RESEARCH ARTICLE

Life after Homicide: accounts of recovery and redemption of offender patients in a high security hospital – a qualitative study

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This study explores accounts of recovery and redemption from the perspective of offenders with a history of mental disorder who have committed homicide. Semi-structured interviews were conducted with seven men who were residing in a high secure hospital. The interviews were analysed using Interpretative Phenomenological Analysis (IPA). Analysis of their accounts of their perpetration of homicide yielded a number of themes: the role of previous experience and its impact on their personal development; periods of loss of grip on reality; the reframing of events in their life via therapeutic interventions and internal integration, and roadblocks to the process of recovery. The findings highlight the importance of attending to offenders' narratives about their offending and the context in which it took place as an inevitable aspect of their search for meaning in the aftermath of the death they perpetrated. Themes generated contributed to future interventions to reduce risk.

Keywords: qualitative research: IPA, homicide, mental disorder, secure services, recovery, redemption

Introduction

A minority of recorded cases of homicide involves offenders with a mental disorder who are referred to secure hospitals to enable them to access psychiatric treatment for their mental disorder and to reduce their risk.

Treatment in forensic psychiatric inpatient services usually involves both medication and psychological therapies, especially therapies that address risk reduction and understanding of the index offence (Glorney, Perkins, Adshead, McGauley, Murray, Noak & Sichau, 2010). More recently, secure forensic services have incorporated ‘recovery’ as a guiding paradigm for treatment planning (Drennan & Alred, *in press*; Dorkins & Adshead, 2011). Recovery concepts have emerged from the service user movement and have increasingly been adopted in mainstream mental health settings. They move beyond a definition of mental health recovery as solely a reduction of mental health symptoms and have incorporated functional, social and personal recovery dimensions.

In forensic services another dimension is proposed which addresses history of offending, and its relationship to mental well-being or otherwise. Drennan and Alred (*in press*) have proposed that this is a complex additional recovery task for forensic service users, and use the term ‘offender recovery’ to highlight the importance of this. This forms an important component of recovery for forensic service users. Service models designed to address the combination of recovery tasks with the additional tasks required of forensic patients have been referred to as “secure recovery”. “Secure recovery” acknowledges the reality that the careful management of risk is a necessary part of recovery, and begins to explore how this

can happen as part of the process of working towards the restoration of a meaningful, safe and satisfying life (Drennan & Alred, *in press*).

Whilst the language of recovery has become more widespread in mental health services in recent years, the notion of offender recovery is new, and redemption has not been explored previously as an aspect of recovery. In this paper, we set out to explore whether and how concepts of recovery and redemption are meaningful for forensic patients who have killed, based on their accounts of the relationship between mental disorder and their offending.

Background: offender recovery

A number of dimensions of offender recovery have been proposed. The first is making sense of the offence and the effect it has on self-identity. Coming to terms with the reality of a serious offence requires full acceptance, where the person acknowledges and develops a sense of their own agency and responsibility. Cox (1974) describes the process of taking responsibility retrospectively, and how this is intimately linked with the development of insight and the capacity to sustain emotional disclosure. This may be particularly problematic after homicide due to the complexity of the offence (Brunning, 1982).

When an offender acknowledges responsibility, they are accepting of their offender identity. However, they may also need to redefine and ‘discover’ a new identity (Drennan & Alred, *in press*). Paternoster and Bushway (2009) recognized that individuals have more than one identity that varies according to importance, prominence and “temporal orientation” (p. 1112). Paternoster and Bushway (2009) describe a “working self” component of identity, which deals with the here and now experience and it is this working self that comes to the fore when a patient attempts to either disentangle or incorporate the crime into his self-

identity (Drennan & Alred, in press). Another is the “possible self” or “future self”, defined “as the self one would like to become or the self one would not want to become or fear that one might become” (Paternoster & Bushway, 2009, p. 1113).

