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## Crisis: The Journal of Crisis Intervention and Suicide Prevention A Qualitative Study of Goodbye Letters in Prison Therapy: Imprisoned women who self-harm

Manuscript Draft-
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Abstract:	Background. Self-harm rates amongst imprisoned women in the UK are extremely high and there are limited psychological therapies available to support them in prison. This paper presents women's subjective accounts of receiving 'goodbye letters' at the end of brief Psychodynamic Interpersonal Therapy (PIT) and how these letters positively impacted on their incidents of self-harm. Aims. This study presents the accounts of 13 imprisoned women who self-harmed and received letters following completion of a minimum of 4 sessions of brief PIT in prison. Methods. A semi-structured interview covered several aspects of their experience, which included details of self-harm since completing brief therapy, usage of goodbye letter and its impact. The interviews were analysed using thematic analysis. Results. Three themes emerged from the analysis: connecting with the therapist: receiving the letter; connecting to self: understanding and awareness; and connecting to others: sharing the goodbye letter. Conclusions. Findings are discussed and show the positive impact the letters had for the women following therapy. The preliminary impressions suggest that letters may be a helpful tool enhancing the benefits of brief PIT therapy with imprisoned women who self-harm.		
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## Introduction

Self-harm is a challenge for the criminal justice system, not least because it is life-threatening and inflates the risk of suicide (Walker et al, 2014; Walker, 2015). In 2014, women accounted for 26% of all incidents of prisoner self-harm despite representing just 5% of the total prison population (MoJ, 2014). Approximately 1 in 5 women in prison will harm themselves during their imprisonment (MoJ, 2014). This is 30 times higher than rates outside prison (Epstein 2014).

Various treatments have been evaluated for self-harm in non-prison samples, but few led to clinically significant reductions in repetition (Kapur, 2005). Studies in prisoners are even scarcer. Currently no evidence-based self-harm interventions exist for women in prison. In 2015, the authors completed a randomised control trial using Psychodynamic Interpersonal Therapy (PIT) in three women's prisons as a treatment for women who self-harm (Abel et al, 2015). We randomised 113 women over 20 months to 4-8 sessions PIT or 4 active control (AC), involving neutral activities (e.g. card games) in which talk about emotional topics, specifically self-harm was avoided. In women completing at least 4 sessions both PIT and AC reduced thoughts of suicide, self-harm, self-harm repetition and severity immediately post-therapy. In the accompanying qualitative study, we describe how the 'goodbye letter' appears a useful tool in brief PIT therapy for imprisoned women who self-harm and might help to sustain any positive benefits accumulated from therapy.

The use of goodbye letters has been incorporated into one research study using PIT (Howlett and Guthrie, 2001). The approach of using writing as a way of attending to the ending of therapy is well-established in other therapies like Cognitive Analytic Therapy (CAT). In these brief approaches, the goodbye letter includes a relational formulation that attempts to make sense of the problems that have been a focus of the therapy and of how past events and early relationships will have shaped ways of managing feelings and relating to self

and others. The letter aims to reflect on the therapy and provides a summary of the conversations and experience for the service user.

In this study, the therapist wrote the goodbye letters which were read, discussed and given to the women in the last PIT session. We hypothesised that the letters would help clients cope better with therapy ending and provide an account of the therapeutic process which they keep and refer back to through follow-up and beyond. Here, we sought to develop a deeper understanding of the effects of the goodbye letters on imprisoned women at follow-up particularly in relation to their self-harming behaviour. This was important for several reasons. First, client perspectives of important events in therapy have been shown to differ markedly from those of therapists (Yalom, 2001). Secondly, exploring client's views about the letters may challenge assumptions therapists have about how letters contribute to the therapy (Ahern and Madill, 2002). Lastly, they may allow a deeper understanding to be gained of this aspect of intervention and its place in PIT, as well as other models of therapy.

## Methods

The qualitative study was nested in a randomised controlled trial design that was piloting and evaluting the PIT intervention for imprisoned women who self-harm in three female prisons in England (Abel et al, 2015; Walker & Towl, 2016). The study was conducted from 2012 to 2015. A semi-structured interview schedule was developed and the aim of this was to explore and develop a deeper understanding of how the goodbye letters given at the end of PIT therapy affected the imprisoned women at follow-up, particularly in relation to self-harming behaviour.

