of probation officers it has been suggested that practitioners' ambivalence towards the assessment tool is just a typical human response to something new (Robinson, 2003). More recently practitioners have reported that OASys is too detailed and time-consuming despite its usefulness (Crawford; 2007; Mair et al. 2006). Taking away a degree of subjective interpretation of need from practitioners by asking them to complete actuarial assessments tools might limit service-users' demands on services when they have competing expectations of what they need, and how their needs are best met. Spicker (1993) argues that there is nothing wrong with limiting service-users' demands on services, as services have limited resources.

The probation service is in a position of power whereby it can finitely define how it can meet the needs of service users, but service users do not pay for, or volunteer to use these services. Alternatively, service users of the National Health Service (NHS) are less likely to have to compulsorily use health services. The NHS has set service standards so that patients can expect them to be met as a bare minimum and with a degree of priority. For instance, the National Service Framework for Mental Health (Department of Health, 1999a) and Raising the Standard (Welsh Assembly Government, 2005) include a list of service standards and they advocate the use of increased measures to address offenders' healthcare and related needs in the context of an evidence-based approach.

It has been suggested that a single method of needs assessment for mentally disordered offenders should not be relied upon, as assessments are ultimately
value laden (Cohen and Eastman, 1997). Despite their interest in finding a standardised framework for needs assessment applicable to this heterogeneous and difficult to define group, Cohen and Eastman (2000) argue that no adequate measure of outcome exists. Shaw (2002) expresses the same sentiment, but values continued investigation into finding an appropriate assessment of need for mentally disordered offenders with a focus on treatment and risk management issues. With reference to services for mentally disordered offenders, Blackburn (1993) warns service providers should not define service-users' needs too rigidly, and they should not just focus intervention goals on reducing recidivism, community containment, and risk management if they intend to address needs and social problems appropriately. He fails to provide a model of how services for mentally disordered offenders should prioritise and meet this array of priorities but this is expected, given that there is an absence of research outlining which needs service users prioritise above others. A rationalistic model of assessment is more interested in the main needs of a population, so there is an assumption that many of the need domains in the assessment will be relevant to most users of services.

In general I have outlined here that recent trends in the research and development of needs assessment have become more focused on providing quantitative empirical measures that can confidently tell us if someone will commit a serious offence or will be a risk to others. The relative absence of service user focused research and development on needs assessment raises questions as to why their perspectives are not taken more seriously when the whole system relies on their compliance and cooperation in order to function properly. Needs assessments including a focus on personality disorder tend to amplify the importance of identifying disordered traits and in doing so they tend to ignore the impact of social problems on individuals unless they are symptomatic of the disorder.
Needs Assessment and Personality Disorder

Research outlining the specific needs of individuals with a diagnosis of personality disorder is hard to find and the evidence base is very limited, although there has been international interest in using actuarial needs assessment instruments to identify the criminogenic needs of psychopaths (Bonta, 2002; Raynor et al. 2000). Simourd and Hoge (2000) tested 321 medium security prison inmates using the Psychopathy Checklist-Revised (PCL-R) and the Level Service Inventory-Revised (LSI-R) assessment. Only 36 scored positive for psychopathy but when they were compared\(^8\) to the LSI-R scores participants identified as psychopaths had greater mean total scores than non-psychopaths. The areas of risk and need include criminal history, education/employment, family/marital, leisure and recreation, accommodation, alcohol/drugs, companions, attitude/orientation, and emotional/personal subcomponents. Participants identified as Psychopaths had greater levels of need than non-psychopaths in all areas measured by the LSI-R other than finance. In response to their own findings, Simourd and Hoge suggest that employment, substance abuse, peer group association, and attitudes are collectively appropriate treatment targets. They argue that

An alternative may be to view psychopathy as a responsivity factor in which the “learning styles” of psychopaths (e.g. impulsiveness, remorselessness, grandiosity, etc.) are used to guide management strategies. In this context, psychopaths could receive standard offender interventions in a manner that maximally sustains their interest and motivation. In other words, it is not “what works” with psychopaths, but rather “how it works.”(Simourd and Hoge, 2000, p369)

\(^8\) Analysis was enhanced by using principled component analysis with varimax rotation to analyse results in order to compress subcomponent and data and compare it efficiently between groups with large subject number differences.
These criminogenic needs are not strongly associated with DSPD in the screening for DSPD in the OASys testing manual (Home Office, 2002). Instead, the manual outlines the following criminogenic need characteristics, which have to be considered prior to a DSPD referral:

- Over reliance on family / friends / others for financial support
- Manipulative/ predatory lifestyle
- Reckless/risk taking behaviour
- Evidence of childhood behavioural problems
- Impulsivity
- Aggressive/controlling behaviour

The needs outlined for psychopaths by Simourd and Hoge (2000) are similar to the statistical findings from the Office of Population Census and Surveys (OPCS) survey of psychiatric morbidity in Great Britain when it examined economic activity and social functioning of adults with psychiatric disorders (Meltzer et al. 1995). Personality disorder was not included in the OPCS survey, although neurotic disorder was included. It found the odds of having a neurotic disorder (i.e. non-psychotic groups) were more than doubled among the unemployed. People who fell into this group reported experiencing more stressful life events, and these were highly characterised by problems with police, close friends, and financial crisis. They experienced isolation and a lack of social support; tended to smoke heavily and drink more frequently and higher amounts, than those with no disorder. Sixty-percent of drug takers with a neurotic disorder were dependent compared to 32% of those without. These points of interest demonstrate some understanding of the life style and needs of people with a personality disorder as the neurotic disorder criteria (Meltzer et al. 1995, p632-33) is

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* It is unclear if this report included personality disorder under neurosis but it is well documented that they often fall under the umbrella of neurotic disorders; especially when they are Cluster C anxious and obsessive types (See Adshead and Jacob, 2009).
similar to that of personality disorder. This report also shows how the needs of personality disordered adults can be better explained and understood if they are examined as part of a wider consideration of social problems, including social exclusion.

**Social Problems and Social Exclusion**

Loseke (2003) argues that social problems generally refer to troublesome conditions with a widespread affect on people, but by being socially constructed they are not fixed or permanent problems even if they have been in existence for a long time. Social problems associated with a diagnosis of personality disorder have been found within a study of homeless people. Wood’s (1979) research on mental health in a London homeless hostel population provides an early analysis of the harsh social reality of individuals with a diagnosis of schizophrenia or personality disorder. Wood argues:

> ...the parameters of the population appear to be that a population is defined which exhibits no stable social bonds; those belonging to this population are stigmatised and treated like outcasts; there is a marked prevalence of ill health among them; they live in gross material poverty; and they are cut off from their families. (Wood, 1979, p208-9)

According to Wood, both diagnostic groups shared characteristics with the homeless population in general, such as broken homes, large families, working-class roots, overcrowded childhood homes, and an early age of leaving home. Wood found a strong correlation between mental illness and homelessness, but not so for people with a personality disorder. They tended to be transient workers suffering from physical illnesses, be from disadvantaged backgrounds, and pushed into homelessness by family and social circumstances. In particular they were pushed into it by low material
and economic security, insecure and low paid work (often in catering), and insecure tenure of accommodation. They experienced a lifetime of isolation, exacerbated by these external changes in their social circumstances, and also experienced social and service exclusion on a number of fronts. For example, those who had been in hospital had failed treatment, which made hospitals reluctant to admit them again. Of all individuals with a diagnosis of personality disorder, 69% had previous convictions and over half had a prison record. They often lived in bed-sits, or were loners when homeless, although they still maintained a sense of purpose in order to obtain work and accommodation. Wood saw their homelessness as commonly associated with external factors such as hospital or prison discharge. She felt personality deficits were not the root cause of homelessness. The problem was perceived to be inequalities; namely power and resource distribution between classes, families and geographical regions. As some are born into poverty and continue in it they encountered problems that are destructive of personality and life chances (Wood, 1979).

As a consequence of growing awareness of a poorly understood link between personality disorder and social exclusion, Schneider (2007) examines the prevalence and effectiveness of existing interventions for adults with multiple and complex needs, in addition to their experience of chronic social exclusion. Personality disorders other than antisocial and borderline types (i.e. Cluster Bs) were present in the lives of adults with multiple needs, and the evidence suggested that schizoid personality disorder (i.e. in Cluster A) may be associated with chaotic lifestyle. Cluster B disorders were however ignored by Schneider’s study as it was assumed that they were not relevant to a small sample focus on homelessness as opposed to offending. In view of previous studies (e.g. Singleton et al. 1998) she associates Cluster B disorders with offending rather than homelessness, but she relies on the traditional categorical model of already diagnosed personality disorder amongst the
study population with little recognition of the problematic nature of the diagnosis.

Schneider does not recognise the possibility that there might be many homeless persons included in her study population and chosen sample who have a history of serious offending, though not recently. This perhaps reflects the often uneasy relationship between offending and mental health in research and practice (Mason and Mercer, 1999; Burke and Hart, 2000; Peay, 2002; Pilgrim and Rogers, 1999; Prins, 1995). Schneider’s study however seems typical of personality disorder research in that the diagnosis itself often goes uncontested. As her work informs social policy it is perhaps a sign of the current field where clinical needs are given primacy over social needs in research, although it has been argued that it is typical of social realists to accept clinical diagnosis (Pilgrim and Rogers, 1999).

**Psychosocial Problems and Personality Disorder**

Ellis (1998) believes that people with a personality disorder respond more poorly and destructively in their lifestyle and behaviour than those without a personality disorder. For example, drug use is often employed as a strategy for coping with hardships in life. Thus the needs of people with a personality disorder are not simply an issue of injustice, the absence of certain met social needs, or inequality of opportunity in society alone. Ellis argues that external social factors are problematic for individuals with a personality disorder, and like Wood (1979) he suggests they need extra support to resolve such problems that may impact upon their vulnerability in society. Ellis comments that individuals with a personality disorder can be self-defeating and neurotic, have desires and preferences for social success, comfort, approval, and perception of justice, and they can make grandiose demands. They often begin life with cognitive deficits, and in adulthood experience more stress and emotional distress in response to socio-economic problems and difficulties.
Ellis suggests the experience of disapproval by others in society also adds to this internal emotional pressure as rejection or stigma exacerbate their difficulties in coping. This can sometimes encourage their reliance on addiction.

Ellis is writing from a broadly psychoanalytic perspective, informed by his psychotherapeutic practice experiences. This account is similar to the psychiatric understanding of personality disorder, in that impaired coping strategies in life are seen as leading to limited effectiveness in occupational and social functioning (APA, 1994, p 630). Like Ellis, Wood (1979) considers social problems to be a defining factor in the lives of personality disordered individuals, although she suggests this disorder is more of a social construction of difference whereby the difficulties people experience in life can be overcome by a change in the social conditions in society.

Wood's research was mainly conducted with men in an inner-city homeless hostel, representing the lives and circumstances of people who tended to be excluded from health services, and they were often viewed as untreatable at the time of the research, so this suggests complex overlapping problems discourage diagnosis. Ferguson et al. (2003) researched the needs of a small number of male and female mental health service-users with a diagnosed personality disorder in the community. By virtue of being in contact with mental health services they were in broad terms perceived as treatable. Needs defined by service users' included the wish that they had more time to develop trusting relationships with professionals and services in order to help them cope with loneliness and disturbing, often suicidal, or self-harming thoughts. These problems were compounded by two major factors; living with disturbing childhood events such as abuse, which affect social functioning, and social needs such as unemployment and poverty. Therefore, long-term social problems and childhood difficulties appeared to provoke psychological and emotional problems.
Stigma often causes psychological distress, and it was perceived as a social problem by service users in Ferguson et al. (2003). Goffman (1968) notes that the stigma of being mentally disordered pressures individuals to hide their differences to the extent that self-deception becomes second nature, especially when they have to deal with unpredictable social situations. Self-deception is coincidentally a trait commonly associated with personality disorder (APA, 1994), but it is labelled as an abnormal trait when it may in fact be a normal reaction to difficult social conditions. As mentioned above, many individuals with this diagnosis are faced with homelessness, exclusion and isolation in society, so it seems possible that many such traits of personality disorder, might initially be socially constructed as they constitute a response to social problems (e.g. exclusion and stigma). They then become internalised to the detriment of an individual’s self-esteem and emotional well-being, and then they become reinforcement signs of the diagnosis and not the person’s social location.

**Overlapping Complex Needs and Social Problems**

So far, I have presented evidence to suggest that social needs and risk are synonymous with social problems that can cluster together and locate within social exclusion. Different service user populations, like offenders, the homeless and people with problems of poor mental health, or substance misuse can find themselves in a marginalised and excluded position in society and they may experience the psychological and social impact of this on their emotional wellbeing. It seems inevitable that overlapping needs and social problems will exist across service use populations, and some users may need to use more than one service.

Social needs, long-term social problems, unresolved childhood emotions and experiences, social exclusion, and gender are all factors that keep linking
people together under an umbrella of social problems and psychosocial needs. This shared social location can include people who have been diagnosed with a personality disorder, or might attract this diagnosis at some point, or will continue to live with similar social conditions but no diagnosis and may experience other mental health difficulties. Every person has a personality so if their emotional wellbeing is eroded by the experience of social exclusion it is possible they may require similar services to people with a diagnosis. Therefore, an appreciation of social location could be more informative for social work or case managers given how a diagnosis may not have been made.

Given the potential for overlap between personality disorder and social or service exclusion new services now exist under the umbrella of personality disorder services but they cater for service users with complex needs first, and adults with the formal diagnosis second (National Personality Disorder Programme, 2009). As services are developing in the community with a more holistic focus it is a good time to explore comparative sociological insights as they offer alternative ways of understanding social lives and narratives beyond labels like personality disorder. Needs and social problems should receive more attention than diagnosis in this study, but so should issues of gender and service use. Dangerous men with a personality disorder or borderline women receive the majority of attention in research and social policy but it is no accident that men tend to attract antisocial personality disorder diagnosis or a DSPD label because men commit more crime.

This chapter has explored how men are often not very effective in meeting their own health needs because they are not good help-seekers. It then explore how it is important to be aware of the moral framework guiding forms of assessment as a rationalistic assessment process is in danger of focusing on diagnosis at the expense of social and psychological problems faced by offenders. I have explained why it is important for professionals to
understand social problems and psychosocial needs from a social constructionist perspective as the needs of people with a personality disorder diagnosis inevitably will overlap with other people without a diagnosis by virtue of their shared social location.

In the next chapter I will discuss how this diagnostic category may relate to masculinity and deviance for a number of reasons. First, gender is a social construction and the gender roles people adopt can determine how they cope with vulnerability in society or how others react to their vulnerability. Second, the way men identify their masculinity, and more generally perceive masculine roles and attitudes in society, can be an important underlying factor in the frequency or nature of impulsive, irritable, rule-breaking and violent behaviour. Lastly, men's construction of their own masculinity can determine how they express themselves, and how they create or utilise opportunities to justify their 'needs' to others through their actions (e.g., offending behaviour) (Heidensohn, 2002; Polk, 1994; Whitehead, 2002). Therefore, an insight into constructions of masculinity and deviance could deepen an understanding of how men define their needs, and which strategies are used in order to meet them. Gender issues that potentially inform the theoretical insights into the needs and social problems faced by male participants throughout this study are now explored.
Identities are not static but they are open to change. They are inevitably associated with social location. Convicted offenders are at risk of damaged or spoiled identities because they can become outsiders when society imposes an offender identity upon them at the point of conviction. Legal restrictions reduce their autonomy; supervision by professionals may reduce opportunities to offend; and it may become difficult not to rely on offending as a means of creating material resources when the stigma of a criminal record may hinder employment, housing, and financial opportunities. This is what Falk (2001) calls achieved stigma, as it can serve to exclude people and make them feel like outsiders in society, although offenders will still try and achieve power, status, social participation and influence like other citizens.

The social construction of male identity is a central feature of this chapter, as it explores identities in the context of how the agency and power of men are utilised in order to find or maintain status, group membership, and social position in society. Particular attention is given to how men make claims to a desired self-image, which may not easily fit with how others see them. Masculinity and identity management are critical theoretical issues for understanding men, such as those who might attract a personality disorder diagnosis. These issues are discussed alongside how important masculinity is as a critical explanatory variable in how we can appreciate the social location of personality disorder. The chapter also looks at how men resist services and seek a normative self within the complex and dynamic realms of masculinity: thus ‘doing male’ for negatively labelled men. In achieving this, I briefly draw upon multidisciplinary sources from medicine, psychiatry, criminology, social work, and social policy. There is an emphasis on how identity is mediated by
very powerful labelling and external processes of ascription and control, and
the chapter ends with reference to the importance of exploring masculinity
and identity in response to research questions. The definition of identity and
the process of accumulating identities sit well within a social constructionist
paradigm so this will be the adopted paradigm for exploring identities within
this thesis.

Attaining and Defending Identity

Discussions of identities within modernity frequently refer to how dialectical
social processes construct identities that are not linear but multiple and
diverse, and not static but dynamic in their evolvement within a continuing
cycle of gaining, accumulating and changing identities. The concept of
identification is central to this process. It is where humans react to the
similarity and differences between them and others, through both emotional
and social acceptance or rejection of identities experienced (Jenkins, 2004;
Lawler, 2008). When the differences between people are valued differently,
say with one person accepted by society and another excluded and rejected,
then the excluded person can experience stigma and have what Goffman
(1963) refers to as a spoiled identity.

Berger and Luckmann (1966) introduced the idea of a dialectical process of
identity formation, where knowledge becomes shared, objectified, and
supports the existence of a particular identity. An identity is based on an idea
that becomes objectified because it is then assumed to have meaning and
purpose by individuals and institutions, on the basis that it represents
something symbolic, role orientated, value-laden, or political about people
that others need to know. Groups, organisations, and communities welcome
people who feel they can gain social capital as they identify with something
worth being part of (e.g. social group or party) or having a feeling of
belonging to (Berger and Luckmann, 1966; Hacking, 1999). If an identity is
seen as undesirable then social stigma can be used as a tool to discredit and marginalise the identities of others associated with undesirable traits, or stigma can also reinforce how other identities are more important as they might be more successful in helping a person gain entry to a social group. People defend themselves from possible association with spoiled identities as a means of protecting their identity and social position, and thus strengthen its legitimacy and location in society. However, in response to stigma people may hide their difference to the detriment of them and others (Goffman, 1963), as for example, they might not seek treatment of a mental illness and portray an identity to others that they are happy and well when they actually feel sad, lonely and vulnerable. History and philosophy are central to how ideas like social identity develop and, like Berger and Luckman (1966), I accept the existence of a constructed process where knowledge and identities are shared and validated with others but then remain as ideas and not objects of reality.

According to Lawler (2008), understanding identity in western societies relies only upon two modes of understanding because people are simultaneously the same and different with identity relying on identification with categories (e.g. women) that can be interactive, multiple or mutually exclusive. No person has one identity, different identities can be in tension with one another, and identities exclude what they are not. Lawler argues it is normal for people to have a mask, or put on an act to show others who they are, even if this is not what they consider their authentic self to be. She does however see the mask as the main means by which individuals represent and share identities with others. Lawler argues;
We cannot do away with claims to identities: on their basis we make claims to political recognition. But we can, perhaps, begin to see them forged, not within the individual, but in networks of relations with others, some of whom we shall encounter and some of whom we shall not. In this, we are both made and unmade by each other. (Lawler, 2008, p149)

Lawler’s reference to the power and social purpose of imagined masks as a representation of identity is similar to Jenkins’ (2008) notion of identity as an illusion, but one that offers value and meaning to others as it is in fact not just imaginary but socially and emotionally experienced in quite a real sense for each individual. Goffman (1990) also talked about the symbolic and practical importance of masks and roles people play because they are what make us real people. Here the person behind the mask is less important than the mask itself as it portrays identity, and in doing so credits or discredits others. Hacking’s (1999) rule of social construction in supported here as identity is not seen as inevitable and it need not exist at all. The rule allows for the possibility of a fuzzy imprecise definition of identities to exist between types of things (i.e. objects, ideas, and elevator words).

For example, Jenkins (2008) begins to consider the consequences of developing and adopting identities within discussion of the active roles people play in identity creation and modification. He develops the proposition that the idea of identity is something that exists only in the minds of humans, but he considers the importance of how it feels real (i.e. consequences) because of the process of identification with similarity and difference. Jenkins seems to be adopting a light constructionist stance where he describes how the cognitive act of identification with others powerfully provokes the imagination of people, and once an identity is imagined it receives collective support from and creates further opportunities for identification from others. Shared identity then promotes certain rituals,
behaviour, lifestyles, and language which can then make identity seem very real to some, however Jenkins accepts that shared identity only becomes real in the sense that only aspects of identity are shared between people in a fuzzy and imprecise way. This can include a group of people who feel they have something in common and use their sense of shared identity to justify acting in a particular way.

When learning about the identity of another, people experiment with notions of identity within their minds and then test and re-test their own assumptions and judgements about others. This is not in an objective process, as in naive realism, but here, identities are seen as something imagined (though not imaginary). Actions in response to imagined identity may therefore gain more confidence, as learning, intuition, and experience support the initial assumptions of the actor. For instance, knowing you cannot trust some people because they might steal things from you may not be a science but it can involve the mixture of processed knowledge and reflection, what Schön (1983) terms ‘knowing-in-action’.

Constructed identities have consequences, as actors have roles to play with their masks acting out an illusion that is meaningful and purposeful. They remain representative of an iterative process of changing definitions, held together within moveable themes controlled by power dynamics and hierarchy in society, where preferred identities subordinate others in groups, organisations, schools, and business. Jenkins (2008) uses the example of psychiatric diagnosis to describe how it acts as a master status for identities, acting as a bottom line where normality is subordinated into abnormality; however, other forms of social hierarchy will include race, class, or dominant and subordinate relations between men and women. These identities will receive more attention throughout the remainder of the chapter, but now issues of subordination and social exclusion are discussed in relation to power and lifestyle differences.
Social Subordination and Outsider Status

Smith (2009) proposes that networks of social relationships are central to assuming a sense of identity because they influence the person we think we are, how we relate to others, and what characteristics we use to portray or identify ourselves to others. Social relationships and identity are viewed as very important aspects of promoting either equality or inequality in society because the identification of difference creates boundaries and hierarchical relationships influenced by certain beliefs, attitudes, and values (e.g. professional, political party or gang member). Whilst people may use binary categories, such as abnormal or normal, and insider or outsider, Burr (1995) argues that these are blurred because it is not possible to simply draw a line between absence and presence like this. With reference to the deconstructionist work of Derrida, Burr argues the foundation of Western thought is on the logical basis of binary opposites but these are merely ideological falsehoods aiming to convince people that the one side of a binary has greater value than the other. These binary boundaries can subordinate and exclude individuals and thereby reinforce unequal power relationships through using negative labelling associated with deviance (Becker, 1963) and widespread social stigma (Goffman, 1963; 1990). Binaries of difference and discrimination are commonly used to make people feel like insiders or outsiders (Falk, 2001), and maintain power and cultural attitudes that help to sustain power and dominance of those in society who claim to represent identity norms (i.e., most favoured or popular).

The use of labels and categories to differentiate oneself from others is potentially damaging and distressing to vulnerable people in society, For example, the acculturation process (i.e. adapting to a new life) for migrants entering a country means they have to negotiate the difficulty of gaining a new and changing identity. This can contribute towards emotional distress
and mental illness as difficulties gaining acceptance from others, and adapting to cultural norms expose them to stress, amplified by exclusion and discrimination (Alarcon et al. 1998; Eshun and Gurung, 2009; Littlewood and Lipsedge, 1999). Exposure to social exclusion and subordination in society has an impact on the development of a self-assured and confident identity. Modernity itself has the potential to impact on the possibility of achieving any positive identity for those people who cannot participate fully in society with widespread acceptance by others. This can include participation as consumers of luxury goods, or in employment.

An accepted and widely valued identity may be harder to achieve for people socially excluded from society as they cannot fully participate and may not be valued as citizen in wider society based on their limited capacity to consume goods. Bauman (2000) argues that the process of gaining new identities has become over-dependent upon consumerism in modern society, and because of this it has become more difficult to own an (insider and accepted) identity without being a consumer. Identities are now more likely to be contingent upon the values of individualism, consumerism, and self-culture, and identities have become more fluid and less static as post-modernity has progressed. Bauman discusses identity in the context of freedom to shop, and individuality as an expressed means of both gaining temporary identity in a struggle for a logical and consistent identity that tends to change as it begins to settle (i.e., never becomes fixed or lasting). Bauman argues thus:

Given the volatility and unfixity of all or most identities, it is the ability to ‘shop around’ in the supermarket of identities, the degree of genuine or punitive consumer freedom to select one’s identity and hold on to it as long as desired, that becomes the royal road to the fulfilment of identity fantasies. Having that ability, one is free to make and unmak
In a modern consumer society where the ability to purchase goods can be both contingent upon and part of the formation of identity, people need to be flexible and have a good level of readjustment or else their identity can be unstable. Bauman says this shows how society has moved from what Foucault describes as a society where the many watch the few (e.g. TV and fashion), so a widespread accepted identity requires shared values and activity in response to the elusive few with significant power and influence over others. Identity instability is uncontrollable and yet a select few in society have most influence over what an insider identity is. This idea is similar to other accounts of how society developed law, medicine, and professional identities through the establishment of objective facts to support professional and class-based authority. For example, Foucault (1988) explains how throughout the history of modern medicine and post-Darwinian science medical doctors have been able to use their scientific knowledge and technology to alleviate fear of uncertainty, disease and loss of control in society by defining what was normal and abnormal. According to Bauman (2000), fashion and television now are more subtle in their expression of normality (i.e. what to wear and what lifestyle to follow), but are nevertheless powerful ways to promote certain identities. Celebrities will have the self-power, social capital and financial means to risk being unconventional or have the time and space to gain the attention of others in order to promote certain identities over others.

A financially restricted socially excluded mentally ill person is unlikely to be able to do this, and they will not be in a position to act-out the role of consumer like others who are not marginalised by society. The lack of consumer participation may serve to exclude them in terms of where their illness locates them in society. In addition to limited access to consumer identities there is stigma attached to mental illness and offending that serves to reinforce notions of abnormality or difference from others to such a degree
that people may go to extreme lengths to hide their differences or even resist using services (Goffman, 1963; Falk, 2001). The power and influence of consumerism in society may therefore explain why it seems so risky to some people to admit they are mentally ill and why they refuse or resist professional interventions because stigma may threaten their own identity. Threats to identity can become threats to social status, position, and power in society. When stigma reduces the likelihood of a person being able to maintain existing relationships and employment arrangements, it reduces the likelihood of that person remaining in society as an active socially included consumer. For people who are already socially excluded, the process of forming an identity that will be accepted by others can pose offenders with a considerable challenge that will require skill to manage in social situations.

Self-Culture, Individuality and Offending

Whilst post-modern society may seem disadvantageous to those with less power and status, the idea of consumerism having undue influence over identity formation might seem appealing to offenders who engage in property crime. This may help them gain position and dominance within social hierarchies but it leaves them with the problem of how to maintain their social position and conditions in the absence of offending, when caught, convicted and supervised by a probation service. The difficulty for them is that they might well occupy a subordinate masculine identity (Connell, 1995) and social location without successful offending, although normalisation and neutralisation of social rejection by others can act as a resource for social survival (Mazda and Sykes, 1957). A person will use their experience and understanding of widely accepted norms, values, attitudes, morals and behaviours in society to convince others of their right to hold a position as an insider and dominant idealised man in some cases. Consumerism therefore can act as an important resource for offenders wanting to change their social
location. However, some offenders could still remain marginalised and struggle for social survival when they are labelled as psychopath, or murderer or paedophile in addition to this by virtue of being assessed as DSPD (severely personality disordered) after conviction for a serious offence. Social gains from property crime, consumerism, or skilled neutralisation techniques may not be enough to ensure their social survival (and thus maintain a non-offender identity). The power of stigma, service exclusion, and legal restrictions on their daily activities may pose significant threats to attempts by them to positively change their social location. This raises the question of whether mentally disordered offenders are forced by society into a social existence as part of an underclass in society where the prospects for change in social location are very slim.

Bauman (2004) argues that those who occupy the underclass (e.g. refugees, social excluded and poor) of society are denied the right to claim identities as distinct from those ascribed and enforced by mainstream society, where the power, opportunities, and political influence are centred. There is no official space, so those with power in society can name, insult, discredit and shame those who have little power, but are perceived as a threat to traditional identities in society. Bauman argues, 'The meaning of 'underclass identity' is an absence of identity: the effacement or denial of individuality...' (Bauman, 2004, p39). Underclass identity is not considered a meaningful identity here, but it is one where social influence and power can subordinate other identities, although partly through the dependency created by consumerism on consumerism, and the breaking down of traditional class barriers in the UK.

Like Bauman (2000), Beck and Beck-Gernsheim (2002) observe how traditional differences between upper and lower classes have dissipated because self-culture has evolved in its place to provide a means of social hierarchy for the expanding middle classes. They describe self-culture as a cross between civil society, consumer society, therapy society, and risk society. It is argued that in
the absence of clear classes it is the moral responsibility of individuals to put their stamp on society, and to shape their own destiny, for instance, by getting away from poverty by getting married. There is an emphasis on single households and the time and space to develop one's own identity and separateness from others. This may seem like a luxury or an impossible goal for mentally disordered offenders, since they are subject to strict surveillance by society, and social survival is much more risky for them.

Zinn (2008) suggests that Beck and Beck-Gernsheim (2002) are focusing their attention on people with privilege, power and the ability to exclude others, as he questions whether self-culture is a concept of how winners in society see modernity and not the marginalised or socially excluded. Beck and Beck-Gernsheim's (2002) definition of self-culture appears to place socially excluded and marginalised members of society in a high-risk position, given how they are saying that life is more complex and with this comes more risks in terms of daily decision-making. They argue;

Self-culture means detraditionalization, release from pre-given certainties and supports. Your life becomes in principle a risky venture. A normal life story becomes a (seemingly) elective life, a risk biography, in the sense that everything (or nearly everything) is a matter for decision. (Beck and Beck-Gernsheim, 2002, p48)

Self-culture may pose more difficulties for people experiencing mental health problems, including periods of time where their mental capacity is impaired or their decision-making is more difficult by the pressures of uncertainty and relative unreliability of the relationship between identities and social structure in modern society. Given how risky, separate, potentially isolating and lonely modern life within self-culture might be, because it raises the moral question of whether modernity actually encourages people to commit offences or
mental health services users to stop taking their medication if the pressure to appear normative, and be accepted is strong.

Values of a society steeped in individualisation and self-culture might encourage offending because other resources do not exist to pursue participation and dominance over others. Forms of employment closely related to traditional family roles have dissipated in popularity and necessity over the last twenty years. Men who find it difficult to adjust to this social change have been considered to be in crisis (Brittan 1989). When they experience an identity crisis they may not feel sufficiently manly, and offending may be one of the few resources open to them to fulfil gender expectations, as crime may bring material gains and status amongst other offenders. Reid (1985) recognises that antisocial behaviour can be a product of the social conditions people live in, including social disadvantage and restricted opportunities, and people adapt and may get involved in crime because of this. During discussion about male street offenders Falk (2001) argues that some offenders resemble the middle-class citizens in society who like nice cars, clothes and other consumables, but they prioritise these at the expense of their rent being paid, thus risking homelessness.

The theories reviewed above suggest that the power of the association between normative identity and consumerism appears to be so strong that it may bridge the gap between the socially included and excluded in society. The desire for nice consumer goods that may promote an identity of themselves as successful, wealthy and powerful might override concerns about basic human needs. This may be more so amongst men who use offending as a social and emotional resource that will support both social needs and alleviate social problems relating to exclusion or marginalisation. The cultural normalisation of consumerism in society explains how property crime may bring easy rewards for offenders; both in terms of material wealth and the pretence of a normative identity this may give them in the presence of
strangers. The theories that have been reviewed also provide some explanation for why property crime might also be a useful resource for violent or sexual offenders, and as will be seen in chapter seven, it is evident that this is the case for the sample of offenders in this study. More complex sociological analysis is required to understand why men commit violent and sexual offences because they tend to need more social resources than consumerism can offer them in order to ensure their own social survival. Gender is a significant resource for offenders, with masculinities offering men the potential to gain power and status amongst other men.

Messerschmidt (1993; 1997) notes that gender is consistently taken as the strongest predictor of criminal behaviour across cultures. He argues that crime is an attempt to differentiate the 'self' from others when alternative resources do not exist, and men aspire to achieve hegemonic masculinity. The reference here to hegemonic masculinity is based on the defining work of Connell (1987). It was not defined as a discrete defined and fixed trait based term then, or more recently (Connell and Messerschmitt, 2005). Connell sees it as the primary basis for men's relationships, and as a form of masculinity promoted widely within society by many social forces influencing most peoples' lives and ways of living. The social forces include the media, employment, religious doctrine and practice, and education. Hegemonic masculinity is seen by Connell as the dominant masculinity amongst the multiple masculinities in existence in any given social context. In Western societies, dominated by the wealth, status and power of white Christian men with European heritage, this form of masculinity is idealised, honoured and glorified, and so helps maintain male dominance and oppression of women. Examples of the components of hegemonic masculinity in a UK context would be paid employment, the subordination of women, competitiveness, individuality, and capacity for violence. It helps keep other forms of masculinity, and thus other men, subordinated. Hegemonic masculinity is by
no means fixed. It is always reproduced and evolving (Connell and Messerschmitt, 2005) although force or violence may be used to protect it (Speer, 2001; Messerschmitt, 2004). If a legal conviction follows on from the act of violence then the convicted offender might become marginalised.

**Marginalised and Oppositional Masculinity**

The majority of men in society are not social excluded but instead are located in unremarkable and normative positions of status, power and influence over each other. Connell (1995) calls this complicit masculinity as most men sit in the middle ground of male power and dominance in society because they do not meet typical hegemonic role, lifestyle, or behaviour expectations associated with dominant and idealised males. Connell talks about how men still benefit from the status, privilege and power because they are men in receipt of a patriarchal dividend resulting from their gains from the subordination of women and homosexual men.

Subordinated masculinities are associated with femininity, emotional or physical weakness, failure, faulty genes, and being unworthy of the power and privilege of complicit masculinity because of these ascribed identity traits. Subordinated men in society can experience persecution and stigma, and men can be at risk of subordination amongst other men if they are located within what Connell refers to as marginalised masculinity. This is where stigmatised men employ their patriarchal dividend in different ways to compensate for their lack of social status as a means of trying to escape subordination.

Messerschmidt’s (2000) work on the subordinated status of boys, and how they seek to correct their subordinated status through crime, led to the definition of oppositional masculinities to explain resistance and challenges to hegemonic masculinities when other means of demonstrating masculinity are
not available. Klein (2006) sees a connection between oppositional and marginalised masculinities, as they both involve forms of over-compensation for the failure of men and boys to demonstrate to other males that they are man enough. The pressure of this failure to be man enough can be frustrating and an influential factor in the decision to commit violent acts against women and gay men. It is as if oppositional men are attempting to rewrite the existing norms of dominant masculinity within their social network associated with strength, success, potency, and power. This can sometimes be a desperate attempt to gain self-respect when stigma and rejection may actually characterise the response society shows to them in response to their crimes. Sometimes the rationale for oppositional male behaviour can be justified by how it reinforces existing hegemonic personal qualities where no harm to others is resulting from the opposition. For example, oppositional masculinity could include an instance where men do not accept medication for a psychiatric illness because they do not want to be seen as weak or unable to look after themselves, but they then get very ill and accept medication under compulsion long after their symptoms are under control. This is in opposition to normalized hegemonic male behaviour but it reinforces and supports it and the continued status and dominance of men over other less powerful or more feminised men and women.

Speer (2001) provides a critical review of Wetherell and Edley's (1999) discursive reformulation of the concept of hegemonic masculinity and argues more needs to be done to understand how masculinity is formed, by examining more methodological work including actual accounts of men. However, there is an increasing availability of such accounts. For example, Messerschmidt (2000) examines two case studies on adolescent male sexual violence, as previous research has made scant use of comparison groups composed of boys from different family configurations and has failed to consider offender agency and gender. These boys' perception of girls as dehumanised objects to 'fuck’ is an example of how the young men in these
cases, situationally defined as subordinate in school (e.g. bullied and isolated) may respond by reconstructing dominant masculinity through available resources outside of school. (This is conceptually close to Connell’s (1995) notion of ‘marginalised masculinity’). The responses involved crime and violence because they were tools for young men interviewed by Messerschmidt to identify and feel closer to hegemonic masculinity in situations that they were faced with. It made them feel powerful as the match between their perception of hegemonic masculinity and their own behaviours made them believe they were now real men. Thus for a time, before being held to account for their violence by society, they identified very strongly with being an idealised man.

Hood-Williams (2001) is critical of second-stage theorists of masculinities in criminology, and advocates further understanding of the psychological character offenders have. He argues Messerschmidt (1993) was wrong to assume crime provides an alternative masculine resource for accomplishing gender when other resources for being masculine are not available. Instead he believes it is implausible that crime can be an expression of masculinity when most men do not commit crime. He concludes that people never reach their goal of being a complete man or woman in developmental and psychological terms. He realises there are questions to be answered but there must be a psychological dimension to understanding the diversity and differences between men, and between men and women.

There is therefore some movement towards more of a psychosocial appreciation of masculinity. This is an area where the concept of hegemonic masculinity has limitations recognised by Messerschmidt and Connell (2005). It does however tell us that men may revert to traditional, or popular constructions of gender-related roles, including control and domination, such as violence. This is particularly relevant to how they experience a crisis or loss
of opportunities to maintain status and power within their social circles or culture (‘marginalised masculinity’ in Connell’s [1995] terms). It does not specifically explain why men behave in the ways they do at this point in social history and socio-economic change, although modern accounts of men in crisis attempt to do this.