A second dimension of offender recovery is the re-examination of attitudes and beliefs that gave rise to offending and which may increase future risk of re-offending. Such attitudes and beliefs will be different in different circumstances; and need to focus on specific offender needs. Offence-related work is central to risk reduction and is the basis of treatment programmes in prisons as well as secure psychiatric services (Perkins, Moore & Dudley, 2007).

Another dimension of offender recovery is accepting the social and personal consequences of having offended, and the impact the offenders’ homicides had on their families, the victims’ families and the wider social community. For people who have killed, this process is likely to require living with feelings of guilt, remorse or shame. Such feelings may also lead to plans and intentions to desist from crime and make amends.

The desire to make amends or redress wrongdoing is indicative of a hope for redemption (Radzik, 2009). The concept of redemption is traditionally associated with religious ideas, such as salvation and deliverance from sin. However, there has been a recent secular interest in the psychological aspect of redemption as a process of transforming negative narratives of life experiences to more positive accounts (McAdams, 2006). Radzik, (2009) stated that for something to be redeemed, it has been re-evaluated, and the suggestion is that this re-evaluation is a positive one. As a concept, redemption may have particular significance for forensic recovery with its emphasis on atonement, reforming, and acts of restitution and

reparation. Research with offenders who desist from crime, suggests that desistors try to find meaning in a life by turning negative experiences into a newfound ‘redemptive narrative’ in which people ‘make good’ (Maruna, 2001).

Aims of the qualitative research

This study sought to explore the processes of ‘recovery’ and redemption in the narratives of a sub-group of homicide perpetrators who were admitted to a secure hospital for treatment. A qualitative design was chosen to allow for exploration of the offenders’ subjective voice.

Methodology

Recruitment of Participants

Data collection in IPA tends to use purposive sampling (Willig, 2008) in which participants are chosen according to a set of criteria relevant to the research question. The participants were selected using ‘purposive sampling’, and were selected from a population of men admitted to a secure forensic service. Demographic details of the participants can be found in Table I (*insert here*). The hospital only admits men, all of whom are detained under the Mental Health Act (2007); and all of whom have a psychiatric diagnosis. A sample of seven men was selected. Samples of this size are common in IPA studies given the nature of the analysis (Reid, Flowers, & Larkin, 2005; Smith, 1997). The following criteria was used to select the participants:

- I. They had committed homicide
- II. They were willing to talk about it in depth

- III. Their first language was English and their cognitive abilities were in the average range (i.e. IQ >80);
- IV. Their clinical team confirmed that the participants were competent to complete an interview.
- V. Participants had experience of individual or group therapy i.e. they had engaged with therapeutic interventions previously.

On selecting an appropriate sample, prospective participants were initially approached by the clinical team. Upon their consent the researcher informed the participants about the study and were given an opportunity to opt in. All the men were given a participant information sheet, and an opportunity to ask questions about the study and their participation. All gave written consent to participate on the basis that their disclosed material would be anonymised and unidentifiable. Identifying details have therefore been removed from the paper. After the interview, the participants were thoroughly de-briefed and members of the clinical team were informed about the interview. The lead researcher wrote to thank each participant personally and findings were shared where this was requested.

Data Generation

Participants were interviewed using an interview schedule; interviews were taped and transcribed. Questions included specific inquiry about their identity, their illness and homicide and their understanding of it. The interview schedule (*see Appendix I*) used questions that were open-ended and non-leading, designed to allow participants to speak freely. A pilot interview was conducted prior to the research interviews, and one participant was asked to give feedback on the questions, the content and the ethical dimensions of the interview. Following the pilot interview amendments were made, including removal of two

repetitious questions. This alteration made the interview clearer and more concise. The authors also received feedback that it was beneficial to brief participants on the types of questions that would be asked before proceeding.

Analysis

Interpretative phenomenological analysis (IPA) was used as a qualitative method of textual analysis (Smith, 1996). IPA offers an analysis of “how people make sense of the world and how they experience events” (Willig, 2008, p.8). It examines raw verbal data for evidence of cognitions, beliefs and values; and generates themes and sub themes. Although cognitions are not transparently available from verbal statements, beliefs can be inferred through the analytical process. The specific focus of IPA is engagement with the way participants think and it attempts to adopt an “insider” perspective on participants’ experiences (Smith, 1996). Thus, the role of the interview was to generate a narrative that would allow understanding of the men’s own construction of their experience; and identify themes of importance to them.