#### **Participants**

A purposive sample (Mays and Pope, 1995) was selected for qualitative data collection.

Purposive sampling is a form of non-probability sampling undertaken when strict levels of statistical reliability and validity are not required because of the exploratory nature of the research (Kidder, 1981). Imprisoned women were identified through the Assessment, Care in Custody and Teamwork system, a process of identifying, documenting and monitoring people in prison who are considered to be at risk of self-harm or suicide. All incidents of self-harm, regardless of severity, should be recorded. The participants included those women who had completed between 4-8 sessions of PIT therapy with a trained therapist in the prison. Thirteen participants were recruited, twelve of White ethnic origin and one of Mixed ethnicity; eight were 3 months' post-therapy and five who were 6 months' post-therapy. Table 1 describes the demographic information for the participants in more detail. The names used are not the real names of the participants.

## Goodbye letter: formulation and content

In PIT the ending is set from the start, however it is negotiated in the form of the letter and the therapist encourages the client to write their reflections on the experience. Endings are evocative and the letter encourages a conversation about the feelings and experience and provides an additional space to reflect on the meaning of it. The goodbye letter reviews why the client initially entered therapy and what they hoped to achieve and describes the process and progress of this and how understanding and change was achieved and areas that might be stuck. It details how the relationship developed and how this and other aspects might have contributed to change. The letter highlights deepened and new understandings as well as obstacles that became apparent. Additionally, the content includes the on-going impact of therapy once it's finished and how the client can hold on to the positive aspects and remain mindful of the relational pulls and patterns that might get in the way of progress. It strongly attempts to validate the multiple experiences in therapy. It will name or list aspects that have been identified to help or provide some alternative relief from the previously established problematic patterns.

Feelings about ending will be acknowledged and informed from the conversations within therapy linking to previous experiences of loss and how this might have been managed with consideration of an alternative with the current ending. Some of the feelings might include: relief with the ending; sadness; distress; or disappointment that therapy has not dealt with everything that was hoped for. The letters are personally written, not like a formal letter and addressed specifically to the client and for them alone. Use of the letter beyond this can be thoughtfully considered, regarding the purpose and benefits of sharing with a partner, family or friends. It is important to reflect on the motives and hopes of sharing the letter and why this might be seen as preferable to having a conversation with the person. An additional consideration is the impact of sharing the letter or giving someone a copy, an issue that is highlighted in the feedback later. There is some guidance for writing a CAT goodbye letter (Turpin et al., 2013), which has been used to support training (see Table 2).

## Procedure

At post-therapy interview, all participants were asked if a member of the team could contact them at 3-6 months' follow-up to be involved in an interview. The research team contacted participants who volunteered and if they agreed to an interview an agreeable date and time was set up. Before the interview began, participants read the participant information sheet that presented the aim of the study, participants then read and signed a consent form. Experienced qualitative interviewers from within the research team undertook interviews. The interviews lasted 60 minutes and took place in a prison setting. All interviews were digitally recorded with participant's consent.

## Analysis

All interviews were transcribed verbatim and were anonymised to protect the identity of research participants and were individually checked for accuracy by a third member of the research team. Analysis used the systematic method of thematic analysis proposed by Braun and Clarke (2006). With this analytic strategy, data exploration and theory-construction are combined and theoretical developments are made in a 'bottom up' manner so as to be anchored to the data (Braun and Clarke 2006). Each transcript was analysed by looking for patterns in the data and noting themes or analytical categories. This process continued until no new themes were found – 'data saturation'. Themes were then clustered together, noting overlaps and goodness of fit, to form categories, which are reported in the results section of this paper.

## Rigor and ethical considerations

There has been a great deal of unresolved debate about rigor in qualitative research (Grbich 1999). In assessing the quality of the data collected in this study a number of factors were considered. Credibility or confidence in the data was gained by the first author's prolonged engagement with the data (Guba and Lincoln 1981). Consistency was maintained by keeping an audit trail and this involved asking a colleague not involved in the study to check over the author's decision and analysis processes. Transferability (neutrality) was evaluated by providing the raw data to a colleague so they were able to interpret how themes had emerged.

Participants had an information sheet that contained an assurance of anonymity, information regarding the study, the possibility to withdraw and the voluntariness of participation. Signed informed consent was obtained and the findings presented in a way that no one could be recognised. Ethical approval for the study was obtained from the local ethical committee (12/EE/0179).