**Men in Crisis and Challenges to Their Use of Power**

Literature and discourse on men and masculinity frequently points to the recent crisis in masculinity. Conversations refer to the increased pressures on men to change male roles in society, their identity, and the manner in which they deal with this (Faludi, 1992; Williams, 1998). Responses include strategies for meeting needs and aspirations, sometimes through antisocial behaviour or the individualistic traits commonly promoted by capitalism and the gender order associated with hegemonic masculinity. For instance, within her discussion of contemporary accounts of men and masculinity, Gelsthorpe (2002) notes that hegemonic masculinity has been clouded by various academic interpretations, including reference to certain male traits meant to signify masculinity, and explanations of the cause of crime. She argues that accounts are problematic in that they do not explicitly help us understand how masculine qualities relate to how men behave, or explain the differences between men. In light of this criticism it could be a useful research exercise to try and understand more about the needs of personality disordered offenders by exploring the strategies they use in order to meet them, as these strategies may be distinctive among this vulnerable group and hint at less obvious areas of need that require further exploration. For instance, it is common for some offenders with a personality disorder to interact with others, and use strategies for meeting their needs in a manner that suggests they do not abide by the same rules, or cultural norms and expectations (e.g Hare, 1999; Pretzer and Beck, 1996). Discussion in this chapter has suggested their needs are little
different from any other people in modern society as they may share values with wider society but their location in society may be different.

If research is to attempt to appreciate the needs of vulnerable men it should be informed by a wider sociological understanding of vulnerability in society. Seidler (1997) describes four causes of vulnerability among young men. He suggests reasons why men's self concepts have changed, and why young men offend or behave in ways that are perceived by modern society as deviant. A key component of male vulnerability is seen by Seidler as a modern phenomenon whereby the process of boys becoming men challenges the expectations of power and control reinforced by their socialisation informed by the patriarchal dividend. These challenges include the reduction of traditional sources of male identity in the 1980s and 1990s (Brittan, 1989). The restructuring of democratic capitalist societies led to threats to the roles of the male breadwinner due to the changes in working patterns, in particular, the demise of working class industries based on heavy manual labour and dominated by men. Other challenges include the reduced employment opportunities to sustain men's ambitions and self-worth; the increase in divorce; and less certainty with regards to what path needs to be travelled in order to make the transition from boy to man.

According to Seidler (1997) these processes have led to a number of significant social outcomes, which have served to undermine traditional masculinity; resulting in confusion and disillusionment among heterosexual men. Feminism is believed to have contributed to this, but is not blamed by Seidler. It is suggested by Seidler that gendered conflict or action is somehow caused by the protestant work ethic and the power of capitalism, which leads to a loss of individuality in men afraid of being rejected for their differences. The rise of feminism has encouraged women to insist on men becoming more emotionally involved in childrearing and household duties, and the changes in employment which have led to more opportunities for women's paid
employment, have led to a loss of male status and power. Seidler suggests men's difficulties in accepting this change have contributed towards higher divorce rates, domestic violence, and child sex abuse. It is argued:

Often men withdraw into a sullen silence, refusing to talk about what is happening to them, and at other moments this breaks into violence and rage that is difficult to contain within the relationship. (Seidler, 1997, p15).

Men are blamed here for their limited ability to adapt to changing gender roles in modern society, where women can more widely pursue paid employment that can provide them with independence, power and opportunities to make life choices which were previously not available to them. Although this may explain why women may separate from men who do not recognise women's increased power, status and need for equality it could be that women's demands upon men have also increased. It is questionable whether the rise in domestic and sexual abuse has risen because the criminal justice has taken this issue more seriously in recent years and offenders are managed more thoroughly through MAPPA processes (Kemshall, 2008). In view of this it could be possible that these offences are simply reported and recorded more often than in the past, and there might be a rise in female sex offending (despite insufficient evidence being available) given that they are engaging in social behaviours and crime which used to be the domain of men (Messerschimidt, 2006).

Brittan (1989) feels the crisis of masculinity is deeply embedded in the male psyche through gender role socialisation. He believes sex role identity is fragile and that deviancy and hostility are attempts to resolve this, although not simply because men have learned a role, but because their minds are strongly conditioned to think this way. There is a process of socialisation where children learn to accept that gender differences are natural. The body
then becomes objectified, with the male body given potency, and thus sexual
differences and inequality are taken for granted.

Hearn (1998) does not feel that men will lose their dominance during the
current modifications in family and social life because the recent changes in
public services, including privatisation and internal markets, provide further
locations for male dominance in the provision of State services. Thus, men can
gain new experiences and lose certain powers enshrined with past epochs of
masculine influence within public politics and administration.

In a society, described earlier as being less class orientated and more
influenced by identity, self-interest, and individuality it would seem that
there might be a risk of being drawn into a socially excluded underclass if
subordinated masculinity cannot be avoided. Given how many men with
traits of severe personality disorder are often subjected to long-term social
exclusion and subordinated power relations with others (Home Office, 1999;
Schnieder, 2007) severe offending could be seen as a symptom of post-
modernity and not a disorder.

Personality disorder is an identity based on social problems induced and
reinforced by a society with social hierarchies of competence and capacity,
rather than class. This change has its roots in the regressive nature of
psychology. Those that really seek and actually need, for reasons of identity
and self-confidence, to obtain hegemonic masculinity are actually consumed
within a social illusion, as like illness, so they cannot see that most men adopt
identities with aspects of hegemonic masculinity (i.e. Connell’s idea of
complicit masculinity), but they cannot actually become the identity they
want anyway. Like all identities, hegemonic masculinities change and evolve,
but ultimately personality disorder seems located within identities and
practices where men have limited competence (through victimisation and
childhood trauma) to gain appropriate power and influence in relationships
with others. They also have a reduced capacity to manage and maintain power outside of risk to others and so end up using crime as a resource for psychosocial problem solving and needs satisfaction.

In this chapter I have used theories to support the view that identity is socially constructed, and as personality disorder is a type of identity that is ascribed to individuals in the form of a psychiatric diagnosis. The chapter begs the question whether all people have masks that are in fact the expression of their identity. Risk identity is what separates them from one another and to some extent so do social problems and marginalisation in society as social survival becomes much harder for those categorised as risky. Opportunities to maintain an idealised identity and move social location away from a spoiled identity become harder for mentally disordered offenders in the wake of their conviction and exposure to heightened surveillance and stigma in society. Engaging in successful oppositional masculinity might be difficult for mentally disordered offenders, but they are likely to try anyway when they aspire for hegemonic masculinity. Property-related offending may be encouraged by the desire to show others how much of a consumer they are in a highly consumerist society, but violent or sexual crimes may have been committed because at some point men expect to take advantage of the patriarchal dividend. When this cannot be achieved through conventional means then power over women and other men may be taken by force, or through aggression. This can lead to conviction and marginalisation amongst other men, but attempts to change their social location become characterised by what could be described as some kind of disorderly masculinity based on an unrealistic dream of being ultra-hegemonic. I will return back to this topic later in chapter eight as the next chapter reviews the method and methodology for this study.
Chapter Four

METHODOLOGY

Locating personality disorder within a social science perspective immediately introduces epistemological challenges for this study as this is a diagnosis with a contested definition, although it has still influenced a rapidly changing academic and social policy landscape. This changing social policy context informed the original ideas for this study and the questions that arose from this context helped to design a research approach. It also helped with the choice of the methods used to complete fieldwork.

The chapter begins by outlining how the focus of this research methodology developed from both theoretical and practical research considerations. I then discuss the conceptual rationale of the study, followed by specific reference to the reasons why certain methods are used, and why I assumed a particular ethical position.

The Process Towards a Research Focus

I began this study by wanting to understand the social problems and related needs of men labelled as personality disordered and dangerous. During contact with Home Office personnel involved in the DSPD research and development during the early years of the last decade it became clear that the topic of personality disordered offenders' needs were regarded as low priority at the time. The lack of officially active interest in needs associated with social problems existed despite the large sums of research funding made available for psychological studies. This seemed to contradict accepted knowledge and practices in the criminal justice field, given how professionals undertaking offender assessments like to contextualise needs so that they
inform risk issues (Home Office, 2002; Simourd and Hoge, 2000). No research had been commissioned in this area although I was informed, both verbally and from social policy documentation, that there was some interest in looking in to this area at a later date. To date this has not happened with the same vigour and speediness of the initial drive to set up DSPD and personality disorder services, and to define risk associated with this condition. In chapter one I outline how research and development has since concentrated on defining risk associated with severe personality disorder, and finding solutions to managing risk and dangerousness in secure units. Knowledge gained from my own experience of being a social supervisor and from reading mental health inquiry reports and their critical analysis (e.g., Reith, 1998) fuelled my concern that not enough research attention has been given to social problems associated with personality disorder.

Throughout the early stages of the research planning process I considered a number of options in terms of how to best proceed with gathering information on the needs of personality disordered individuals from a realist perspective, and through narrative (Clandinin and Connelly, 2000). After some deliberation, I chose to concentrate on a direction of investigation that would pay attention to the issues of masculinity and social exclusion as a means of exploring the behaviours and lifestyles of male offenders using qualitative methods. It was hoped this that would allow me to listen to narratives and learn from the symbolic interaction of offenders with the social and organisational structure around them. I will now elaborate upon how I came to arrive at the decision to pursue this social scientific perspective in a community hostel-based research setting.
Balancing Theoretical Priorities with Strategic Direction

I originally considered the pursuit of research with individuals known by (or unknown but referred to) community mental health teams (CMHTs), however this quickly changed direction. At that time the majority of service users with a diagnosis of personality disorder tended to be excluded from CMHT services once diagnosed (Burns, 2002; NIMHE, 2003a). Available literature and research (reviewed in Chapters one and two) also suggests many UK prisoners do not receive a diagnosis but in terms of their personality characteristics could potentially attract one. The issue of exclusion from services and my own doubts about the validity of personality disorder diagnosis were so serious that it raised doubts about the number of possible research participants likely to be available for a study. Numbers were likely to be very low, and in addition to this concern, people with a diagnosis of personality disorder are known (within clinical research) for their reluctance to engage in research studies focusing on disorder rather than diversity or difference (Chiesa and Fonagy, 2003; Coid et al. 2006; Tyrer, 2009). In view of these issues I felt there were strong practical incentives to gather data and knowledge about social problems using a different strategy focused on a sample of participants with experience of being assessed as dangerous and a risk to the public. Previous chapters have noted how a higher proportion of offenders, and those offenders considered a risk to the public and thus subject to enhanced supervision in the community, seem to be much more likely to attract this diagnosis. In the absence of a diagnosis, it is possible they would be more likely than the general public to screen or test positive for personality disorder if they were given an assessment tool to complete.

I became aware that the majority of accessible individuals with a formally diagnosed personality disorder and offending history were in particular institutional or supervised locations. Low numbers of patients formally diagnosed with a personality disorder are likely to be found in general local
psychiatric hospitals with close links to the local community so I examined the viability of fieldwork in Special Hospitals, a therapeutic community or in prisons. By examining psychiatric admissions and Home Office statistics on mentally disordered offenders (Home Office, 2001) it was clear high numbers exist in Special Hospitals or therapeutic communities. They are both places where high proportions of prisoners have convictions for violent or sexual offences, and have a diagnosis of personality disorder (Cullen, 1998).

For all the considerations mentioned above, the process of narrowing the focus of this study led to probation hostels as the focal point for accessing participants. This was also convenient because I was a part-time student working full-time as a senior (approved) social worker in the forensic mental health sector, and granted only a finite block of time for the research fieldwork. Hostels seemed to provide a good opportunity to access participants with or without a diagnosis, but more importantly, it was anticipated that these two groups were linked strongly (and perhaps easier to understand as a sample) by their social location and identities, more than diagnosis.

The process of gaining access provided a chance to explore with gatekeepers whether or not it is in fact useful to focus on the social needs and problems of offenders with a personality disorder. In doing so, I decided to pay significant attention to masculinity and identity issues in addition to social exclusion during the data collection phase.

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10 National Statistics at the time were not reporting data on personality disorder in the community, other than its close relative 'neurotic disorder'.

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Approach to Data Collection and Sensitivity to Participant Experience

A sample of convicted male interview and focus group participants resident in probation hostels, and probation officer fieldwork teams, provided the data collected by this study. Being on probation (i.e. community supervision) inevitably limits the community autonomy of offenders residing in hostels. All residents are, however united by their opportunity to live, make choices, and fulfil expectations to take responsibility for their actions, and generally pursue goals to meet their needs in the community. Residents are exposed to the vulnerabilities of life living in a community that can be hostile towards them by virtue of the nature of their offending. They sometimes have to earn trust and acceptance from others in order to obtain welfare benefits, housing, and training from people who can help them change their life direction.

Offender residents are in a difficult location; asked to become prosocial responsible citizens at the same time as risking the loss of roles as breadwinners, workers, and partners through having distance from family and the restrictions placed on their contact with the community to specified daytime hours. Whilst their identities as men are at risk, so are their offender identities, which may have supported their previous roles, and may have provided them with wealth, power, and status in a society that has excluded and marginalised them for years. In view of the possibility that living in a probation hostel creates conflicts of interest for offenders, this offered real potential for them to be willing to explore these tensions within interviews because they are living with them at that time.

A primarily qualitative approach was used, alongside one quantitative element, to collect information and data, beginning with qualitative individual interviews and the completion of structured clinical questionnaires, acting as a sampling aid (see below). Following this were case
file reviews and focus groups with hostel residents with convictions for crimes committed. Then, after all hostel data collection was completed, focus groups with probation officers ensued with the intention of providing opportunity for triangulation of data collection and analysis. This was with a view to providing the probation context for exploring the mixed aspects of identities and social problems associated with this sample of men.

I was open to the idea that social problems experienced by men in similar social circumstances are not significantly different, whether or not they have a diagnosis of personality disorder. I accept that professional perceptions of risk are social constructions that are not just influenced by the real threat of dangerousness and risk to others presented by some offenders, but by issues such as masculinity and damaged identity too. Scope to explore and analyse constructions of masculinity is provided by the research methods. It has been assumed this would offer an opportunity to challenge common assumptions about the needs of personality disordered men and thus avoid the trappings of a rigid medical model approach to health and illness in this study.

**Sampling Frame and Procedure**

The sampling frame includes conventional sources for sampling, including administrative records from case files (Ritchie and Lewis, 2003). The locations within this frame included four different probation hostels in the same urban National Probation Service region; however, a specialist mental health hostel (See Appendix B) was targeted for most sampling. I visited four hostels and focused more attention on one more than others: this was a strategy recommended by my agency contact in the probation service as it seemed more likely than other hostels to find residents demonstrating traits of personality disorder, or those with a diagnosis of it.
I moved on to the other hostels when fewer residents became available and time for waiting around was limited. Residents were spending a lot of time in the hostel during the day so I was concerned that some participants might become informed of what to expect from participation and that this might strongly bias the interviews. Forty percent (n=10) of individual interviews were conducted at the specialist hostel, and there were 20 residents there. Purposive sampling of available hostels then occurred, resulting in three hostels being identified, where convenience sampling of offenders took place with reference to the target population in table 2 below. I kept moving on from one hostel to the next one when the availability of participants within my sampling frame reduced and the risk of significant resident interaction bias increased. The process of target population selection was assisted by an intermediary who was a manager of the specialist mental health probation hostel. The intermediary was used to facilitate, influence, and lead the offender and probation officer recruitment process with guidance from the sampling frame, and this is quite a common role for an intermediary to assume in research (Bloor et al. 2001).

### Table 2

<table>
<thead>
<tr>
<th>Target populations for all research methods used</th>
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<tbody>
<tr>
<td><strong>Offender-Residents</strong></td>
</tr>
<tr>
<td>Male age 18-65</td>
</tr>
<tr>
<td>Convicted offender</td>
</tr>
<tr>
<td>Suspected or diagnosed personality disorder</td>
</tr>
<tr>
<td>Mixture of ethnic identities</td>
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<tr>
<td>With or without diagnosed mental illness</td>
</tr>
<tr>
<td>Currently residing in a probation hostel</td>
</tr>
<tr>
<td>Currently service a community sentence/order</td>
</tr>
<tr>
<td>No severe learning disability</td>
</tr>
</tbody>
</table>

The questionnaire then intended to act as a means of finding out if the male participants were at risk of attracting a personality disorder diagnosis (i.e.
could potentially come into this diagnostic category), regardless of whether or not they had a formal diagnosis already. An independent screening method was required to enable sampling to offer some guarantee of finding men with social problems, biographies, and needs closely associated with personality disorder. The use of a trait-based screening tool (IPDE) to detect the likely presence of personality disorder in an opportunistic convenience sample of males in probation hostels would be at odds with the constructionist position of this study, if used to state whether or not an offender has a personality disorder. This does not happen as to do so would be to assume a realist position making assumptions about the impact of a disorder on social problems, and not vice versa.

The IPDE is not used as a diagnosis aid, but it is necessary to deploy this positivistic tool simply to generate and categorise the sample and its sub-groups as an aid for discursive reflection upon triangulated and grounded theory analysis of data. There would be contradictions in the theoretical approach of this study if this tool was used for any other purpose, and the tool itself would require a degree of caution within a study employing a realist paradigm anyway. There is some scope to question its reliability, and that of similar tools based on the premise that deviation from a statistical norm represents abnormality, but I talk more about this later in the chapter.

Upon being asked to complete a questionnaire, interview participants were informed that it was a tool used by professionals to screen for potential personality disorder, and thus show signs that might warrant further investigation. Reassurances were given that it is not being used to formally diagnose them, but instead was used for helping to make sense out of whether or not some categories of men have specific areas of need or social problems. After every individual interview each interviewee was asked for their consent to allow me to spend time looking at their probation service case-file, and a full explanation of the reasons why were offered to them. The
use of case file information has been intended to allow for a more in-depth triangulated analysis of overlapping themes where fuzzy categories of themes need to be explored using different sources (Scherl and Smithson, 1987). The actual experience of doing fieldwork was less straightforward than this would suggest as the use of an intermediary was essential, and it was important to be flexible with sampling rules in light of the grounded theory design of my study.

The Experience and Management of Fieldwork

My intermediary emailed team and hostel managers prior to the start of fieldwork and then he kept updating them to secure access to probation hostel and team office sites. Once access to sites was secured he encouraged managers to use the sampling frame to think about who might be suitable to be asked to take part in this study. On the day of my arrival at every site, the intermediary had notified the hostel managers that participants were required, and then each hostel manager elicited interest from those who were available. Some offenders were not given much notice so as to retain their interest in taking part but it was made clear to all respondents and participants that taking part was on a voluntary basis. Probation officers were recruited by their line managers with an open invitation to officers to participate within group interviews.

It was helpful starting interviews in the probation hostel managed by the intermediary because after every couple of interviews I was able to have a short break and review the success of the sampling frame. In one instance, I decided to stray from the expected age range after an interview was conducted with an offender over the age of 65. The decision to try this was taken when availability of offenders in the hostel was not good for a few hours. A 74 year old offender was interviewed as it was convenient in light of
time limitations and the availability of an older resident challenged my initial views about age range. It prompted me to take the view that the experiences of an older man would be interesting to consider as part of the research as it was reasonable to interview him within the principles of purposive sampling (Charmaz, 2006; Dey, 1999; Flick, 1995).

Whilst reasons for participation in social research are often varied (Bloor et al. 2001), and participants sometimes take part when they feel flattered, special, or important (Krueger and Casey, 2000) the residents agreeing to take part appeared different from those who had decided, after a brief meeting with me, not to be interviewed. Research participants generally seemed co-operative with their community supervision and sentence, as they sounded committed to conforming to rules that would enable them to continue to reside at the hostel when prison was the only other alternative to staying there. Some did not like having to remain compliant and cooperative because they had their own views about what they needed to do with their life, however these men were like many other participants in that they had been through the criminal justice system before. This seemed to suggest they were confident with being interviewed, whereas perhaps less experienced offenders would not have been so confident or self-assured.

Other less self-assured hostel residents introduced themselves and then left the interview before questions started. One of them said he had no previous convictions and was ambivalent about working with the probation service. The recruitment process for probation service participants was successful even though it was a time of rapid change in the probation service with many demands placed upon officers. They could have said they were too busy, but their commitment was a tribute to their professionalism, and the intermediary was very effective in his role. He had a long career in the probation service, combined with status and influence that comes with working with the same regional service for a long time. He managed one of the few specialist
probation hostels in the country and in addition to this role he had an interest in personality disorder discourse, so we had shared interest.

**Data Collection**

Case file information offered limited assistance to the iterative evolution of the interview style and content throughout the grounded approach to interviews with hostel residents. Files corroborated many issues raised by offenders, including the risk related rationale for why they needed to be resident in a hostel; whether or not they have been clinically assessed as having a mental disorder; what their offending history was; what their life cycle had been like; and professional assessments of their needs. Many files were limited in depth of available information, and they were useful for triangulation of data analysis. I am mindful of times where offenders might have been talking about some probation service related issues using what they have learned about the language and knowledge of processes used by the service, so file information helped to clarify terms when I was not entirely sure what was meant by them.

Interviewees were invited to take part in focus groups after all twenty-five individual interviews (See Appendix B and M) were completed. These groups intended to provide a more in-depth understanding of themes arising from interviews linked to the main questioning areas within the interview design (i.e. social problems, lifestyle, and behaviour, including need-satisfaction strategies). This provided feedback and re-examination of earlier themes and perspectives, but I then interviewed probation officers in four small focus groups in order to explore issues further from a professional perspective relating to the assessment of need, management or risk and support for offenders.
It was hoped the probation officers would be in a position to clarify, add depth and challenge assumptions raised by the service-user interviews, and vice versa so that grounded themes could be represented in a highly contextual and relevant manner. They offered a chance to hear about professional perspectives around the regulation of risk and dangerousness, and it offered a chance to learn more about the day-to-day practice issues that arise for probation officers working with offenders with a diagnosis or a chance of attracting one. As I had never worked for the probation service, it was also a chance to gain factual clarification about legal and organisational processes, which offenders might have discussed but did not explain well.

Each individual and group interview was planned to take about an hour but most went over and only some were under this length of time. Confidentiality was abided by in relative totality, as it could have been broken if certain conditions were met. Anonymity could be totally protected once participants consented to take part in this study, and consented to information being represented in the thesis, written publications, or public forums in future without direct reference to themselves. Participants were asked if the information from their research participation could be used in confidence to develop a student study and be represented within the writing up of it. Interviewees were informed of consent agreement issues verbally and were also offered the agreement information in writing, and in the end all interviewees agreed to these conditions where consent was required. Time was given to answer questions, and all interviewees were proactively asked by the researcher if they had any questions as opposed to simply waiting to be asked.

There was a total of 61 hours of interviewing transcribed, of which forty-seven was for individual interviews, and fourteen was for focus groups. There were eight hours of focus group interviews with probation office staff and six
hours from hostel residents. The probation staff tended to contribute more often and more expansively than the offenders.

Not all participants provided consent for access to case files or agreed to complete the personality disorder questionnaire used to assist the categorisation of the sample. A summary of the data collected is presented below:

<table>
<thead>
<tr>
<th>DATA COLLECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 Semi-structured interviews with hostel offender residents</td>
</tr>
<tr>
<td>20 Personality disorder (IPDE) screening questionnaires</td>
</tr>
<tr>
<td>22 Probation hostel case files</td>
</tr>
<tr>
<td>4 Focus groups with a total of 25 hostel offender residents</td>
</tr>
<tr>
<td>4 Focus groups with a total of 24 fieldwork probation officers</td>
</tr>
</tbody>
</table>

Chosen Research Population and Locations Visited

All participants in this study were located within a populous region of England and they were all known by the National Probation Service regional service in that area. As stated above, this research began with interviews in probation hostels, of which there are over 100 in England and Wales. They can be generic and/or bail hostels, or specialist hostels (mental health) which are very rare. Like hospital settings, these specialist hostels primarily accept mentally ill offenders who are treatable (usually with medication and other therapies), which excludes the majority of people who have a sole diagnosis of personality disorder. A specialist hostel is included in this study even
though it concentrates on a research sample and offender population renowned for their untreatability, exclusion from services, complex needs, recidivism, and under-diagnosis. The reason for this is that mental illness and personality disorders can be co-morbid (APA, 1994; Blackburn, 2000; Blackburn et al. 2003). In total ten men resident in the specialist hostel were interviewed (as stated earlier), and this was followed by five in another hostel and then four and six in the final two.

The individual interviews took place within four approved premises (i.e. probation hostels) that have staff directly employed by the local probation service working night and day within them. All hostels were therefore located within one probation service region, and the choice of hostels was biased towards those that are more likely to contain residents with an offending history, and not predominately men on bail. Although it is recognised that men on bail may have previous offences, it was agreed this form of convenience sampling was the most efficient way of accessing this population in the first instance.

The order of visitation to each hostel was guided by the link person (i.e., intermediary) as they were responsible for setting up interviews and liaising with hostel managers to arrange times and visiting days at their convenience. The link person agreed to circulate posters to each hostel for advertising to residents the aims and objectives of this study. It was planned for all research participants to be over the age of 18 with discretion used for the upper age limit for the early interview stages (although a request was made for participants to be under 65). My original aim was to choose all interview participants in the first instance, by purposive sampling in hostels with the help of hostel staff, but it became more of a convenience sampling process, as I got closer to the actual fieldwork phase of this study. I did not want to make fixed and unmoveable assumptions about who should or should not be
included in the sampling frame, because I wanted some flexibility to respond to the emergence of grounded theory, and availability limitations.

It is possible that participation in this study might have been more appealing to residents who were cooperative or compliant, rather than resistive of probation service supervision, as I might have been seen as another form of unwanted scrutiny of their activities and attitude. Some men did refuse\textsuperscript{11} consent and made excuses for leaving the interview before it got started, or shortly after. Ultimately it was difficult to know who would actually take part but a certain degree of risk was acceptable in this approach. It was the only means of conducting this study without coercion or the extra resources to commit extra time and money to recruiting participants with the knowledge that engagement with them in a research project might be difficult. The regional location for this study was however very useful in that it provided the potential for a wide sampling frame that may attract varied and interesting research participants with multiple agendas for taking part in it.

**Regional Location and Sample Profile**

The study sample has been chosen from a probation service population located within the boundaries of a large regional area of England with both urban areas and peripheral small towns. It has a long history of industrial manufacturing and multi-ethnic and cultural integration. The regional boundaries of this part of the National Probation Service are the same as the geographical boundaries common to any ordinance survey map. During 2001, the region included over 1 million males, and the largest ethnic group within the largest city within the region was white, at over 60%. Black Caribbean residents accounted for nearly 5% of its largest city population (National Statistics, 2003).

\textsuperscript{11} In total four residents refused total participation, three for case files, and five for the questionnaire. Also three residents insisted that their interview was hand transcribed and not recorded.
National Probation Service statistics show there were 12,506 admissions to all approved premises (i.e. probation hostels) in England and Wales during 2001, prior to data collection. The figures were not analysed in detail but they do note that 90% of typical residents are white, 6% black, and 2% south Asian. During this year there were 96,644 males aged 18 or older starting some form of court order supervision in England and Wales. This does not include all orders supervised by the probation service, or people subject to bail, but it includes those supervised by the probation service (Probation Statistics, 2002).

The Benefits of a Constructionist Approach

The ontological and epistemological foundations of this thesis are within social constructionism. It is accepted that there is no such thing as a single 'true' social reality, and in fact multiple and diverse constructions exist to explain events, objects, incidents, trends and other social phenomena (Hacking, 1999). The epistemological positioning of this study was influenced by Hammersley's (1990; 1992; 2009) work on subtle realism during its early stages of evolution, although as the study progressed it began to fit most comfortably within the broad ideological umbrella of social constructionism as the knowledge and understanding of the researcher evolved (See Hacking, 1999). Social constructionism became the most natural choice to approach the research questions because I did not regard personality disorder as a straightforwardly 'real' phenomenon but as constructed by medical knowledge. Chapter one and two acknowledge that approaches to assessment and diagnosis of personality disorder in an objective rationalistic manner have their critics. Hammersley's (1992) account of the subtle realist accepts the 'real' world can exist independently of individuals' knowledge or understanding of it, but I did not ultimately find this approach helpful for a study of such a contested category as personality disorder.
Chapter one emphasises that the process of managing risk in society cannot be separated from social and political influences and then chapter two explores identity in the recent social and political context. It acknowledges how the recent rise in profile and importance of personality disorder diagnosis in mental health and criminal justice service assessment, intervention and services seems to coincide with changes in society and the global economy (Castells, 2010a; 2010b; Powell, 2001). I am exploring the constructions of the occupational perspectives about this fairly distinct and special group of offenders with assistance from those who manage them and provide the service context for their narratives.

**Locating Investigation Topics within a Constructionist Paradigm**

Personality disorder is socially constructed and so are deviant behaviours that break laws and lead to criminal conviction. The dreadful consequences of sexual and violent offending are however regarded as real, because when an offence is so serious that it causes significant emotional, physical, and psychological damage, it cannot be said to be simply socially constructed, as consequences include serious injury, harm, or even death.

I have already explained how human needs and social problems are socially constructed, and I accept basic needs as real and necessary objects of desire for all humans because without them the consequences might be death (or long term disadvantage, impairment or disorder). Personality differences exist but personality is also a social construction that has become a form of objective taken-for-granted knowledge within the psy-professions.

I am not assuming the needs of people with a personality disorder will be distinctly different from those without this diagnosed condition. Outside of any particular diagnosis, I accept the usefulness of the vulnerability-stress
diathesis model\textsuperscript{12} in helping to understand the impact of stress on individuals (see chapter one). I anticipate that any needs or social problems associated with the chosen sample population for this study could be used to raise the awareness of social approaches to seeing and appreciating others. For instance, this might encourage professionals to rely less on procedural assessment processes categorising and labelling people in a rigid manner, and instead spend more time being reflective and questioning in order to gain a deeper understanding social problems and behaviour (i.e. multiple social realities). A similar view is held by Webb (2006) in his argument that claims to rationality and reliability made by modern assessment approaches are inappropriate, as social problems, attitude and behaviour are not rational concepts.

A Pragmatic Approach without Strong Triangulation

The research questions for this primarily qualitative study pragmatically influenced the research design and methods used, because the use of mixed methods takes account of time availability, resources, and its aims and objectives (Flick, 1999). The advantages of mixing qualitative and quantitative research methods might have included the potential to offer more insights into the social reality offenders inhabit than might otherwise be available within a purely qualitative or quantitative approach (Blaike, 2009; Bryman, 2001; McLaughlin, 2007; Tashakkori and Teddie, 2003). Bryman (2001, p436) argues, however, that the distinction between qualitative and quantitative approaches is not without problems because they are inconsistent and divergent research strategies. For example, qualitative research engages in quasi-quantification by using terms such as \textit{many} and \textit{often} to explain the significance of observed phenomena is the social world, as opposed to the proven statistical significance provided by quantitative methods. Each

\textsuperscript{12} The idea that stress increases personal vulnerability and people fluctuate in and out of illness.
approach is attempting to quantify, and provide interpretive accounts of interaction, behaviour and meaning depending on how they are used (Bryman, 2001, p437-8). Following this argument, it seems both necessary and sensible for researchers to consider the pragmatic merits of how research designs need to be informed by what researchers want to find out, given that either paradigm can test out working hypotheses. This can be in the strong sense or a weaker hunch-like and less exacting sense (Punch, 2000). Bryman (2001) emphasises that epistemological positions within any research strategy can lead to irreconcilable views of how social reality should be studied. To complicate matters of researcher allegiance or preference for particular approaches or paradigms, individual research methods do not carry with them, fixed epistemological and ontological commitments. Bryman argues;

In other words, multi-strategy research should not be considered as an approach that is universally applicable or as a panacea. It may provide a better understanding of a phenomena than if just one method had been used. It may frequently enhance our confidence in our own and others’ findings. (Bryman, 2001, p456)

In respect of these philosophical and pragmatic considerations, it is difficult to find reasons why the idea of using triangulation of approach or data analysis in this study should have been avoided just on principle. The use of methods in this study does not constitute what is commonly referred to as a strong form triangulation in a positivist sense but the different methods combine to provide a more rounded view of individual interviewees. This is a form of weak triangulation within a qualitative paradigm, or an organised and managed form of simply combining and integrating methods (See Bloor, 2001; Bryman, 2001; Denzin, 1989; Hakim, 1987; Rubin and Babbie, 2004; Moran-Ellis et al. 2006).
The challenge of integrating analysis with the use of separate methods is assisted by adopting the ‘following the thread’ approach outlined by Moran-Ellis et al (2006). It is an approach developed using several data sets alongside each other, starting with initial analysis of each within qualitative or quantitative paradigm parameters in order to identify key themes and questions for further analysis and exploration. In their experience of developing this triangulation approach to following the thread of knowledge and learning, Moran-Ellis et al. began with a grounded inductive approach, which was then developed through iterative processes of data interrogation that involved some interweaving of datasets. In essence, they followed a thread in the spirit of grounded theory analysis, and it is very similar to what has been done in this study. Moran-Ellis et al (2006) note:

The value of this integrative analytic approach lies in allowing an inductive lead to the analysis, preserving the value of the open, exploratory, qualitative inquiry but incorporating the focus and specificity of the quantitative data. (Ellis-Moran et al. 2006, p54)

Integration of Data Collection and Analysis

Each was given equal weight at the point of data collection, although by the time the data analysis stage was underway and gathering momentum the qualitative interviews happened to provide the most useful in-depth data for qualitative thematic coding. This was probably because they came first and provided very rich themes because the quantity and quality of data provided by individual interviews outweighed the other methods and as such they provided a useful starting point for developing an established thread for triangulation. It was more like using stepping-stones between methods with an order of preference for maximising opportunities for data signification and the collection of data to analyse separately later on, when synthesis and integration was required. Individual interviews were followed by personality
disorder screening, case file analysis, focus groups with offenders, and finally focus groups with probation staff.

The separate analysis provided by focus groups is not integrated but it will be discussed in terms of how they relate to one another in meeting the needs of offenders. For instance, focus groups are frequently used as an idea signification exercise to assist with qualitative analysis (i.e. signification of issues) but they are limited by the dynamics of groups, and like the sole use of a survey they are limited by a reliance upon preconceived areas of importance (Bloor et al. 2001; Fern, 2001).

As already noted above, this study could not successfully achieve its aims with any degree of respectable confidence if one method was used on its own. This study does have its limitations in terms of triangulation, as it relies more heavily on one qualitative method (i.e. semi-structured interviews) as opposed to other methods for its analysis of data, and it is reliant upon one researcher only to collect, interpret and analyse data. It does however provide an opportunity for each individual interview to become part of a thematic whole in terms of the themes they collectively produce by reaching a saturation point in data collection. The themes represent the views of offenders, and the themes produced by those views are located in a wider context of how the lived experience of offenders are regulated and controlled by the criminal justice system. Whilst mixed methods should be used with caution, and must be necessary and justified throughout the research design (Seale, 1999a; 1999b) they have been helpfully employed in a lightly mixed manner in this study. There is support provided above for how the methods chosen for this study reinforce its primarily qualitative methodological approach. This justification is furthered by discussion that now follows about why and how each method is used.
Individual Interviews

In-depth individual interviews with male hostel residents are formal interviews, so the intention has been to use them to gather data that may provide conceptual insights (Fontana and Frey, 2000) when contrasted with literature from earlier chapters. Participation was encouraged through reassurances that this was on a voluntary basis, is a confidential representation of participants' voice; and may influence future service developments. This is not only ethically sound, but other studies have found that a transparent ethical approach is capable of encouraging interest and involvement in a study. For example, Oliver et al. (2001) describe methods of consumer involvement in needs-assessment. Their review suggests consumers would be more willing to participate in this process if they see their contributions as integrated into a programme of development or having an impact on subsequent research (i.e., generation of knowledge). Ramon et al. (2001) assumed a participatory approach using depth interviews to exploring service user views about personality disorder, and in doing so, they were able to bring the focus of issues back away from surface issues like diagnosis.

The in-depth semi-structured nature of the interview is qualitative. It aims to uncover taken for granted meanings regarding focal topics of interest and provide scope for their exploration and interaction within a constructionist perspective. Therefore, it attempts to gain some insight from individuals' own construction of their social world from experiences they communicate to others in response to avenues of enquiry. Phenomenologists have argued the social world is not objective as it is constructed by its participants and examining peoples' perceptions helps us to look at taken for granted social realities (Schutz, 1964). These are not phenomenological interviews as they do not rely on the interviewer to use their reflexivity to interpret and make meaning of data in an organic manner that acknowledges the subjective
feelings of the researcher and the usefulness of them in analysis of data (Smith et al. 2009). The extent to which an individual’s social world can be uncovered is limited by the focus and the context of this study but some opportunities for developing an in-depth understanding of the underlying social processes behind perceptions of need and social problems are provided due to the focus of the thesis on social locations.

The interview design incorporates features of in-depth informal interviewing (Legard et al. 2003), but it is not significantly limited by using a semi-structured format as this approach can provide useful structure and flexibility during long or depth interviews (McCracken, 1998). Also it has been argued that most unstructured interview researchers have an idea of what they want to explore anyway (Bryman, 2001; McCracken, 1998). The interview provides time and flexibility to enable the participant to talk freely, and draw out key themes from conversation surrounding how they construct their identities, problems and lifestyle. The final design of the interview (See Appendix L) is a balance between formality and informality of questions and themes, which allowed the schedule to evolve with minor amendments on some points of focus and direction.

The evolving interview schedule was informed by the lessons learned from the emerging thematic content codes after each interview. Both the individual and group interview structures adhere to the key principles of ‘flexible, iterative and continuous’ design, advocated by Rubin and Rubin (1995). This is due to the influence of grounded theory (Glaser and Strauss, 1967) on the manner in which interviews are analysed and developed further between each interview. After every interview key themes and perspectives were analysed and used to develop probes, questions and responses to inform the interaction that occurs in the following interview(s). This enabled focus on specific areas of interest and variants of discussion to help maintain the balance between depth and focus until saturation could occur.
Glaser and Strauss (1967) believe research is a process of generating knowledge, not just data. Grounded theory is a method of clarifying and verifying results as part of the process of research itself, and the circularity of this approach is one of its strengths, as researchers are required to reflect on the whole research process and on each step within it too. The NVivo 8 (2009) computer software was considered for use with some of the early interviews but the analysis was completed without it in this instance because I preferred the familiarity, flexibility and convenience of working in Microsoft Word. The focus of interview analysis was on using thematic coding to generate understandings that might answer the research questions. It is this form of coding that helps to maximise the iterative benefits of using one method and then moving on to use another when following the thread.