The initial analysis with the data consisted of reading the text several times, and then noting connections, associations, and preliminary interpretations. The next step consisted of identifying emerging themes and required searching for connections across emergent themes. This process was repeated for all the transcripts and master themes and subthemes were constructed for each transcript. The master themes were then compared across all transcripts to identify connections, patterns or contradictions. This process produced the final superordinate themes of the study, whose consistency with the source material was checked again. Lastly, the researcher ordered the themes to produce a coherent narrative account. By following this process, a table of superordinate themes and subthemes was produced. Themes that did not fit well into the structure of a logical narrative of the data were left out.

To increase the validity of the data, a validity check was carried out by asking an independent reviewer, familiar with qualitative research methodology.. This process resulted in minor changes to the themes.

Results

Not all participants found the demands of the interview easy, and a minority presented as less able to communicate their concerns in words than others interviewed. This also impacted on the transcription of the tape-recorded material. Nevertheless, all interviews still generated rateable data. Figure 1 (*insert here*) is a diagrammatic representation of the themes generated. The superordinate themes and sub-themes are discussed below.

The role of Past Experiences

Early-life Trauma

Five participants recalled the experience of actions by their parents during their childhood, which made them feel “lonely”, “worthless”, or “weak.” Particularly intense and negative emotions were evident in the narratives of men abused by their mothers. For example, Edgar described his experience as follows: “My mum used to beat me every day....for no reason, or valid excuse. She would bring me from school and bang, bang with a twine. Take me into a room and whip me.”

Some of the participants reported struggling to understand fully why this abuse occurred. Frank reported unpredictable behaviour which could change abruptly from being loving and kind to being abusive:

There would be hugs and kisses. There would be love, presents at my birthdays, get together at Christmas, so they were loving parents. But then it suddenly goes bad, it gets really bad, beatings, starvations, humiliations, more beatings, acute beatings, fucked up stuff.

The ordeal of living in constant fear of significant others was presented as having had a negative impact upon their relationships and mental well-being in later life. As Albert explained, he found that his mother's behaviour influenced his thoughts, and he presented this as contributing to a gradual deterioration in his mental health: "Mum was really hot and cold towards me and that kind of made my mind more suspicious about people and paranoid."

Impact on Personal Development

The second superordinate theme stems from the participants' experience of ruptures in their relationships, and the impact on their sense of self.

Mistrust

The participants described how past experiences had affected their ability to trust others. For example, Frank explained that he would mistrust everyone that had an interest in maintaining a relationship with him, because all his relationships had eventually led to rejection: "If some people lasted as a friend with me longer than the norm I think this guy is an enemy, I'm scared. I will abandon him or he will abandon me."

Social isolation

Several participants described feeling distressed as a result of not having friends, feeling the “odd one out” and not being able to fit in. Frank described himself as being “different from others” whereas Daniel stated: “I didn’t fit in the community and I didn’t fit in the world and there was no place for me in the world.” Edgar illustrated how he felt withdrawn and ostracized even from his family and lacked a sense of belonging:

I used to come from school, go to the garden pick potatoes, cabbage and carrots and cook an evening meal, I don’t know where my family were. They were ungrateful and that made me quite unwell. Then when I was 17 I went to college and I was sitting on my bed in the days of my college days, just sitting in my room. Sitting there all day, not going out, just sitting, no TV, the suitcase was unpacked most of the time.

Perceived Helplessness

The participants described repeated cycles of helplessness, dejection and suicidal feelings. Some felt unable to change their circumstances, and experienced a sense of powerlessness. Daniel related that he: “wanted a girlfriend but I was lonely, then I attempted to kill myself because I couldn’t see a way out.” Feelings of helplessness were mixed up with feelings of lack of control and freedom over their life and identity. George explained:

It felt like it would never end really. It felt like I didn’t have any freedom. It felt like that was going to be like the rest of my life. I didn’t feel like I had any space to do anything I wanted to do. It felt like things were always going to be that way. Everything was controlled by my parents or by other people’s expectations. I didn’t feel like actually I can be who I want to be or act in any way I wanted to act.