#### Results

#### Qualitative analysis of the interviews

Following the application of the thematic analysis to the interview transcriptions, three main themes emerged: 'Connecting with the therapist: Receiving the letter'; 'Connecting to Self: Understanding and awareness'; and 'Connecting to Others: Sharing the goodbye letter'.

## Connecting with the therapist: Receiving the letter

Women reported that writing the letter and naming experiences and patterns helped them bring thoughts, feelings and responses into awareness as opposed to being overlooked or avoided. The letters seemed to validate and affirm their experiences by providing written evidence of 'being heard', which is a powerful experience for people who frequently have experienced rejection and neglect. Although hearing the letters being read out could be distressing, the letters also seemed to provide a new perspective and some containment for the women. This was highlighted in the extracts below from Ali, Liz and Gail.

"That was emotional. It was really emotional because it was like ... it's different when you talk about it and then when you see it in black and white it's like wow! It's just like ... I don't know, it's hard to explain. It's like obviously because sometimes when you don't talk about it you don't really see it or you don't think about it." (Ali)

"Its good because they weren't just like dropping you and leaving you... you do all that work with her and you open up and like ... it wasn't many sessions and then all of a sudden she's like saying by after she opened a can of worms. But she ain't really leaving you, because she knows I can read that letter." (Liz) "The goodbye letter she wrote me as well, I ended up crying. Because she got me to a 'T'. I said how the hell... Well I couldn't read it. She wanted me to read it and I couldn't read it. I said I can't cos I just burst out into tears. I got to about 2 lines and I burst into tears and she said "I'll read it for you if you want" and then she read it. And I just thanked her for listening because I never actually had someone sit there and actually listen to me." (Gail)

#### Connecting to Self: Understanding and awareness

The good-bye letters appeared to be instrumental in increasing the women's ability to tolerate strong feelings, which possibly in the past would have meant they engaged in self-harm. Re-reading the letter was a way of checking-in with thoughts and feelings, continuing awareness and recognition. It also seemed to provide an opportunity to act as a reminder of past and new skills as well as what has been achieved. On some occasions re-reading the letter served as an alternative to self-harming. This was illustrated in Liz's and Zoe's extracts presented below.

"Sometimes when I'm feeling a bit like self-harming I go back and read it." (Liz)

"Sometimes I re-read the letter because it helps, it helps because you forget somethings and all that but it is still fresh in my mind a lot of it that he [therapist] was saying and the pictures come into my head a lot as well, do you know when I'm feeling upset or I'm feeling depressed because he [therapist] just he [therapist] tried to explain why I was feeling like that and what it all means so then I do try and think, keep it into my head a lot and think about it a lot." (Zoe)

The letter could act as a motivator, a 'boost' and help to break things down, create some space and separation opposed to being and feeling overwhelmed. All stated that the letter acted in this manner for her below.

"Yeah, all the time... Yeah, because it just shows, it like gives me a boost to like, read it and then I like, think 'well, yeah, I'm getting there.' Do you know what I mean? I'm getting better." (Ali)

### Connecting to Others: Sharing the goodbye letter

Participants were asked if they had shared the content of their letters with others. All participants mentioned that their letter was private and exposed their own interpersonal difficulties that they had had in their lives. Some stated that allowing others to read them was quite risky and would require careful thought as they felt that there was the potential for some of the personal material to do harm and possibly increase their interpersonal problems. This demonstrates a level of mindful reflection that can consider themselves, others' responses and the impact of this, a form of self-compassion it appears, attending instead of overlooking.

"No. It's just...to me it's just a private letter." (Julie)

"No. It's private yeah...I haven't shown [letter] no-one!!" (Zoe)

Several participants had different reasons for sharing their letters. Some felt that the letters were a useful way of including and facilitating other people's understandings of them and their self-harming behaviour. All shared the contents with her mother, whilst Fiona shared them with the Parole Board.