Case-file Data Collection and Analysis

After interviews, the qualitative thread of data collection and analysis moved on to the thematic analysis of probation case files involving a circulatory process of information coding. This process is influenced by other ethnographic approaches like summarising, as it allows researchers to develop their insight into phenomena as opposed to only categorising data and quantifying it (See Hsieh and Shannon, 2005; Krippendorff, 2004; Neuendorf, 2002). The main aim of doing this was to obtain representations of how probation staff view offenders in the chosen sample population. Thematic analysis of case files is frequently used in collaboration with other research methods (Bryman, 2001; Brewer, 2003). It provides wide and varied opportunities for researchers to examine the content and context of documents in order to identify themes, and associations with variables such as gender (Hakim, 1987; Spencer et al. 2003).
The collection of data from case files focused on any information available within files on individual offenders. There was standard information on the risk each offender posed to themselves, children, or the public, with a summary of their offending-related needs referring to where they might be at risk of re-offending if those needs are not met. These data were primarily generated by the completion of an OASys assessment by a probation officer, although in some cases only a basic screening version of OASys had been completed. Where this was the case, the focus of the file was on risk of offending and very little on context and social history was provided. In other files, and especially those for men in the mental health hostel or those with a diagnosis of personality disorder regardless of the hostel they were in, there were clinical reports with very detailed histories and courts reports too. Files may be compiled differently, bits may be missing, and access to files may not be granted (Hakim, 1987).

Focus Groups

Although focus groups can be used to pre-test survey items (Fern, 2001) they are being used in the current study to revisit some of the key themes from the individual interviews in more depth and to provide a wider overview of chosen topics (Krueger and Casey, 2000; Macnaghten and Myers, 2004; Silverman, 2009). One of the main advantages of group interviews is participants can stimulate one another and lead issues beyond that of a single interview, although steering groups towards a chosen methodological direction can be difficult due to the element of unpredictability of group dynamics (Flick, 1999). Groups can reveal normative everyday taken for granted assumptions or a block of knowledge forming the basis of social action, so they can provide rich contextual data (Fern, 2001). For example, after participants have been allowed to explore their own meanings in groups the researcher can learn more about the social construction of health and illness (Wilkinson, 1998), or views about medication (Priebe et al. 2010).
It is common to find support for the use of focus groups with other research methods, sometimes as part of a process of triangulation (e.g. Bryman 2001; Fern, 2001; Flick, 1999; Fontana and Frey, 2000; Silverman, 2009). For example, Bloor et al. (2001) suggest focus groups have more to offer social research when used as a complimentary method with a number of ancillary roles, rather than standing alone within a single method research approach. They argue,

We can note the following ancillary roles for focus groups: first, their use in pre-pilot work, to provide a contextual basis for survey design; second, their use as a contemporary extension of survey and other methods, to provide an interpretive aid to survey findings; and third, their use as a method of communicating findings to research subjects, to provide a means of discharging fieldwork obligations while simultaneously generating new insights on the early findings. (Bloor et al. 2001, p 8-9)

Focus groups comprising of probation officers followed a similar design focus to the offender groups although they were asked for their opinions and interpretation of some key broad themes that have developed from (the initial structure and iterative development of) the individual interviews and hostel groups, and literature too. This was expected to provide more scope for exploring shared and diverse constructions of probation practice and the role or position of the dangerous or risky offender in a probation hostel. This was helpful as these were experienced practitioners capable of re-framing and analysing issues, and thus discuss the relevancy of research evidence and theoretical discourse on personality disorder and offending from more of a constructionist perspective.
There are advantages and disadvantages both to having group members who know each other and to having groups of strangers (Bloor et al. 2001) but in this instance I had little control over group membership (i.e. convenience sample). It is likely that hostel residents had a mixed familiarity with one another as some were short-term residents and others will have been residents for many months. Reviews of literature suggest small group exploratory task groups are best focused on the purpose of study, and they are chosen because of this (Fern, 2001). Entry to the resident groups was open to anyone interested in attending, regardless of whether or not they have been interviewed on their own previously. It was hoped this would encourage fresh ideas, and the revisiting of ideas from previous interviews, as it is possible some participants who previously attended interviews may have wanted to talk further.

No group participants were asked to complete any type of personality screening tool, or be asked for access to their case files. The rationale behind this was to maintain the focus of the sessions on key themes and allow individuals to feel more comfortable with taking part without expectations of further involvement that could be seen by some as intrusive of threatening. The constructionist focus could therefore remain interested in personal accounts of offenders and shared themes acting as the focal point of groups. Analysis involved interviewer interpretation and judgement of where the key focus of issues were, and this was decided through interpretation of what themes stand out throughout the interview, but also where signification occurs. This was judged in order to determine where signification occurs in relation to thematic codes already available from individual interviews.
Identifying Men Who Could Potentially Come Into the Category of Having a 'Personality Disorder'

For a minority of men in my sample, a diagnosis of personality disorder was noted in case files. Potential diagnosis was an important issue in identifying a research sample of men within the category of offenders I was interested in. Further support in sampling was gained from using the International Personality Disorder Examination (IPDE), which will be properly introduced in the next section. The completion of this by 20 offenders confirmed that they were indeed men who fell within the category of offenders I wanted to sample (i.e. men who could potentially come into the category of having a personality disorder), as all 20 of them screened positive for potential personality disorder. The next chapter presents these findings. Since only three of the 20 men who completed the IPDE had an actual diagnosis of personality disorder noted in their files, the use of this screening tool confirmed that these men tended to share similar personality characteristics (and biographies to an extent, as shown in the qualitative data), but not experience of diagnosis.

Some of the men in my sample did not share similar biographies, and especially their early life and offending histories, with most other men. However, no offenders with early experiences of exclusion, distress and offending failed to met the IPDE screening criteria for personality disorder. It is worth noting again that as I discussed in chapter one, 'personality disorder' is a problematic diagnostic family with little understood about how this diagnosis is given to people in psychiatric or community settings. For some, this may question the validity of the psychiatric diagnosis altogether. I will now briefly recap on the issues that unite the category of offenders that this study is interested in.
Identifying a Specific Category of Offenders for this Study

Individuals with a disorder of personality have often been excluded from health services at the point of referral, when they have some emotional or social problems but no mental illness (NIMHE, 2003a). At those times it is possible the behaviour and lifestyle of some individuals will be judged by mental health clinicians as showing evidence of a personality disorder and not the consequences of social problems. Tabulated personal characteristics of offenders are outlined in Appendix F along with relevant historical information that includes areas of need where social problems exist.

Whilst the assessment and diagnosis of personality disorder is somewhat problematic, and perceptions of its usefulness as a diagnostic label for dangerous men differ amongst psychiatrists (Haddock et al. 2001), there are still some empirically validated and frequently used personality assessment and screening tools used by mental health practitioners.

The personality disorder-screening tool used after each interview is called the International Personality Disorder Examination screening version (Loranger et al. 1994). The IPDE is the result of field trials in 14 clinical centres in 11 countries. It can be used with the DSM-IV and ICD-10, but either form of the questionnaire (i.e. separate type for each of the two classification systems) is intended for use throughout the international psychiatric community. The IPDE is not designed to survey the entire realm of personality but to identify traits and behaviours relevant to the assessment of psychiatric classifications of personality disorder, thus ignoring adaptive, neutral or positive traits as they are irrelevant to this diagnosis. The instruction manual describes how there is no consensus about exactly how long behaviour is present before it is considered a trait of personality disorder. For instance, both psychiatric classification manuals simply state it should be of a long and stable duration,
but they and the IPDE nevertheless accept a conservative convention of approximately 5 years (Loranger, 1999).

The IPDE screening tool is intended for use with adults over 18 years old, and not for those with a severe mental impairment, or mental illness that is not stable, although this is not forbidden and the manual simply recommends caution if it is to be used with these disorders present. It is not to be used as a diagnostic tool, and it is likely to produce a considerable number of false positives but relatively few false-negative classifications, according to its authors. The IPDE identifies statistical abnormality through asking 59 easy to understand questions, simply requiring a true or false response. It seems ideal for this study insofar as it is not too long and can be completed in less than 15 minutes.

Personality assessment instruments are often referred to as personality measures or tools, but what they are essentially doing is accumulating information from various sources, such as interview data, questionnaire scores, and social history. This information is used to obtain an outcome of specific trait-based descriptions, classifications or dimensions of personality. These outcomes are then subject to clinical interpretation (Costa and Widiger, 1998; Gelder et al., 2000). These tools can be found in general psychiatry and psychology.

In earlier chapters, personality disorder assessment processes have already been criticised, and the IPDE tool, despite its popularity, has shown early signs of being like other North American or European assessments in not providing as reliable results with people outside of those continents. For instance, whilst the number of studies using the IPDE has grown since the inception of this study (Anderluh et al. 2003; Clarkin et al. 2007; Lenzenweger

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13 The results show a person is personality disordered when they are not.
14 A person has a personality disorder when they are rated as not having one.
15 It assesses deviations from the normal distribution of personality traits.
et al. 2006) it has not performed as well as other tools with an Indian population (Mann, 2003). This is one example of how questions relating to inter-cultural reliability remain poorly explored and therefore open to suggestions of cultural bias.

**Ethical Considerations**

All participants in this study were assured their confidentiality would be protected, unless they declared an intention to physically harm or psychologically traumatise someone, or they declared offences that the probation service was not aware of. These are rules that service-users agree to abide by when they have contact with the probation service. One of the conditions of research access imposed on me was to agree to abide by these rules throughout contact with the probation service.

Each interview participant was offered written and verbal information on confidentiality conditions (Appendix I). Direct informed consent was requested for the undertaking of interviews, their recording by tape or by written notes, and access to case-files and the administration of the IDPE screening tool16. In particular, a detailed explanation of why the IPDE was being used was offered to all participants but nearly always declined. This explanation included references to it being a personality disorder-screening tool, not a diagnostic tool, although assurances were given that it was meant to help examine whether it is useful to refer to personality disorder or differences, when considering the needs of the chosen research sample. It is understood that this might seem confusing to participants, so it was emphasised that the IPDE information would not be used under any circumstances to officially diagnose them as that would break confidentiality rules.

16 I have been formally vetted for use of the IPDE screening version by the provider of the assessment (PAR Associates) after completing a questionnaire of my skills, experience and qualifications.
Without consent for any one of these processes they were not proceeded with. All participants were told what the research purpose and aims were, including why I needed to talk to them, and the intended dissemination of the findings. They were reminded that their participation was voluntary; and they were informed they were not obliged to discuss or record things they did not want to have recorded, and thus could stop their participation or withhold consent at any time. Attempts were made to assure participants they could discuss any concerns about their involvement with probation service staff or myself at any time. All recorded tapes, hand-written notes and screening questionnaire completions were deleted and destroyed after the information had been analysed and stored anonymously on password protected computer files. Participants were assured that any raw fieldwork data would be stored in a locked and secure location prior to being destroyed. During the fieldwork, these items were physically kept with the researcher at all times. The paperwork was kept within a secure bag, and the tapes were stored in a locked stationary box, and kept safe in the bag. A personalised number coding system was also used on paperwork as an extra layer of protection.

In general, conditions of confidentiality and informed consent were guided by the statement or ethical practice and research provided by the British Sociological Association (BSA, 2002), and the relevant ethical guidance of the multi-research ethics committee for Wales (MREC, 2003). During the process of undertaking fieldwork and in completion of this study, I was mindful of my responsibility to not see ethical considerations as a one-off access and approval process, and instead recognise that ethical issues exist beyond the approval stage (Shaw, 2003). I remembered the need to keep critically reflecting on them, and to remember what Shaw (2003) advises:
A caution is in order. If we are right in one of the main arguments of this article, that ethical issues emerge at all stages of the research enterprise, then social-work research should not place undue emphasis on the initial ethical approval process. Ethical questions cannot be answered and tidied away for the duration of the project. (Shaw, 2003, p25)

As part of my on-going ethical consideration within the research process I was mindful of emerging codes of conduct and ethical standards. For instance, I attempted to uphold public confidence, and safely respect the rights of service users, whilst trying to establish their trust and confidence in accordance with professional social work codes of conduct (Care Council for Wales, 2004), and the wider ethical values of social work. These included appreciating human dignity and worth, integrity and social justice (BASW, 2002). I have also been mindful of my ethical responsibility to myself as a researcher in being alert to potential dangers in undertaking research (Lee-Treweek and Linkogle, 2000). At each field work site I made provisions to make sure someone knew where I was at all times and that I had a clear line of escape in the event of a fire or attack from a participant. A staff member always knew where I was and who was with me so the participant could also receive medical help or have a non-obstructed option of leaving the interviews at any time. They could escape in the event of an emergency.

The remaining chapters provide analysis and discussion of the empirical findings from the fieldwork. Ethical considerations from the actual process of fieldwork are also discussed alongside reflections on the choice of methods. In this chapter I have covered a number of key methodological topics relevant to addressing my research questions. The epistemological basis of the methodology is rooted within social constructionism and methods include semi-structured interviews, case file analysis, personality disorder screening questionnaires, and focus groups with hostel residents and probation officers.
I have selected methods in a pragmatic manner to fit well with the requirements of the research questions, a constructionist approach, and the challenges of social research with a primarily qualitative focus.

The following chapters discuss the empirical findings. The use of data excerpts tends to focus on men who screened positive for potential personality disorder or who have a formal diagnosis, unless otherwise noted. The first analytical or empirical chapter starts with a focus on the location of personality disorder amongst the sample population and an exploration of probation officer views. Chapter six proceeds on from this with a focus on power dynamics and relationships, with specific attention afforded to engagement in assessment. Chapter seven focuses on how the men in this sample presented themselves as offenders, and chapter eight concentrates on how men engage in the processes of getting treatment and help from others in the context of social exclusion and inclusion.
Chapter Five

LOCATING THE PERSONALITY DISORDER SAMPLE AND VIEWS FROM PROBATION

As the first of four chapters that present the empirical findings, this chapter begins to socially locate a sample population of men who can attract or be associated with personality disorder and related identities. A fundamental part of exploring this is to include the views of probation officers as their understanding of personality disorder represents an interesting position on what this 'disorder' is and where it is located in their practice, as opposed to the practice of clinicians. The data from probation officers informs the critical analysis of personality disorder in the context of public protection and the regulation of risk and dangerousness in society.

This chapter begins to make sense of social location by revisiting the limitations of rationalistic approaches and the use of personality assessment tools; followed by a discussion of how a degree of rationalistic service design can aim to alleviate needs associated with offending, but can also reinforce the social problems that create the needs in the first place. Findings relating to personality disorder type, severity, age, and co-morbidity with mental illness, assist discussions within the chapter that lead to the view that the sample population is socially located in a social and personal context and not a diagnostic one.

Representing the Approved Premises Population

Information on risk assessment levels, offence severity frequency, the level of mental health needs, and the distribution of ages and ethnicity of offenders participating in my study suggests a picture, which is similar to that found in other probation hostel studies. In my study 52% of all individual interview respondents were being seen by psychiatric services, and the majority of all
specialist hostel residents appeared to have some form of psychotic illness as case file and interview data would indicate. It was difficult to ascertain specific information on psychiatric diagnosis for all offenders but the percentage is still similar to the prevalence rates of mental illness found in other studies (Geelan et al. 2000; Hatfield et al. 2004).

Forty-eight percent of offenders individually interviewed in my study had a history of violent offences and 36% had a history of sexual offending. Out of the eleven offenders with general risk of reconviction assessments in their case files17 three of them had high risk scores, with one of these having a formal diagnosis of personality disorder. Sixty percent of offender interview participants were age 41 or under and 56% were 22-41 years old. However, the percentage of those with a non-White ethnic identity was higher than in a similar study conducted by Foster (2004).

Given the size and nature of my sample, and given that hostels mentioned in studies other than my own have not provided data on personality disorder, it is difficult to reliably generalise about other probation hostels. There are only some hostel sample population similarities. The prevailing clinical context of personality disorder services is one where population comparisons and epidemiological analysis of sample populations is welcomed, but the social location of personality disorder sometimes gets lost amongst such a strong emphasis on diagnosis, assessment, and treatment. This issue is discussed further in the chapter, with reference to probation officers' views. However I first acknowledge that even within psychiatry there are dissenting views about the current focus of personality disorder services and the culture of rationality that they hold so sacred to support their existence.

17 Twenty-two offenders provided access to their case files. The OASys manual (Home Office, 2002, p122 & 153) defines risk of reconviction scoring as low for scores of 40 or below, medium for scores of 41-99, and high risk for scores of 100 and above. These scores include risk to self, children, and other adults.
Prevailing Clinical Context

Since the beginning of this study the clinical categories of personality disorder diagnosis in psychiatry have not changed, and in fact they have remained the same since the publication of the two main psychiatric diagnostic texts known as the DSM-IV (APA, 1994) and ICD-10 (WHO, 1992). Clinical debates have, however, continued about the limitations of these classification systems, with various authors discussing the best ways to assess personality disorder, how to best differentiate between its different types or severities, and how to best understand any problems and emotional distress associated with it (Alwin et al. 1999; McMurran, 2002; Millon et al. 2004; Tryer et al. 2007). Services for diagnosed personality disordered offenders have primarily continued to develop for those regarded as high-risk or dangerous. Examples would be those that have emerged from under the umbrella of the Dangerous People with a Severe Personality Disorder (DSPD) programme (Home Office, 2005). Close links between this programme and the National Probation Service were forged before the Ministry of Justice was born, and the validity of DSPD as a severity related construction of personality abnormality was accepted as useful and valid by the Ministry and its predecessor the Home Office (Home Office, 1999). This happened despite some criticisms within psychiatry which have argued that the DSPD programme is over-reliant on a medical paradigm of illness and therefore is in danger of restricting the rehabilitative potential of units to encourage residents to accept responsibility for their actions, as society expects (Maden, 2007).

This dissenting view from psychiatry suggests ideas about risk that accompany rationalistic assessment are creating a risk-aversive response to perceived dangerousness because risk concerns have become complicated by illness and disorder. Risk concerns are located within the very traits that clinical and offender treatments are supposed to change: those of antisocial behaviour, irresponsibility and other traits traditionally associated with
psychopathy. This leaves a question open as to whether a rational approach to personality disorder assessment, treatment, and risk management can realistically do much more than justify containment of risk. Without professionals taking appropriate risks by exposing residents, offenders and patients to community and lifestyle responsibilities there is little they can do to demonstrate they no longer have a severe personality disorder and are no longer dangerous. Thus DSPD services are again raising issues already raised in the 1970s, as the report by Lord Butler (1973) demanded step-down levels of security in psychiatric services, as people were stuck in a risk aversive system.

**Rationalistic Construction of Personality Disorder**

Within modern probation practice, the probation officer practitioners are expected to accept the validity of clinical diagnosis without question when they use the Offender Assessment System (OASys) (Home Office, 2002). Whilst probation officers are encouraged to think widely about the influences of social and psychological factors on mental illness they are however encouraged to rely on screening questions for severe personality disorder to direct whether or not they refer an offender to DSPD services. In a rather contradictory role, they are asked to assess each offender across a range of social, emotional, attitudinal, behavioural, and motivational domains relating to risk and needs. On the other hand, they are advised to refer offenders for specialist assessment of their personality on the basis of limited information on risk and lifestyle, but not information about distress, life disruption, and life quality. When it comes to personality disorder, the implicit message is one where the diagnosis is associated firstly with risk and irresponsibility rather than emotional or psychological distress. The overriding focus of concern is on public protection and risk regulation and control, but not individual wellbeing or welfare.
It has already been explained that the use of the International Personality Disorder Examination (IPDE) screening instrument in this study is for identifying the sampling population of offenders. Positive IPDE results mean the sample will include men who might attract a diagnosis of personality disorder at some point, or be assumed to show signs of it. However, the IPDE is being used to provide a reference point for discussions about risk and identity within a constructionist perspective, and not abnormal personality from a rationalistic perspective.

The clash between diagnostic and social science perspectives can cause conflicts within probation practice and cause difficulties in how to interpret data produced by rationalistic assessment procedures. These conflicts can become difficult, but sometimes in a creative way because practitioners with a background in welfarist approaches to crime reduction and risk management can ask critical questions about clinical models. In this instance, the finite usefulness of personality screening is an example of the limitations of rationalistic approaches to personal or personality differences. It tells us something, but outside of risk and severity issues, it does not tell us much in isolation, because the questionnaire findings allow little room for reflection on the social conditions faced by men in this sample population.

**Completed Screening Questionnaires**

Five of the 25 interview participants refused to complete the International Personality Disorder Examination (IPDE) (Loranger, 1999) questionnaire (Appendix C) although all 20 respondents (Appendix D) who did complete it required little or no assistance. Assistance in completion of the questionnaire included only advice on how to complete it and some reassurances with regards to what the questions or words meant in some cases. This was encouraging, given that most offenders had no formal educational
qualifications, and the questionnaire is designed to be understood by adults with low educational attainment: as was the case for most men in this study.

As noted earlier, all 20 offenders with a completed IPDE questionnaire scored positively for personality disorder and three of them had a formal diagnosis of personality disorder (paranoid and antisocial types) in addition to their positive screening. Positive personality disorder scores ranged from one type of personality disorder for two offenders, to three offenders with evidence of personality disorder across all nine types. This is not rare, as only a small percentage of individuals tend to score positive for only one type of personality disorder during any psychological assessment due to the high level of co-morbidity between different categories (Costa and Widiger, 1994; Torgersen and Kringlen, 2001).

If this was an epidemiological study similar to Singleton et al.'s. (1998), then all the offenders might have been labelled with a probable personality disorder identity status in order to group them together with other people with the same identity. The offenders in my study are not being grouped together as a category of men with shared diagnosis as there are only three men diagnosed, and this is a population of offenders known for their exclusion from services and non-diagnosis. They are socially located within a category of offenders via their biographical social history, taken from interview and case file information, and their response to social conditions and life experience. In light of the link between serious offending and personality disorder diagnosis, and how not everyone with similar social biography or presenting complex needs is likely to experience symptoms of this disorder or attract a diagnosis, then its likely that signs of severe personality disorder might distinguish this category of offender from others. In this instance, any talk of categories of disorder is questionable within a
constructionist paradigm though talk of severity of disorder is useful as it is more aligned to the social construction of risk and dangerousness, and not psychological disorder alone.

**Personality Disorder Severity**

There is no standard way of recording the severity of personality disorder from categorical and taxonomical psychiatric diagnostic systems like the ICD-10 or DSM-IV. The Borderline Personality Disorder Severity Index attempts to measure severity of one kind of personality disorder, but it has been validated with a relatively small sample size of 64 borderline patients (Arntz et al. 2003). There is however an alternative way to estimate severity of personality disorder from a lay perspective that can link clinical information with offending and dangerousness.

When the data from the IPDE questionnaires in my study are applied to Tyrer’s (2000; 2005) four-level classification of personality disorder severity, the findings suggest that the three diagnosed offenders’ conditions are more severe than expected. Level 1 is where a person is almost demonstrating all criteria for having a personality disorder; and level 2 is where a person has one or more personality disorders within the same Cluster. Level 3 is two or more from different Clusters; and level 4 is ‘severe personality disorder’ with two or more from different Clusters and the presence of serious antisocial behaviour. Only 3 (15%) out of the 20 offenders who completed a screening tool in my study could be classed as level 2, whereas 6 (30%) are level 3, and 11 (55%) were level 4 (severe personality disorder) as they fulfil the criteria for level 3 in addition to sexual or violent offending (See Appendix D and E). It

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18 Analysis of categories within a rationalistic paradigm (if used) would also be of little use given that the sample size was also small, as having 3 respondents in one group and 17 in the other potentially distorts any power calculation.

19 Out of the IPDE completions, 11 of the offenders had violent crime convictions, and 8 sexual, and 5 both. Two of these offenders did not provide case file access; and the case files themselves had variable degrees of information within them. This means that it was possible other offenders had violent and sexual offending histories.
is possible that the number of offenders with serious antisocial behaviour (and possibly level 4 personality disorder) was higher still, given that some case files contained only basic information on offending history. This is because they all fulfil the criteria for the level 4 of severity, and they all scored positive for at least one Cluster B type; a Cluster commonly associated with psychopathic or severe personality disorder due to antisocial traits (Dahl, 1998; Dolan and Coid, 1995).

The idea of personality disorder severity will now continue to be a theme in discussions with probation officers as the use of severity as a means for separating some offender groups from others is central to their concerns about personality disorder.

Probation Views about Defining Personality Disorder

Probation Officers had mixed levels of knowledge and awareness of the diagnosis and nosology of personality disorder, although they felt more confident in their understanding of psychotic disorders like schizophrenia, and mood disorders. Schizophrenia, depression, and mania appear to be the mental disorders most commonly understood by the general public in western countries (Jorm, 2000). This was reflected by offenders too; which seems unremarkable given that mental health services have been focused on the assessment and treatment of these types of mental illness for a long time (Department of Health, 2001: 2005: 2007).

Probation officers shared their knowledge of personality disorder with one another, and with openness to new ideas, after discussions where they tended to locate personality disorder within the historical context of probation and mental health services. They did so with a general sense of scepticism towards this disorder as a medical label given how it can be used to exclude people from services and tarnish their character; but they did not totally reject it as a
clinical construct either. For example, one group of probation officers demonstrate this in response to probing questions about their understanding of personality disorder:

P.Officer MB: To me it is a dustbin diagnosis that people throw at others, when they have no diagnosable mental illness that is treatable with medication and is untreatable, although it's not fair to say they (offenders) are not treatable.

P.Officer BM: It's all about money
P.Officer MG: I think it is fair to say it is sort of umm...a condition that cannot be defined.

P.Officer MB: And it gives such a wide catch all and to be fair to psychiatrists they are asked to do reports and they are asked if a person can plead, and if he can he has no mental illness and can plead.

P.Officer MC: It's a grey area in medical terms.
P.Officer MG: I think in medical terms as a particular diagnosis, but it has such wide parameters that it is always tempting for a lot of people to say it applies to a lot of people.

P.Officer FO: As a probation professional I am not entirely sure what it is or what we can do with people who have this condition.

P.Officer MG: I mean when you say dustbin that means you just throw everything in there and that means waste, so I don’t accept those words, I just accept it's an all-embracing category which is no surprise to all the people I talk to.

P.Officer FO: It's really like this person has a personality disorder and hence we really can't do very much with them, and I think if that gets established on record.

P.Officer MG: Ummm
P.Officer FO: It's very easy not to look carefully at it each time it's said.

P.Officer MG: It can be regarded as a label rather than OK we identify this person as such.

P.Officer FO: I can see that genuinely throughout my career that there were one or two people who had the label. I don’t think it does not exist but it’s too widely viewed.

Interviewer LQ: How useful is the label?
P.Officer FO: Useful to whom?

Here the officers begin to question the social construction of personality disorder as a label with a social or political purpose rather than seeing it as an objective representation of mental abnormality (See Burr, 1995; Hacking, 1999). All probation officer focus groups responded to being asked what personality disorder meant to them with a mixture of ethical concerns relating
to stigma; the use of diagnosis to obtain and legitimise government funding for services; the lack of clarity and certainty of diagnosis; and the dangers of applying the label to too many people. Furthermore they discussed how a recorded diagnosis can distract from the uniqueness of individuals and their needs being met effectively and in good time.

Probation officer participants tended to want clarity over whom this diagnosis is meant to be useful for; which came out of their strong concern for the welfare of offenders and a need for a sense of realism in the operational use and application of personality disorder knowledge to public protection. This appears to be a sensible position to have, given the limitations of diagnostic rationality raised earlier, and given that psychiatrists have doubted the usefulness of classifying personality disorder like other mental disorders. Concerns about the potential for stigmatisation, service exclusion, and discrimination within services were at the forefront of the minds of probation officers in these groups as they strive to keep their focus on valuing offenders as individuals. Officers did not want to look at diagnosis first, but rather take the time to get to know offenders and value how they uniquely construct their own biographies, needs, and social problems. Within the officers' value-base there was a commitment to anti-oppressive and anti-discriminatory practice (Thompson, 2003) that may have helped them retain an interest in the welfare of offenders despite them having become more like risk managers in recent years:

P.Officer

FO: Going back to that definition, when someone hasn't got a diagnosis and label they are still in there with a chance of accessing services and my feeling is that once you give someone the label or personality disorder it is going to make them easier to deny services to them.

P.Officer

MI: It is my thinking that it is service-led that is the matter and the cheapest, and the issues of how to separate the two are the problem.

P.Officer

BM: Cheapest, the issue is about white people, black people and thinking about institutions there is probably two or three times
more, and diagnosis. Many people, the actual problems that are a result of medical treatment, are problems, like people who take medication for 20 or so years, so there is aspects within that. The treatment, who are treated, and who are in these institutions needs comparison.

P. Officer MG: Also, discrimination can be a problem and who receives the label.

The example above highlights how these social work practitioners problematise the diagnosis of personality disorder within the context of service exclusion and discrimination. The probation officers often doubted the legitimacy and level of understanding about personality disorder held by them as non-clinicians even though they knew more than just basic diagnostic information in most instances. For example, in questioning how people should perceive and make meaning out of personality disorder diagnosis, some probation officers were aware of limitations of a medical model.

Tyrer (2005) suggests that clinical professions are using their experience, intuition and knowledge alongside assessment tools to help them identify personality disorder with varying success. Despite the varying levels of diagnostic success, he argues the category 'personality disorder' is still useful in helping clinicians to determine the treatment needs of individuals. Evidence from probation officer interviews suggests that rather than diagnosis, practice wisdom plays an important role in probation practice. Even as a psychiatrist belonging to a profession committed to rationality, Tyrer is suggesting that a little intuition is used to identify personality disorder with a variety of methods. He is not a probation officer or social worker having to juggling rationalistic and social perspectives that are sometimes in opposition or conflict with the other. The job of responding to personality disorder is perhaps more complex for probation officers who have to juggle these perspectives without the power and status that other professionals have.
Power to Diagnose Psychological Differences

Probation officers were eager to know how the psychology profession would develop in years to come, with questions raised as to whether or not psychologists' power and decision-making will be focused on a social or medical model of mental disorder. Officers wondered whether psychologists could be trusted to maintain some independence from psychiatry in the midst of the developments towards the Mental Health Act 2007. Long before the Act was implemented, it was known in the Mental Health Bill 2003 (Department of Health, 2004) that psychologists could be provided with new powers to assess, diagnose, and treat personality disorders in a clinical lead role, with the definition of mental disorder widened in order to allow this to happen.

There was a fear here that the new practices that may have emerged from the Mental Health Act 2007 could further extend the influence of the biomedical perspectives within mental health services. The concern was that psychologists who want these new roles and responsibilities of social control may have to conservatively accept this tradition and become an extension of it. Some officers were sceptical whether or not psychologists would treat more people with a personality disorder or at least use their status to help society legitimise the detention of DSPD men and women on the basis of diagnosed dangerousness; which assessment tools such as the PCL-R in effect do (see Hare, 1991). The issue for practitioners is what happens next, when other services are reluctant to work in partnership with probation officers for effective practice with DSPD labelled offenders:

P.Officer YW: You can put that label on somebody and it gets to be accepted.
P.Officer LT: And that the problem with the DSPD label is in a sense that it allows a mental health service to avoid getting involved, so they can actually do something about it (i.e. risk and treatment) but they don’t, so it comes back to what you said in the beginning what use is it actually, well it can be a useful get out clause..
P.Officer YW: It can be that’s right. It’s all just left to you.
P. Officer LT: Untreatable personality disorder and you see, I mean in some ways that’s why I say psychology has managed to assume a position that is unattainable. They have by saying someone is dangerous and severely personality disordered that this person cannot be treated so they are removing themselves from when anything fails, as a probation officer I would be held to account if someone under my supervision goes out and commits a murder.

This feeling of resentment about the apparent unchallengeable position of the psychology profession is rooted in frustrations about the relatively unchallenged status of psychiatric diagnosis and the role of psychiatrists in excluding personality disordered offenders from services. There is some expression here of the desire for social workers and probation officers to have the same (equal professional) respect as psychiatrists:

P. Officer LT: Well, looking at a psychiatric report, as a probation officer, and I could take you next door and show you reports that are abysmal, and the reality is these people sit in and interview someone, and if they don’t have an instinctive feeling that a person is this (i.e. diagnosis) then they look in their text book, the journal of American of Forensic Psychology or whatever, and have had a number of years training. But are they any more qualified in reality to do that than anybody else at times? The problem is their position is not to be challenged. As a probation officer as I start to speak about the findings of an eminent clinician; can I be heard?

Interviewer LQ: Does any one else find that?

P. Officer YM: It can happen, but I find it difficult because I don’t have that training to know when to challenge and how far to go with that.

Probation officers were keen to promote social understandings of mental health, with probation practice as an alternative or addition to a traditional psychiatric model dominated by biomedicine, so that they can better apply clinical knowledge to the social context of offenders’ lives. Beresford (2005) suggests that this is common and he acknowledges that social perspectives
have been around for a long time, but there has been a recent re-emergence of interest in them within social policy and academia. This suggests that probation officers and social workers may need support in developing their social approaches to working with mentally disordered offenders generally, and not just with personality disordered offenders as they are increasingly working in a clinical, regulatory, and rationalistic practice context. Cooper (2001) argues that there has been a period of flux and crisis in social work during recent years, so it seems like a good time for the profession to assert itself with unique intervention activities linked to often-used skills that enable practitioners to deliver effective social interventions. Uncertainty and tensions were highlighted between their required skills level in mental health; their own perceived need for knowledge and skills; and the reality of meeting the needs of vulnerable offenders who may pose a risk to themselves or others with few resources available to them. These tensions are now elaborated further with reference to the organisation of mental health services.

**Probation Perspectives on Mental Health Services**

One of the longstanding frustrations officers held about mental health services was how to get referrals they make on behalf of offenders accepted by them at all stages of contact within the criminal justice system. At times, they found it difficult to get referrals accepted by community mental health teams, as these teams have historically focused on treatment of enduring and significant mental illness. Focus group members said they sometimes experienced a sense of relief and satisfaction in seeing how services can work well together when they have a chance to contribute toward the success of partnerships. For example, they talked about how their local services had engaged in partnership arrangements with the local regional forensic psychiatric service. This ensured prison and hostel-based clinical assessments could be requested through liaison with workers who know each other well,
and the good working relationships perhaps explain why the partnership is seen in a very positive light by officers:

P.Officer BM: We are fortunate to have that because the CPN that comes in here is very proactive and of course if he has not got the answer, he goes to the psychiatrists, and for example, was flagging up the possibility of setting up a unit for personality disorder offenders.

Probation officer BM is beginning to talk about the hierarchy of service organisation in the partnership between local services, where the CPN liaises directly with the hostels on a frequent basis, and then gets the psychiatrist involved in assessment and treatment when they feel they need more specialist senior professional involvement. This traditional hierarchy within psychiatry is perceived by officers to be a powerful one because it controls access to professionals like psychologists and prevents direct referral access to them. Probation officers accept that in their experience psychologists are their natural allies in the process of assessing, supporting, and managing personality disordered offenders:

P.Officer TB: One of the problems as well is we have, we do not have access to psychology or something like that. A lot of them (personality disordered offenders) aren't medically treatable and they have behavioural and situational problems.

P.Officer BM: Yeah
P.Officer TB: Yeah, behavioural, social problems, so we need a lot more access to psychology
P.Officer RM: What about CPNs who can access psychology?
P.Officer TB: Well yes, you can but you still have to go through them to access psychologists.

Whilst psychological services were generally viewed in a positive light by probation officers, they expressed frustration with regards to how the criminal justice system relies very heavily on mental health services for expert information and opinion to help with sentencing and offender management.
The officers were not challenging the expert knowledge of clinicians, but the way the rest of the criminal justice system relies so heavily on clinicians for advice. Officers were not so concerned with how clinicians might offer the system what it needs, in terms of scientific certainty and rationality of assessment and treatment, but it is the disconnection between assessments and follow-up that concerns them. Probation officers with many years of practice kept raising the issue of being left to 'hold the can' when courts make their decisions, informed by clinicians, and then those same clinicians will refuse to work with offenders. Officer RM elaborates on how probation officers frequently work with personality disorder diagnosed offenders when other agencies choose not to:

P.Officer RM: You are left to work with that.
P.Officer BM: And it's not uncommon in the probation service for a client like that to end up in court for whatever reason yeah, and the court have not got a clue what to do with them so they put them on probation and we are left holding the baby and with all the shit (i.e., hassle).
P.Officer TG: I would not say there is a lack of acknowledgment.
P.Officer BM: On the part of the court or..?
P.Officer TG: On the part of professionals, about the kind if fear that no one really knows what it (i.e., personality disorder) is. Maybe if we did something then that might be the wrong thing. It's almost like non-intervention.

Non-intervention is an idea expressed by some officers as either refusal of intervention by clinicians on the grounds of having nothing certain to offer service users, or compulsory intervention ordered by a court where no treatment takes place but some form of supervision of risk can take place. According to officers this is a common compromise within the criminal justice system, until risk increases and legal powers are exercised in response to this to assess the mental health of an offender further with the option of doing so on an involuntary basis.
According to officers, the mental health and criminal justice system makes compromises whenever clinical certainty regarding appropriate assessment, diagnosis, treatment, and management is unforthcoming. This compromise leaves both officers and offenders in a vulnerable position in society:

P.Officer WM: We need more flexible services
P.Officer NM: What you find is you are left working pretty much alone with people trying to do your job and nobody really can tell you how it is best to work with someone who has a personality disorder or behaves in a chaotic way. I find people with brain injury can often have difficulty getting their social needs met and they are very vulnerable.

This is an example of how some officers used examples of other psychiatric disorders to demonstrate their awareness of the need for more flexible and dynamic services where a mix of service might be required (i.e. as is the case of neuropsychiatry). Other officers point out that service users can remain supported by professionals who do not feel equipped to help meet their needs but when compromises are made and different professionals cannot work together within a casework model of practice then the involvement of specialist mental health services is mediated by risk alone. The pressure to regulate and control risk always outweighs concerns about diagnosis and treatment efficacy.