Periods of ‘Loss of Grip on Reality’

The third superordinate theme, loss of grip on reality, included sub-themes of loss of control over feelings, confusion and emotional release.

Loss of Control over feelings

The majority of the participants experienced negative feelings before the index offence, such as betrayal, sadness and anger. They indicated that they felt unable to express their feelings verbally and struggled to control their impulses. Albert’s account indicated a feeling of detachment and his inability to think at the time about the potential ramifications of his actions:

I was detached from reality, I didn’t think. I didn’t think, is this the way forward to this, what is going to be the result of this. I didn’t think of anything like that. I just acted. I didn’t care.

Most of the participants described their mental state as being intertwined with powerlessness and felt that they acted almost against their will. Carl’s extract captures the experience of losing the type of control that prevents rage taking over:

I just heard a voice saying it hated me and I started attacking this guy and I didn’t stop attacking him until the police came and saw me and stopped me. I just put it down to that I was not very well at the time you know and I had no control over it and it happened.

Some men described their mental health symptoms, as playing a major part in loss of control of their actions; for example, the intolerability of the symptoms acting as a trigger. An inability to monitor themselves was related to the experience of being “detached”, and also a feeling of being unable to control aggressive urges.

Confusion

Participants described finding it difficult to comprehend what was happening to them before and immediately after the index offence. When they felt most disturbed, they were unable to use words to describe their experience. Edgar described the internal processes prior to his index offence:

I could understand that I was in pain, but I couldn't understand why I was in such pain directly. But to pinpoint it at the time it was quite difficult. At the time I can say that I wasn't very well, feeling anxious. You forget what the reality is at the time, you forget how you were before, and you are so confused that you can't distinguish what is happening now, after, what is normal and not.

For Albert his reactions during the index offence were incongruent with his personal values. He explained that he “was out of it” after the index offence as if he was in another world. The effort of expelling unbearable feelings resulted in an overwhelming fatigue for him. Albert explained that he went to “sleep, went in bed and tried to sleep it off like it wasn't real”. Albert's use of the second person also indicates detachment, and inability to accept his own agency for what had happened: “What the fuck have you done? You are a good person who does not try to hurt anybody and violence would be the last call for anything.”

For some of the participants, this confusion was amplified because of the time it took to realise what they had done, and lack of memory for the offence e.g. “I don’t have 100% memory of my index offence, it’s a bit patchy.” Lack of memory also reduced one patient’s capacity to identify with his offence and own it: “I was having a few traumatic moments around the time and my brain won’t let me remember.” Barry stated that he relied on intense and powerful “gut feelings” when talking about what had happened: “Deep down I know I have done it. It’s like there is an object inside me and behind that object there is something that I don’t want to know, and I can see that object and feel it.”

Emotional Release

The issue of emotional release after the homicide was prominent in four accounts. Descriptions include:

I was like I finally done it, things are going to be all right now.

Initially it took a while then I got quiet and scared about it, then I got worked up that I would be able to do it, then I did it, and it was release. It’s getting all the aggro out for all those years.

All that sort of anger, inferiority and hatred were building up, and that was the outlet of my aggression for what other people have said, done or instigated against me. The outlet of my violence was more I felt satisfactory, just sitting down talking about issues wasn’t my thing. I suppose it was a kind of relief.

Reframing: events via therapeutic intervention

This superordinate theme relates to the participants' needs for rationalization and understanding of their life story. All the participants were positive about their experience of psychological therapy and medication: "I think a lot of changes were due to me being in here. Some of the [therapy] groups I have done in particular had a big impact on me. It enabled me to talk more about things."

Albert highlighted the importance of building a relationship with his therapist and how the relationship enabled him to trust other people:

Therapy gave me trust into people. You got to take your own time and feel safe about how to balance out your relationship with your psychologist. Everyone can help you but the psychologist's main role is to help you make sense of what you are going through.