"I sent a letter off to my mum...I don't know, it's just... I thought about it as soon as I got it [show mum] because...because I've never really had a relationship with my mum and she doesn't really understand. So I wanted her to get an understanding of obviously why I am the way I am, do you know what I mean, and what I've been through." (Ali)

"Gone to my Parole...just to show [parole board] that obviously I've got issues and because self-harming is one of my major risks and obviously because I've never dealt with it before I want them to realise that I am trying..."(Fiona)

Trudy also shared her letter with another woman prisoner who self-harmed so she would know she was not alone,

"To show her that like...how they was feeling isn't do you know different, isn't strange." (Trudy)

Just as some of the letters seemed to allow the women to connect with others, it was also evident in the accounts that the letters could reconnect the women with painful memories and emotions. The women appeared to fear remembering the content of the therapy at times and this is displayed by Fiona and Trudy below in their extracts.

"That part of my life, it's just a blur, and to be honest, I don't want to remember it because it makes me sad." (Fiona)

"It [letter] makes me think about bad stuff... It just gets me upset again because it says stuff about my dad, about him sexually abusing me and stuff like the abuse." (Trudy)

Additionally, and in contrast to earlier considerations of who, how and when to share contents of the letter, Mary demonstrated little thought of sharing it with others.

"Handed it in [letter to prison staff] as I don't like goodbyes... I just read it over and over again and read too much into it... I've said goodbye to too many people in my life." (Mary)

## Discussion

As far as we are aware, the present study, is the first qualitative study that has attempted to further our understanding of the impact of goodbye letters on imprisoned women who self-harm. Thematic analysis revealed three main themes. First, goodbye letters represented a form of connecting with the therapist by receiving the letter. Secondly, they represented a way of women connecting to self through greater understanding and awareness. Finally, they brought a sense of connecting to others by sharing of the goodbye letter.

The effects of the letter varied from individual to individual. In many of the cases, the developing theme was about the positive impact of the goodbye letter whether it was kept private or shared with family or friends. When shared, women hoped this might help their family and friends to understand them better. The goodbye letter also appears to have functioned as a potentially powerful ongoing therapeutic tool, which served as a good reminder of what the individual women had been through and had learnt in the therapy sessions. For other women, the goodbye letters were not a positive element. By contrast, this

minority (n=2) reported that reflecting on the past and what had been explored in therapy reconnected them with difficult experiences and feelings that they had tried to block out and forget. For this small number of women, refusing to have the letters or not reading them was used as a coping mechanism to protect themselves.

Overall, we have revealed that the goodbye letter can be used after therapy ends to promote ongoing awareness and understanding of the mechanisms of imprisoned women's self-harm. It may also motivate women to challenge and change and, therefore, be used actively to reduce further self-harm. Finally, women report that the goodbye letter allows and enables different impressions/experiences of therapy to be shared by women, to be validated and understood. Research by Ryle (1990) maintains that the sharing of information in the letter with clients has a number of other functions. For example, cementing the therapeutic alliance and providing clients with a new understanding to be used possibly in discovering and initiating new experiences henceforth.

PIT has a strong research base, although there is only one paper exploring the impact of goodbye letters in PIT therapy (Howlett and Guthrie, 2001), however this is unsurprising given that they are not universally used in the model. The letters were incorporated into this study as they were felt an essential part of the therapy, particularly with self-harm. As previously mentioned, many other therapeutic approaches use letters as a therapeutic tool (Boton, Howlett, Lago and Wright, 2004; Ryle and Kerr, 2002) and the benefits from techniques involving clients writing in therapy have been documented (Francis and Pennebaker, 1992; Pennebaker, 1997). Engaging clients in such things as unstructured writing and diary keeping have been described across different models and practices of care with a range of benefits (Graham, 2003; White, 1995). In addition to writing, CAT also uses maps as portable tools of therapy (Potter, 2010). Some, although not all of these are tools to help monitor and promote awareness, each with a purpose, whereas the goodbye letter is a tool of a different nature and used less so as a tool of monitoring. It is a reflection on therapy and an aid to help integration and awareness. The use of the letter beyond therapy is an important factor that can be incorporated into regular reviews or 'checking-in' to recount achievements and skills as well as potential obstacles to change.

Few formal investigations of the *impact* of therapist goodbye letters have been conducted (Hamill et al, 2008; McCombie and Petit, 2011). These have used the letters in CAT to engage clients, maintain a therapeutic alliance and prepare to 'let go' at the end of therapy. A range of responses from clients have been revealed by these studies, for example, bringing back both positive and negative memories from the past. The current study is the first of its kind.

## Conclusion

From these interviews, the goodbye letter appears to be a useful tool in brief PIT therapy for imprisoned women who self-harm and might help to sustain the positive benefits accumulated from therapy, long after it has finished. It remains a reminder of what has been achieved as well as keeping in mind the triggers and relational patterns that have contributed to self-harm.