Officers were ethically concerned that they kept seeing adults labelled as having a personality disorder, but not formally diagnosed by mental health professionals, possibly in view of the fact that a diagnosis can raise expectations of treatment when the most appropriate one is not available. These views seemed to suggest that the label itself could almost be a convenient warning sign for psychiatrists to stay away from offenders who are socially problematic, but not diagnosed in the absence of a severe mental illness. Officers said they sometimes saw offenders being given a diagnosis only when they have had the opportunity to gain access to clinical services in
a place like a secure psychiatric unit. One officer provided an example of how this waiting game is a problematic compromise for the criminal justice system to make, as professionals often juggle rationality and constructionist perspectives on their own with no other professional support. Therefore, the likelihood of making clinical treatment available can, in effect, be determined by risk concerns first, and health needs second as far as many offenders are concerned. For example:

P.Officer BM: But this guy on the surface can present as mild learning difficulties but when you start looking into his background there are a number of worrying factors. He stalks, he allegedly raped; it’s what I call the Soham20 factor: where he is now seen in the category of personality disorder, whatever that embraces.

P.Officer RM: Labels are determined by psychiatrists and used to enable them to treat a person. That treatment can be important but sadly that person gets a label that may not be appropriate, but at least they get treatment.

P.Officer BM: The, the, there is an awful lot of buck passing, with the whole process.

Within the historical mist of social exclusion and uncertainty in the psychiatric community about what personality disorder is, the practice of buck-passing appears to have forced probation officers to develop their practice in a certain way. Group discussions suggest that they have developed their reflective skills and clinical knowledge to fit within a constructionist framework of critical analysis and assessment when they work with offenders' socially located with personality disorder. Officers with years of experience in a social work role as opposed to a modern offender management role tended to feel they had developed a good level of intuition and emotional resilience that enabled them to know when an offender might have complex psychosocial needs and social problems. This practice wisdom

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20 The 'Soham factor' refer to the murder of two girls, Holly wells and Jessica Chapman, killed by Ian Huntley. He was the local school caretaker with a history of sexual interest and sexual acts involving girls. These were not recorded by police as convictions could not be made, allegations were not recorded, and his pattern of sexualised and violent behaviour intensified.
can then sometimes make them wonder whether some offenders have a personality disorder when they are trying to access mental health support for them. Being involved with social welfare work over their careers appears to have provided them with on the job training to learn about how to identify the social location of personality disorder, and thus prevent risk associated with it. For example, by recognising when a more flexible and intensive intervention approach is required. This process of location identification and intervention is now explored in the context of probation practice.

**Identifying Personality Disordered Offenders**

Probation officers did not talk often about offender identities or masculinities as a mean of categorising them into groups, even in response to prompts to do so, but instead they focused their attention on analysing risk and need relating to lifestyle, behaviour, attitude, and emotions related to offending. This was most noticeable amongst newly or recently qualified probation officers, possibly because they had learned to understand offenders in more of an evidence-based cognitive and behavioural manner, rather than with an applied subjective constructionist perspective. The probation officers trained within a rationalistic approach to interventions seemed more willing to use diagnosis in more of an objective way.

In the absence of significant self-harm or suicide attempts with or without significant signs of mental illness to locate men as vulnerable, the officers tended to locate offenders within a broad dimensional personality disorder spectrum when they were asked to define this term. They understood there were associations between formal diagnosis and those who demonstrate personal, lifestyle, and behaviour traits associated with a severe form of the disorder like psychopathy - for instance, substance abuse, recklessness, impulsiveness, and risk taking (Hare, 1991). However there was less confidence in understanding what non-severe personality disorder is because
it is less closely associated with risk or dangerousness. There was an appreciation of the link between their knowledge of early signs of psychopathy, like intensive early offending, and their own experience. Outside of talk of psychopathy officers seemed less confident in saying they understood personality disorder, other than using their experience to demonstrate some intuitive knowledge when an offender is showing signs of emotional distress and difficulties with social functioning:

- P.Officer FO: Yes.
- P.Officer MG: Yes it is, there are risk factors with that too, such as getting into potentially higher risk situations.
- P.Officer FO: That risk behaviour and offending tends to peak at the late teens, but you notice at 35 they are still going.
- P.Officer MN: I think the number of clients with a personality disorder is at least 20% and possibly a lot higher.
- P.Officer MG: Mmm, yes.
- P.Officer FO: Mmm, the problem is people rarely get diagnosed or assessed.
- P.Officer MN: Quite a lot of my cases have not been diagnosed but have many psychological reports on their files.
- P.Officer MC: Like I said earlier some clients don’t get diagnosed so they don’t get help and they have to pick up things from where they were before.

The OASys tool (Home Office, 2002) used by officers is meant to screen traits earlier and pick up on them as risk factors emerge into the consciousness of officers when they assess offenders. It is an actuarial tool meant to provide equality of access to services, although it could be criticised as risking the subordination of professional roles to those of administrative assessors (Webb, 2006). It constructs dangerousness associated with personality, with priority given to risk first, then clinical traits second. The prospect of classifying offenders under the DSPD umbrella, meant to replace the use of the label ‘psychopathy’, left some officers feeling ambivalent about the usefulness of the label, other than providing options for mental health treatment:
P.Officer YW: You can put that label on somebody and it gets accepted. And that's the problem with the DSPD label in a sense as it allows a mental health service to actually do something about it, so it comes back to what you said in the beginning about what use it actually is. Well it can be a useful get out clause.

In talking further about DSPD and their complicit role in supporting it as a clinical construct used for managing predictions of dangerousness the same focus group participants said:

P.Officer YW: We come into this office and we are generalists, but we are specialists in some ways too.

P.Officer LT: In terms of PD yeah, at some point there was going to be a drive to ensure personality disorder could no longer be used as a way of excluding people. The problem with DSPD is it's there to exclude people. We are used to working with lots and lots of people with PDs, not DSPD, so they are opening the gates for those people to access services, but DSPD however. How could you not be excluded? You are so dangerous you may need to be excluded without trail, on the basis of what you might do in future.

In another focus group, there was talk of how disabling a personality disorder diagnosis can be for offenders, and yet some respect for their determination and strength to be resourceful in the face of adversity and exclusion:

P.Officer TB: The thing is we are confused about the people who are actually diagnosed with PD. If no one knows what it means then if they're told 'you have a PD', how devastating it is for that person to not be able to get a grip on what that means for them, or what that means and how can I be helped, or what resources are there for me.

P.Officer BM: It takes a degree of sophistication to work; your way around agencies if you don't know the way around.

P.Officer TB: Or if you're not sure what the diagnosis means either.

There was a sense that the experience of personality disorder diagnosis could potentially promote more vulnerability amongst already vulnerable and
marginalised offenders to the point that they resist contact with services that try to label, control and separate them from the general population:

P.Officer BM: So there are people who lack the ability to access key services or there are some who learn a bit about them and do not want to use any services for a range of reasons such as a fear of being labelled, for fear of being treated inappropriately, or be put on this chemical or that chemical you know.

Whilst OASys was relevantly new at the time of the interviews, probation officers with experience of traditional social casework (and used to an applied subjective constructionist perspective) expressed confidence in working with personality-disordered men because they have experience of relationship-based and not just surveillance-orientated practice. They also value the importance of building good relationships with other workers and then using those relationships to learn about offenders they work with. For example:

P.Officer FP: I think anyone who spends an amount of time with this client group they are going to pick up the traits, what the traits are.

P.Officer YP: I don't want to mislead you, I think this is my own case. I see a lot of people in prison where a lot of these people are, but you don't get enough time to see them and assess them. As far as having some real insight into their real behaviour then I have not as you should speak to the people who see them on a daily basis and have a far greater awareness from each day and can tell you if this person is cold.

P.Officer FP: Absolutely.

When asked if they have any offenders on their caseloads with a formal personality disorder diagnosis, some officers with approximately twenty years work experience said they had not come across many. They had, however worked a lot with men in the same social location as personality disorder who could potentially attract the diagnosis:
P.Officer BM: One or two anyway.

P.Officer WO: Well there are a few people with personality disorder problems over the years you learn to recognise emotional and psychological problems that do not seem normal and people don’t cope as a result. Simple things may destabilise them, such as a benefits form may not get done because emotionally it is too much to cope with. This is like what appears to be personality disorder. I’m not sure how personality problems can be changed or if people can be helped. If they are diagnosed with that kind of thing then there may be no change possible but interventions may be the key.

Interviewer LQ: That could then be linked to service provision and getting that intervention right?

P.Officer BM: They can be helped but the services need to be helped and the responsibility for managing those services, or getting them right is the responsibility for all players in the services, like courts, social services, psychiatrists, etc. What can we do to help them? There appear to be, with personality disorder, an overlay with drug and alcohol, whereas for whatever reason they are abusing substances, maybe to help them cope with difficulties, but it’s very often what exacerbates the problem further, and they use services and can get into a total mess.

The message provided here is echoed in other focus groups as well, in that probation officers still feel skilled and committed to providing social interventions for offenders. Officers generally appeared to believe that their practice was good enough to reduce risk of offending with offenders who could attract a diagnosis of personality disorder by virtue of their social location. This takes place in the absence of other forms of therapy or interventions focused on problems resolution or psychological change.

Focus group participants appeared to feel that their interventions were not properly recognised or valued by service commissioners, and they were trying to make sense of new role expectations. Making sense of roles seemed to represent itself within groups in a kind of schizoid presentation of perspectives and ideas: caught between constructionist influence from their training and professional background and the rationality of the here and now asserted by psychology and the evidence-based ‘What Works’ models.
Psy-Professions, Influence, and Risk Management

Psychiatrists, psychotherapists and psychologists are often referred to as psy-professions (e.g., Kemshall, 2008), but psychiatrists in particular have traditionally held a lot of power within the mental health and criminal justice systems. Some probation officers in the focus groups accused psychiatrists of not liking people with a diagnosis of personality disorder and refusing to treat them because their problems are purely social. Appleby and Joseph (1998) share this view and note that having the power not to offer treatment has an impact on other professionals and services that are willing or legally obliged (like probation) to provide a service for offenders:

P.Officer WO: It's the psychiatrist with the power, the one who labels people and decides what will happen to them. Without their input it's difficult to know how to help people. Many people haven't got the formal diagnosis but our experience of them is similar to many who have had the diagnosis. Especially their experience of how services treat them and what happens to them.

P.Officer BM: No psychiatrists can decide on what the label means and can't always decide on what is a personality disorder. We can't do a lot with them because of this, although without the health input and services from social services we are pretty much left alone. We are left holding the can and trying to help people excluded from services. It happens time and time again. It's a behavioural disorder.

This feeling of resentment about the apparent unchallengeable position of the psychology profession is rooted in frustrations about the relatively unchallenged status of psychiatric diagnosis and the role of psychiatrists in excluding offenders from services. There is some expression here of the desire for social workers and probation officers to have the same (equal professional) respect as psychiatrists or psychologists but the officers feel that psy-power is more powerful than what they have in their current roles as was noted earlier in this chapter.
This chapter started with an outline of the IPDE results which showed us that all 20 men involved screened positive for personality disorder and therefore they could all potentially attract a diagnosis, and possibly be seen to have a severe form according to available severity taxonomy. It is difficult to make a claim that this sample of male offenders is somehow fundamentally 'different' from the broader prison and probation population, as the research design does not encompass this kind of comparison. Many of the men did however share a historical life experience involving multiple social problems and social exclusion that could easily lead them to be described by professionals as having complex needs.

Probation officers were sceptical about aspects of diagnosis but not completely rejecting of personality disorder because they saw personality disordered offenders as a distinct group with common problems and risk profiles. They were critical of the social and service exclusion experienced by personality-disordered offenders but there were differences in views between probation officers' views about practice according to traditions in which they were trained.

According to this training tradition, the more recently trained probation officers tended to see offenders' identities in terms of diagnosis and fixed traits that need to be change or modified in order to reduce offending. More traditionally trained officers were at ease with working with offenders with no clear diagnosis as they were used to this and they had learned to develop their skills in case work to adapt to working within a more constructionist perspective. By applying subjective constructionist perspectives to practice, and maintaining a social approach to their interventions they had learned that there is a shared social location for many of those who are diagnosed or, could attract a diagnosis of personality disorder. The use of intuition in practice helps them to gain a sense of when this is so because it is not an exact
science, and neither should it be, since social problems are complex and socially constructed.

Officers seemed to agree that there is a relationship between psychosocial need, social problems, and personality characteristics in men who could be seen to have a personality disorder. I will continue to discuss the relationship between social problems and personality disorder in chapter eight but I will now build upon the views of some probation officers with regards to assessment practice.
Chapter Six

ASSESSMENT, POWER AND RESISTANCE

Assessment tools and theoretically informed approaches to assessment within criminal justice, health, and social services can differ but there have been similar trends in assessment developing within the United Kingdom and North America. These trends are characterised by a move towards more rationalistic approaches to assessment aligned to evidence-based practice models. Assessment tools can be either rationalistic and standardised by design, or provide a more open and interpretive constructionist design that requires practitioners to engage in person-centred and relationship-based practice, but rationalistic assessments are currently more popular.

This chapter begins by revisiting some issues relating to evidence-based practice and then quickly moves on to how the rationalistic culture of assessment relates to the changing role of probation officers. Constructionist perspectives are explored with help from interview excerpts and relevant theories in the context of unmet psychosocial needs. As part of this theme, issues relating to the completion or non-completion of the IPDE are discussed along with how the current assessment system may be provoking resistance and labelling that may provoke even more resistance to interventions that may reduce risk and dangerousness in future.

Evidenced-Based Needs Assessment

Modern needs assessments used by practitioners within health, criminal justice and social services have become increasingly actuarial (providing numerical scores) and structured in an attempt to unambiguously identify what might be perceived as needs or problems in a rational and calculated
manner. Professionals working within a hub-and-spoke assessment system sometimes use standardised need domains in an assessment. This narrows the role of the assessor whilst encouraging partnership between services where partner agencies can meet specialist areas of need and sometimes more general ones as well.

The HM Prison Service and National Probation Service both use the Offender Assessment System (Home Office, 2002), which is a standardised actuarial form of assessment that has narrowed the role of assessors (Kemshall, 2008). The OASys relies on only a small number of studies with small sample sizes to support the inclusion of dynamic social needs like housing or finance. The original assessment manual states that the link between need and offending is at times moderately correlated, ambiguous and strongly correlated. Other assessment tools in this tradition include the LSI-R (Andrews and Bonta, 1995), HCR-20 (Webster et al. 1997), PCL-R (Hare, 1992), and the VRAG (Quinsey et al. 1998); all aspiring to use their empirically derived approach to improve prediction of high risk and serious offending such as violence. They see non-defined areas of need as irrelevant so that they can capture a particular constellation of social problems and personality traits associated with violence. The current use of risk and needs assessments to undertake DSPD screening is an example of the powerful presence of personality within decision-making. For instance the DSPD criteria within OASys (Home Office, 2002) are remarkably characteristic of the screening version of the PCL-R (Psychopathy Checklist–Revised)(Hare, 1991), known as the P- Scan (Hare and Hervé, 2001), when the traits of all sub-sections it refers to are examined. The potential for misuse of the PCL-R and the bias this can create in scoring and interpreting its rating system is acknowledged (Hare, 1998b).

It is argued that traditional open and subjective assessments promote vague and unfair assessment outcomes based on insufficient evidence (Smith, 2004; Newman et al. 2005), so a rationalistic form of assessment might in theory
prevent unfair labelling of offenders as violent. Lowenkamp et al. (2004) argue that an evidence-based system of assessment is fairer as it provides objectivity and reliability across assessors and subjectivity is reduced. This is not a view shared by Robinson (2003), who argues that the benefits of actuarial tools like the LSI-R are overstated because they are not backed by enough quality research evidence and they rely on tests of validity for the same tool with insufficiently different populations. In view of this argument, it could seem natural for practitioners to feel sceptical of rationalistic assessments.

Later in this chapter, we will see how rationalistic assessment processes send out a powerful message to offenders that can make them feel overly judged at a time when they feel psychologically vulnerable, and this could encourage resistance to professional interventions. I will now explore these issues, but in doing so I will begin with a discussion about professional role change, as this has relevance to discussions around how offenders respond to assessment later in the chapter.

**Probation Officers and the Role of Risk Manager**

Probation officers had recently been introduced to this new assessment approach, and it was an assessment tool that adhered to rationalistic and evidence-based practice in a very real sense, insofar as it created changes to professional roles. In comments about OASys, probation officers confirmed their views on this matter many times. They described how only a narrowly defined set of needs constructed by the probation service are assessed because evidence suggests they are relevant. They feel tightly controlled because so many areas of practice intervention are seen by them as out of bounds for them now. For instance, social interventions are no longer seen as legitimate in their role:
Our role is largely about identifying need and asking others to meet them.

We're lucky right now in that we have partnership agencies dealing with difficult things. For example, this person needs help and we can't give it to them. We identify the help that's needed, we identify who can help and what resources are needed, but we can't get at them.

It's possible a partnership could act as a substitute but not act as an alternative (to probation casework).

That's right, it gets you so far and then it adds to the frustration. It is a little like that. People try and it's difficult.

It was difficult in the early days in terms of getting access to services. There wasn't the arrogance of the partnership approach then. We used to meet many of the needs ourselves and with help from social services.

There are strong words expressed here, with the partnership approach seen as arrogant and unwanted change to probation practice, with its widening gap between assessors and interveners. It is a sign of how the probation service has moved towards a radical change in practice interventions and the focus of practitioners has had to move more towards public protection and managing behaviour rather than working with people more directly over a long time (Gregory, 2010). This change has created a sense of frustration for the practitioners talking above because they see areas of unmet needs but they cannot intervene and support offenders in meeting them. They also expressed some concerns that they were being asked to screen for mental health problems and DSPD with only a couple of days training in mental health:

There is some training on mental health as we had a couple of days training at *****.

You're an excellent probation officer but you are not encouraged to learn more about mental health.

I was just saying about training, it would be nice to have more.

This statement raises the question of why they are not offered more training in the absence of widespread personality disorder services. They are required by OASys to screen offenders for DSPD and mental health problems, and then refer them to appropriate agencies. The previous chapter outlined how
important experience of social interventions and case management practice was for officers in order to truly understand personality disorder. In view of the restrictions place on the role of the probation officer it then raises the question of who will then be able to work with personality disorder offenders with the right skills, time, and competence to do so well.

Probation officers resisted the urge to allow new assessment processes to wholeheartedly change their working practices, as there was a willingness to still do casework, and in doing so hold on to some autonomy and power in decision-making. Officers talked about how powerless they felt to challenge the public protection agenda, where they are encouraged to see offenders less broadly as individuals with unique needs but more narrowly as individuals with risk of offending. With reference to mental health social workers, the following officer talks about the cultural difference now between social work and probation service work:

P.Officer LT: It's interesting, categories are categories, until you meet the person it's about their mind and how they tick and approach things: what are people's needs? We have a very different remit as we don't call our people clients and we meet their needs by defining what we perceive them to be. We call them offenders: its gives you an indication of where the service comes from at the moment and the way they perceive meeting clients' needs. That's an agenda that we as practitioners can't really challenge, does anyone around the table really feel? I question the extent to which we are able to kind of determine what our clients' needs are as opposed to being directed to what they need.

P.Officer FP: We would need to know more about need and much more about the individual's life you often know a little bit about but.

P.Officer YW: In terms of meeting a client you may be their second worker with limited brief contact, and also you have targets to meet on progress but at the same time you must do x, y, and z.

P.Officer LT: That's why I said our ability to determine their needs is limited. That's why OASys as a document is there for. Well..?

Interviewer LQ: How much discretion do you have with this tool?

P.Officer LT: If you follow the specific guidelines you have no discretion what so ever.

Interviewer LQ: Have you got definitions of need?

P.Officer LT: Yes absolutely.
The radical shift in practice has meant that officers are called offender managers now (Gregory, 2010). At the time of the focus groups the officers were working in a system less interested in traditional social work values and more interested in the diagnosis of needs with improved prediction of risk. Despite this cultural shift in professional practice, the officers still valued direct work with offenders:

Interviewer LQ: Would there be benefits to having outreach workers who stay with people and cut across services that could work together?
P.Officer RM: Yes that would be good casework but we are no longer doing that.

More recently practitioners have reported that OASys was too detailed and time consuming despite its usefulness (Crawford, 2007; Mair et al. 2006), but the value of constructionist assessments has yet to be reconsidered in probation work.

Having more traditional areas of assessment and intervention out of bounds for probation roles has meant that the skills and the flexibility of the approach they reported in the last chapter to be needed for personality disordered offenders (or those that might attract the diagnosis) is being eroded. This leaves the question of who will be able to or be willing to work with these men. To some extent this concern explains why officers want to hold on to some of their former autonomy to work flexibility and with autonomy as social workers. Their desired practice focus is on what interventions work best, but in symbiotic relation to what forms of professional practice are best suited for the welfare and protection of offenders and society. What is meant by this is now explored in more depth.
Probation Officers and What Works for People

Prior to recent changes in probation practice, Tuddenham (2000) argued that risk assessment practice had failed to grasp a dynamic sense of risk that can be gained through allowing practitioners to be reflexive. This is an idea promoted more recently in consideration of reflexive and ethical probation practice by Gregory (2010). Her small scale study involving fifteen probation officers considers how they responded to role change from one where they were trained in a clinical mode with autonomy and power, to a newer punitive managerial mode of practice. Gregory found that whilst social casework is officially discouraged the probation practitioners' practice wisdom gained from casework experience was still used in professional encounters. This was echoed by how the probation officers portrayed their practice in the focus groups I conducted.

Practitioners did not simply adopt a rational-actor model based on evidence presented but they also retained some role as a reflexive helper, although it was somewhat reduced in scope compared to the past. They wanted to look beyond a mode of practice that assumes all decisions made by offenders are rational ones and are thus their responsibility. This seems like a valuable attitude taken by officers towards practice, since the high number of undiagnosed mentally ill offenders in the UK should perhaps make officers cautious about the rational-actor model of practice and vigilant about mental health issues generally.

The importance of ethical person-centred sensitivity to the welfare of offenders and openness to their learning about them as individuals is outlined in the previous chapter. As with the officers participating in Gregory’s study, my focus group participants preferred to maintain the role of reflexive helper as much as possible. They hoped to find opportunities to use their practice wisdom to help generate solutions to social problems for offenders in the
context of their unique lifestyles and biographies. In the following interview, the officers outline how important context is in terms of understanding the needs of offenders who might be personality disordered:

P.Officer LT: It's interesting where it would figure in someone's priorities. If I was to drag this out in someone and their priorities were firmly based around finances more than most, and willing to hurt someone for money, that would be ringing alarm bells with me possibly. Sending signals of lack of empathy, lack of acceptance of societal rules, and that's where it stands out. To put those statements out without a context, it's very difficult to see where they are applicable to people with a personality disorder. So I agree with you, I think the key is context you hear of.

P.Officer FP: I think the vast majority of people it's about how will I achieve this and that, and others will do it, make the choice regardless of consequences. I feel like.

So far I have discussed how by keeping alive the value of ethics, intuition and being person-centred in practice, the probation officers have been able to hold onto a framework of practice skills, decisions, and knowledge to help them critically appraise and work with a rationalist assessment framework. Constructionist assessment approaches allow practitioners to legitimately spend time looking outside of a questioning mode of assessment. It instead allows them to engage in a guided open exchange of information offering more depth to the understanding of psychosocial problems and their links to the personality traits of men likely to attract a personality disorder diagnosis. This may be less possible with a rationalistic assessment process being used with no scope for critical appraisal with the help of constructionist perspectives. It is worth reminding ourselves that this was happening during a time of role transition so there was no guarantee that this would last over time within the workforce as roles continue to change. Even if roles do change to become more rationalistic in future there would still be some scope for thinking outside of a rigid rational approach to some extent because the style
of doing an assessment can in itself promote open and reflexive exchanges between people. In their discussion of assessment technique in social work, Milner and O’Byrne (2009) see the advantage of the exchange model of assessment where more than one objective can be realised, and power relations are meant to be more balanced than when using a questioning model alone.

Evidence-based actuarial offender assessments encourage the use of a questioning model of assessment, but issues of uncertainty and ambiguity cannot be made sense of properly within an actuarial approach. In a similar vein, Cooper (2001) argues that assessment must include room for a constructionist approach to understanding people, which includes partnership with service users. This partnership must include an acceptance that assessment is a co-constructed activity, and not just simply respond to the assessor and the categories they provide for defining needs and wants. The OASys mentioned earlier is an example of how there is power bias within the assessment as there is only a small section for offenders’ views about OASys-defined areas of need in what is a large assessment. Room for negotiation of need is highly restricted and seems unwanted and superficial as part of the assessment, as it is with other rationalistic assessments.

In developing partnership (where possible) and cooperation with offenders, probation officers will need to consider the impact of stigma, and how this influences whether they complete assessments or refuse to do them when public protection needs are being assessed. The impact of a personality diagnosis has been seen as negative by service users because a negative image of them gets portrayed and recorded; and there are consequences for social standing and status, which can then change the attitudes of professionals towards them (Ramon et al. 2001). Nash (2006) notes that the Offender Assessment System (OASys)(Home Office, 2002) used by probation officers also has implications for human rights as it promotes powerful labelling (e.g.
mental disorder or risk level) and sharing of confidential information. He states:

The sum of these arrangements does, however, make the powers available to MAPPA extremely powerful and coercive with a potentially significant impact upon offender rights, which in turn needs to be balanced with the right of the public to be protected. (Nash, 2006, p160)

The sharing of confidential information can help offenders feel safe and understood by people who know their history well. For example, offender SA assumed people would hate him and therefore attack him:

Interviewer LQ: Do you feel stigmatised? Do you fear the reaction from other people when you go out?
Offender SA: Yes I do. This is one of the problems I fear, one of the problems I have in getting back into the community. Because the paedophile is the most hated person of the criminal element. You are hated in prison.

He was nervous of what awaited him in the community, given that at the time of his conviction of a sexual offence there was increasing media and political interest in controlling sex offenders, calls for their names to be made widely available, and they were exposed to public hostility and vigilantism. For instance, Nash (2006) notes how the recent focus on public protection against serious offenders has changed the quality of confidentiality processes. The trend of ‘tell one, tell them all’ policies of the USA in telling communities about serious offenders has influenced British criminal justice policy, although it reached a compromise with the introduction of local MAPPA (Multi-Agency Public Protection Arrangement) panels. In the midst of his awareness of this background, offender SA felt reassured about his safety as the police have offered to protect him from being attacked in the community.
Offender SA: Well I am on the sex offenders register and the police wanna' know who is in charge of me from that respect. She (his allocated police officer), I have only met a couple of times, when I see her she's very helpful, errrr, she says if I have any problems I can call her up and we go for a drink and we discuss it. She said 'I've got two things I have got to do. One is to protect the public, which is obvious, and the other one is not so obvious but it is I have to protect you'.

Interviewer LQ: Do you think that's a good proactive thing for the police force to be doing?

Offender SA: I think that is an excellent, errr, they're not just a sex offender, get em' in and keep an eye on him. Its, they're not just gonna tie me down. I discussed this with her and asked if I had to report to her when I get out into the community. She said 'not at all'. They said if there is, if you do, then we will tell you but no you do not have to report to me.

At the time of the offender interviews the MAPPA panels and OASys were relatively new so it seems fair to say that they were still finding their place within the criminal justice system and needed more time to achieve optimum implementation. In view of this it is therefore likely that offenders needed some time to get used to, and learn to trust, the new systems of assessment and information sharing. Nash (2006) is however suggesting that the MAPPA system is acting as an oppressive form of limiting power, which Tew (2006a) calls oppressive power, but if this is the case then MAPPA may not be conducive to creating genuine co-operative power relations between offenders and the probation service in the long-term. For instance, a MAPPA panel does not develop a supervision relationship with an offender, so what happens when a probation officer does not have time to offer more than a standardised assessment and monitoring of offenders whom they do not get to know well over time? Where would this leave probation officers if they only have a standardised risk assessment to guide their supervision decisions? Chapter one talks about the importance of appreciating resilience and its connection to social location so probation officers could consider these issues and their relationship with risk. They could encourage MAPPA panels
to consider a combination of actuarial risk assessment and more subjective socially constructed risk information to plan interventions and contingency plans for the future. Risk often involves issues of uncertainty and ambiguity, and I have already mentioned in this chapter how these issues cannot be made sense of properly within an actuarial approach, so it seems that probation officers would benefit from mixing actuarial and constructionist risk and needs assessment. This should allow them to properly consider the interaction between risk, social problems and psychosocial needs for those men who might attract a diagnosis of personality disorder by virtue of their shared social location and personality traits. The development of a working relationship with more of a psychosocial focus supported by the application of social constructionist perspectives might help make a working relationship with an offender succeed in meeting their needs and reducing risk of re-offending.

Cooperation and supportive social interventions alone have a tendency to promote the kinds of trust and cooperation that can reduce re-offending and promote prosocial attitudes (Cherry, 2006). This approach contrasts with the limitations of a clinical perspective emphasising weakness and the need to be controlled rather than emancipated. For example, Tyrer et al. (2003a) focus on personality disorder diagnosis rather than other less blameful or externalising factors to explain rejection or resistance to treatment. During their work with an assertive outreach team (AOT) (also reported by Ranger et al. 2004) seventy-three patients of an assertive outreach team in London were assessed and 92% scored positive for personality disorder, 75% of all patients were rated as Type R (treatment rejecting) and 25% as Type S (treatment seeking).

Compliance or cooperation with assessment, treatment or services generally is a complex issue, but Smith (2009) notes that compliance should not be taken at face value given that compliance with treatment or interventions can be
explained by a person's fear of punishment, compulsion, use of legislation to restrict their freedoms, or loss of reward if they do not comply. He argues:

The problem identified here is that compliance, in itself, does not indicate commitment, and may, indeed be indicative of a distorted relationship between practitioner and service user. Whilst it may suggest a degree of commitment to the purported goals of the intervention, it may simply be brought about for fear of the consequences of non-cooperation, or it may be motivated by an instrumental approach to possible rewards. (Smith, 2009, p129)

Smith (2009) believes that social work practitioners have the potential to provide balance to their power relations with service users, and in doing so have the potential to empower them because of their social perspectives and professional values.

So far this chapter has argued that 'what works' for offenders, taken from the views of those from this sample, is the need to experience protection, understanding and support when it is needed. Probation officers seem most suited to working with offenders who share social location and personality traits with personality disorder diagnosed offenders when they can apply social constructionist perspectives to psychosocial interventions in their practice. This approach demands practice with a strong focus on developing cooperative relations and shared power with offenders where possible. This approach may benefit from critical reflection upon evidence-based assessments, but it is important that officers do not focus on gaining and locating diagnostic evidence as this will limit the quality of risk assessment they gather over time. If this does happen then offenders may resist contact with professionals because they feel too judged and diagnosed at a time when they feel socially and psychologically vulnerable in life. Concerns about stigma and labelling may make offenders actively avoid a diagnosis, or an
assessment that may reveal too much about their personality. Issues like these are discussed below in relation to risk, undesired or unwanted identity, gender, and ideas of normality.

Resisting Identity Risk

Earlier chapters discussed how youth offending and its rise in intensity or severity in early adulthood can be a key indicator of DSPD, psychopathy, antisocial and dissocial personality disorder. Eighteen-year-old offender GY had no formal diagnosis of personality disorder, and he also refused to complete the IPDE.

Interviewer LQ: Breaking the rules is fun is it?
Offender GY: Yeah, rules exist so that people come and take you away and that, police come but don’t arrest ya. It’s just rules init. It’s like, fuckin hell why do I have to stick to those rules man? I just do something stupid.

Interviewer LQ: What do you think when, is that the kind of trigger to do things, like break the rules?
Offender GY: Yeah.

Interviewer LQ: Is there anything else you remember about triggers to trouble in the past?
Offender GY: Yeah, it depends how lonely you get doesn’t it, and it depends what people say to ya. People say things like “why are you saying that to me?” There was this bloke in a pub, about 39, he once said why are you asking me to set the balls up? Playing pool right, and he got really angry about it. I just stayed calm and talked to him a couple of minutes and then I thought fuck it and got dead angry and that’s what happened.

Interviewer LQ: When you have got into trouble have you thought about the consequences at the time?
Offender GY: Not really.

His case file does not really say whether he needs more than social support as it focuses only on the need to become involved in appropriate activities to relieve boredom; to monitor his drug and alcohol use; and to monitor his compliance with medication for paranoia. The case file information recognises he experiences problems with his temper and how alcohol leads to
disinhibition of anger, but his offences are mainly related to theft and public
order over a number of years since adolescence, and not his recent assault. An
OASys assessment had been completed but it focused on OASys defined
needs associated with his most recent offence, and there was only some basic
acknowledgement of his social history and no interpretation of his own
offending and lifestyle. When asked if there was anything he might need in
life he said:

Offender GY: What do I need in life? It’s support really.

In the case of GY, the OASys assessment seemed too focused on offending as
it acknowledges social history, including being in a children’s home,
offending, and expelled from school, which collectively would suggest he is at
risk of long-term social exclusion, or perhaps attracting a personality disorder
diagnosis. His interview biography and case file collectively note historical
risk factors associated with personality disorder but in the absence of a formal
assessment or diagnosis his offending is the focus for probation staff, and his
focus is on his psychosocial needs. He does not really know what support
might help him yet but he knows he is not feeling emotionally stable. During
interview he said he was taking psychiatric medication, feels psychologically
unwell, and yet he was not able to access psychiatric services yet:

Offender GY: I Haven’t got a clue mate, just had things year on year, as I was
saying yeah, some guys have good days and feel good about
themselves and then I have days when I am down and feel shit
and can’t get happy again. It’s weird. In prison I would feel
down and feel shit if you like. I feel like that when I wake up in
the morning.

Interviewer LQ: What happens when you don’t get what you want?

Offender GY: If I want something, nothing really, I can’t do nothing about it.
Get really pissed off.
Whilst GY did not clearly state why he did not want to complete the IPDE, he trusted the interviewer enough to speak to him for a long time and access his case file. It is therefore possible that he did not want to upset his chances of being seen differently by the interviewer to how he would like to be seen, as someone ill and needing help. His case file mentioned how he had lacked access to psychosocial support in the past so it is possible that as he was hopeful of consistent support in future. His refusal to complete the questionnaire may be related to the fear of losing what Thompson (2003) describes as health-related ontological security, where good or improved health reinforces a sense of well-being. The hostel and its staff may have provided the kind of psychosocial support and environmental containment of his anger problems that he needed.

Other offenders may experience the same feelings even when they have access to mental health services. Offender CV also did not complete the IPDE and seemed reluctant to give long answers during his interview. There could have been any number of reasons for this but there seemed to be a reluctance to give too much about himself away as he may have felt he was risking the chance of losing what works for him in life at present. Unlike GY, offender CV was in a mental health hostel and had access to a mental health service for some time. His case file described him as a compliant person and he talked about his commitment to making the most of support on offer from services and moving on with his life. Like GY above, he acknowledges that he had a difficult childhood, and when he is asked what the best thing about services is he says:

Offender CV: Ermm, the best thing about it is I getting me life back together.
Interviewer LQ: Yeah

Offender CV: I didn’t have much of a chance when I was a kid
Interviewer LQ: So getting your life back, is that the main goal?
Offender CV: Yeah, settle down and have a kid
He wants to be a father and this appears to motivate him to leave the hostel but to try and remain well. His case file stated he was a low risk to others, although he didn’t cope well alone, did not comply well with psychiatric medication for his schizophrenia, and he has attacked his partner during a time when he was experiencing money problems and took himself off his medication. When asked what was better or worse after contact with services CV answered:

Offender CV: Better, I have more things going for me now and I have more things to do.

Interviewer LQ: How could things be made better?

Offender CV: Have more things to do and have more easier access to things like a CPN and that, drug treatment, help with stress and someone to talk to.

Here CV presents his needs in a similar vein to how the probation service defines them. His interview answers were often short and non-committal and it is possible that he has learned that the probation service defines his needs like this and he has learned to communicate about them in this way. He is living in an environment where he has been able to relieve his feelings of boredom and keep his mental health stable, whereas other offenders may not be so lucky. He might not want to disturb how professionals see him by completing a personality questionnaire, despite assurances that it was confidential. Olaison and Cedersund (2006) demonstrate the importance of identity and normative category negotiation during the assessment process, whereby people negotiate with the framework in terms of what they legitimately define as needs, and then they balance between what they want and what is available. Construction of identity and negotiation of need takes place between a person’s self-presentation, and fixed institutional categories. Olaison and Cedersund argue that this demonstrates how assessment gets used as a form of what Goffman (1990) called moral pressure.
In these instances these offenders would probably need very clear proof about the benefits for them in completing the IPDE and probably any other similar assessment where they feel they have the genuine chance to say no to completing it. This is in light of them balancing their needs with the risks involved for them in completion, as they are essentially resisting an undesired identity imposed by an assessment tool that from their perspective may jeopardise their support, possible future support, and put their psychosocial wellbeing at risk. These points are further emphasised by how other offenders reacted to being asked to complete the IPDE.

**The Imperial Threat of Psychological Diagnosis**

Being asked to complete the IPDE invoked fears of unnecessary and inappropriate judgement, stigma, and diagnosis by professionals within the criminal justice system. No offenders acknowledged any awareness of the clinical tensions and debates around personality disorder, however they were aware of how limited and restricted opportunities were in hostels to express oneself, and to explain why and how they offend. Some offenders had become suspicious of any assessment adopting a questioning model and thus not allowing open exchanges to take place. It could be argued that reasons for not completing the IPDE for my study or not wanting to participate in other assessments in the past were bound up with the need to resist an undesired identity like sex offender, schizophrenic, psychopath, homosexual, weak man, or male failure.