Participants described mixed feelings about the role of medication. Some participants talked about the importance of medication for their recovery because it increased their sense of control:

Since I've been on the right medication I have been in the recovery process. I know medication shortens your life expectancy but I would rather have a shorter life, where I am not hearing voices and not hallucinating, rather than a long life being tormented.

Carl however was adamant that medication alone did not provide a better understanding of the experience of being ill: "Taking medication doesn't help that much, it might stop the symptoms, but it wouldn't help you understand what is happening."

Internal Integration

This superordinate theme related to the participants describing how they had constructed a new sense of self since the homicide. The sub themes included how patients confronted existential issues and how they discovered meaning, forms of repayments and reflections on hope.

Confronting Existential Issues and Discovering Meaning

Most participants described a wish to find a sense of purpose in their existence as a way of coping. The participants talked about how they focused on the positive effects of their experiences and were “grateful” for being given a “second chance in life.” Daniel described how suicidal he felt when he was confronted with his own mortality, yet the death of his victim provided him with a reason to have a meaningful life:

If I make a better life for myself then I haven't wasted two lives. If I kill myself then I would have wasted my life as well and if I make a success of my life then I think somehow the person I killed has helped me.

George described how for him being in the hospital was a “positive thing.” He took the view that if he had not committed the offence, he would not have received the help to become “a better guy,” and lead “a better life.” Edgar further described how he came to realise the fragility of life and subsequently “learned to live life and be a tutor to my own life.”

Forms of Repayment

This was an important sub theme for most individuals in the study. Some expressed a desire to pursue ways of making amends and paying back as somehow assuaging the impact of the loss, and possibly managing guilt and shame. The reality of incarceration appeared to be a turning point for some of the participants. Albert discovered his drive to share his experiences as a way of helping others:

I want to give back to mental illness or give something to people. I'm definitely going to start a charity about mental illness. When I look for people, I don't look at what I can get out of them but what I can give to them or what I can help them with. I noticed while I am in here, it's the best time to try to sort that out, because there is going to be loads of questions that I can ask. So I think my future holds a bit of a help to mental illness.

The hope of giving something back to others provided the participants with an alternative source of meaning. This theme encapsulates how the participants sought to achieve a positive identity as a means of diverting their energies away from their homicide. Edgar explained that by replacing negative thoughts with his willingness to help others he feels “purified”:

A sense of consideration counteracts the negative thoughts. Once you feel that anger, you become focused on yourself. This is my experience, I was me, me, me. It takes off the pride when you consider others. When you think about others the pain goes away. Forget me for a change, even if its sharing a piece of cake with someone, a small thing like that makes a huge difference.

Hope

Many participants expressed hope and optimism for the future. Barry explained that he experienced this as a sudden positive shift: “One day everything was coming together... I started studying, took medication and lost weight.” He can envisage a future: “back with my family, having a job, maybe work in a little lab, and seeing my daughter.”

Although Frank was less certain about his future, he described feeling hopeful that he will be able to “know people better, read people even better and try to avoid that sort of stuff [crime] in the future and learn from it.” He explained that although he does not want to stay in the hospital, what mattered most to him was how he felt “internally” rather than “physically.” He added: “If you have got peace of mind, it’s irrelevant where you are, because you are able to cope with that environment nevertheless.”

Roadblocks to the process of recovery

The interviewees identified a number of barriers to recovery.

Communication Breakdown with Professionals

Several participants stressed the value of support from nurses, particularly in alliances where they perceived the member of staff as genuinely concerned for their physical and emotional needs. George explained that his previous ward was a “nice environment, the staff were engaged and they had time to listen to me.” This was contrasted Carl’s account of staff who do not listen:

They (doctors and nurses) want to say what they want to say and speak for a long period of time and by the time they finish saying what they got to say you forgot what you wanted to say.