#### **Strengths and limitations**

The study presents the experiences of only a small selection of imprisoned women who repeatedly self-harmed. In particular, except for one individual, all participants were White women and so further work will be required to explore the impact of the letters with culturally diverse women. The results must, therefore, be generalised to other populations who self-harm with caution. However, it is the first to explore the views of imprisoned women anywhere in the world and could have important implications for future brief therapy

with this client group. A range of views has been represented in the study. However, the purpose of qualitative research is not to generalise from the results, but to transform and apply them to similar situations in other contexts (Polit and Beck, 2004). It is important to note that this interpretation is only one of many possible interpretations and the findings in this study cannot be generalised but should be viewed as one voice in a continuing discourse.

#### Funders

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## **Research ethics**

Ethical agreement for the study was granted by Research Ethics Committee East of England – Essex (12/EE/0179) and National Offender Management Service (NOMS: 76-12). All services included also provided individual, site-specific approval for the study.

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## **Conflicts of interest**

The authors declare no conflict of interest.

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		3 Months	6 Months
		n	n
Age	18-25	2	1
	26-35	4	4
	36 or older	2	
Ethnicity	White	7	5
-	Mixed/minority		
	ethnic	1	
Prison status	On remand	2	3
	Sentenced	6	3 2
Self-harm outside	Yes	8	5
prison	No		
Past experience of	Yes	6	4
sexual abuse	No	2	1
Past contact with	Yes	7	5
psychiatric services	No	1	
Past experience of	Yes	4	4
alcohol dependence	No	4	1
Past experience of	Yes	4	3
substance dependence	No	4	2
1			

# Table 1: Baseline demographic characteristics of PIT women prisoners followed up at 3 or 6 months post therapy.

## Table 2: The 'ingredients' of the goodbye letter

- Give a summary of reason for coming to therapy and established goals
- Formulate the self-harm in terms of inter and intra personal relationships and how feelings are managed
- Incorporate key elements of history/past experiences
- Write what needs to be said and be concise
- Warm, engaging and empathic
- Written in the therapists voice, personal use of self
- Use of 'I' and 'We'
- Use language that was shared: patient's words and metaphors
- Written in mind of what the patient can tolerate (not overwhelming)
- Refer to therapeutic relationship/alliance and how this developed, including threats and ruptures
- Acknowledge endings and possibly feelings associated with this
- Review progress, what's changed, what's developed and been achieved
- Name established exits and useful tools to draw upon
- Reminder of tools that have been used effectively, keeping them in mind
- Acknowledge 'work in progress', what happens next and challenges ahead, the pull of old patterns or possible stuckness
- What's not been achieved in therapy and possible disappointments
- Express realistic hope and encouragement
- Thank patient for effort, commitment and openness

27 February 2016

To Whom It May Concern:

Thank you for reviewing our manuscripts entitled: Goodbye letters in prison therapy: a qualitative study of women's experiences of self-harm in prison

Please find enclosed the brief biographies of each author of this manuscript.

Please do contact me as corresponding author if you require any other information.

Best wishes

Tammi

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#### **Brief biographies:**

Tammi Walker is a Chartered Psychologist and Associated Fellow registered with the British Psychological Society. She has published a number of papers centering on women, selfinjury and suicide, mental health with a focus on offenders and the prison environment.

Jenny Shaw is Professor of Forensic Psychiatry, Consultant Forensic Psychiatrist and academic lead for the Offender Health Research Network. She has a wealth of experience leading research in prison settings.

Clive Turpin is a Cognitive Analytic Psychotherapist with over 17 years experience of working in the NHS in varying areas of mental health. He has worked in a variety of areas within mental health and has an interest in brief work and promoting therapeutic and relational approaches.

Chris Roberts is Professor of Biostatistics and is an expert in the design and analysis of clinical trials with clustering effects due to treatment. He has been the lead statistician on a number of prison trials that are introducing talking or physical therapies.

Catherine Reid was the research assistant on the study and is now undertaking her doctoral training to be a Clinical Psychologist.

Kathryn Abel is Professor of Psychological Medicine and Reproductive Psychiatry and Director of the Centre for Women's Mental Health. She has a wealth of experience delivering mental health research.