Offender SA was a fifty-nine year old man with years of experience in the criminal justice and mental health system. He refused to complete the IPDE questionnaire but he talked about his distrust of any form of assessment that might ask questions about his personality without an in-depth contextual exchange of information allowed for in conversation. This might have been because of a whole range of issues including how it might make him feel
unsafe, less in control of events around him, and in danger of being confronted by his own attitudes and thinking processes. He associated the questionnaire with ones he completed in prison or his probation hostel, such as the Enhanced Thinking Skills cognitive group work programme for offenders that aims to modify thinking behind offending behaviour;

Offender SA: I’ll have to take a look but I’m always a bit apprehensive about these kinds of things.
Interviewer LQ: Have you seen something like this before?
Offender SA: I probably have
Interviewer LQ: Some psychologists, psychiatrists, or probation officers sometimes use things like this.
Offender SA: They used it on the ETS course
Interviewer LQ: This is called the IPDE. It serves two purposes for me. It tells me the type of person you have been over the last 5 years and tells me about the individual. So it acts as a way of looking at individual differences. It is also used as a personality disorder screening tool, but it is not a diagnostic tool when it is used alone. It does indicate where personality may be different from the normal range of personality.

Offender SA: If it is not a diagnostic tool then what.
Interviewer LQ: It is not a diagnostic tool when used on its own
Offender SA: It is!

Not at all surprisingly, here SA found it difficult to distinguish between diagnosis and questionnaires that provide a measure of statistically-based personality abnormality, or even particular traits associated with offending behaviours. It seems only natural that the average person who is used to understanding diagnosis as something that provides medical certainty will find the overlap between diagnosis and measurement uncomfortable as far as a problematic diagnosis like personality disorder is concerned. We already know from chapter five that probation officers also find the subject of personality disorder challenging, but they frequently come into contact with offenders with shared personality traits and social location during court appearances. At these times the probation officers will consider diagnostic knowledge in order to act as a kind of objective evidence-based check and
balance for their own subjective and constructionist observations. This is explained by probation officer LT in the excerpt below relating to DSPD:

P.Officer LT: You were talking about dangerous and severe personality disorder and what it is but in reality there are going to be very few people in this organisation who are going to be diagnosed with that anyway and be in contact with us: it just doesn’t happen. The reports are expensive, people don’t get reports written about them unless there are pre-sentence reports before they come before court so what you tend to get is a lot of people coming through the system again and again and again. You talk about gut feelings about people but what you find is it’s a checklist of things that are marked off and very often those traits appear with the people whom we deal with. For example, lack of empathy, we deal with, sure we get that quite a lot and occasionally you get people who you can see a number of these traits in and I am sure the work we do, when we talk to people about their offending we get as good an insight as anyone into these traits.

This overlap with offenders more generally is why it is important to appreciate the social location of personality disorder. Hacking (1990) cited in Jenkins (2004, p195) talks about how the growth of statistical imperialism in determining what normality is has suited modern state bureaucracies because categories of people have merely been invented so that they can fall into them and be counted. This form of statistical governmentality has consequences that Jenkins (2004) argues can lead to the submergence of internal individual differences in to a dominant categorisation of similarity in relationship to the rest of the population. The suggestion here is that modern personality assessment approaches provide a threat to identity when dominant forces in society label people with empirical authority. Hacking (1999) saw the dangers in this for society in how the psychology profession has gained the power to reframe an individual’s history through the power of statistical evidence, but often this often goes unquestioned as a social construction.

In view of the possible cost and infrequency of clinical reports required by courts for DSPD offenders it seems important that professionals do undertake
effective forms of screening for DSPD, but include social and biographical assessments in addition to using clinical tools or OASys screening. A more constructionist friendly assessment for DSPD allowing for qualitative data gathering could potentially be more acceptable to both probation officers and offenders. Such a model of assessment could enable practitioners to complete reports that are sympathetic to a social model with sensitivity to issues of identity and power. This could offer additional surety to other professionals, and especially judges and psychiatrists, that a specialist report referring to social context can actually help to make sense of clinical assessments in a real life context, and thus help to develop more trust in working relationships between offenders and professionals.

For instance, after refusing to complete the IPDE questionnaire, offender SA provided consent for casefile access and talked more openly and positively about having to register as a sex offender, so he seemed to dislike being represented in the context of his personality and not his life history. He therefore seems perhaps to have used resistance to assessment as a way of protecting his self-esteem and personal power from perceived coercion and oppression from a questionnaire; a process he fears might shrink his individuality and be used to control him in an unfair manner. By refusing to complete the questionnaire he might have been wanting to avoid uncertainty in how others perceived him, by encouraging them to accept his own identity and way of thinking. He also held on to views related to traditional masculinities (Brittan, 1989) that emphasise his stoical self-reliance, an air of confidence, and resistance to help seeking. This appeared to be acting as a barrier against feeling vulnerable and a defence against perceived personal attack to his ego and desired social status.

During his interview, resident SA portrayed well known masculine characteristics including resistance to psychological help-seeking and expressions of heterosexuality (Addis and Mahalik, 2003). These
characteristics are likely to be located within hegemonic masculinities (Connell, 1987; 1995). Another reason why SA refused to complete the questionnaire might have been an assertive step to reduce the impact of anticipated negative labelling as he did not want to associate himself with being a sex offender. Whilst this could be related to genuine concerns about stigma in society, he might be separating himself from his complicit relationship with sex offending because he is in denial.

Denial could be an attempt to avoid a process observed by Hudson (2005) where sex offenders' identity and self-esteem can become entwined with the label of sex offender so much so that their sense of being a unique individual is difficult to separate from being that label. From this perspective, SA's refusal might be a positive psychological survival strategy in terms of him accepting himself as a person who offended; but not just an offender who offended. Like many other interviewees, SA may therefore have been resisting what he suspected might be a further labelling process that could attack the integrity of his identity as a man. SA had a long record of manual work and involvement in traditional family life. It may be then that his sense of respectable working class masculinity helps to explain his refusal to partake in the personality assessment process, with this refusal understood as a form of resistance to subordinated masculinity in the form of a 'mental health' label (see Connell, 1995; 2000). He may have experienced this for the first time or his reservations might have been compounded by his earlier exposure to questionnaires on the Enhanced Thinking Skills course.

It is clear from these examples from criminology and the sociology of masculinities, that there are different layers of explanation for why resistance to personality assessment may occur, so this tells us three things. Firstly, it is not useful to simply see offenders as either resistant or compliant as this is not respectful of the many issues facing them in their journey back towards reintegration with society. Second, the social location of offenders will
influence the degree to which they are likely to resist or cooperate with services. Thirdly, cooperation with professionals is potentially encouraged by an interest in social history and context over interests of categorisation and labelling. I will now continue the chapter along a different pathway of discussion that leads us away from talk of resistance. Whilst the remainder of this chapter will continue to address power and assessment issues in relation to offenders social location, the focus in on those within this sample who might have resisted assessment and practice interventions in the past, but no longer feel they need to as much or at all.

**Embracing New Identities When Psychosocial Needs are Met**

Foucault (cited in Gregory 2010) proposes that power can produce docile subjects without coercion but within existing power relationships. Resistance is believed to be able to modify the hold of power, and freedom is seen as rebelling against the ways we are classified and categorised. In my study the hostel residents could be seen to be caught between social pressure to be docile subjects and also being free and able to resist being categorised.

Some IPDE respondents may have wanted to use the opportunity to complete the questionnaire in addition to their interview participation as a way of convincing the probation service that their attitude and behaviour had changed because they were willing to co-operate. This is an example of using *power as product* (Smith, 2009), given that it is using the social power gained from them or others in the process of completing the IPDE as a means of producing some social benefit for them. Social benefit may result from increasing the opportunities for gaining power and autonomy from the probation service in the form of trust and freedom of movement (i.e. lower risk concern). For instance, offender GA was keen to share the questionnaire
findings with hostel staff even though this went against the confidentiality I had promised:

Interviewer LQ: Would you mind completing a short questionnaire?
P.Officer GA: Yeah OK
Interviewer LQ: Are you happy for me to look at basic information on your case file?
P.Officer GA: If you want; tell them I gave good answers to your questions and things like that.

Offender DH had a formal diagnosis of personality disorder but he was receiving treatment for his psychotic thinking and addiction, and not for personality disorder. He felt his treatment was helping him be a different person and to approach life differently. After some clarification of what the IPDE questionnaire was for, DH completed it and appeared to be keen to use his completion as a tool for emphasising to the probation service how he experienced mental health problems:

Interviewer LQ: Would you mind completing a questionnaire?
Offender DH: No, umm, I don’t know
Interviewer LQ: It is a personality disorder screening tool
Offender DH: I understand it is research and helpful
Interviewer LQ: This is confidential remember
Offender DH: Ok, I could use them being told
Interviewer LQ: Who?
Offender DH: The probation service

It is possible that his co-operation with the assessment process was perceived by him as an opportunity to balance some potential changes in his power relations with staff and in doing this effectively, he hoped to protect the security of his residency as it was at risk from past rule breaking.

Tew (2005; 2006) argues that protective power helps professionals to safeguard the interests of service users and co-operative power is where sharing and mutual support can assist individuals to achieve change in their lives. In light
of Foucauldian theory (i.e. Foucault, 1982) which sees power as all around us and impossible for an individual to have total control over, Tew is distinguishing between potentially emancipating power which is productive and power which is limiting. Offender DH appears to want the protective power of both probation and mental health services through some co-operation with them and his interviewer. Tew (2006) suggests that if someone is able to use opportunities for co-operative power they can be equipped with the personal resources to cope with life, although some psychological distress patterns can disrupt progress towards personal and lifestyle change. This is because they reinforce previous habitual behaviour used to cope with their internal emotions. He suggests that the right use of protective power might include the environmental containment of inappropriate power relations in interactions between service users. Tew argues:

> It would seem likely that those who may have been in receipt of effective and enabling deployment of protective power may internalise capacities and strategies for self-nurturing in situations of oppression or collusion. Similarly, those familiar with contexts of co-operative power may internalise an openness to giving and receiving support, and a tendency not to feel threatened by difference. (Tew, 2005, p80)

In view of Tew’s description here, it is possible that offender DH is beginning to benefit from the opportunities for personal development provided by co-operation although his rule-boundary testing (as emphasised by his case file and not him) may be a sign of a clash between established behaviours and newer ones. He resided within a specialist mental health probation hostel with a good level of commitment to treatment and support from a regional forensic mental health service that he respected. This might have encouraged a better appreciation of the hostel environment where he resides due to the enhanced services he has access to, however his current behaviour (i.e.
mixture of co-operation and rule testing) was an example of the limitations of what Tew (2006) describes as power over. Tew acknowledges the usefulness of professionals having power over service users to coerce them to attend treatment programmes to change their attitudes and behaviour but he feels this is limited as it is essentially oppressive. He suggests it could potentially reinforce collusive behaviour and the attitude that it is acceptable to have power over others rather than develop new behaviours that help offenders achieve long-term change in their attitude and offending behaviour.

Other offenders were very confident and not at all bothered by the prospect of completing the IPDE questionnaire because they had completed many similar questionnaires in prison already, and knew what to expect. For instance, offender KF’s confidence remained high despite further explanation being provided by the interviewer to make sure he understood that the screening tool will assess his personality;

Offender KF: The numbers of papers I have done in prison mate, don’t worry about it.
Interviewer LQ: It’s a screening questionnaire, formally it is not a diagnostic tool but it can suggest whether or not someone has evidence of personality disorder traits from a psychological point of view.
Offender KF: Yeah
Interviewer LQ: Some of it may suggest (not allowed to finish)
Offender KF: I did loads in prison and the questions were the same.

Whilst offenders gave different reasons for the completion or non-completion of the questionnaire there appear to be numerous factors that influence their decision to complete it. They are trying to balance autonomy with restrictions demanding their compliance with treatment and hostel rules. They are using their experience, concerns about stigma and social exclusion, and social status to guide their judgement about whether or not to complete the questionnaire, and perhaps any other assessments. If it is seen as a threat to their preferred or desired identity, lifestyle and intended lifecourse then resistance to
assessment seems to occur: According to Foucault resistance is not abnormal but it should be seen as a normal human response in trying to balance power and control in their life. The men were perhaps getting tired of feeling controlled by hostel rules and living with professionals who have power over them, so they often said they wanted more welfare support. This may have been their way of saying they wanted more emotional and social support from trusted relations with others. Putting it in those terms might have damaged their identity and status amongst other men, so asking for more support from welfare services was more socially acceptable in relation to gender norms.

When cooperation with assessment is easier and more forthcoming, this seems more likely to happen when offenders have been able to get to know staff and trust them as they provide support to meet psychosocial needs. Vulnerability and stress experience by offenders can then be better contained, and in some cases, they can then find strength to take the risk to share confidential information, thoughts, and feelings with professionals. This is however more likely to happen when they do not feel categorised and diagnosed for no obvious reason that will benefit them.

Wanting Welfare and not Diagnostic Processing and Control

One of the main issues raised by service users in my study was that they do not like being made to feel ‘processed’ by services, and instead they want to feel accepted and understood as individuals and have what they say validated by others even if they do not agree with them. This has been an issue echoed in other qualitative studies of participants with a formal diagnosis of personality disorder (Ramon et al. 2001). It is possible that offenders feel what they say is highly scrutinised and they may therefore need
encouragement to express their opinions without their words being over interpreted and judged harshly.

Many, but not all, offender participants preferred a more person-centred relationship with professionals that focused more on their welfare, and they wanted something similar from their experience with me as an interviewer. For example, the following offender feels the welfare role of professionals has gone as he says:

Offender ME: I feel professionals have not got time for certain people ya'know, the working class, unhappy people, or hungry people. Don’t care about that, being too busy, leaving you to sort yourself out.

Offender DV elaborated upon his disapproval of paperwork and assessment-orientated probation practice. He wanted more person-centred support from probation staff, as he used to get this earlier on in his criminal career:

Interviewer LQ: Generally speaking how do you think things could be made better for people in your situation?
Offender DV: Have more people around who can listen and understand what we are going through, and what help we need, like yourself, instead of well he can look after himself and he’s nobody.

Interviewer LQ: So is it about taking care of basic needs and more talking?
Offender DV: Not ticking boxes, more talking, as it’s just pieces of paper. Talking means something to me.

He expresses a dislike of completing questionnaires but he completed the IPDE questionnaire with a positive attitude and vigour. This appeared to confirm the impression provided by DV throughout his interview that he actually did not mind doing this if he could understand it and if he felt valued as a unique individual. Aldridge and Levine (2001) indicate that this is a positive indication of a good interview that motivates and offers appropriate reassurance to interviewees.
At first glance the same rules of sensitive and person-centred engagement appear necessary regardless of diagnosis, but Haigh’s (2006) findings suggest more attention is required to be sensitive of how assessments can energise and recall the very real feelings and experiences of personality disordered participants or service users, even if those feelings relate to events many years old. Often these feelings and experiences are so distressing that they may be buried deep or ignored, perhaps for reasons of avoiding stigma and marginalisation, but they are still very much alive and powerful issues that make them feel vulnerable. This aspect is often seen as something intertwined with experiences of exclusion from services (NIMHE, 2003a) so it is plausible that the need for extra vigilance and sensitivity with people diagnosed with a personality disorder is not simply to do with any personality differences, but is also related to their experiences of service exclusion, emotional distress, and stigma.

Hostel residents in this sample had the additional demands of coping with others having power over them (Tew, 2005) when they had (in various ways) been used to autonomy in the community in the past and having control, influence and power over others through their offending and social circle. Some residents seemed to have different levels of tolerance for the process of having to earn respect and privilege in hostels through demonstrating their pro-social behaviour. For example, resident DK seemed to want to prove to others that he could himself, cope with life and demonstrate his motivation to function well to others:

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<td>DK:</td>
<td>I want to prove to people I can do things for myself</td>
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<td>I can succeed; I have certificates upstairs now, from the last time a few months ago I can prove now that I have done it. I can help myself because I can do it. I wanna do it, prove it to myself.</td>
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<td>LQ:</td>
<td>Is it to prove to people that you can succeed?</td>
<td>LQ:</td>
<td>Do you have days when for example you really don’t want to do this or that, and feel quite demotivated?</td>
</tr>
<tr>
<td>DK:</td>
<td>No I just do them.</td>
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Interviewer LQ: Focused are you?
Offender DK: I just get up and if there is something that needs doing you say I don’t mind, or if you say do you want you care cleaned? Like when I was here last time there was a square by the pear tree and I just thought I decided I am gonna cut the grass out, is that OK? I just done it and cut the grass out and marked it out.

It might not seem surprising that an offender wants to show professionals that he can function well or have the motivation to improve the way he functions in society, given that the service cultures of probation and mental health practice are highly rationalistic in their approach to understanding human needs. Biomedical theory relating to bodily function forms a significant part of the approach to assessing human need in these service sectors, so it would make sense that offenders will want to try meet expectations of professionals through bodily labour. Co-operation can also be understood as part of a wider strategy for social survival in a marginalised social location.

Social Survival in a Hostel

Not all male offenders in this sample wanted to go beyond their basic supervision requirements to become part of the culture of hostel life by physical activity such as gardening. For example, resident MC is someone who did not want to be in a hostel and only wanted to use the staff to meet his own basic social needs before returning to his previous lifestyle. In his interview, he said he simply wants to move out of the hostel and get a job. He also said that he does very little with his time other than avoid others by staying in his room or removing himself from the building by staying at his mother's home in the day. He only attends offender treatment sessions that he must attend or be at risk of breaching his conditions of probation;
Offender MC: Yeah I can’t move out of here until I have finished my rehabilitation, so I can’t do things. They just want me to do what they want, and there is things that I want to do, like work.

Interviewer LQ: Do you think if they did allow you do to this that it would be better for you both? (i.e. himself and probation staff)

Offender MC: Yeah

Interviewer LQ: Yeah

Offender MC: I just want to work in a factory.

In his interview MC generally seems to be eager to get a job and deal with his own benefits issues himself, even though he cannot read or write. There is a general sense of him trying to show probation staff he is independent enough to cope in the community, but without being in close proximity to them or the hostel. It is argued by the probation service (as seen in his case file) that he is in some form of denial about his offending and his high risk of re-offending, or that he lacks the mental capacity or intellectual maturity to understand connecting issues. From a probation perspective, the time spent at his mother’s home may be a sign that he has been ignoring the psychological processes that accompany activities and strategies for meeting his social needs generally, and these strategies may include violence. For instance in the previous chapter, MC talks about how he used to go out nightclubbing, meeting girls, drinking and fighting, but this led to fights and his rape of a young woman. Rather than deal with this problematic behaviour and the thinking behind it he suggests the probation staff are wrong to restrict his activities with curfew times that do not allow him the flexibility to go out at night:

Offender MC: Yeah more flexibility too. As some people say I can work and others have said I can’t at present the rules have changed as time goes on. They say I need to go out and sort my benefits out, which I like to do myself, because I am meant to be becoming more independent, and rehabilitate in the community, but they don’t want me at my mum’s all day and they don’t let me out late, so I can’t really go out to a club and meet a girl. I feel I can’t win sometimes.
Given that his case file showed that he was a young man who experienced separation, disruption and conflict within his family relationships over many years, it is possible the eagerness to stay at his old home (with his mother) during the day is part of a ‘disruption and repair cycle’ (Schore, 2003). This is central to attachment between child and parents as when stress and conflict need to be resolved from the past then time is needed to repair this. Being in prison and then a hostel at a young age might have been preventing this repair processes and he might find it emotionally soothing to be near his mother during this time of stress. If this is the case, and the evidence from case file and interview data might suggest this interpretation, then rather than being seen as an indication of denial, his behaviour may be more symbolic of a young man wanting to develop his adult identity and in doing so show that he might be trusted and accepted by others. In this context, case records noting denial seem to offer an insufficient or inappropriate explanation of his behaviour.

Elsewhere in the following chapters we will see others in a hurry to move on and eager to push forward meeting their basic social needs and using this as a rationale to say they are ready for fewer restrictions on their autonomy and activity because they can somehow prove they can function on a social level. However, regardless of the reason behind the resistance to probation restrictions offender MC is like others within this hostel sample in that he appears to be trying to protect parts of his unspoiled identity as it is already damaged and attempts to be free and live a normal life may be seen as an opportunity to mend identity. Hudson’s (2005) findings suggest it is important not to underestimate the power of stigma and the pressures of conformity within the criminal justice system. She found that some sex offender treatment groups led to some offenders feeling frustrated because their offending did not fit with the model used in the group, so they felt they had to fit into a predefined model that did not apply well to them. This did
not encourage them to participate fully and they felt pigeonholed into being someone they were not for the sake of service convenience.

Offender MC is a young man wanting social capital and popularity with women and status amongst other men, but his response to being seen as dangerous to women seems to be try and continue with what he sees as normal interaction with women. This usually involved nightclubs, drink, and sex; but in addition to him trying to carry on as normal (on his terms) he appears to be trying to resist his subordination and marginalisation amongst other men who will oppress and marginalise sex offenders. MC has a history of fighting and it seems this 'power' may be too much to lose for him as there is potential as a stigmatised sex offender to lose status and influence amongst other men as a tough man who can 'drink', 'fuck' and 'fight'. This aspect may be closely linked to his resistance to engage in co-operative power-sharing with hostel staff and thus why he instead leaves them no choice but to resort to using their power to enforce curfew rules. This is used as a means of controlling and limiting his activity, and risk to others by having what Tew (2005) describes as 'power-over' him. Staff use a curfew to reduce chances of interaction between MC and the community at times of the day and night they feel he is most likely to impulsively reoffend, and if the curfew is broken he is at risk of being returned to prison.

Pro-sociality has been associated with compliance with probation community orders, good attendance at appointments, openness to exploring problems, respect for others, and commitment to a local community (Trotter, 1993). Trotter (2006) notes that probation officers can be effective in promoting pro-sociality with service users if they use appropriate levels of humour, self-disclosure, focusing on positives, providing rewards, openness to mutual challenges, confrontation, and negotiation of roles. In his interview, it was clear that MC did not want staff to spend much time with him or get to know his personal affairs. He was critical in the vignette above about inconsistent
staff views about what activities he is allowed to engage in. Inconsistency can, according to Cherry (2005), actually discourage pro-social modelling as staff need to have credibility with offenders due to their consistency and values.

Whilst both residents MC and DK are hoping for more independence in their life in the community DK is more interested in accepting help and support on more of a holistic level and he is not afraid to admit he feels vulnerable and does not want this vulnerability to interfere with his eagerness to avoid re-offending in future. Resident DK is a convicted sex offender without a diagnosis of personality disorder although he had a history of depression, low self-esteem and self-harm, so unlike resident MC he seemed to be internalising experiences of stress and difficulties in coping:

Offender DK: I get angry (laugh-nervous). I get very angry and really upset and I don’t. I get angry with myself. I get angry with myself, burn myself.

In response to being asked if he feels probation and associated services understand and help him he says;

Offender DK: Yes, at the moment there is someone I am talking to. Who is that?
Interviewer LQ: A doctor.
Offender DK: You have gone to prison and then come here so what is your next step?
Interviewer LQ: My next step is; they are trying to get me in a housing association, where it is like warden controlled, because they say I need help with my writing and reading, my money and things like that.

When asked about the benefits of prison life and his current needs he said the support he has received has enabled him to address social problems that have previously been left unresolved:
DK appears to have benefited from a warm, empathic approach from staff that identified his need for long-term counselling and various types of social support, which resulted in him becoming eager to stay out of trouble and thus be prosocial. It could be that this is because he realises he has been able to change for the better with time and the right level of support to help him learn about his own needs and problems. Having a holistic level of support tailored to meet his needs appeared to improve his co-operation and compliance with restrictions as his case file revealed.

Seeing the Person and not Diagnostic Aversion

This chapter began by expanding upon topics relating to rationalistic evidence-based assessment already discussed in chapter one, in order to highlight the tensions between two different assessment perspectives with help from interview excerpts. Evidence-based assessments promote categories and factors that can become part of an offender identity ascribed to them by
professionals during an assessment process. These categories and words that support them (i.e. denial) are in danger of overshadowing the true emotional and psychosocial narrative behind offenders' behaviour and lifestyle. This has consequences in the form of resistance to assessment. A more subjective assessment involving more of a partnership of social exchange during the assessment process can overcome some resistance before the damage to identity occurs, because it can allow constructionist ideas to promote awareness of the symbolic nature of the assessment process itself. This can be useful when working with vulnerable service users, and this chapter has shown how a constructionist approach to assessment is preferred by probation officers and offenders. This could be seen in the interview excerpts relating to the completion of the IPDE. There were many possible reasons why an offender might want to complete the questionnaire or not but those that had completed it seemed to have developed a good working relationships with probation staff and felt understood as individuals. Many of them had also received mental health support or treatment so they appeared to feel less threatened by the possibility of the questionnaire of other forms of assessment damaging their identity further.

Some offenders felt they had a voice and that their psychosocial needs could be better understood in the context of their social existence if they could avoid, or not have to participate in a rationalistic assessment. Probation officers used to have more of a mandate to engage in more constructionist assessment with offenders as a reflexive helper but now they have less opportunity to do this as their roles have changed. This may cause long-term problems and unmet needs amongst offenders who might attract a diagnosis of personality disorder by virtue of their personality traits and social location. One such problem might be the acceleration of risk associated with antisocial behaviour and unmet psychosocial needs, coupled with resistance to service interventions.
The chapter has highlighted the powerful impact case file language and categories can have on offenders, in that if they are used by probation staff in isolation from constructivist assessment they may provoke offenders to resist interventions or limit their co-operation with them. There is a danger that current service provision will become oppressive because it may encourage greater vulnerability amongst offenders and make more offenders with a diagnosis or chance of attracting a diagnosis of personality disorder more distinctive as a population than they actually are. In the next chapter, issues of vulnerability and social survival are explored in more depth, with specific attention given to symbolic meanings, social interaction, and identity formation in relation to crime.
Chapter Seven

CRIME AND NEUTRALISATION OF RISK AND RESPONSIBILITY

Offenders perforce must accept punishment or treatment, regardless of whether they want to, when they are removed from society and have to legally comply with the conditions of their probation community order and assume responsibility and accept blame for their past behaviour. The needs of offenders are assessed by quite a rigid system focused on the avoidance of re-offending and public protection, and their opportunities to take risks with their own life choices and decisions are limited and subject to monitoring. It is a system of offender management that labels, categorises, and then allocates risk levels to offenders contingent upon a category of need. The criminal justice system sees them as responsible and to blame for their own behaviour, as rational actors in events of their own life.

Offence characteristics provided by case files, and limitations of forensic and psychological perspectives are now critically discussed as a prelude to exploration of how offenders talked about crime. Particular emphasis is on how crime talk involved a process of protection and caution against threats to self-esteem, in view of offenders' self-awareness of their damaged or spoiled identities. This is following on from similar issues in the previous chapter, by exploring how offenders utilise social interactions and associated symbolic meanings to engage in identity negotiation, and how they can use this to their advantage in order to neutralise risk to their identity and status. Particular attention is given to how they utilise gender resources and group activity as a resource for protecting self, gaining respectability and increased participative membership of society.
Case Files and Offending Histories

Case files revealed that participants’ convictions were most commonly characterised by violent and/or sexual offences involving children or adults. Offending histories were heterogeneous, which is not unexpected from such a small study sample, but they most commonly included acquisitive offences, assault, rape, murder, threatening behaviour, sexual assault and abuse. Regardless of age, those with a long list of convictions tended to have a history of accelerated risk taking and consequently more dangerous or antisocial criminal behaviour over time since their youth. Some older men had committed various forms of sex offending for decades.

Offenders were categorised in terms of low, medium, or high levels of risk to adults, children, or the wider community. There was an absence of interpretation of risk categorisations within case files, other than the need for offender managers to focus on areas of criminogenic need. This raises the question of how interpretations of risk and needs can be quality assured and monitored within an evidence-based system of case management using OASys.

Stereotypical Traits and the Importance of Identity

A forensic psychological perspective on trait-based identity may do well to assist a practitioner if they intend to search for signs of personality disorder, but there are also aspects this perspective does not tell us. For instance, it does not tell us how these traits are socially constructed by interactions between society, professionals, and offenders. Clinical models suggest that low levels of emotional openness are associated with personality disorder, as openness is one of the main components of the Five-Factor dimensional model of personality disorder (Costa and Widiger, 1994) and low levels of openness and honesty are also a characteristic of psychopathy (Harpur et al. 1994).
Personality disordered (psychopathic) offenders are seen as being skilled and creative in deceiving and managing professionals to see things their way (Bowers, 2002; Dowsett and Craissati, 2008; Prins, 1995; Smartt, 2001), even though of course non-psychopathic people can also be skilled in the same way. This in itself does not explain what social processes are actually occurring when offenders are presenting themselves with varying degrees of hesitation and resistance to talking about their offending, as can be seen in the following sections of this chapter. The empirical data suggest their self-presentation and interaction should not be simply assumed to be a lack of openness, as there is arguably a more complex rationale for this and other aspects of crime talk from offenders.

Maintaining Psych-equilibrium within Talk of Crime

Hostel residents appeared to use methods of diversion and distraction from talk about their convictions and offending behaviour that can be seen as a strategic approach to manage damaged identities, and understood in terms of a dynamic hierarchy of psychosocial defence processes. Firstly, some residents used outright denial of their conviction, although this was rare because they all had been formally convicted of their crimes. Secondly, there was some acknowledgement of the conviction. The third stage of the hierarchy of processes involved basic explanation of the conviction with reluctant but basic discussion of the offence. This was usually followed by a continuing process of de-personalising or disidentification (Holt, 2010), with the interviewee removing focus from himself within the discussion. This process was characterised by talk about less serious offending they had been complicit in, and statements of why other people may commit offences for rational or mitigating reasons. Goffman’s (1963) concept of spoiled identity relates to the impact of undesired differences or unwanted or damaged

21 Here I do not mean a straightforward linear stage-by-stage processes that do not change, but one with key components and interacting methods of responding to conversation and social situations during interaction.
identity of individuals. In the context of mandatory parenting support group attendance. Holt (2010) demonstrates the need for spoiled identities to be managed carefully by those with professional power to influence the lives of the less powerful.

For example, parents use the power to influence others in therapeutic groups observed by Holt to protect themselves from the anticipated construction of them being perceived as bad parents by using discussion in the group to emphasise how they and others hold on to valued traits of being good parents. This enabled them to show their moral worth and make identity claims of their own. Managing potentially spoiled identities in this manner helped them to balance compliance of attending the courses with some resistance to accepting the ideas of an ideal parent asserted by expert professionals. As in this parenting support study, the data from my study supports the view that the offenders were aware of their damaged identities and therefore wanted to take steps to avoid further damage by identification with their strengths as citizen, and not weaknesses.

Offenders dynamic negotiation and strategy for protection against unwanted or undesired identity appeared to be aimed at testing out ways to divert attention away from serious offending and potentially stigmatising or embarrassing issues. This can be seen as an extension of psychodynamic processes experienced by all humans in response to perceived psychological threats. It is something Holt (2010) does not attempt to explain but in interpreting a data excerpt of a sex offender denying he is a sex offender, psychoanalysis might offer some potential insight into reasons why this may be seen as an attempt to create psych-equilibrium in addition to identity rescue:
Offender DK: I am on licence.
Interviewer LQ: What did you do to be on that?
Offender DK: I was in prison for 2 ½ years.
Interviewer LQ: Right.
Offender DK: I did 15 months.
Interviewer LQ: Why were you in prison and what was the type of offence; a sex offence?
Offender DK: No.

Offender DK flatly denied he was a sex offender at the point of his last conviction or further in his past, even though his case file reported a long list of convicted sex offences against children going back many years. If we accept the factual validity of case file information and his last conviction then the psychoanalytical concept of manic-defence may provide some explanation of why DK flatly denies his conviction. It might suggest he was engaged in a defence of his ego (identity self-preservation). This concept refers to the emotional and behavioural response to anticipated negative consequences arising from social interactions. It is a process whereby an individual (usually neurotic) feels they need to defend themselves from persecution or negative reaction by others (Mitchell, 1991; Schimmel and Sheehan, 1998).

Manic defence has been described as a defence against subjective distress, which enables individuals to create a mental container for denial and repressed thoughts or feelings (Mogenson, 2006; Segal, 1998). Resistance to talk about serious offending could have thus been a defence against the emotional distress that any discussion about criminal convictions might have provoked. For example, talk about crime with serial sex offender FD involved ego defence. Rather than deny his conviction he tended to circulate around the topic and depersonalise questions. He did this, for example by talking about drug users, and when he finally mentioned having a mental disorder he said more about how it helped him in court (and how it helps other people in

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22 Manic-Defence is a theoretical concept popular with Kleinian and Jungian schools of thought.
court too) than about the disorder itself. His extensive case file did not mention any drug use problems or any severe or enduring mental illness:

Interviewer LQ: Is it always wrong to commit a crime?
Offender FD: It is wrong.

Interviewer LQ: Is there ways of excusing it, making excuses in any way, for example used as a way of getting by in life?
Offender FD: Well some do it to survive, umm, some do it to get money to buy drugs.

Interviewer LQ: So do you think when people take drugs and are doing burglary and stuff do you think it’s kind of understandable? Although it’s wrong is there a way to understand it as being not always someone’s fault?
Offender FD: Umm (thinking).

Interviewer LQ: Is it about blame; can we blame people for their offence?
Offender FD: Umm, not necessarily. People even though they are umm, shouldn’t do it, umm, I think especially when they are on drugs, as long as depending on what it is, the soft drugs like crack and marijuana, I think, umm, but I suppose they are knowing what they are doing but not as much as the harder stuff does.

Interviewer LQ: What led you to getting into trouble. And what leads you to getting into trouble?
Offender FD: I might see a boy, I think errr, he’s nice gosh, I will try and get a chat with them.

In the excerpt above, FD is managing blame and therefore is managing his identity during an interview by using the opportunity of meeting a new person (myself) to express his moral worthiness. He is doing this, for example, with his use of moral values, personal virtues in being honest and trusting, and his rationale for lightly blaming the influence of destabilising psychosocial factors in the committal of an offence. This is part of the tapestry of what Lawler (2008) refers to as social performance, which creates social identity and social reality. Lawler agrees with Goffman (1990) in accepting that we reveal different parts of our real self, but the self does not cause social situations, as it is a result of them. People do not actively deceive, lie, or manipulate others into seeing a false self, but just present different aspects in different situations.
Representing Self as Non-Authentic Dangerousness

During the interviews, offenders sometimes represented themselves as victims, or avoided talk of blame and responsibility for their most serious offences. Offender JO gave the impression that his offences were not serious premeditated violent or sexual offences, but instead were property and nuisance offences. When he asked why he was on probation, he said:

Interviewer LQ: So why are you on a probation order?
Offender JO: Burglary
Interviewer LQ: Right
Offender JO: I robbed a flat.
Interviewer LQ: How did you get into jail?
Offender JO: How did I get to jail? Committing an offence
Interviewer LQ: What kind?
Offender JO: Driving whilst disqualified
Interviewer LQ: Right
Offender JO: The other charge I got I was stitched up on no evidence
Interviewer LQ: What were they all together?
Offender: JO: 12 ½ months extra in jail, which I shouldn’t have done because they convicted me on the wrong charge

Offender JO diverted attention from what could be seen as a more negative side to his behaviour, which Lawler (2008) recognises as a normal human reaction to stigma and spoiled identity. He adopted a high moral stance on the problems of leaving prison and not having his social needs immediately met, almost as if he was expecting to treat the specialist probation hostel as temporary accommodation whilst waiting for a new flat, as opposed to it providing treatment and support. He demonstrates his moral worthiness with his declaration that crime is never acceptable:
Offender JO: Crime, crime is the wrong thing to do, but it depends on their lives. It's the times people are living in; these facilities are not there so people are going to be thinking 'what am I going to be doing', coming out of jail with no place to live, got no money, no job to go to. These things are what people are gonna want to be doing.

JO expressed a sense of frustration and annoyance with how, in his view, his social circumstances led to his conviction. He intended to return to the community with the same way of living because he had no desire to change his circumstances. Given that this lifestyle has involved crime in the past it is possible he would continue to use crime as a resource for achieving his wants and desires without some form of change to his lifestyle, attitude or social conditions. For example, when JO was asked what he would be doing if he was not on licence or in the probation hostel he said:

Offender JO: I would be doing the same thing, but working instead, as before I was in jail I was working four years straight, and I was seeing a probation officer at the time. I had a daughter, and told the probation my daughter needs help, but I still saw them. I was working 20 hours a day doing two different jobs. Before I went to jail nobody was listening to me. It's probably one of the main reasons why I went to jail.

Here JO appears not to want to change his social circumstances or his role as an agent within them, and instead he expects others to change around him (e.g. the probation service). Being reluctant to let go of the traditional male role of breadwinner, provider and protector for his children, he seems to be attempting to retain a traditionally respected and valued masculine role identity. This further suggests he was trying to hang on to an identity modelled on hegemonic masculinity, as opposed to marginalised masculinity, so in effect he is using the strengths of his social location history as a means of portraying himself as the man he once was. The JO of the past was what Connell (1995) would see as a man positioned within complicit masculine relations of dominance and subordination as he was the low wage earning hard worker with somewhere to live and children to support. From JO's
perspective, the hostel is trying to unfairly force him into a marginalised (Connell, 1995) position of identity and status amongst other men due to their imposed restrictions on his autonomy and activities. This may feel oppressive and frustrating given that he seems to feel confident that he can fall back into his old lifestyle, and he is expressing the values of a good hard working parent, as parents did in the study by Holt (2010). It is possible that he needs others around him to reinforce his desired identity as a good committed father but he may not be getting a sense that this is happening enough as probation hostel rules might send him a negative message of non-reinforcement for his desired identity.