On the other hand, Frank felt more critical of staff: “You get the odd staff who don’t really care. I think some of them don’t even give a shit about us. They would just eat the food, give us drugs and then just bugger off. A common theme that emerged was the perception that the staff were “testing” the participants. Daniel described his experience:

I felt that the staff were trying to antagonize me, to make me try and fight them back or to trap me. I realise that there was a certain amount of testing that goes on, to see how long your fuse is, how you control your temper, what you can put up with without getting violent.

This type of experience left many of the participants feeling isolated, unsupported and passive about their care: “Most of the patients just stay on the ward, drinking coffee, Coke and watch TV, unmotivated.”

Stigmatization

The participants revealed that they felt ashamed and stigmatised by their diagnosis, their offending behaviour and detention in a secure hospital. Frank noted that: “When you have been in prison you have a criminal record, then you’re in hospital, and you get a personality disorder or a mental illness diagnosis. All of them contribute to further stigma.”

Albert highlighted his understanding of stigma as follows: “You’ve done something violent and you are now seen as Mr. Violent. Someone is making a judgment and you can only judge people on their actions.”

Discussion

In this research the aim was to explore whether concepts of recovery and redemption have meaning for men who had killed and who were engaging with treatment available in high secure psychiatric services. IPA of the interview transcripts with homicide offenders support the view that these concepts are relevant and could possibly be further utilized in treatment and risk interventions. This notion is expanded below.

Issues of control and agency

The majority of the participants had an active cognitive engagement with the notion of control and its relationship to their behaviour and mental state. They also raised the issue of the extent to which their mental disorders and/or early childhood trauma had led them to be violent. De Zulueta (2006) proposed the “cycle of violence” hypothesis, whereby victims of violence become violent offenders themselves. . This material suggests that these participants were actively thinking about their agency and responsibility for the offence. An increased sense of agency is associated with effective psychological therapy (Adler, Skalina & McAdams, 2008), and with desistance from crime (Maruna, 2001).

Participants not only reflected on their agency for the offence, but also on the extent to which the offence made them feel better (albeit briefly) via a sense of emotional release. This is a potentially socially profound yet undesirable acknowledgement, since it might highlight an

absence (albeit possibly temporary) of empathy and remorse. These disclosures were made with honesty and in the context of the exploration of offender identity, which is inevitably painful and distressing from observer/victim perspectives.

Taking risk seriously: exploring the murderous identity

The narrative in the transcripts provide evidence of the possible benefits of homicide perpetrators examining and understanding their experience of causing a death. A longing to understand can be a significant feature of recovery in forensic settings (Drennan & Alred, *in press*). Very little work has been published on this aspect of having killed. In one description of a therapy group for men who have killed someone close to them, their difficulty in articulating what they had done was noted, as well the time it took for them to verbalise their agency for the offence (Adshead, 2011).

Most of the participants in this study reported that their lives had altered after the index offence, and said that as time went by, they became more aware of the impact of their index offence. Some participants explained that they found meaning and purpose in their own existence; participants described a process of shifting from a completely negative self view to a more balanced one. Other participants mentioned that the constant reminders of their victim's death had led them to become preoccupied with their own mortality; which in turn had a positive impact on the participants' well-being, because it then allowed them to experience more compassion, strength, determination and purposefulness in their subsequent actions.

Recovery processes in forensic settings: creating a sense of hope

The narratives generated by this sample evidence that the participants had rich and complex ideas about how recovery and rehabilitation could proceed or be impeded. There were mixed views about medication, some participants stating that regular medication was paramount to their recovery because it controlled symptoms and reduced relapse. However, other participants added that medication alone did not provide insight, and had made use of individual and group therapy for this purpose.

The participants also reported trying to live a meaningful life whilst detained.. During the process of regaining control over their lives, the participants employed various psychological coping strategies such as working, maintaining ties with family, finding meaning in spirituality and being positive. Their emphasis on rebuilding life after a trauma resembles other work on positive coping after disasters (Tedeschi, Park & Calhoun, 1998) including violent death (Rynearson, 2011; Currier & Neimeyer, 2007).

Redemption and Making Good for the Future

A key question for this study was whether there was evidence of redemption as a theme in the experience of forensic patients. A key feature of narratives of redemption is generativity, which includes acts of “reciprocity, mutual obligation, restitution, making amends and carrying the message to others” (Maruna & Ramsden, 2004, p.142). Generativity is linked with desistance (Maruna, 1997; Maruna, LeBel, & Lanier, 2004) perhaps because it looks forward to the future rather than dwelling on anger and guilt about the past.

There was evidence of generativity in the narratives. Six participants sought generative opportunities as a way to pay back, make amends, and get relief from shame and remorse.

Examples included helping others by opening a charity for people with mental illness, and raising money or working for charities for disadvantaged children. This implies that the participants were reconstructing what Maruna (1997) calls a “generative script” (which is an element of a redemptive script). This script promotes a vision of how to offer experiences, talents and ability as a gift to the world. Participants also implied that they wanted to reach out to others and sustain good relationships to compensate for their wrongdoing and as a means to manage shame.

Such generativity was linked to the experience of hope, which is a key feature of the recovery process. Studies exploring recovery in forensic settings have found that patients emphasise hope in their search for meaning as an antidote to hopelessness, and the persistent risk of depression and despair (Hillbrand & Young, 2008).

Strengths and Limitations of the Study

A strength of this study is that it provides a narrative summary of the views of participants whose experience is rarely documented, and for whom specialist input in relation to their offences is required, but for whom there is a very limited evidence base. This study provides support for the use of qualitative methods, such as IPA, in forensic mental health research, and provides some justification for including a redemption perspective in forensic psychological therapies and offender rehabilitation programmes.

A weakness of the study was its reliance on verbal communication. Difficulties in being able to speak about/give voice to experiences might in part, though, be the reason for referral to therapy. Conversely, it is also possible that by selecting men who had been engaged in therapeutic processes, we included the participant’s values and beliefs of the therapeutic

milieu in which they lived, and the frameworks of understanding (models of therapy) to which they had been exposed.

Conclusions

This study suggests that themes of recovery and redemption are concepts with meaning for detained offender patients who have killed, and that this group require time to recover or discover a post-homicide identity. There is a lack of robust information as to what constitutes ‘offence specific work’ in relation to forensic patients who have killed. Nonetheless, overall this sample felt that they benefited from psychological interventions and that therapy gave them time and space to reflect on their experience and its impact on themselves and others. . The results consequently support interventions aimed at improving confidence and elaboration of the person’s life story including their offending. Interventions to address the process surrounding articulation and expression of emotions are indicated, and it would be useful to evaluate the extent to which these skills are targeted in existing treatments. Furthermore, the results indicate that it would be useful if therapy could respond to existential issues that are likely to surface because of incarceration, mental health difficulties and homicide. The incorporation of the idea of “redemption” in therapy groups might provide an opportunity for patients to be able to talk about their recovery despite the tragedies their actions have created, and also promote reparation and understanding by sharing the process of complex experiences with others.

The present study draws attention to aspects of ‘forms of repayments’ that the participants find beneficial. New active and participative responsibilities within the hospital, such as mentoring other newly admitted patients could foster trust, commitment and motivation for recovery. This as a key task for services in order to facilitate recovery. However, forensic

services often have great difficulty with trusting service users with generative tasks, because of the concerns about how trust could be exploited and the possible mis-use a position of power. However, blanket control of this can impede an offender recovery task.

Research Ethics

Approval was granted by the research and development departments of the host NHS trusts and by Camden and Islington Community REC (National Research Ethics Service, NHS).