This may feel unsupportive for JO due to the conflict that hostel residency gives him between damaged and desired identity. On balance, it suggests that crime is likely to remain as a possible resource for him to continue in this state of flux in between hegemonic and marginalised masculine positions, and thus identity too. He articulately uses moral argument and neutralization to make clear that he wants the resources to locate himself in a more dominant male position in society, ideally within hegemonic masculinities (see Messerschmidt, 1993). For instance, he used social inequality to justify his offending to some degree given that he felt the UK socio-economic system disaffects and alienates working class people like himself. In this respect, he links feelings of injustice with a suggestion that the social system is ultimately to blame for his offending as it deflates, defeats and destroys the lives of men. He said;

Offender JO: Why that is because three quarters of the population of men love their woman, love their kid and go and do anything to see their kid is alright or their wife is alright, and that's where jail comes in, because going back to where I was, as I am saying this is where the hours come in, with the money, see what I am saying. The man goes to work, he is working, for instance right, it used to be 48 hours for £2.50 an hour right, you got to give that to the missus and kid innit? so sooner or later the man gets
...fed up and his life is worth nothing. A quarter of the population of men are in prison because we, our family, we love our misses and love our kind and, and, and there is no way I am going to go to work 5 days a week and come in with £100 and give that to me kid and me wife for the house, that aint gonna leave me nothing so straight away it’s human nature (to offend).

The views expressed in these excerpts could, from a Marxist position (e.g. Banks, 2006; Elster, 1978; Gill and Pratt, 2008; Hahnal, 2006), assert some justification for why people generally might feel they have a reason to offend. In light of this perspective it is possible to see how JO might feel his offending is justified as a response to oppression and how his conviction might be a response to being a man pushed to his limits. Quinney (1977) and Sparks (1980) argue that working-class offenders should not be totally blamed for their actions in such instances, as the actions are a consequence of capitalist exploitation and oppression. His moral worthiness is asserted even more during interview through his commitment to hard work, responsibility, self-sufficiency, and autonomy that the probation service and society celebrate as a set of desired values. In accordance with his work-ethic values and his motivation to improve his social circumstances, JO was very critical of his wife for making him feel stressed, and for services making him feel worse by not being as flexible as he would like them to be:

Offender JO: Well it's illegal for a child under a certain age to be there, in a public pub at a certain time until 11 at night, so this is when I was going to the probation officer and being a very emotional person you know. I was crying and telling him look they need help and I need help, this is the situation I am in. I had to go to work for half 4 and be at probation for 4 O'clock, half 3 for a half an hour appointment.

This pressure may have led to a physical assault on his wife - this was the interpretation noted in his case file, although JO himself did not put it in these terms. He does not talk about this attack, perhaps because it would have
portrayed an image of a less than tough, trustworthy, controlled male, representing personal characteristics associated with forms of hegemonic masculinity in society. For example, violence against a woman might challenge the successful social roles of physical competence and emotional strength. His attack could be seen as a response to the pressures of capitalism, his need to gain improved status, and a desired identity in order to feel better about himself.

It is possible that JO might feel like a lost excluded victim of a harsh contradictory society embedded within consumerism and selfish interests (Bauman, 2000), but also still hanging on to liberal ideals like rehabilitation and giving people second chances. In a society of contradictions and changes, JO must still survive, so he does so by attributing blame on his wife for his crime. In doing this, he is engaged in an attempt to distance himself from typical characteristics of someone with a spoiled identity. This is similar to the prison inmates interviewed as part of a qualitative study by Hochstetler et al. (2010). During their interviewing of 30 inmates with a history of violence, they found that the participants tended to turn conversation away from violent behaviour and compare characteristics of authentically violent people with themselves as 'better' people. They achieved this by rejecting the idea that they were some kind of stereotypical ultra-violent person by making well-known mitigating excuses, easy to appreciate explanations, and justifications for their past violent behaviour:

Much in their narratives represents the maintenance of social distance from those they defined as authentically violent. Interviewees constructed their own relatively non-violent identities along several semantic dimensions, which we subsequently coded into three contrastive pairs: seeking vs. avoiding violence, acceptance vs. unacceptable victims, and magnifying vs. minimising harm. (Hochstetler et al. 2010, p500)
The participants in my study and Hochstetler et al.'s study constructed relatively non-violent semantic impressions of their identity that made their past behaviour seem less threatening, more rational, more controlled, and considerate of others: thus not authentically and stereotypically violent and dangerous. For instance, Hochstetler et al. discuss how some narratives included the use of measured force for carjacking, including the need to be moderately violent in anticipation of avoiding an escalating out of control situation where more violence would be required. There was a portrayal of instrumental violence as more acceptable than out of control severe violence.

Offender JO above appears to have been showing many of the signs of someone needing to talk about their self in an authentic way, which shows him in a more favourable contrasting light to an offender regarded as dangerous and stereotypically violent. Hochstetler et al. (2010) argue that this type of interviewing needs to happen more often in professional practice as offenders need to express their authentic self; as they see who they are. This notion of authentic self contrasts with Goffman's (1990) idea that people present different selves in different social contexts, because Hochstetler et al. are treating authentic identity as some fixed representation of self. From a constructionist perspective this ignores the fact that how offenders talk about their offending and display their identities may differ according to the audience, in order to protect against a spoiled identity.

This point is highlighted by the experience of JO as he had a diagnosis of personality disorder and history of mood disorder, so as Jenkins (2004) suggested earlier, categorisations of JO may cloud the views of others about him. Categories could include the diagnosis of personality disorder or a racial or ethnic group. JO describes himself as Black-British, and psychiatry has been known for its over interpretation of dangerousness and use of violent stereotypes for black men to justify their over-medication, sedation and seclusion in hospital over the last few decades (Fernando, 2001; Littlewood
and Lipsedge, 1999). Within the context of this background, and whilst remaining in his marginalised location in society, offender JO may have had little choice but to consider blame avoidance as part of his strategy of protecting his psychological wellbeing and social interests within a rationalistic probation system. Talk of personality disorder by professionals therefore can become an extension of their oppressive practice, aiming to control and subordinate those who do not do as they are told, or those that conflict with the cultural world-view held by those same professionals.

In the modern rationalistic criminal justice system, forensic psychological perspectives influence methods used to categorise and analyse offenders for managing the risk they pose to others, and sometimes to themselves. Because those risk categories exist, offenders are expected to accept them as an objective representation of their threat to others, and then in doing so they are expected to accept a type of offender identity that others will use to make assumptions about what this threat or level of risk might be. This service context might suppress opportunities to explore identity, which may explain why so many interview participants valued person-centred support and time with probation workers and professionals. This assertion has support from various commentators. It has been argued that social work should focus on co-construction of viable working relationships based on anti-oppressive and participative relations (Cooper, 2001) rather than medical notions of weakness and oppressive control. Doing this may enhance the relationship between probation officer and offender, with the offender feeling listened to, with the consequence being that the assessment of risk and need may improve as it would include analysis of social location.

Analysis of social location in the assessment process may in itself promote recognition of offenders’ short and longer-term social problems, and provide a viable way to look at how to challenge aspects of oppression, marginalisation and social exclusion in society. This might include the
examination of gendered and racialised conditions and relations that reinforce marginalisation, and work to change social conditions and social problems. Even more, it is important to do this given that social problems can combine with stigma to make people more mentally ill (Corrigan et al. 2005; Corrigan, and Watson, 2006). This is a good reason to be cautious of terms such as 'denial' being used in a generalised manner without explanation of what is meant by them, including relevant social context. 'Denial' was a word used frequently within probation case files by assessors to suggest that some offenders did not want to accept responsibility for their crimes because of some form of psychological ego defence. This word was used without much explanation, to label offenders, but the fact that the word was used in this way by staff working within a rationalistic case management system suggests that it should prompt or trigger a change to a more person-centred form of psychosocial support. In this sense, it is a cue for professionals to learn more about specific offenders and some of those offenders might include men who could attract a diagnosis of personality disorder.

Denial as Cue to Learn

When offenders are said to be in denial about their responsibility for their own offending then this is a term that can be more usefully explored as a form of performance linked to the protection of the self from unwanted labels, stereotyped offender categories, or identities. From more of a forensic and cognitive psychology based perspective FD, DK and JO in the excerpts above could be described as men in various stages of psychological denial caused by cognitive distortions about their offence, rather than cause to resist psychological stress caused by a spoiled identity. Offender MK distances himself from a more damming version of events portrayed by his case file. He diverts blame and responsibility for his offence on the basis that he could discredit the victim impact, as in his mind she had been dishonest for stealing a CD off him and for saying she was older than she actually was:
Offender MK: We found out she told someone she had not been up here at all at the time, and she went to the police. She said she was 13, and the police know she was lying, they told my son she was lying. It was no good to me.

Interviewer LQ: What was the conviction? robbery or assault or?

Offender MK: Sex under age it was called.

With specific reference to the identities of sex offenders, Hudson (2005) talks of deniers being either total deniers, justifiers or acceptors. The total deniers tend to deny the nature of their offence, talk about being wrongly convicted, or blame victims for their actions. The justifiers tend to displace their total responsibility for their behaviour by finding ways to portray themselves as normal and as having behaved as anyone else would have in difficult or unusual circumstances. Hudson refers to justifiers as an example of Goffman’s (1968) account of how all stigmatised individuals need to believe they are normal and do things that other people would do, which enables sex offenders to psychologically and socially protect their identity and self-esteem when they believe they have done nothing wrong. They portray themselves as normal and follow a cognitive process where they excuse or minimise their behaviour, as opposed to focus on denial and justification. Hudson writes;

Deniers either totally denied or justified their behaviour in an attempt to ‘dis-identify’ themselves completely from the popular image of the sex offender. Unable to do this, the acceptors ‘danced with denial’ in order to distance themselves from their prototypical image of a sex offender. (Hudson, 2005, p66)

Denial is as much about correcting spoiled or damaged identities as it is about psychological ego defence from societal hatred, stigma, and shame some offenders feel. It has its foundations in blame when responsibility for risk to society is unwanted for a complex mixture of reasons, including the hope that society will accept them as a fully participating citizen. Hudson’s positions of
denial are difficult to apply to the offenders mentioned in this chapter although there are some parallels. For example, sex offender DK appears to be in total denial, whereas offender FD changes the subject and talks about drug offences, but at least he accepts he is a sex offender, so therefore appears to be an acceptor. Whilst Hudson (2005) accepts there is overlap between justifiers and acceptors, she provides no dynamic explanation of how sex offenders do what Happel et al. (1995) call 'dancing with denial', and move between positions of denial through social interaction.

The taxonomy Hudson provides is more of a guide to locating offenders within cognitive positions of denial, but there is a danger of taking this at face value to say too much about a person and judge them beyond what is known of them without attempts by practitioners to learn more. Talk of denial by professionals could act as a symbolic reminder to them to engage in identity work in order to gain some understanding of offenders’ needs and how they construct self in the context of their social reality.

Offender MK did not explicitly deny the offence of sexual assault on a girl described in his case file but the interviews were not aiming to elicit clear declarations of guilt or denial from offenders. There is however, a very clear indication below that he feels he was some sort of innocent party in the construction of this recorded crime:

Offender MK: Well talking about myself, what happened to me was wrong, if you only listen to one side of the story, nothing, nothing wrong I say.

Interviewer LQ: Do you think crime is always wrong?

Offender MK: Yes.

Regardless of whether facts about conviction are right or wrong he appears to be distancing himself from the image of a stereotypical predatory paedophile that may sadistically abuse and impulsively pursue opportunities to abuse
children. The idea of a predatory paedophile here seems to be the sex offending equivalent to Hochstetler et al.'s (2010) description of authentic violence. In this instance, MK and other sex offenders may be distancing themselves from a severe offender category like the sadistic and predatory, impulsive, violent sex attacker or paedophile. This category of offender tends to dominate the mass media, as do those about serial murders, psychopaths, and psychotic killers. This group of offenders are closely associated with the category of DSPD by virtue of the high-risk nature of offending included in its construction.

Offenders' attempts to diminish the threat of some form of ultra-spoiled identity by virtue of being a serial or severe sex offender were focused on self-portrayals of normality and normal identity during talk about crime. Their fight for their most advantageous position and membership in society away from subordinated and marginalised relations with other men to some extent depends upon whether other people (and especially professionals with power) accept a binary notion of order and disorder or normal and abnormal. A binary and rational language within interaction can help provide offenders with some symbolic and legitimate advantage for being seen as someone with potential to participate more fully in society again. The process of attaining respectable and acceptable identity viewed as ideal or normal is furthered by the techniques of neutralisation employed by offenders to manage risk, responsibility, respectability, and anticipated negative labelling.

Using Neutralization as Normative Negotiation

A process of normative identity negotiation occurred during talk about crime between the interviewer and offenders, and it is possible that this happens more generally in society as a process of symbolic interaction, when the psychological wellbeing or social identity status of individuals is at risk.
Mazda and Sykes (1957) describe a normative identity as one where offenders have tried to align themselves to mainstream societal values by disguising the exact details of their offending history and its severity, and by neutralizing their own association with guilt or responsibility for their crimes. The techniques of neutralization described by Mazda and Sykes (1957), and more recently by Maruna and Copes (2005) involve five ways in which offenders convince themselves and others that they are not fully responsible for their crimes. This is often when they actually intend to offend again or at least keep the options for doing so open as a resource to serve their needs. The techniques include denial of responsibility, denial of injury or harm caused by their offence, denial of a true victim, condemning others who condemn them, and an appeal to higher loyalties such as crimes committed for the greater good\textsuperscript{23}.

Studies have showed how the use of neutralization techniques can be employed by people defined by specific offence categories (e.g. thieves). The techniques are used according to how an offender perceives others to view their level of risk and dangerousness, and as part of how they see their social location more generally (Copes, Vieraitis and Jochum, 2007). An extreme example of this is observed by Quayle’s (2008) description of how psychopaths use methods of control after arrest as a means of defending self-esteem and identity, with the overarching aim of achieving dominance over others when they may face a long jail sentence or the death penalty. This interpersonal style echoes the observations of Bernard Williams (1972, p20) in his essay called the \textit{Amoralist}. In this, he uses a psychopath as an example of an individual who takes special advantage of moral issues like promises and the moral dispositions of those around them to get what they need. Social

\textsuperscript{21} The concept of higher loyalties is consistent with critiques of utilitarianism. For example, Bernard Williams (1973) treats utilitarianism as a personal system of morality rather than a political or social system of decision-making. Thus it is related to individuals’ distinctive moral outlook and the distinction between good and bad consequences of individual actions for the good of others becomes problematic.
interaction itself presents them with an opportunity to influence how they are represented, symbolised and categorised by others. It is also possible this opportunity becomes more important when few others exist to help to include them in society or be accepted as normal or equal to others. For example, Offender KT was what Hudson (2005) refers to as a total denier. He did not allow a situation to occur during crime talk to have to deny that he committed the offence for which he was convicted, because he said he was innocent. He pretended it was not serious and the sentence was longer than expected simply because he was an unlucky victim of injustice. He was diverting attention from his conviction so that he could portray himself as much as possible as a traditional male, or man with whom the person he talks to might most identify with as an equal. This was followed with defence against threats to his moral identity by trying to encourage the interviewer to feel sympathy and empathy for him in response to his protest. In the following interview excerpt he protests by saying his sentence was not proportionate to his crimes, whilst resisting a challenge to his view by withholding knowledge about the offence:

Interviewer LQ: What led you to being sent to jail?
Offender KT: The offence I committed.
Interviewer LQ: What was it?
Offender KT: That's one of those questions that I will jump the gun a bit with. What you have got to understand is that the length of the licence. There are a lot of people, even in high positions, who say I was very hard done by, extremely hard done by, what the licence is, because I have a licence until ***(year). Right.

Interviewer LQ: A lot of people here and my friends say that is ridiculous, and say the maximum I should have got should have been 18 months. I mean the slightest slip, when I leave here and get my own accommodation, the slightest wrong doing and I am walking on a tight rope. If you slip over then you are back in prison. So I have 3, maybe 4 years now of treading on egg shells. It's so unfair.
This excerpt was said after KF spent some time talking about how (unspecified) professionals and friends agreed with his belief that he had been a victim of injustice (or perhaps were persuaded into showing a limited interest in his plight). If he had a diagnosis of personality disorder, he could claim diminished responsibility for his offending. For instance, Blair’s (2009) neuropsychological study found the amygdale\(^{24}\) and ventromedial prefrontal cortex\(^{25}\) functions within the brain of psychopaths\(^{26}\) predispose them to emotional hyporesponsiveness, which can include aggression in response to their sensitivity to losing power or status.

In the absence of diagnosis KT relies upon neutralisation techniques to divert blame from himself in a sophisticated manner that the term denial would ignore. He magnified his argument further with a very specific but rare media story (i.e. additional social legitimacy) about how respected and trusted professionals of similar professional status to myself (i.e. as interviewer) have been wrongly convicted. This is what Roughton (1993) describes as a process of attempting actualisation of his internal wishes and desires through seeing them enacted by other individuals. Thus by indirectly imagining what it would be like for them, the interviewer might sympathise enough with his plight and become an advocate for his freedom, and thus his claim for a normalised and accepted identity:

Offender KT: I was with two guys who were on the television and received over £400,000 each, an ex-police officer and ex-teacher, similar circumstances to myself, where they were accused and sentenced purely on the word of mouth of the person who made the complaint’.

\(^{24}\) This is located within temporal lobes of the brain with the role of processing memory and emotional reactions (See Blair, 2009).

\(^{25}\) This is part of the frontal lobe of the brain and is responsible for processing information relating to risk, fear and decision-making (See Blair, 2009).

\(^{26}\) I am comparing psychopathy with severe personality disorder given that the latter it is meant to be the former’s modern day replacement.
In this attempt to encourage some mutual identification and shared interest in justice between interviewer and interviewee, he was attempting to use neutralisation techniques. He carried on building up to more layers of argument for his injustice and how he deserves sympathy and understanding, including talk of an unspecified mental health problem, his attempt to kill himself in prison, his refusal of welfare benefits, and insufficient information from services. Using his power of persuasion, KT did not deny or confirm his guilt for his convictions, and he did not share any consideration for his victims. Instead, he used stronger moral arguments to try to convince himself and his interviewer that he is even more of a victim because he has done the right thing and served his sentence like a man:

Offender KT: Having served my sentence I am still a victim of society

He then kept vying for sympathy by appealing to the emotive subject of his own children's welfare in order to strengthen his social identity as a heroic patient man fighting injustice:

Offender KT: I think everybody who has been through the criminal justice system has an amount of feeling they have not been treated fairly. I think life itself at the moment is unfair. I have a big family, not just one or two children, I have got 14 children.

At times KF talked of the importance of his children having him as a father and family breadwinner so he could protect and feed them. This seems like a further attempt to gain acceptance for his views about his conviction, as in addition to aligning himself with middle-class victims of the criminal justice system above he was also positioning his identity within a normative traditional male role as provider and protector (See Brittan, 1989; Harris, 1995). He was not only eager to portray himself as a decent average man he was locating himself within hegemonic masculine relations with other men.
by virtue of his fight for justice (Connell, 1995). He was also trying to do this by trying not to associate with femininity, homosexuality or other subordinated categories of man associated with failure or opposition to hegemonic masculinity. For example, by giving the impression he was not on licence for long, when his case file said otherwise, he did not appear to want to be seen as mentally and morally weak or abnormal:

Interviewer LQ: Are you on licence?
Offender KT: I am on licence for only another couple of months. It's a very short licence.

His case file showed he had a history of violence, use of weapons, and indecent assault on children. He was perceived by the probation service as aggressive, assertive, low anxiety and over-confident. These are traits associated with antisocial personality disorder (McMurran, 2002) or primary psychopathy (Blackburn, 1998) but he was not diagnosed in this way, but was instead a man who could attract a diagnosis of personality disorder by virtue of his social location and personality traits. Sex offenders in the United Kingdom have however been found to have a tendency to inhibit aggression and feelings of guilt (Levin and Stava, 1987). His behaviour during interview might possibly suggest he was diverting attention away from feelings of aggression and guilt he may have experienced before as his state of total denial served as a pressure cap for those feelings, and enabled him to focus his attention on mending his damaged identity and spoiled status in society and amongst other men.

Offender KT provides an insight into the complex symbolic interactions that take place between offenders within this sample and the interviewer, and perhaps other people they meet. They respond to the identities of dangerous and offender imposed upon them by the probation service and wider society by trying to defend their self-identity and self-esteem. They use techniques of
neutralisation and assert an idealised identity to others so that they might accept them in society, and better still, they may accept them in to their social group to become an insider. Chapter eight talks more about the benefits of greater participation in society for offenders but I will now discuss how group participation can involve social dynamics of identity negotiation and personal motives.

The Challenge of Balancing Good and Bad Motives

In their review of neutralization theory, Maruna and Copes (2005) call for research using comparison groups to test qualitative studies of neutralizations, with a focus on desistence and resistance rather than a linear focus on the likelihood of an individual using the techniques to support plans to re-offend. This chapter has touched on these issues but without the use of comparison groups; and by doing so it has highlighted the importance of using categories to describe people as a means to prompt work to unpick and understand the impact of social location for offenders. This includes how they talk about crime or other issues that may significantly affect their life chances and status.

Such vocabularies of motive have been used in a variety of social situations and by non-offender populations to justify and minimise their deviant behaviour (Hamlin, 2006; Monaghan, 2002; Nelson and Lambert, 2004; Sulkunen, 2009), and research has shown how neutralization of good motives is used amongst offenders rather than simply diverting from bad motives. Topalli (2005) found that offenders can say and want to be compliant and motivated to not re-offend but amongst peers they may want to keep open options for offending in future as a resource. A focus on good and bad motives suggests that offenders do not view their negotiation of normative identity as a short-term social survival goal, but a continuous one used when they feel they are
required to do so in light of their offending history. My focus group data from a group of offenders resident in a mental health hostel shows they use neutralisation techniques during their engagement in a process of dual-distancing from their association with both an idea of authentic dangerous offender and passive non-offender. This may reflect their current social location caught between restrictions of autonomy and freedom of movement whilst resident in a probation hostel. In negotiating this portal to life in the community, they appear to be attempting to negotiate potentially conflicting interests between the benefits of existing offender identities and the future non-offender identities.

Offenders are balancing their longer-term aims of normative identity and acceptance back into society with short-term needs to sustain group insider status. The strength of social relations between offenders, and possibly the influential power of secondary deviance (Beck 1963), can be seen in the following excerpts where offenders DH and CM monopolised their group discussion. They feel socially located in some kind of underclass where things cannot get worse for them:

Offender FL: You are just on the shit tip, you’re on the shit tip all your life. It is all bullshit, all those people with loads of money, I want that, I want that.

Offender FL: I blame the government. I’m telling the truth.

Offender CM: They just give us the shovel and tell us to dig our own hole.

Offender FL: It is frightening, you have what you have, and if it is hard then that is the end of it.

Offender CM: That’s the one.

The marginalised social location and spoiled identities of these young men may explain why they had so much to say during the focus group as they were trying to repair aspects of damage to identity and status with other offenders present. They started to excuse their past crimes on the basis that they lacked rational responsibility for their behaviour at the time:
Offender DH: If you take drugs you try not to think about it. It’s hard to say but the drugs stop you thinking about what you’ve done you know what I mean?

Interviewer LQ: Do you think people do that enough?

Offender DH: The drugs just take over, especially smack, the cravings bad.

Offender CM: This ain’t all about drugs man.

Offender DH: That’s part of it.

Offender RD: Yeah, the drugs are a big part of it.

This subtle denial of responsibility then accompanies attempts to condemn the condemner in support of a fellow group member who had not been in the hostel long (unlike them). They mirror his criticisms of the criminal justice system and share stories of how they too have been left feeling wronged and vulnerable at the experience of the system. This appears to increase their space to talk more than others and attract respect from other men:

Offender CM: I see this place as scary. I came here because I’m paranoid. They got me in an office talking about me or anybody else. This don’t help it don’t help ya’know.

Offender BM: Yeah.

Offender CM: They put me in a house with loads of people, because of how I feel they say let’s study these, let’s study these, and tape them and send them to the government. It’s how I think ya’know.

Offenders FL and DH appear to be gaining the respect of BM, as there is some mutual agreement and shared identification of spoiled identities:

Offender BM: They sent me here for reassessment, like errm, the shrink said ‘well…’.

Offender DH: It’s because they said ‘lets pretend he’s the mad professor and building bombs’.

Offender BM: Yeah [laugh- and others laugh].

Offender DH: It’s true.

Offender BM: It’s true.

As they gained more agreement, shared understanding and respect it is noticeable that offender BM does not neutralize his offending behaviour very
well and instead the other offenders appear to rescue him and find opportunities to minimise blame, focus on the faults of others (e.g. police and courts) and depersonalise issues surrounding talk of his offence:

Offender CM: If you were arrested for that you might as well arrest me and lock me up for terrorism.
Offender BM: Well that’s what I said but (interrupted).
Offender DH: They’ve ruined this man’s life. Did you have a mental illness or anything before all this?
Offender BM: No.
Offender DH: It’s a mental health hostel. He’s spending two months of his life here. (Here he holds his hands up and looks cynical)
Offender BM: They won’t tell me anything and they won’t let me go back home. I don’t know why because they have seized everything.
Offender DH: They have proved nothing. You ain’t done any bombs or anything like that.
Offender BM: Yeah, well no, I have just told them that (interrupted again).
Offender DH: You want to try and get some compensation or something like that.
Offender CM: You wanna start suing.
Offender BM: The worse thing about it is I gonna have to plead guilty when I go back to court because its actually, not making bombs, but being in possession of chemicals which you do make bombs with.
Offender DH: It was all about gun powder (laughs in the room)
Offender BM: Well, dynamite.
Offender DH: You would be surprised you know, you can make bombs out of anything
Offender BM: Well a lot of things mix in.

There is some evidence here of the group leaders engaging in the neutralization technique known as condemning and condemners (Mazda and Sykes, 1957), and then encouraging BM to do the same. Similar to other offenders mentioned within this chapter, DH and CM might be trying to get others to lose sight of their own offending behaviour and see them as victims or hard done-by men needing a chance in society.

Here they appear to encourage the new resident to do this at the same time as negotiating masculinities of dominance and alliance between them in the
group. The bomb maker was possibly seen as a threat to others as he could be seen as more of a *man of reason* (Connell, 2005), where men who demonstrate rationality can attract status and dominance over other men. For example, offender BM knew how to make explosives and he had expert knowledge in the form of a university science degree. Like other interview participants, DH and CM seemed to have found a way of protecting their status and respect amongst other men. It was achieved by portraying their imagined identity linked to traditional male roles and aspirations for a positioning themselves within hegemonic masculinity; however aligned to his has to be a legitimate argument and coherent narrative to explain why this identity is still imagined and is not yet real.

For instance, talk of work, cars, women, and the morality of society, and a good story about being ill and badly treated by the criminal and mental health system helps to convince others they are real men but in the wrong social location (i.e. not their fault, but it is society). They want to convince others just how male they are, but this is more difficult now as they cannot demonstrate this in an easier way by showing traits like toughness, resisting support, and stoicism, with violent behaviour like they used, unless that is they want to return to prison.

Offender BM however disrupts the attempts of others to do this, as he is well educated, skilled and can be destructive, so his identity and presentation to others already provides him with social capital and an uneven access to status and power compared to other group members.

Other group members can rely upon a diagnosis of mental illness to defend their lack of progress in achieving more status and power in society. When conversation turned to issues like money, careers, and striving for a successful future, some offender group members talked at length about their mental
health problems, and how society and psy-professions fail to support them properly:

Offender CM: I've got problems with my head which is why I'm here, I feel fobbed off by this place, fobbed off by probation, the social security feels like being kicked around like a football.

Offender FL: Disgraceful. It's bad see, if you aren't well what can he do as he's trapped, what can he do? It's a poverty trap.

Offender CM: When I tell people what's in my head I'm in the wrong.

In the next excerpt, the same group members blame their antisocial behaviour on mental health problems, and the failure of psy-professions to support them enough:

Offender FL: I have a voice in my head that tells me I've got to do it.
Offender CM: I don't want to do it, but it gets to the point that I have no choice, because I have no money, I get to the point that I came here for some help. I want some help and all they want to do is get you into the office and talk to you when all I need is that practical help. I tell them all I need is medication for the day time and I've got to wait to see the doctor. Last Thursday the doctors were not here.

Offender FL: I paid my money. It's working in the day as well, you're hyperactive, you see what I do right is, it does the job, diazepam, it's food, it's a great heroin substitute.

Offender CM: If I'm out and I want it, and in a shop or something, I will take it, pick it up, without thinking about jail or anything, as soon as I have done a week and that scares me, I come here for help, that's all I want. They say I can't go, can't go, can't go. They don't know what's going on in my head, I am a time bomb, and they say wait for the doctor.

As this group is in a mental health hostel illness can act as an excuse for what others might see as failure to become ordinary men and be included in society. This has parallels to the boys in Walker's (1988) study, who found an alternative to playing football, by running a newspaper, as a means of gaining respect through a different form of labour. In this sense, illness is (arguably) acting as a potential vehicle for reaffirming manhood amongst men when labour is not an available option for them whilst they are hostel residents
because they find difficulty getting work or time to do something they can gain others respect for.

Finding an opportunity to promote an idealised and imagined identity within social interaction can also provide time for offenders to neutralise potential criticism for their failed attempts to commit crime without being caught. They can then gain social capital from talk about their survival of the system and its faults, as well as their history of troubled and difficult times. Here the usefulness of binaries in conversation are apparent once again (i.e. normal and abnormal, order and disorder, good and bad), because binaries can separate and categorise people, and those categorise can police the hierarchies of dominant and subordinate relations.

**Opposing Cultures and the Need for Damaged Identities to Unite**

The men are engaged in negotiations of masculine dominance and alliance, where experience of the system counts for something as survival equates to toughness and being worthy of respect. Connell argues:

> To recognize diversity in masculinities is not enough. We must also recognize the relations between the different kinds of masculinity: relations of alliance, dominance and subordination. These relationships are constructed through practices that exclude and include, that intimidate, exploit, and so on. There is a gender politics within masculinity. (Connell, 2005, p37)

This example of shared group neutralisation therefore could act as part of a process of a sub-cultural identification where offenders attempt to encourage a level playing field for status and respect in hostels through sharing spoiled or damaged identity stories. Topalli’s (2006) study of 191 street offenders shows how it is possible for neutralization techniques to serve as a mental boundary condition for crime as the techniques help offenders ignore guilt
feelings. Topalli found that the offenders were not in opposition to society, and like the majority of offenders in this study sample they were in fact bonded with society and perceived themselves as good.

Whilst they feel critical towards services, the offenders in my study are not in direct opposition to them by breaking supervision requirements or hostel rules. Caught between two opposing virtual identities (See Goffman, 1963) they are trying to cope with both support and punishment in a mental health hostel. This includes having to balance cultures of rational blame (probation service) and diminished responsibility (mental health services). This gives some support to Skeggs’s (1997) suggestion that practices of establishing coherent identities through disidentification are as powerful as the practice of identification itself (Holt, 2010).

Offenders DH and CM appear to be encouraging the gradual hardening of BM to the neutralisation process, with story sharing to help convey the skills involved (Maruna and Copes, 2005), but in doing this it is possible they are pre-empting a possible challenge to their claim to masculine dominance within the group. For instance, they are perhaps using their shared illness identities and troubled narratives with others to claim respect for their survival and toughness to live with upset, exclusion, and punishment to date. This process of cultural adaptation using neutralisation seems to be part of getting used to an unusual social location that offenders in a mental health probation hostel find themselves in.

Engaging with techniques of neutralization does not in itself tell us why the hostel residents used them, other than in the disguise of possible motivations to re-offend and to protect self-esteem. In view of the common usage of these techniques in daily life, and the idea that crime acts as a resource for men to achieve dominance over other men (Messerschmitt, 1997; 2004), it is possible there is a cultural and gendered motivation for the techniques to be used as a
means of gaining power and dominance over other men. This may be in a pro-social manner or at least the acceptable status of mainstream socially acceptable masculinity; so men in the study sample are trying to retain status and power, as both an offender and as a citizen of society.

Tentative evidence from focus groups with offender-participants indicates that there is a culturally transmitted use of these techniques amongst members of this study sample (see Yalom, 1995). For instance, the ways in which some offenders talked in focus groups revealed a lot about how they were trying to convert their own tendency to externalise responsibility for anti-social behaviour into an accepted social norm amongst resident group members. In this instance, attempts were made by some group members to achieve acceptance of their views through monopolising group discussions. These men are having to distance themselves from the extremes of two virtual identities of dangerous offender and feminised (or homosexual) man. In talking about the violent behaviour of school boys, Klein (2006) suggests that learning to be a different kind of man or boy is rarely taught so experience has to be relied upon. Klein argues:

> Unfortunately, alternatives to violence are not necessarily taught as a requisite of masculinity; indeed, the opposite is more often the case. Males are pressured toward a host of essentially super-human or non-human responses. Boys are discouraged from showing weakness, sadness, crying or displaying any form of dependence. (Klein, 2006, p154)

Within this spectrum of social identity it is perhaps acceptable therefore to be ill and to have to accept and comply with services. The men are engaged in negotiations of masculine dominance and alliance, where experience of the system counts for something, as survival equates to toughness and being worthy of respect. This has been called protest masculinity (Connell, 2005) as
it is where men try to gain dominance and respect from other men by rejecting the normal rules for achieving this in their culture; where needs must. Neutralisation techniques could help men to justify their opposition and hence locate themselves within the wider community of men as masculine and normal, in the complicit or hegemonic sense of masculinities at least. By using illness and restrictions upon their freedom as a justification for their need to rely upon dealing with the systems of society, they can portray an image of someone socially and psychologically working hard to fight oppression and injustice, whilst their imagined or desired identities remain on hold.

Much of the chapter is concerned with material broadly connected to identity, although the chapter begins with a critical discussion of the limitations of trait-based psychological perspectives and how limited they are in attempts to explain how offenders talk about crime in ways to protect their identity from damage. Offenders utilise social interactions and symbolic meanings to negotiate identity and to neutralise risk to it, and to distance themselves from stereotypical violent identities. The chapter then talked about gender resources and group activity as a resource for protecting self, gaining respectability and increased participative membership of society. This could be seen in a focus group where interaction dynamics were used by group members to engage in protest masculinity and to encourage others to do the same. Doing this appears to make life for offenders living in a hostel less threatening to their self-esteem and status amongst other men.

These identity and psychosocial themes relating to offending and talk of crime, link well to the next chapter on social exclusion. When offenders have a troubled history going back many years, any attempt to negotiate identities is likely to become harder for them. This issue and many others will now be discussed.
This chapter brings together ideas around masculinity and exclusion as a critical axis for issues of vulnerability, subordination, oppositional and normative behaviour, and psycho-social protection. These issues collectively represent the social location of personality disorder. Social problems have particular resonance with personality disorder in view of the sorts of difficulties that are assumed to derive from personality disorder diagnosis. In light of this, an underlying theme of this chapter will be the precarious social and economic worlds of these men and their personal and structural difficulties in being able to adapt and change.

The chapter begins by exploring possible links between troubled histories involving distress, bad behaviour, and trauma, and the social problems experienced by male offenders in this sample who could potentially attract a diagnosis of personality disorder if they have not already. I then discuss how life gets tough for offenders in this sample, and social conditions in community become harder to tolerate due to the levels of isolation that they experience. A continuing cycle of social exclusion has a growing emotional impact on offenders, seen here in the interview excerpts of younger offenders. In the absence of specialist services, they fail to meet many of their own psychosocial needs without reliance upon drugs, drink, crime, and disorderly masculinity to over-compensate for their diminished resilience to stress, rejection, and uncertainty.

As the chapter move towards its end the difficulties of breaking away from this cycle of exclusion and isolation are explored in terms of how some
offenders experience the process of accepting help and support from services, and how they can struggle with the difficulties of managing identities in flux when they are receiving support from services.

Childhood Pathways to Distress and Disorder

Early experiences may have caused offenders difficulties in achieving prolonged positive psychological and social experiences in adulthood but the link between the two is not a straightforward one with this sample population of offenders because gender and social structure also play their part in linking the social problems of childhood with adulthood.

Childhood experience of abuse has some association with the onset of adult sex offending by men and women (Christopher et al. 2007). Maltreated children have been found to be more aggressive than non-maltreated children are, and children with significant experience of verbal, physical, or sexual abuse are more associated with violent and sexual offending in adulthood, than those without this experience. Sexual domination of victims appears to have a relationship with feelings of powerlessness associated with personal experience of being a victim of child sex abuse and with personality disorder (Dudeck, 2007). Earlier chapters also highlight how childhood trauma and abuse (Brodsky et al. 1995; Perry and Kolk, 1989) have been associated with behavioural traits like impulsivity, and indirectly with personality disorder (Brodsky et al. 1997).

Looking back at his time as a child at school, Offender JU felt misunderstood and labelled by teachers as rebellious, because he was badly behaved and did not like authority. He felt a sense of injustice about this labelling because he remembers being a “nice natured boy” who simply did not like rule-based authority, so rebelled against it. Whilst I am not aware that JU experienced childhood trauma like some other offenders in this study, his rebellion might
have been an outlet for feeling powerless and insecure at home, and perhaps he saw adult authority as a form of oppressive rather than cooperative power (Tew, 2005) then, as he might do now;

Interviewer LQ: So you had a very hyper active childhood?
Offender JU: I did yeah, we were, got in a lot of trouble. I think, right yeah, do you know what, when I was at school, it was like more of an authority figure, do your work, do as you’re told, right yeah. I don’t think that…um, me yeah, I was quite rebellious, right. I wouldn’t do what they like and I would get into trouble. So I don’t think the approach of schooling is to find out about individual needs, do you know what I mean.

Childhood hyperactivity or attention deficit disorder has been found to put individuals more at risk of developing a personality disorder (Miller et al. 2008), but it is important to note that the journey towards getting the diagnosis is more informative than the diagnosis itself. McFarlane et al. (2005) note that experience of early life stress, especially childhood abuse of any kind, is associated with poor general health outcomes in adult life and linked to personality. Like offender JU, fellow hostel resident TG screened positive for personality disorder, and there was no record of personality disorder diagnosis. Offender TG did however have a diagnosis of mental illness, and history of drug misuse and violence towards others. He learned as a child that a non-diagnosed (i.e. as it was for him) hyperactive condition did not excuse him for his chaotic antisocial behaviour and therefore he had to survive in a household with what he described in his interview as an intolerant and aggressive father:

Offender TG: My dad was a bit of a cunt like. He used to abuse me. He was a bit of a cunt like, yeah. He used to come home drunk, beat me up, never say anything to anyone but my sister, and it used to be me all the time, take everything out on me; maybe I was, maybe I did play up, and maybe I was hyperactive.