References

- Adshead, G. (2011). The life sentence: Using a narrative approach to therapy with offenders. *Group Analysis*, 44, 175-195.
- Adler, J.M., Skalina, L.M & McAdams, D. (2008). The narrative reconstruction of psychotherapy and psychological health. *Psychotherapy Research*, 18, 719-734.
- Brunning, J. (1982). The group psychotherapy of murderers. *Prison Medical Journal*, 23, 6-10.
- Cox, M. (1974). The Group Therapy Interaction Chronogram. *The British Journal of Social Work*, 3, 243-256.
- Currier, J & Neimeyer, R.A. (2007). Fragmented stories: The narrative integration of violent loss. In E.K. Rynearson (Ed.), *Violent death* (pp.85-100). NY: Routledge.
- Department of Health - 2008 Code of Practice: Mental Health Act 2007. [Date file]. London: The Stationery Office.
- De Zulueta, F. (2006). *From pain to violence: The traumatic roots of destructiveness*. (2nd ed.). Chichester: Wiley.
- Dorkins, E & Adshead, G. (2011). Working with offenders: Challenges to the recovery agenda. *Advances in Psychiatric Treatment*, 17, 178-187.
- Drennan, G. & Alred, D. (in press) Recovery in forensic mental health settings: From alienation to integration. In G. Drennan & D Alred (Eds) *Secure Recovery: Approaches to recovery in forensic mental health settings*. London: Routledge.
- Glorney E., Perkins D., Adshead G., McGauley G., Murray K., Noak J. & Sichau G. (2010). Domains of need in a high secure hospital setting: A model for streamlining care and reducing length of stay. *International Journal of Forensic Mental Health*, 9, 138-148.

- Hillbrand, M., & Young, J. L. (2008). Instilling hope into forensic treatment: The antidote to despair and desperation. *Journal of the American Academy of Psychiatry and the Law*, 36, 90-94.
- Maruna, S. & Ramsden, D. (2004). Living to tell the Tale: Redemption Narratives, Shame Management and Offender Rehabilitation. In A. Lieblich, D.P. McAdams & J. Josselson, (Eds.), *Healing Plots: The Narrative Basis of Psychotherapy* (pp.129-151). Washington, DC: American.
- Maruna, S. (1997). Going straight: Desistance from crime and self-narratives of reform. *Narrative study of lives*, 5, 59-93.
- Maruna, S. (2001). *Making good: How ex-convicts reform and reclaim their lives*. Washington, DC: American Psychological Association.
- Maruna, S., LeBel, T. & Lanier, C. (2004). Generativity Behind Bars: Some 'Redemptive Truth' about Prison Society. In E. de St. Aubin, D. McAdams & T. Kim (Eds.), *The Generative Society* (pp.131-152). Washington, DC: American Psychological Association.
- McAdams, D. P. (2006). *The redemptive self: Stories Americans live by*. New York: Oxford University Press.
- Paternoster, R., & Bushway S. (2009). Criminology desistance and the "Feared Self": Toward an identity theory of criminal desistance. *The Journal of Criminal Law and Criminology*, 99 (4), 1103-1156.
- Perkins, D.E., Moore, E., & Dudley, A. (2007). Developing a centralised group work service at Broadmoor Hospital. *Mental Health Review*, 12, 16-20.
- Radzik, L. (2009). *Making amends: Atonement in morality, law, and politics*. Oxford University Press Inc.
- Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *The Psychologist*, 18, 20-23.
- Rynearson, E. (2001). *Retelling violent death*. London: Brunner Routledge.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health*, 11, 261-271.
- Smith, J. A. (1997). Developing theory from case studies. In N. Hayes (Ed.), *Doing qualitative analysis in psychology* (pp. 187-200). Hove, UK: Psychology Press.
- Taylor, P., & Gunn, J. (1999). Homicides by the mentally ill: myth and reality. *British Journal of Psychiatry*, 174, 9-14.

Tedeschi, R. G., Park, C. L., & Calhoun, L.G. (1998). Posttraumatic growth: Conceptual issues. In R. G. Tedeschi, C. L. Park, & L. G. Calhoun (Eds.), *Posttraumatic growth: Positive changes in the aftermath of crisis* (pp. 1-22). NJ: Erlbaum.

Williams, G .(1983). *Textbook of criminal law*. (2nd ed.). London: Stevens.

Willig, C. (2008). *Introducing qualitative research in psychology: Adventures in theory and method*. Maidenhead, England: Open University Press.