Interviewer LQ: You were hyperactive?
Offender TG: Yeah so they say.
It seems that some offenders were keen to biologically or psychologically label their early behaviour (e.g. "maybe I was hyperactive") rather than portray it as something related to social or emotional fallibility. The reason for this might be found in the need for these men to try and minimise threats to an idealised normative identity that they aspire to have or repair due to the damage of spoiled identities in the past. A diagnosis associated with a biological or genetic disorder is more closely associated with the body. It therefore excuses non-participation in the labour market on grounds of what men were born with, rather than what they have become throughout life as rational actors in the construction of their own experience. Association with emotions could endanger the preferred identities of offenders, as emotion is likely to move men further away from hegemonic masculinity and towards marginalised masculinities reserved for feminine, weak, and homosexual men (Connell, 1995).

According to Kleinien psychoanalytical theory, as a child, offender TG’s identity and ego formation were developing and therefore were vulnerable to stress and emotional problems (Mitchell, 1991). When early distress is encountered the need for positive attachments and use of impulsivity to protect psychological well-being can continue into adulthood (Clarkin and Posner, 2005; Weston et al. 2006). For many offenders this did appear to happen because their antisocial behaviour developed, and so did their impulsivity and risk taking as they moved through the key development life stages. For example, Erickson (1950) talks about the life stage ‘initiative versus guilt’ between ages three and five. According to Erickson, this stage is where children begin to become frustrated and then hostile and angry without appropriate support and parenting, and then the next stage from age six is where children compare their self-worth and competence more against others they meet. It is a stage of development where the link between abuse and adult impulsivity and personality disorder seems strongest (See chapter one), and it is when TG started to steal:
Offender TG: I would start stealing from a young age, about 8 or 9, it started with stealing from my dad’s wallet or mum’s purse; stuff they would need for the next day. I would take it and hide it. It is nice for them to let me know when I go down there to my parents and they say remember when you used to do this and they laugh about it now.

Whilst experiences of early distress for some children may lead them into antisocial behaviour, Winnicott (1986) suggests that labelling them as antisocial is not helpful, but rather the behaviour should be recognised as problematic or symptomatic of emotional distress. He argues that recognising antisocial behaviour can be a positive force for change and with the right support and not punishment, a child can be helped best when they feel understood, and not seen negatively by others.

There is no evidence that offenders in this sample were given this opportunity for change with support from adults with authority and treatment skills when they were children. Instead they tended to be punished by, and excluded from family, friendships, and schools. The primary factor behind their exclusion was the removal of opportunity to participate fully in these highly influential and potentially life changing social groups, organisations and social systems, such as those highlighted by Bronfenbrenner’s (1979) micro, meso, and exosystems that influence child development and resilience. Disruption and experience of considerable stress within these systems can lead to emotional and social problems for children and over time reduce their resilience for recovery from traumatic events (Cohen, 2009; Gerhardt, 2004; Schoon, 2006).
When Things Start to Go Wrong

The men in this sample have an array of childhood experiences and personal traits developed since their early years, which may contribute to their behaviour as adults, and are risk factors for personality disorder. These do not just involve school exclusion or educational problems, but also relationship problems with parents, family break-up, or experiences of abuse, which are argued to be risk factors for the development of personality disorder (Paris, 1997). Many men left home at an early age (i.e. 16 years old), sometimes due to eviction from the family home or move-on from a children’s home. This experience alone can leave many young people socially and emotionally vulnerable (Clayden and Stein, 2005; Department of Health, 1999b; Stein, 2005), but there were other factors which seemed to overlap with this experience. For instance, case file information revealed as many as 40% of offenders were excluded from secondary school; only 12% had formal GCSE level qualifications (or similar). Coincidently, 40% experienced childhood behavioural problems; and 44% experienced family breakdown as a child where some parental separation or their own separation from the family occurred.

These historical social factors27 were more prominent amongst violent and sexual offenders with a personality disorder diagnosis or positive IPDE score. From a clinical perspective, this could suggest they are likely to share traits with a person likely to attract a diagnosis of severe personality disorder, or DSPD (See Home Office, 1999; Paris, 1997). Persistent youth offenders often have a history of school exclusion, family problems, and low level qualifications (Liddle and Solanki, 2002) so it seems unlikely that these historical factors are simply reflective of personality disorder. These factors are described as common measures of social exclusion in the UK, as for example, Hobcraft (2002) argues that social exclusion is not an event but a

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27 Not all offenders' records had information on these issues so the percentages could have been higher.
process of multi-tangled pathways including certain events, social conditions, and choices. With reference to Hobcraft's research findings, the offenders shared some key associations with social exclusion; including being in receipt of means tested benefits, lack of qualifications, adult homelessness, male unemployment, and needing to see a specialist for emotional problems.

Earlier chapters highlight how some young offenders admitted to being impulsive but they did not talk much about problematic childhood experiences, other than being hit, family break-up, difficult relations with their father, and problems at school and with learning. Childhood abuse was not discussed by offenders, perhaps for reasons pertaining to the need to protect self-esteem, an idealised normative identity, and an emotionally and socially resilient dominant masculine identity. Avoidance of discussions about childhood trauma or difficulties could therefore have been an attempt to protect self from subordinated masculinity and the emotional stress that accompanies fear of subordination amongst marginalised and excluded men.

Offender MC is a man with no known experience of social exclusion as a child and little as an adult. He said he was an artist and was from a comfortable middle class background. He suggested he was an insider of a local art scene where they accepted him as a fellow artist rather than an offender or mentally ill man. His identity had remained intact because he had social capital in the form of qualifications, recognised skills, and talents. He did experience family break-up as a child but his early experiences were not apparently entangled with other facets of the social exclusion process:

Offender MC: Yes, but at the time I could not see it, but now I see that was the only way I could stop feeling I was going crazy.

Interviewer LQ: Yeah, generally speaking can you tell me a bit about what your childhood was like?

Offender MC: My mum and dad split up when I was 9, and then granddad died, and then I got into trouble.
His narrative supports the view that an undesired self, which is potentially a stigmatised mentally ill man in this case, can be linked to a lack of professional support at certain times in life. This also seemed to be the case for a twenty-six year old male diagnosed with a personality disorder resident in the mental health hostel. He had some experience of social exclusion, but perhaps not as severe as some other offenders did because he accepted support from mental health services as an adult:

Offender DH: Most of my childhood was happy, and I didn’t notice anything wrong about it.
Interviewer LQ: Was it a good time?
Offender DH: I believe it was OK.

Although he said he had a supportive family, he was expelled from school and struggled with the transition into a life of work;

Offender DH: No I didn’t do it long enough, but I left school at 15 because I was expelled, so I had problems there. This bloke said come and do some painting, so I did some odd jobs and labouring for him and then I went on to do some painting. I was there until just after 16 or 17.

Some offenders suggested, or openly stated, that in looking back on their childhood, this was when things started going wrong for them, as this was a formative period when they recalled aspects of disruptive and disordered lifestyle. Stressful events involving difficult relationships and social problems had negatively affected their emotional and social wellbeing over time.

Managing Social Isolation within Conditions of Exclusion

Rich patterns of social exclusion were expressed in more detail by younger offenders under the age of forty, although this was perhaps associated with feeling a more intense social, emotional, and psychological impact of exclusion than others felt. Older offenders tended to be either long-term
offenders or late life convicted offenders after spending years as a worker, family man, father and resident in their own home. They tended to live the life of an average man with no special claim to status, wealth or outstanding achievements. The long-term offenders seemed to hold little ambition to change their lifestyle or social status in life, other than to meet their basic needs and blend back into society in an invisible manner.

As seen in chapter six, some offenders seemed content with being a loner, as this would continue to provide them with safety and a sense of self-assurance from not having to reveal too much personal history to others or experience social rejection and harm. Sometimes the feeling of social isolation and loneliness experienced by offenders becomes too much to cope with when they were marginalised in society and amongst other men. It encouraged anger and frustration during social interactions in the community, and it seemed to contribute to attempts to self-harm or commit suicide in prison.

Like many offenders, TG said he used to have estranged relationships with family and friends, and he wanted to die and tried to commit suicide in the past when his exclusion and removal from society was at its most extreme, and when he felt very alone. Griffin (2002) found that social isolation and loneliness is common in society, and it can affect mental health when made worse by social exclusion. Literature reviewed by Griffin also led her to suspect that social isolation can lead to an increase in the likelihood of some kinds of sex offending. The survey data that followed the review by Griffin is difficult to generalise but it does at least demonstrate the potency of exclusion and its impact on the mental health of individuals in society. There is some evidence that elements of social exclusion such as unemployment are associated with suicide (Pritchard, 1992), however social isolation, supported by self-exclusion and internalised oppression, played a role in maintaining the subordinated position, and thus the marginalised and excluded social location of these men. For example, thirty-seven year old offender TG talks about how
he had been stuck in a pattern of problematic drug and alcohol use, in combination with homelessness and relative social isolation over a long period of time:

Offender TG: Because when I am on my own out there, well there I have never had a place to live as I am either on the streets, or at my friends, sisters or brothers, I have been doing it since I was 15, going to prison, taking drugs, having a drink, getting myself lower and lower and getting back in again.

He reported feeling angry a lot of the time and used alcohol to help control his destructive feelings and to help him cope with depression:

Interviewer LQ So you have worked on your anger.
Offender TG Yeah, when I have had a drink that’s it, yeah, and then I just stop thinking about it.

Offenders reported that they felt angry and socially isolated as they moved through early adulthood from a background that mirrored aspects of social exclusion or difficulties during their childhood. A twenty-two year old said:

Offender DV I can get annoyed with people. I get angry a lot.
Interviewer LQ Family and friends...have you needed support from them in the past?
Offender DV I have very little contact with me family, sometimes I do and sometimes I don’t. I have spent more time with some friends.
Offender DV When I was really young I got to the stage where I went into foster care at young age, my family and me drifted apart, didn’t have much communication, not like a family, when I see them it was just like meeting some old friends.

Failed or insecure attachments in childhood could explain difficulties in forming and sustaining relationships in adulthood, so attachment theory can act as an explanatory framework for understanding why men like DK (below) become so isolated (Bowlby, 1988; Adshed, 1998; Gerhardt, 2004). In this
instance, the offence severity may explain why DK feels socially isolated, as family and friends of old may not want to know him anymore:

Interviewer  LQ  Do you tend to live alone?
Offender     DK  Yes, I live on my own
Interviewer  LQ  Do you have any family members?
Offender     DK  No I have got no family
Interviewer  LQ  What about friends?
Offender     DK  No
Interviewer  LQ  Are you quite isolated?
Offender     DK  Yes I am quite isolated
Interviewer  LQ  Do you work at the moment?

The social isolation of offenders did not simply seem to be due to a lack of available relatives or friends, but it is one of the explanatory factors for what Tew (2005) describes as internalised oppression. This is where the experience of oppressive and collusive power in childhood is linked to traumas or injustices that have had no chance of being expressed or explored safely. Tew suggests without this safe therapeutic opportunity injustice and abuse can impact upon the way adults experience and interact with their social world. This interaction can be characterised by fear of difference, low self-esteem, destructive thoughts, and difficulties remaining in stable relations or social situations or conditions that might favour them in terms of social capital or resources. In this instance, the younger offenders do appear angry, they appear to be entering adulthood getting in trouble because of this, and they remain unsettled. Social problems emerge and continue to evolve along with attempts to self-medicate and control stress and uncertainty in both orthodox and unorthodox ways. For instance, TG feels caught in a vicious circle of social problems and psychological problems that he wants to escape from through drugs and drink:
Interviewer LQ  So was that a vicious circle?
Offender TG  Yeah, and then I found the heroin and had it all together, and.
Interviewer LQ  Was that heroin another form of escapism?
Offender TG  Yeah.
Interviewer LQ  Was that to try and get to another level and get more...escape?
Offender TG  Yeah, I got to feel low about myself all the time.

In order to carry on meeting his psychosocial needs he engaged in crime:

Offender TG  It's survival sometimes everybody's in different situations aren't they my circumstances I was stealing because everybody give up on me and I had a drug and drink problem so I was stealing to get through the day.

He was stealing to support his drug and drink habit, above his other basic physiological or social needs like food and shelter. In view of this, the findings support the conclusions of Snow and Anderson (1987) during their study of identities of the homeless. They question the progressive levels of Maslow's (1943; 1962) hierarchy of needs, in view of the little research undertaken to explore the hierarchy, and because their findings suggest personal identity-related concerns co-exist with physiological ones at a basic human level. This means that physiological needs do not assume priority over self-fulfilling ones. They go further to argue that if true, this:

"...makes sound sense from the standpoint of symbolic interactionism, which views the imputation of meaning to the objects in one's environment, including self, as one of the core activities in which people engage regardless of their social status" (Snow and Anderson, 1987, p1365).

In the context of personality disorder, this suggests that what the men in my sample do is negotiate society and human interaction in a normal manner in the sense that they do what other humans do; which is that they attempt to
meet their needs in different ways. The methods and approach to meeting needs as they appear here is heavily influenced by their social location.

When offenders could not meet their needs as effectively or as often as they would have liked, then they had a tendency to fall into a vicious cycle of self-exclusion and social exclusion. This is reminiscent of the social positioning of the underclass originally asserted by Murray’s (1990) ideas about pathological communities and a culture of self-fulfilling exclusion, and further explored by Fields (1995) in the UK context of inequality and exclusion from citizenship. The majority of offenders within my sample could be located within the key characteristics of the underclass described by Levitas (2005). For instance, they are part of a group that is distinct from those within mainstream society, they are poor, idle criminal young men unwilling to take up low paid work. These men were part of a distinct group within society and amongst other offenders by virtue of the types of offences they had committed. Many of them expressed some reluctance to undertake low paid work, as might many people in society. They are not powerless victims of inequality though; the men within this sample asserted whatever power they had at their disposal and within their means. In some instances, they took decisions which set themselves up for failure and further experiences of oppression, knowing full well that professionals would remove them from society.

**Getting Help When Social Problems Are Unbearable**

Social problems had a habit of becoming too much for the offenders, to the point that they would take steps to exclude themselves from society when their social isolation became too great and their methods of meeting their own social needs became less effective. They would hope to return to society and bounce between trying to meet their social needs and cope with the distress of having a damaged identity. Some offenders appeared to try to cope with stress in life by limiting their relationships with other people, and limiting
their activities in a manner that Brom and Kleber (2009) describe as the ‘minimal learning’ model. It is a survival mechanism for self-esteem and stress management where people maintain predictable activities and continue with current lifestyles whilst avoiding the interpretation of new experiences into meanings that might challenge their world view. It is possible that the offenders in this sample have been trying to minimise psychosocial threats to their self-esteem by limiting their social activity and functioning. They may have done this in the past with the use of offending as resource, even at times when they have been in probation hostels and thus had a chance to improve their social conditions and opportunities with support from services.

Offender TG saw himself as a mentally ill addict and in continuing to assert this identity, he explains how he began to rely on compulsion in hospital, and prison as the only reliable method that would interrupt his vicious cycle of psychosocial distress and addiction related social needs. Like many other offenders with similar needs and circumstances he used to instigate his own arrest and sentencing to prison so he could ‘get clean’ and needs assessed without complicated waiting times and stringent referral exclusion criteria to deal with in the community:

<table>
<thead>
<tr>
<th>Offender</th>
<th>TG:</th>
<th>I have been, I’ve done years in prison; it’s nothing to brag about.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewer</td>
<td>LQ:</td>
<td>So what kinds of things?</td>
</tr>
<tr>
<td>Offender</td>
<td>TG:</td>
<td>I have done shoplifting; I was on drugs and drink and went into a shop and stole something, knowing I would get caught, so I could go to court, get myself in prison and dry out, get a probation officer and sort things out, and here I am.</td>
</tr>
</tbody>
</table>

He had simply wanted his mood and behaviour problems to go away but his reluctance to seek help is a characteristic associated with dominant models of masculinity (Prior, 1999; Pritchard, 1992; 1996). The offenders in this sample seem to want to avoid an excluded and marginalised existence, even when the methods and approach for achieving this seem unusual, inconsistent or in
opposition to society and to what men in that society normally do to maintain dominance.

Hostel residents were in danger of overcompensating for their needs by minimising problematic behaviours and crimes they committed, blaming others for their social problems, and looking for quick fixes (like with the use of serious offending) rather than seeking help when their mental well-being seemed to deteriorate and their sense of vulnerability increased. In some instances, it seemed as though the act of doing, or engaging in activities to protect and promote their idealised (and perhaps alternative disorderly hegemonic version of) masculinity overtook all non-survival needs as the number one social need to meet above all others.

Sometimes their attempts to survive by independently meeting their own social needs without professional support in the community failed, so they tended to feel blameful of services at those times as they felt allowed to fail by mainstream society and its professional representatives. For example, hostel resident interviewee JG blamed the probation service for not containing him by taking control of his liberty and lifestyle, and thus stopping his offending getting so frequent and severe when he did not have the optimum mental capacity to do so himself:

<table>
<thead>
<tr>
<th>Interview</th>
<th>LQ:</th>
<th>Offender</th>
<th>JG:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do you think you have had a good deal from services like probation?</td>
<td></td>
<td>No not at all</td>
</tr>
<tr>
<td></td>
<td>Would you say it is a bad deal?</td>
<td></td>
<td>I would say the reason why I am here is there is not enough help.</td>
</tr>
<tr>
<td></td>
<td>What is the problem?</td>
<td></td>
<td>I was doing a lot of drugs and that, walking around like a zombie.</td>
</tr>
</tbody>
</table>

Other offenders with less experience of the criminal justice system expressed similar sentiments in order to get the right kind of help they needed. For
instance, twenty-two year old offender DH criticises mental health services for not doing a proper job at a time when he resisted service intervention;

**Offender DH:** Mental health services are hopeless in some cases.

**Interviewer LQ:** What support from these services do you get now or in the past?

**Offender DH:** Health Visitor, CPN, social workers, the lot. They are all parasites as far as I am concerned. They are just lazy and should get themselves a real job.

**Interviewer LQ:** Have you ever been refused help?

**Offender DH:** Never been refused but they have not been much help or been there for me though.

**Interviewer LQ:** Have you ever had to ask for help?

**Offender DH:** Maybe, but I have never really needed their help so I have not felt the need to ask for help off them. Does that make the difference?

When asked if he had been refused help he suggests that they did not understand his needs and he was not sure what they really needed him to do and vice versa. This suggests that he was learning about services, and not only about his own needs and social problems;

**Offender DH:** I was offered it as I was not interested in it to start with. It was forced upon me to start with. To begin with, I didn’t accept it and I didn’t want anything to do with them, but later on I did understand what my illness was and how it affected me. To begin with, I was reluctant to accept anything off them. I didn’t want to know.

**Interviewer LQ:** It sounds like you have come a long way.

**Offender DH:** I have come a long way yeah.

**Interviewer LQ:** What changed?

**Offender DH:** I just grew up I think. I just matured. At times, I was young and stressed; only interested in taking drugs. My life fell apart, it really fell apart.

He had been learning to cope with his impulsivity and aggression by utilising staff support for the first time at his specialist mental health probation hostel, whereas before he was evicted from general hostels and sent back to prison. This was usually for reasons that include testing boundaries with staff by
breaking curfew rules, and being aggressive by physically destroying parts of
the hostel building. It is possible that hostel life was too stressful for him
given that challenging life events and impaired social support in the
community tend to increase the likelihood of someone known to mental
health services being violent (Silver and Teasdale, 2005).

**Testing Boundaries of Interaction for Self-Security**

Offender DH had a formal diagnosis of personality disorder, and the records
of boundary testing and aggression noted in his case file could perhaps be
seen as a form of sabotage or self-exclusion. They might have been using a
method of trying to gain relational and procedural security, as outlined by
Kennedy (2002), to act as a container for anxieties and emotional problems. In
the absence of personality disorder services, he may have learned through
experience of being in forensic psychiatric inpatient care that these strategies
provide him with relief from emotional problems. In his interview DH stated
that he really felt understood in the secure unit and he talked about it as
though it had provided him with a nurturing experience.

It seems doubtful whether it was a purely conscious decision for DH to test
boundaries to gain psychological security because it may well be an old habit.
When he used to resist services it is possible he was still trying to act in a
manner that he felt would conform to the ideals of an 'acceptable man 'in
society. In doing so, he was willing to take risks by not taking medication,
avoiding services and risking admission to hospital. He was seemingly a
typical male, in that men are not known for their assertive help-seeking or
willingness to ask for help with physical or mental health needs (Featherstone
et al. 2007), but he was also accepting of treatment and support when he knew
others were coercing him to do so. Therefore socially positioning oneself
where others can and will take power away can act as a means of getting help
without risking loss of face amongst men, and thus risk of subordination amongst them for being weak. Vulnerability and weakness can be denied because someone else is using power to force them to use services.

Other hostel resident interviewees could perhaps be seen to have employed recklessness and risk-taking to gain relational and procedural security by using drugs as an excuse for not really being totally in control of their lifestyle. To admit to difficulties in personal resilience to social problems might reduce their status in the absence of a diagnosis or other identity category like mental illness that might be less stigmatising or subordinating than not being able to function well as a physically capable and rational male. The stigma of subordinated masculinity was very powerful for these men and perhaps more so for a person diagnosed with a mental illness and successfully treated for it. Once treatment is finished, a person could perhaps see themselves as more aligned with hegemonic masculinity than subordinated masculinity, because rationality is a key aspect of hegemonic masculinity.

The reason for this is that the patriarchal dividend imparted upon being a heterosexual male was their last bastion of hope to hold on to some power and dominance in society. This dominance is still unlikely to be challenged or taken away by society if the men do not use offending as a resource to keep or gain more dominance through power over others. Therefore, forms of oppositional masculinity are in operation, as in a hostel setting the acceptance of a diagnosis is likely to provide considerable social capital to them as they can avoid subordination amongst men to some degree. Hostel resident JU was one example of an offender who acted like this and in the process used drugs as an excuse to save face for what could be argued to be a form of protection from a potentially spoiled identity. Help-seeking might have made him seem weak in the eyes of others, whereas drugs could have been blamed for his problems and help him avoid being seen as weak or vulnerable. Drugs could
also have been used to mask mental health problems and act as a form of self-medication or care:

Offender JU: What, not on the order, in hostel or in prison and on the outside. I would be shoplifting everyday and taking drugs. That’s a fact.

Interviewer LQ: Right.

Offender JU: This is my choice, you have got to understand, I was in prison, it is nothing new to me, and I know the system and jail, and no-one likes jail, once you are there my brain thinks jail mode if you get my meaning.

Interviewer LQ: That’s interesting.

Offender JU: When I go through my withdrawals....and I’m a heroin addict, do you know what I mean, and I’ve kicked it now, do you know what I mean; Well I am withdrawing yeah, you know what I mean, I don’t come out of my cell very much, you know what I mean. That will last a couple of weeks. Once I start getting myself back together, do you know what I mean, I am not sick any more, do you know what I mean. Then I kick straight into jail mode, I can’t get a job straight away; number one is....to find something to do, pass the time, and then I start associating, associating with a job, you know what I mean. You then make friends on the wing, you know what I mean. You slip into a routine.

When offenders have used the prison, hospital or hostel system to their advantage in order to gain temporary procedural and environmental security they seem to be engaged in what perhaps could be best described longer-term as exclusion neutralization. Neutralizing the threat of increased or prolonged social exclusion and risk of failure to manage social need by taking drugs, getting arrested and sent to prison is another indication of the disorderly masculinity mentioned earlier in this chapter. It involves taking steps to force others (e.g. professionals) to intervene and take their power and autonomy away from them at a time when they are not rational or hegemonic but aspire to be both.

These men are motivated by the need to protect their status amongst men when their adaptability and coping skills in society are limited. Provoking institutionalisation is therefore a way of taking control of their own social
circumstances without having to compromise their masculinity by admitting they are vulnerable at times of significant stress in their life, as the decision to get treatment is made by professionals.

In the absence of widespread personality disorder services, this method of self-removal and social need management protects identity status, which in turn can offer some protection from psychological stress and vulnerability. Disorderedly masculinity therefore appears to characterise a gendered response to unmet psychosocial needs in the absence of specialist services for offenders who might attract a diagnosis of personality disorder by virtue of their social location. When probation officers were talking in chapter five and six about how their experience taught them that certain offenders are likely to attract a diagnosis, and thus may have similar needs to those with a diagnosis, they appear to be referring to disorderedly masculinity, as it is presented here. Disorderly masculinity thus has the potential to identify offenders who are likely to attract a personality disorder diagnosis as a distinctive group of offenders.

Prisons and hospitals can be therapeutic as they can help move people away from a position of helplessness and help them detach themselves from circumstances long enough to realise they are problematic (Hopper, 1996). These settings provide an environmental containment of distress and maintenance of well-being to manage change in behaviour and relations with others (Bowers, 2002; Kennedy, 2002). This fits with the notion of the prison system as a ‘holding system’ for vulnerable men who do not, but should be using mental health services (Webb, 2006).

Compulsion in secure settings can provide a chance to negate environmental pressures or improve social problem solving and skills (McMurran et al. 1999; Crawford, 2007; Skodol et al. 2007) that maintain their social distress and exclusion if they are not improved (Sheppard, 2006). From a psychoanalytical
perspective, Jacques (1971) argues that individuals make unconscious use of institutions through co-operation as a way of reinforcing internal defences against anxiety and guilt. Social co-operation within institutions helps to redistribute and possibly reduce impulses and anxiety-provoking relationships, by lowering resistance to meaningful relations with others. Whilst this provides a psychological rationale for why men might be attracted to institutions, it ignores the benefits that institutions can provide in helping men approach relations with each other, and with women, in opposition to conventional masculinities (see Messerschmidt, 2004).

Accepting Psychiatric Help for Social Inclusion

Prior to gaining access to mental health services, offenders welcomed the chance to receive a clinical assessment and psychiatric diagnosis. This may have provided some excuse (in their eyes) or resilience against subordination amongst other men for committing sexual or violent offences against highly vulnerable victims: offences which might make them seem weak or soft. With some reliance on chance, they waited to receive a psychiatric label or recognition of a psychological condition to help them set up support networks prior to their independence in the community.

We must remember that no offenders admitted to knowing they had a personality disorder, so without formal recognition of their differences from non-personality disordered offenders their opportunity to learn from who they ‘are’ was likely to be impaired. Freidson (1970) notes that if an ill person has no idea they are ill and other people, including professionals, do not know, then it is difficult for that person to know how to judge him or herself. The absence of a psychiatric diagnosis or undecided diagnosis therefore seems likely to have contributed towards the actual length of time offenders were caught within a vicious cycle of chronic social exclusion and
marginalisation (e.g. 10-20 years in some cases). This restricted their self-learning and nurturing opportunities, and promoted the use of desperate attempts to gain appropriate attention from services.

Once hostel residents had been to prison or hospital a few times they tended to attract a psychiatric diagnosis. Offender DH used this as a powerful defence for his identity and self-esteem because it provided a rationale for why he offended or at least behaved badly in the past. It also sends the message to others that he will not offend in future either, whilst he still complies with medication. In essence, this provided a broader social message to others that he has had various levels of diminished responsibility for his actions in the past by using the scientific status of biological-based rationality in modern society to his own advantage. Assessment and treatment by a psychiatrist provides a powerful method of potentially neutralising blame, stigma, rejection, and further exclusion. In addition to these personal benefits, clinical treatment helped DH use his diagnosis as a form of leverage for gaining training, housing and welfare benefits. In view of his historical resistance to accepting support, DH is therefore able to use medicine to enforce the idea that he is ‘normal’ and rational (and thus masculine). He says:

Offender DH: I need medication to keep me normal; with medication, it is stable but normal. Some people are stable and other people are not, but with me I am normal. I was medicated and then I was normal.

Like many individuals with a diagnosis of personality disorder DH was receiving antidepressants for a mental illness, although his records indicate that he had a supposed drug induced psychosis in the past or suspected schizophrenia, which had not been substantiated since. Foucault (1988) explains how throughout the history of modern medicine and post-Darwinian science medical doctors have been able to use their scientific
knowledge and technology to alleviate fear of uncertainty, disease and loss of control in society by defining what was normal and abnormal. This expertise alleviated uncertainty and promoted some sense of certainty for offenders in this study because it provided greater access to services and validation of reformed and changed identities (Maruna et al. 2004). It also provided offenders with some optimism and self-belief in their ability to change as being ill and having their illness recognised by professionals provided them with the potential to both obtain and gain benefit from what Foucault referred to as *bio-power* (Foucault, 1988; 1995; Thomas, 2007). They were capitalising on the status of biological interventions for health problems, the high status medical knowledge has in society (Nettleton, 1995) and the legitimacy that this provides to people who say they have changed into an individual who is pro-social and ready to adopt a more socially inclusive position in their community. Having access to treatment therefore not only helped to legitimise their illness and provide easier access to welfare services, but it also legitimised their claim to a normalised and socially inclusive identity.

It seemed as though once offenders felt they were ‘fixed’ (i.e. normalised) with treatment and health-related support their openness to co-operation improved. They were in a position to be accepted as normal, and thus gain accreditation of a desired but still stigmatised identity. The benefit of embracing diagnosis and treatment is that they were in a better position to move to a safer moral place in society where they might be feared less, blamed less for their offending, be seen as less authentically violent and dangerous. Like other offenders, DH above has accepted his mental illness diagnosis, thereby he is engaged in a process of protecting himself from further stigma, or the need to engage in discreditation by hiding problems (Goffman, 1963).
Offenders social histories showed how without intensive support led by a case manager they would be reluctant to risk changing their usual strategies for survival because they learned to rely on established coping mechanisms even if this led to an arrest for crime. During his interview hostel resident GY explained how he had been in a hostel for a couple of months and he struggles to understand what keeps going wrong for him in the community. He acknowledged that he has some long-term psychosocial problems that he does not fully understand, but he knows his problems involve him getting impulsively angry, paranoid, and consuming illegal drugs. This could have been a case of him representing the probation service view of his needs without any clear understanding of what this view means. For example, as when he was asked what social or personal problems he encountered in the community time and again he said:

Offender GY: I haven’t got a clue mate, just add things year on year, as I was saying yeah, some guys have good days and feel good about themselves, then I have days when I am down and feel shit and can’t get happy again, it’s weird. In prison I would feel down and feel shit if you like. I feel like that when I wake up in the morning.

Interviewer LQ: What happens when you don’t get what you won’t?
Offender GY: If I want something, nothing really, I can’t do nothing about it; get really pissed off.

He later went on to say he had been assessed by medical doctors but he said they only suggested he might have a had a temporary psychosis from drug use, which he struggles to understand given his problems have been long term and not brief, as a drug-induced psychosis might suggest:

Interviewer LQ Have you got a diagnosis?
Offender GY A few doctors said to me psychosis, from taking amphetamines.

Interviewer LQ Is it drug induced?
Offender GY Drugs yeah.
He is willing to accept help but in not having a clear diagnosis yet he is still liable to be seen as rationally responsible for his offending and he may find it more difficult than others to break his cycle of exclusion and social isolation.

**Breaking Away From Social Exclusion and Isolation**

Offender JU appeared to hold a strong desire and optimistic motivation to change his life after experiencing vicious cycles of social exclusion, including exclusion from services and refusal of welfare entitlements for many years. With the help of specialist motivational interviewing support from a regional forensic psychiatric service and support from hostel staff he accepted that he could become an active citizen and thus participate in society more fully.

Motivational interviewing relies on individuals to take on responsibility for themselves, as the counsellor does not assume a role of authority or expert but instead one of collaboration (Miller and Rollnick, 1991), so this seemed to suit JU’s need for self-affirmation. Case file notes mentioned how resident JU was testing the rules and restrictions out in the hostel, as well as *pushing boundaries...*, despite his treatment compliance and friendly interactions with staff and residents. This suggests there was some conflict between his old spoiled identity and an idealised normative identity and social position that he is attempting to move closer to. It is the kind of behaviour that might be seen as symptomatic of personality disorder, but this does not necessarily mean it is a sign of illness as institutions like hospitals have been criticised for stripping away identity and coping strategies of patients (Bowers, 2002). This is evident by Goffman’s (1961) work on asylums, therefore boundary testing could be a means of asserting individual identity and the need to test out strategies for retaining identity and a sense of self in institutions.
Maruna and Copes (2005) argue that offenders often find themselves in instances where desistance and resistance from antisocial behaviour can coexist without further offending, so long as the social conditions for pro-social behaviour remain favourable. In view of this argument, it seems that JU has not yet found an ideal or comfortable way for him to channel his expression of masculinity through new pro-social behaviours that seem synonymous with values and aspirations associated with hegemonic as opposed to marginalised or subordinated masculinities (Connell, 2005).

This conflict of identity is further compounded by the fact that he had recently been refused access to a resettlement community care grant (i.e. welfare benefit), which he saw as a form of personal rejection and a consequence of others forming overly negative and unhelpful opinions about him. He says;

**Offender JU:** At the time, at the time all I knew was social services do you know what I mean; has to lend me money and I have to pay it back, do you know what I mean; they point blank refused me. I think for about a couple of months after that I had a grudge against them.

**Interviewer LQ:** What were the reasons for not giving it too you?

**Offender JU:** I don’t know but I had to explain I had just got out of jail you know what I mean. I have been given a flat, do you know what I mean, I even put down I wasn’t on drugs at the time but had come out of jail and stopped, do you know what I mean. And I was really positive and I am knocked back. I had a sleeping blanket in my flat, for a month so I may had fucking been on a bench, do you know what I mean.

**Interviewer LQ:** Yeah

**Offender JU:** That just knocks, that just knocks your confidence, and it’s gone.

Like other offenders in my sample he optimistically hoped that services would work together as part of a system with a shared understanding of his needs. Optimism and positive thinking are not just potentially useful for changing habits and improving problems solving, but they are useful attributes to have in order to increase an offender’s avoidance of undesired
identity, and hence ease their journey towards social inclusion. During his exploration of what Wittgenstein calls objective certainty, Žižek (2008) argues that the closest we can get to the idea of truth or certainty in our lives is to believe in something, have the right attitude, and trust others before testing out those beliefs in a space where human cognition takes place and symbolically interacts with reality. Offender JU seemed to need reassurances that services can be trusted to work for him in the community and he needed them to believe he could change, as this would encourage him to believe this too. Given that rule-testing in the hostel could lead to his eviction JU was at risk of excluding himself from his main opportunity for achieving long-term social inclusion. His accommodation however seems to have arrived in time to restore his faith in his local community to accept him, highlighting the importance of the looking glass concept for socially excluded and socially vulnerable men. This is a concept originally referred to by Cooley (1902) during work with children and their imagined social identities, but Maruna (1997) later explain how offenders need to find testimonies from respectable others to believe they can really change their behaviour. It is an integral part of positive change and transformation for people who cannot quite see or believe they have changed as a person until other people (like probation officers) recognise them as different people:

Offender JU: I used to say things like ‘I know I am’ and I used to say to myself ‘what’s the fucking problem’ do you know what I mean; ‘why am I still doing what I am doing’, ‘I could be doing this, I am better than that’. That’s what I used to say to myself. I couldn’t get out of the situation, it’s clear do you know what I mean. Everything’s becomes clear to me because this is where I am meant to start.

Interviewer LQ: Until now have you looked for help from professionals to get things sorted out and move forward?
Offender JU: Yeah all the time, all the time, yeah I think even though I have got somewhere.
Interviewer LQ: Even the likes of social services?
Offender JU: Well I have got somewhere.
Interviewer LQ: Can you give me an example?
Offender JU: Alright then I will give you an example. I have just got a flat, got myself a flat yeah. I have been given the property.
Interviewer LQ: Have you had one in the past?
Offender JU: Yeah, I have just been given the property and I have to collect the keys. It took me a while to get it.

Interviewer LQ: Yeah.
Offender JU: I have got it; got my own place at last. No more relying on my mum. Yeah, I have applied, I am on the dole yeah, I have applied to the social security yeah for a grant or loan.

Offender JU (above) and DH (p245 above) seemed ready to change their lifestyle because they had got to a stage where they no longer wanted to offend if it meant that they would continue to be caught within a vicious cycle of struggle, poverty, drug use, uncertainty, and social isolation. They had both been in and out of homeless and probation hostels, and prisons for many years. Cherry (2005) notes it is often assumed that pro-social attitudes and behaviour are associated with psychological maturity and this might explain JU’s move towards a longer-term inclusive lifestyle. A second, but perhaps an inter-connected explanation could include the possibility that he has learned to gain aspects of social inclusion because he has learned to self-regulate his activities and motivation in a more conventional manner (Baumeister et al. 2005). A third explanation for JU in particular is that in developing a pro-social attitude it might be that his previous social locations were more stable than some other offenders and therefore he had a stronger basis for self-belief in being someone with a different identity again (Maruna, 1997; Maruna et al. 2004).

For instance, JU has a slightly different experience of gender relations from other men, as he had been able to express masculinity through an industrial work role as a young man. Whilst he did have early life behavioural problems including hyperactivity, he had a more stable earlier life than some offenders in the research sample, with no convictions before he was 16, a well paid semi-skilled job when he left school, and residence with parents living together at home. In his interview he talked of having a secure adult identity.
as a teenage worker in a traditional male industrial environment. As power, masculine status and other rewards of patriarchy are likely to have accompanied that role (Brittan, 1989) it was therefore also likely that he had access to a reasonable level of social and human capital (Rose and Clear, 1998) within his life prior to being identified as a drug addict and offender. Positive memories of previous positions of social locations and identities might have given him some additional confidence, when compared to others who were less successful in trying to achieve a new social location when they leave a probation hostel.

Management of Identities in Flux

Self-belief and confidence in how others in society will support a claim to a new identity and steps towards greater participation in community life was important, as the offenders may have been making progress as far as the probation service were concerned but they were still experiencing identity crisis. This was most convincingly noticed by how the men talked about their activities, and in particular, how they were attracted to weight training. It was a very common activity for passing time and getting mentally and physically fit (e.g. Daley, 2002), but it also seemed to provide a means for the men to manage anxiety related to ongoing identity crisis and uncertainty. For example, it seemed important for TG to modify his body to benefit his identity and his long-term aspirations for an idealistic social location given that gym membership has become increasingly popular (Monaghan 2001). Going to the gym acts as a means of alleviating social isolation as men can be together doing something masculine but not criminal. He says:

<table>
<thead>
<tr>
<th>Offender</th>
<th>TG:</th>
<th>Interviewer</th>
<th>LQ:</th>
<th>Offender</th>
<th>TG:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Well I go down the gym, every day.</td>
<td></td>
<td>Is there a gym near here?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No, me and my mate go to one in *******</td>
<td></td>
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</table>
Gill et al.'s (2004) study of 140 British males leads them to conclude that body modification in general, through piercing or going to a gym, is a sign of men actively engaging in regulating normative masculinity but whilst they disavow inappropriate interest in their appearance they work on their bodies with discipline. Monaghan (2002), however, argues that a muscular body is fit-looking and athletic which is valorised in consumer culture. He notes that feminists view bodybuilding as an image of power that conforms to hegemonic masculinity, and he refers to Klein (1993) who notes how old industrial physically demanding jobs provided a source of masculine identity and economic association with men's physical bodies. As these industries have become obsolete then so has the association between the forces of production and the physical body, which might suggest the regular use of the gym by marginalised men is a sign of masculinity in crisis.

Monaghan questions the accuracy of this view given that many bodybuilders are in work to fund their training and gain respect for mastery of their bodies, however it is likely that this sample of men were working their way through a form of masculine crisis of identity unique to each of them. This is because some underlying process of negotiation with old and new forms of masculinities seems to have been occurring through the journey from social exclusion to social inclusion to date since leaving prison, but the psychological reliance on patriarchal dominance has not altered. For example, so many men were once dependent upon traditional modes of masculine roles to define themselves and they resist progressive relations with women where men share responsibility for childcare (see Brittan, 1989; Monaghan, 2002).

Given that some weight-training hostel residents were on the verge of moving on to independence it does seem likely that for some of them their masculinity may well be at risk of crisis because crime is no longer a viable social practice acting as a resource for them to accomplish masculinity (Messerschmidt, 1993). Where masculinity is in crisis, it would seem better for offenders in this...
sample to have access to a further layer of supported step-down accommodation. This could also give them more time to overcome social stigma, gain psychological resilience to rejection, and further reduce exposure to stress and uncertainty that might trigger distress. Triggers for distress might even trigger symptoms of personality disorder. Tyrer (2007) believes that personality disorder can fluctuate in and out of severity and should be part of an overall diathesis model of vulnerability rather than disorder. This model supports evidence that social exclusion has been found to clinically impact upon an individual's capacity to self-regulate their lifestyle and relations with others (Baumeister et al. 2005).

Locating Personality Disorder in Masculinity and Exclusion

This chapter started with an overview of how childhood history involving instability, family problems, and types of systemic exclusion are common amongst this sample of men. The characteristics of their childhood histories' and the commonality of hyperactive or problem behaviours amongst the men also represent known risk factors for the development of personality disorder.

The men have experienced cycles of social exclusion into adulthood, accompanied by significant degrees of social isolation and stress. When things become too much to cope with in the community the men have a tendency to engage in acts that they know will lead to removal from society. This form of disorderly masculinity acts as a means of dealing with social problems and as a means of protecting their emotional wellbeing from the oppression of their experience and the affects of social stigma and loss of status and dominance amongst men. Offenders often value the procedural and relational security offered by institutions, and the face-saving opportunities provided to them when professionals use their powers to coerce them into accepting assessment and treatment.
Diagnosis acts as a means of finding a route back into fuller participation in society as it can excuse their past behaviour and suggest to others that they have changed now that they accept treatment and do not offend; this is more powerful than someone saying they have simply stopped offending. This is however not without its difficulties, as the men have to try to cope with conflicting roles, identities, and relationships. Like other men in society, the offenders have to also cope with the modern crisis of masculinity and not just their own transition from spoiled to desired identities.

Poorly adaptive behaviour and difficulties with coping with change, anxiety, and the social uncertainty faced by these men in society create problematic or disorderedly masculinities for them. How these men negotiate masculinities, and thus their behaviours and relations with other men and between men and women, offer valuable insights into how public professionals might understand and help them.
CONCLUSION

This study is unusual in the personality disorder field because it is hard to find many pieces of social research examining personality disorder, and even rarer to find social research in this area using primarily qualitative methods. The majority of research in this area has been undertaken by psychiatrists and psychologists but not social workers, so in a sense this study is relatively rare. The closest comparative studies apply qualitative methods to investigating the needs of service users in the context of mental health service provision, and sampling in those studies relies on participants having a formal diagnosis of personality disorder. This study departs from this conventional approach.

It uses the IPDE personality assessment questionnaire to take an informed risk with the sampling approach, because epidemiological studies gave a strong indication that many offenders would screen positive for the construction of personality disorder tested with similar questionnaires.

The diagnosis of personality disorder is a contested one and the assessment of personality disorder itself is open to critique and should remain so. It is appropriate for this study to explore the question of assessment construct validity in light of what appears to be an emerging over-reliance upon rationalistic standardised assessment and management processes that move professionals away from direct work with offenders. This move is clear from representations of probation practice of the past and the preferences of offenders for relationship-focused support. Contemporary practice is influenced by realism and a plethora of assessment processes promising construct validity within an epistemological framework of naïve realism. This provides conflicts of interest for both practitioners and offenders in this sample of men resident in probation hostels.
It was evident that probation officers were constrained by working practices subsumed within rationalistic approaches to assessment that minimise opportunities for officers to engage in traditional welfare orientated social work. They had become more like risk managers hanging on to elements of constructionist-influenced interventions where they could. This seems to be fortunate for personality disorder diagnosed offenders given that they experienced social problems and unmet needs in the context of chaotic and uncertain lives, so there is a natural crossover between the problems faced by socially excluded people and offenders in this instance. If the needs of these men were being judged too much by probation officers as offending-related, they could be in danger of missing these population similarities and focus on human weakness rather than strengths.

The Offender Assessment System (OASys) used by probation officers appears to be trying to incorporate some of the criticisms of construct validity (Pilgrim and Rogers, 1999) aimed at personality disorder assessments. It is more flexible, so it is less open to as much criticism of construct bias and naïve realism as assessors are asked to interpret areas of need and risk and allocate them into categories, as opposed to ignoring the components of risk and need. The evidence base for OASys is however not substantial and the support for the inclusion of some assessment domains is limited. The inclusion of DSPD screening in OASys is focused on risk and an unrealistic expectation on probation officers to interpret areas of associated need without research to support their practice wisdom with regards to the social location of personality disorder. Naïve realism does not allow much space for practice wisdom, but maybe in this instance critical realism is a better alternative when the ideas of social constructionism are struggling to survive within practice.
Experience has taught probation officers a lot about the social location of personality disorder, but this is also an area where training needs to be improved, to extend knowledge and skills in balancing assessment duties rooted in naive realism with a more helpful constructionist agenda in this area of practice. On one hand the rationality behind risk identification appears to be focused but the risk-needs responsive model is unlikely to operate smoothly for personality disordered offenders as their social problems are so complex and extraordinarily compounded by exclusion and life events. For instance, where can talk of social location or hegemonic and disorderly masculinities find a space to be discussed within a rationalistic approach to assessment?

The OASys tool was in theory offering offenders a voice but in reality, it seemed piecemeal and tokenistic. This is because they were offered one summary sheet to define their own needs with a staff member present, and more often than not, their summary of needs was nearly, or totally identical to those completed by probation officers. Assessment practices were at risk of causing resistance to cooperation and compliance with offender treatment programmes in the long-term. They do not enter into the exchange model ethos of participatory approaches that seem most favourable for personality disordered offenders and those with similar needs and social problems. Offenders want and need participation in all aspects of assessment and treatment in order to form effective relations with other people, but in view of their exclusion and complex needs, they are vulnerable, regardless of whether or not they admit they need help or choose not to seek it. In my sample, this seems more so for younger offenders with a troubled early history experiencing a cycle of exclusion.

Resistance is thus a sign of where social problems need to be understood in a psychosocial context specific to risk to identity and status of particular offenders. It can also live alongside cooperation and compliance, and this
represents the social reality of offenders' lives, caught between liberty and restrictions, prison and community. This suggests that if steps are not taken by professionals to work with personality disordered offenders in an anti-oppressive way, and to as far as possible work in partnership and allow responsibility and risks to be taken, then it is possible that the impression provided by professionals will be a negative one. It is one that may seem to lack the capability to be different from judgemental, dismissive and disinterested and punitive services they may have encountered the past.

The research findings suggest that cooperation and acceptance of support is more likely if workers avoid getting too bogged down or preoccupied with using categories and traditional ideas like denial as it is more beneficial for practitioners to use such theoretical thoughts as mere 'cues' for idea exploration rather than opinion formation. To talk about denial is to talk about difference, but in reality, the symbolic and interactive processes involved in crime talk reveal just how normal the responses of offenders are, for example in relation to the powerful and debilitating fear of stigma, powerlessness, vigilantism, and marginalisation amongst men.

The men in the hostel resident sample are engaged in negotiations of masculine dominance and alliance, where experience of the system counts for something and survival equates to toughness and is worthy of respect amongst peers. This has been called protest masculinity (Connell, 2005). It arises where men try to gain dominance and respect from other men by rejecting the normal rules for achieving this in their culture; where needs must. However, the men in my study were not simply in opposition to society because they were trying to pursue the route out of hostel life which on balance suited them best. They were eager to pursue roles and relations with other men and women where they could be seen by others with more conventional (i.e. non-offence related) power and social capital than them as normative and an acceptable person to return to society.
The hostel residents used whatever power and influence they had at their disposal to try and end damaged identities spoiled by their offending, illness and social location more widely over the years. Social interactions were used to protect their self-esteem and emotional wellbeing. For instance, neutralisation techniques could help men to justify their opposition and hence locate themselves within the wider community of men as masculine and normal. Some men were so socially excluded that they made assertive attempts to remove themselves from society in order to get the help they needed. As part of this trend in dealing with severe exclusion and oppression in society they tended to welcome psychiatric diagnosis if it could be allied to a biological cause for their mental health problems. This makes sense given that if others saw this as weakness or failure to thrive in society (and thus attracting feminine connotations), they could say they are 'fixed': this could please critical non-offender citizens in society, and thus act as possible mitigation for their offending.

Many of the men in this sample of offenders faced an extraordinary legacy of social and psychological problems going back to their childhood, and those who experienced a less problematic childhood tended to fare better during their journey through the system. For example, they experienced less severe forms of exclusion and rejection from society. Childhood history involving instability, family problems, and types of systemic exclusion are common amongst this sample of men. The characteristics of their childhood histories, including reports of hyperactive problems by some, led onto cycles of social exclusion in adulthood, accompanied by significant degrees of social isolation and stress. When things become too much to cope with in the community the men have a tendency to engage in what seems like forms of self-exclusion, but in fact were disorganised and disorderly attempts to seek help. This acts as a means of dealing with social problems and as a means of protecting their emotional wellbeing from the oppression of their experience and the affects of
social stigma and loss of status and dominance amongst men. Poorly adaptive behaviour and difficulties with coping with change, anxiety, and the social uncertainty faced by these men in society create disorderedly masculinities. The word disorderly is not used in the sense of reference to a rational actor but instead an impulsive, sometimes irrational, and chaotic actor still aspiring for hegemonic status amongst men. This behaviour can lead to their removal from society by others and some talk of a form of self-exclusion through inviting institutionalisation. Therefore, how these men negotiate masculinities, and thus their behaviours and relations with other men and between men and women, offers potently very important insights into how public professionals should understand and help them.

These findings represent the social location of personality disorder. It is possible that only few men in this sample of hostel resident offenders could have screened positive for personality disorder but the questionnaire provided more positive screens than expected from examining epidemiological studies. Amongst those who did screen positive, three men already had a formal personality disorder diagnosis, and in line with the trends reported in literature they also had a mental illness diagnosis. They were quite typically treated for mental illness, and not the personality disorder.

To respond to the research questions within a constructionist paradigm, I define personality disorder in two ways: firstly, it is a socially constructed psychiatric diagnosis. Secondly, it is a social location where people with no formal diagnosis can share similar status, identities, social problems, and experience of oppression, abuse, and exclusion from society. The social location of personality disorder is typical of those with a formal diagnosis, or likely to attract a diagnosis at times when they might be perceived to be a risk to others.
As the three research questions spanned across clinical, sociological and criminological subject domains I have purposely avoided relying on the limited available literature from the fields of sociology or social work. The nature of the subject has required me to look deeper and more broadly to include literature and critical analysis from subjects including criminology, medical sociology, psychiatry, psychology and psychoanalysis.

This theoretical mix is actually a reflection of the reality of health and social care practice in the forensic and general mental health field as this is increasingly multidisciplinary and inter-professional by nature. It also reflects some of the recommendations (e.g. creative use of mixed methods to enhance a knowledge-base for the profession) for the future development of mental health social work research as advocated by Tew et al. (2006) on behalf of the Social Care Institute of Excellence and the Social Perspectives Network. Social work research appears to have an important contribution to play in re-energising the professional identity of social workers given that there have been fears about identity erosion for some time now. This is because practitioners (including probation officers) have become less focused on social issues and more focused on process driven administration roles in recent years (Drakeford and Vanstone, 1996; Gould, 2006; Scourfield et al. 2008; Sheppard, 2006; Smith and Vanstone, 2002).

Personality disorder screening has played an important role in sampling the men participating in this study; and most men sampled and screening positive for personality disorder could potentially be perceived as severely personality disordered if current categorisation and diagnosis tools were to be inappropriately applied to these men and their histories over-interpreted. The findings should not be seen as simply revealing an unequivocal link between personality disorder and offending as to make this claim would ignore social action and construction of identities. These social dimensions make it difficult to claim that this sample of male offenders were somehow fundamentally
'different' from the broader prison and probation population. Also the nature of the sample does not allow my study to demonstrate this difference. It should be noted, however, that previous studies have suggested adults with a personality disorder diagnosis can experience especially complex needs and prolonged social problems. It is therefore possible that the men in this sample might have more complex needs or social problems than the broader probation population, but this is something further research could examine.

During the day-to-day work of probation and social work practitioners they are likely (as far as my own experience and the probation officer data and literature tells us) to have to relate types of clinical knowledge, like personality disorder screening and assessment, to something meaningful that tells them about an offender's re-offending risk and unique individuality. This would include characteristics like motivation, aspirations, identity, self-esteem and resilience to change. Somehow these personal qualities need to be understood in a social context including needs and problems experienced by offenders. As I mentioned earlier, the probation officers need to analyse qualitative and quantitative evidence and put them in a psychosocial context in order to inform decisions about interventions with offenders, and make them accountable too. This is what is expected by probation officers completing the Offender Assessment System. As I stated earlier, this assessment includes screening for DSPD (Home Office, 2002). Without more research into the decision-making process for referrals to DSPD and other personality disorder services by practitioners or even the courts acting on their advice, it will be difficult to know for sure whether unhelpful assumptions about personality disorder are being made. It will also be difficult to know if screening is being done well, but service exclusion is preventing support and treatment being available to those who screen positive for personality disorder. The psychological impact of the rejection arising from exclusion on service users and their relationship with professionals also seems worthy of future investigation.
Personality disorder is probably easier to appreciate within a vulnerability diathesis model where symptoms and associated social problems can change and should be viewed flexibly as a psychosocial disorder and not as a medical disorder. The evidence from my convenience sample of hostel residents supports the idea that personality disorder is a condition where psychological and social problems have the potential to rebound off the other and increase subjective feelings of distress. This then appears to be exacerbated by social exclusion, which attacks personal strengths and resilience. There needs to be change in how people perceive personality disorder as this may help services become more participatory and flexible to allow for overlap in complex social problems and needs experienced by people with and without a formal diagnosis of personality disorder.

In answer to research question one, the findings do help to identify a sample of offenders who could attract a diagnosis of personality disorder. There are connections in male identity between them, including the identity categories of offender, mental disorder, dangerousness and high risk which are attributed to them by others. Offenders also identify with being a heterosexual man interested in hard work, earning money and pursuing hegemonic dominance within their relations with other men and with women. In answer to research question two, connections have been made between male identity, personality disorder and social location, which offending is a part of. Hence, the data presented in this thesis suggest that men who could fall into the diagnostic category of personality disorder are distinctive in term of their social location. They are marginalised or subordinated in relation to other men, and they are socially excluded. In addition to their childhood experiences, their personality characteristics and temperament makes them stand out from other offenders. In answer to research question three, there is a relationship between psychosocial need, social problems and personality characteristics in men who could be seen to
have a personality disorder. Consideration of their personality, needs or problems alone will not make them seem different from other offenders but when all three are considered it becomes clear that psychosocial need, social problems and personality interact with one another as a catalyst for a combination of distress and dangerousness that may set them apart from the average offender.
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# APPENDIX A - Clusters of Personality Disorder

<table>
<thead>
<tr>
<th>Cluster A</th>
<th>DSM-IV</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid:</td>
<td>Distrust &amp; suspiciousness</td>
<td>Paranoid:</td>
</tr>
<tr>
<td>Schizoid:</td>
<td>Socially &amp; emotionally detached</td>
<td>Schizoid:</td>
</tr>
<tr>
<td>Schizotypal:</td>
<td>Social &amp; interpersonal deficits; cognitive or perceptual distortions</td>
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</table>

<table>
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<tr>
<th>Cluster B</th>
<th>DSM-IV</th>
<th>ICD-10</th>
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<tbody>
<tr>
<td>Antisocial:</td>
<td>Violation of the rights of others</td>
<td>Dissocial:</td>
</tr>
<tr>
<td>Borderline:</td>
<td>Instability of relationships, self image and mood</td>
<td>Emotionally unstable:</td>
</tr>
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<td>Excessive emotionality &amp; attention seeking</td>
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<td>Grandiose, lack of empathy, need for admiration</td>
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<td>Avoidant:</td>
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<td>Dependent:</td>
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<td>Dependent:</td>
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<td>Perfectionism &amp; inflexible</td>
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Adapted from Tyrer (1992) and in McMurran (2002)
## APPENDIX B

### Record of Participation by Individually Interviewed Hostel Residents

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<th>Interview Number</th>
<th>Name</th>
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**Key:**
- Yes = ✓
- No = ×

**NOTE:**

1. The IPDE number corresponds with the IPDE score number outlined in Appendix E (e.g., interview 25 is IPDE 20)]
2. The mental health hostel is answered either yes or no (see key) Case file review is answered yes or no (see key)
1. I usually get fun and enjoyment out of life.
2. I don't react well when someone offends me.
3. I'm not fussy about little details.
4. I can't decide what kind of person I want to be.
5. I show my feelings for everyone to see.
6. I let others make my big decisions for me.
7. I usually feel anxious or nervous.
8. I almost never get angry about anything.
9. I go to extremes to try to keep people from leaving me.
10. I'm a very cautious person.
11. I've never been arrested.
12. People think I'm cold and detached.
13. I get into very intense relationships that don't last.
14. Most people are fair and honest with me.
15. I find it hard to disagree with people if I depend on them a lot.
16. I feel awkward or out of place in social situations.
17. I'm too easily influenced by what goes on around me.
18. I usually feel bad when I hurt or mistreat someone.
19. I argue or fight when people try to stop me from doing what I want.
20. At times I've refused to hold a job, even when I was expected to.
21. When I'm praised or criticised I don't show others my reaction.
22. I've held grudges against people for years.
23. I spend too much time trying to do things perfectly.
24. People often make fun of me behind my back.
25. I've never threatened myself or injured myself on purpose.
26. My feelings are like the weather: they're always changing.
27. I fight for my rights even when it annoys people.
28. I like to dress so I stand out in a crowd.
29. I will lie or con someone if it serves my purpose.
30. I don't stick with a plan if I don't get results right away.
31. I have little or no desire to have sex with anyone.
32. People think I'm too strict about rules and regulations.
33. I usually feel uncomfortable or helpless when I'm alone.
34. I won't get involved with people until I'm certain they like me.
35. I would rather not be the centre of attention.
36. I think my spouse (or lover) may be unfaithful to me.
37. Sometimes I get so angry I break or smash things.
38. I've had close relationships that lasted a long time.
39. I worry a lot that people may not like me.
40. I often feel "empty" inside.
41. I work so hard I don't have time left for anything else.
42. I worry about being left alone and having to care for myself.
43. A lot of things seem dangerous to me that don't bother most people.
44. I have a reputation for being a flirt.
45. I don't ask favours from people I depend on a lot.
46. I won't get involved with people until I'm certain they like me.
47. I lose my temper and get into physical fights.
48. People think I'm too stiff or formal.
49. I often seek advice or reassurance about everyday decisions.
50. I keep to myself even when there are other people around.
51. It's hard for me to stay out of trouble.
52. I'm convinced there's a conspiracy behind many things in the world.
53. I'm very moody.
54. It's hard for me to get used to a new way of doing things.
55. Most people think I'm a strange person.
56. I take chances and do reckless things.
57. Everyone needs a friend or two to be happy.
58. I'm more interested in my own thoughts than what goes on around me.
59. I usually try to get people to do things my way.
### APPENDIX D

**Personality Disorder Scores from the IPDE Questionnaire**

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N=20 M=39.6

| Total | 50 | 31 | 26 | 32 | 30 | 58 | 62 | 31 | 31 | 362 |

(Note: Rows 1, 14, 16 = diagnosis of PD)

### Key

- Paranoid = PAR
- Dissocial = DIS
- Emotionally Unstable, Impulsive = EUI
- Emotionally Unstable, Borderline = EUB
- Schizoid = SHZ
- Dissocial = DIS
- Dependent = DEP
- Histrionic = HIS
- Anankastic = ANA
- Anxious (Avoidant) = AVO
- Violent offence = V
- Sexual offence = S
- Mean = M
- Number = N

**Note:** All violent offences involve harm to others via attack and assault. All sexual offences are defined as a sexual assault, rape or similar act. Both violent and sexual offences fall within the probation service assessment criteria for defining both.
PD severity level according to Tyrer’s severity matrix and data from Appendix E

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### APPENDIX F

#### Demographic Profile

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(Note: CF = case file access)
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(Note: Interviews 8, 10, 11, 21, 22 are non-IPDE Completers)
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**APPENDIX G**

The PCL-R

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<th>Factor 2: Social Deviance</th>
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<td>1. Glibness / superficial charm</td>
<td>3. Need for stimulation / proneness to boredom</td>
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<td>4. Pathological lying</td>
<td>10. Poor behavioural controls</td>
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<td>5. Conning / manipulative</td>
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<td>6. Lack of remorse or guilt</td>
<td>13. Lack of realistic, long-term goals</td>
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<td>7. Shallow affect</td>
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*Additional items: do not load either factor (Hare, 1991)*
Lee Quinney
Senior Social Worker
Cardiff
CF14 7XB

Assistant Chief Officer
Research and Development

Date: 2003

Dear [Name]

RE: Research Access

I am employed as a senior social worker (ASW) in Cardiff's city-wide community forensic mental health team, attached to a low secure psychiatric service, and with close links with the local probation hostel, Mandeville House. Since October 2001 I have been doing funded PhD research on a part-time basis with the School of Social Sciences at Cardiff University. During this time I have been developing its focus whilst researching various areas of interest. I have been given your details by [Name], who has been very supportive throughout our valuable discussions about my proposal. My intention is to gather data to help understand more about the needs of offenders with a personality disorder. I wish to focus on male probation service-users resident in the community, including probation hostels. This gender bias is due to the limited remit of a PhD and the relatively early stages of research and theoretical development in the fields of personality disorder and masculinity discourse.
This research has the potential for many benefits to services-users and professionals alike. For example, the data could be used to better understand the needs of offenders who have a personality disorder in the community, particularly those who travel through hostels during their contact with the criminal justice system. Second, it could also benefit the development of future services by influencing effective rehabilitation programmes and case management processes. Third, it may highlight the skills utilised by front line staff to understand their clients needs, although it will be no means be an evaluation of practice.

A recent article I have written highlights some key areas of potential interest to current practice in the National Probation Service (e.g. OASys and 'what works'). It discusses the importance of better understanding the needs of personality disordered individuals, and suggests research is required on this topic, especially when there are expectations upon multi-agency practitioners to work with more serious offenders and individuals with a personality disorder in future. This is at a time when the governments DSPD programme and department of health's personality disorder 'inclusion' policy document highlight plans to expand personality disorder services in England and Wales. They emphasise the requirement for closer collaboration and service commissioning between local and health authorities, and the probation service. However clinical research in the U.K remains focused on risk, not needs, even though they are not totally separable topics and can inform one another. Something the probation service recognised long ago.

Its possible future research could use my results to develop a structured needs assessment protocol, or be used as part of a clinical or practitioner friendly screening tool for personality disordered offenders. As many offenders do not get enough help from mental health services this tool, for example, could be used to prioritise people for more comprehensive assessment and provide compelling evidence of the requirement of specific services to be commissioned (e.g. specialist hostels). If so, there would be obvious benefits to both the criminal justice and health systems in their decision making about disposal, treatment, and supervision in the community.

My aim is to interview as many probation service clients resident in probation hostels as I can, although this is unlikely to exceed 30. Research evidence supports the view that many of these will positively screen for a personality disorder. My aim is to gather qualitative information on the needs of individuals who do, and do not screen positively for personality disorder. At this stage I will benefit from access to case-files in order to understand more about why they have come into contact with the probation service, why they need to be resident in a hostel, and what areas of 'need' professionals have been concerned with.

I will then invite hostel residents to small focus groups, in order to obtain an in-depth understanding of their needs and need-satisfaction strategies through feedback and re-examination of themes and perspectives. I will then hope to interview probation officers within small focus groups in order to do this further, from a professionals perspective. Each individual and group interview will take about an hour.

Confidentiality will be abided by in totality, apart from when I am told specific offences have been committed but not reported. Clients will be asked for their

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permission to read their case files at the end of their interview. Probation service confidentiality protocols will be followed. Advice and discussion of probation protocol will be required.

Research Benefits and Dissemination

- I will be happy to feed back the results of this study to the probation service in the form of a presentation, or written summary.
- Presentation of research at conferences, written up for academic journal or other publications.
- Written up in to a PhD thesis, which on completion may be accessed via Cardiff University library.

I am likely to require the following assistance from the probation service, if access is granted. I am happy to discuss any of the points further.

- Places to put up advertising posters in probation settings.
- Room for interviews with clients and probation officers.
- Advice on how to access this group in accordance with probation services guidelines.
- Advice and/or assistance to access probation officer interest.
- Advice on confidentiality protocols in the probation service.
- Access to case-files if clients grant permission, and somewhere to read them.

The research protocol is summarised in the attachment to this letter. Included are details of my previous qualifications, research and publications. Please contact me at any time with any queries or a more detailed account of my protocol. Also feel free to contact Dr Jonathan Scourfield, who is one of my PhD supervisors at the Cardiff University School of Social Sciences (e-mail: scourfield@cf.ac.uk). Alternatively, contact my second supervisor Dr Laurence Moore in the same department. I hope to start the research as soon as is possible. I will contact yourself, or your secretary two weeks from now. In the meantime please do not hesitate to contact me, even by e-mail as I check this daily. If you do I will be most grateful and endeavour to provide a fast response to any queries you have.

Yours faithfully

Lee Quinney
APPENDIX I

Consent Form

Tick the boxes that apply:

☐ I give the researcher the right to interview me.

☐ I give the researcher the right to look at my files kept by hostel staff.

☐ I give the researcher the right to tape record my interview(s).

☐ I have the right to ask the researcher for further information at any time during their visit.

I agree with the above terms and conditions:

Name:............................................................

Signed:...........................................................

Date:.........................................................
Case file -consent form

I agree to let the researcher look at my hostel case-file(s).

Name: .................................................................

Signed: ...............................................................

Date: .........................................................
All Hostel Residents
Your Views Are Needed!

What are your needs?
Are they being met?
Do people listen to what you want?
How could services meet your expectations?

I am a social researcher who wants to talk to you about your needs and how you like to meet them, particularly whilst you are resident in a probation hostel. This is a chance for you to talk in confidence, and have a voice, which can contribute to research aimed at representing your own views of your needs. It is intended to represent the needs of male probation hostel residents whilst taking account of individual and personality differences. I am particularly interested in people who have been given a diagnosis of personality disorder at any time, but if you have not I am still interested in speaking to you.

What Help is Required?
I am looking for volunteers to be interviewed in confidence. Interviews will be on an individual basis, or in a small group. These will be conducted in privacy within this hostel. They are likely to take up no more than an hour, or less, of your time.

Why Take Part?
- Raise others awareness of your unique needs.
- Help others learn from your experiences.
- Offer you a chance to have your views listened to in confidence.
- Help the researcher gather information that could improve services aimed to help you.

Where to get more information!
More detailed information about this research can be obtained from hostel staff, and from the researcher before an interview proceeds.

What to do now!
If you are happy to be interviewed please inform hostel staff who will discuss appropriate times and dates during September 2003.
Research

Personality Disorder, Probation and the Community:

This information Sheet is for staff reference only. It is to enable them to offer additional information to residents who ask questions about the research project. It’s aim is to understand more about the needs of men subject to probation orders, and how they go about meeting their needs in the community. This research intends to focus on people subject to probation orders and resident in hostels. However, it will not exclude people on bail, who have a criminal record, if participant numbers are low. Therefore, in the first instance staff will be consulted with in order to obtain the most appropriate interviewees when people have volunteered.

Up to 30 individual interviews will be conducted in area probation hostels (please refer to timetable). These will be followed by 4 group interviews with hostel residents and 4 with probation officers. Up to 5 are required for each group interview. The aim to do no more than one group interview in any hostel.

The advertisement poster explains this research project has an interest in people who have had a diagnosis of personality disorder, or have been told they are by professionals, at any time in their life. Whilst the interviewer will be particularly interested in talking to these people, the potential interviewees can be anyone in the hostel with a criminal record and subject to a probation order. Therefore, it is important that residents interested in being interviewed are not told they cannot take part. They should be referred to the information poster and be informed of any details below:

Individual interviews

- Will be up to an hour long.
- Hostel residents
- September dates
- Researcher will visit each hostel
- Aim to represent the views of residents.
- Aim to discuss what their needs are, how they meet them, and how services could help.
- Confidentiality assured

Group interviews

- Will be up to an hour long.
- Hostel residents
- September dates
- Researcher will visit each hostel
- Represent the needs and views of residents
- Up to 8 in each group.
- Previously interviewed residents not excluded
- Aim is to discuss what their needs are, how they meet them, and how services could help.
- Confidentiality assured

Staff expectations

- To gather numbers and names of residents interested in being interviewed.
- When asked for further information, refer to advertising poster and the interview bullet points above
APPENDIX L

Resident Interview Format

- Would you mind if I tape this interview. If so, it will be destroyed soon. If not, can I make notes?

- You will see from the confidentiality statement that this interview will be confidential. But, if you discuss offences already committed, when the hostel is unaware of them, I will have to inform the hostel manager, as you should already know this is a rule of residency. Confidentiality can also be broken if you inform me you will harm yourself or others.

About yourself

1. Hello, my name is Lee, what is yours? Your name will be kept confidential and therefore not revealed to anyone. It will not appear anywhere when I write up the interview.
2. Age.
3. Gender.
4. People often describe themselves in terms of culture, religion, race, or give themselves a name, which they share with others. This is sometimes due to the things they do with others, but not the average person they meet on the street. In this sense, how would you describe yourself?
5. What would you say your class background is? Working class, or something else?
6. Do you normally live with anyone, and are you in contact with family members?
7. Do you, have you ever worked?
8. What kind of things are you interested in? What do you like to do in your spare time?
9. What type of person would you describe yourself as?

CARD - Loner, family man, friendly, sad, hardworking, independent, cool, strong, or something else).

Have you noticed other people see the person you are, and do they tend to be people you get on with?

Probation context

10. How long have you been in a hostel?
11. What things do you do in life outside and inside the hostel?
12. Are you on a probation order?- Please explain which one and why on it (i.e. why here).
13. What would you be doing now if you were not in a hostel and still on a probation order? What if you were not?

**History: social and community**

14. At some time or another most people have hassles in trying to get by in life. Are their any ones you keep experiencing?
15. Have opportunities in life been denied you for unjust reasons. (Prompt-e.g. education, jobs etc.)?
16. Have you ever been made to stay anywhere you did not want to be? (Prompt-e.g. prison, hospital, home, other)
17. Have there been times in the past where you have needed help and/or support from others, such as family, friends or professionals? Would you like to explain whether it was useful or not?
18. Can you tell me a bit about what your childhood was like?

*Prompt-* Was it a happy time or not? Was there any difficulties? Any problems like bullying or abuse?

**Offending and justice**

19. What do you think about crime?

*Prompt-* Do you think it’s always wrong? The only way to get on in life? Natural or normal?

20. What leads you to get into trouble?
21. When you get into trouble, do you think about the consequences at the time?
22. If you have been found guilty of a crime, do you feel you were treated fairly?

**Needs: Perceptions and satisfaction strategies**

23. What do you think you need in life? Is there anything you want which others might not? Can you put these in any order of importance?
24. What would improve your quality of life or maybe help you keep out of trouble?
25. What kinds of problems or hassles do you have that you might need help with?
26. Do you think you have put other people at risk, or put yourself at risk? What does risk mean to you?
27. It is normal to experience some difficulties in life. What ones do you have at the moment?
28. What motivates you in life and what puts you off doing things? *(Prompt-* e.g. learning, shopping).*
29. What does ‘success’ mean to you? Has anything stood in the way of you achieving what you want in life? What about your way of life?
30. Have you ever looked for help from professionals, but been refused it?  
(Prompt- e.g. doctors, social workers, housing officer, nurse, police, 
Probation)

31. Have you been reluctant to ask for help, if so, why?

Mental Health and risk

32. This research is particularly interested in the mental health of people on 
probation, in particular, people with a personality disorder, and their needs. 
There is no professional agreement on what this means or if it is a helpful 
label? Have you ever heard of this term? [if yes] Is it helpful?

33. Have you, or do you experience emotional or strange thoughts or feelings that 
distress you? Have you sought help and support for this, and what happened 
when you did?

34. Have you received a psychiatric diagnosis or treatment? If not have people 
said there is something 'not right' about you at one time or another.

35. People who are under pressure, or emotionally distressed, sometimes harm 
themselves or others, sometimes at times when they feel they can no longer 
behave or express themselves in any other way. Have you, on reflection, had 
thoughts of harming yourself or others? Have you acted on those thoughts?

36. People sometimes act strange or do things that irritate others in life (Prompt-
e.g. shout to invisible people, seem angry or upset for no apparent reason). 
How far should people who seem different be tolerated before action is taken 
to control their behaviour?

Gender

37. There is a lot of talk in the media; on TV, radio, and in magazines. It tends to 
be about what it is like being a man these days, and the changing roles of men 
and women (Prompt- e.g. work, family like, being a parent). What do you 
think about all that? Do you think men have it easier than women, or the other 
way around?

38. Are your needs different from other men, or women?

39. What it unacceptable / acceptable for a man to do these days? What do you 
think; do men need to change?

40. Men tend to get convicted for an offence more frequently than women. Why 
do you think that is? Do you think this might change one day?

Services

41. I'm now going to ask you about services now. I mean things like probation 
officers, social workers, doctors and so on. What services are you presently in 
contact with? What do you think them?

42. Have you ever wanted to receive a service but been refused? Were the reasons 
for this clear?
43. What has been helpful and unhelpful about services, including the probation service. Is there something they have helped you best with, or made worse?
44. How can they improve your quality of life?
45. Is having friends or family to talk to as important, or more or less so, than professional services?
46. How could things be made better for people in your situation?
47. Would you like to comment on any other issues not already discussed?

Consent/request

48. Would you be interested in talking to me again in a small group of residents?
49. Would you mind completing a questionnaire? It should help in my research on the needs of people like yourself, and others with mental health problems (e.g. personality disorder).
50. I have been given consent to read your file by the probation service. This will help me assess your needs further and understood what you have already commented on in more depth and more appreciation of you past and present circumstances. Do you object to me doing this?
APPENDIX M  Focus group guidance questions
(Offenders)

- Do you feel happy with how you are treated by the probation service? (prompt: Do you feel a person off the street would feel differently? Are there things people should just put up with because they have to be on probation?)

- How could the probation service work for you better, and 'what works' for you whilst on a probation order/in contact with.

- The probation service aims to reduce offending and help the welfare of those who they deal with? Is the balance right?

- What do you feel really stops people offending again, that can be done to change things for the better for people who have committed offences, or found guilty of one or more?

- Which services could help you? (this raises the questions of knowing ones needs and the 'self' and maybe indicate whether or not they understand them.

- Do services work well together? Can we discuss which ones you have had the most frequent contact with and which one work well together?

- What do you feel really stops people offending again, that can be done to change things for the better for people who have committed offences, or found guilty of one or more?

- Are your needs and problems truly understood, and what could be different (i.e. more individually tailored services). For example, are people more interested in white, well off man who has not been convicted of an offence.

- How important is it to maintain some sense of 'normality' in your lives. How do men on probation achieve this, despite being subject to supervision? (i.e. do people test rules out to live how they want to live and why?)

- Do people really want the ideal house, relationship, money and the nice car? What's important? Do people need this for stability?

- Does everyone really know what they want? What about people on probation?

- How far do you go to survive in the real world and how much should people act on their instinct and react to day-to-day problems? Why is being a man so pressured?
- Stigma and powerlessness is a problem--- when last lived in community and now? Is power and status important, even when things not go well in life do men try and protect this at all costs (e.g. identity). Do they try and get respect and sense of self value in other ways? (e.g. crime).

- When feel detached from society (e.g. Loneliness and boredom)- what is it like and who, if anyone (e.g. professionals, services or family etc.)- can help?

- Power and/or status. Are they things frequently the things strived for but the door to such opportunities is shut by agencies, responsibility to family or friends - why - what happens when people get frustrated by this?

- How could you feel better understood or accepted by others in the community? Do people really take the time to let you be who you want to be and be independent and do what want?

- What works with services- and what has worked for you and / or others you have known?