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Personal construct psychotherapy: Fixed-role therapy with forensic clients[1]

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Abstract *Fixed-role therapy, a dramaturgical approach to psychotherapy developed by Kelly in 1955, has been used in a variety of situations over the years with various client groups, including criminal offenders. Some of the benefits and limitations of fixed-role therapy with sexual abusers will be discussed. It is suggested that the strengths of some offenders, such as the social skills necessary to succeed at confidence games, be recognized and directed in fixed-role sessions. Illustrations of a number of issues will be drawn from two clinical case examples.*

Keywords *Fixed-role therapy; personal construct theory; offender rehabilitation*

Introduction

There is no question that the psychosocial treatment of sexual offenders has advanced significantly over the past 30 years. An examination of the psychotherapeutic regimens employed, however, reveals a limited range. We may want to be selective given the results of some evaluations of treatment efficacy with offenders—for example, meta-analyses (Andrews et al., 1990; Gendreau, 1996) have demonstrated the efficacy of cognitive-behavioural programming—but this does not require that we limit our efforts to a few established approaches. We are reminded constantly (e.g. Furby, Weinrott & Blackshaw, 1989) that we still have a long road to travel to improve sexual offender treatment efficacy.

One issue that can assist in the search for more effective offender treatments is that of building on strengths. Roesch (1988) argued from a community psychological perspective that forensic psychology has been remiss in addressing client strengths as a treatment foundation. His important point is that to be truly successful in changing abusive behaviour we need to focus on client strengths rather than weaknesses. As forensic clinicians, we are concerned primarily with addressing our clients' problems, whether deficient social skills or antisocial attitudes, and we overlook their existing strengths or skills. This may be due to acceptance of the view that offenders are without redeeming features or, more likely, because clinical mental health services are concerned traditionally with addressing problems.

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Whatever the case, a probable outcome is that forensic clients may leave therapy with fewer intrapersonal or interpersonal problems, but may suffer from a lack of viable, prosocial alternatives. I have to accept that many of my forensic clients *do* possess many admirable features, albeit only recognizable with considerable effort sometimes. They can be socially skilled, resourceful, diligent, patient, loyal, caring and effective at understanding other people. While these abilities may be put to selfish or harmful ends, it does not lessen their skill value. Rather than ignoring these abilities—or worse yet, deciding that they are not strengths because the outcome of their application is antisocial—we can build on them or redirect them.

Another consideration from community psychology that could inform our search for new and better forms of treatment with criminal offenders is the issue of diversity. In a community context, diversity often refers to ethnicity or sexual orientation but in the context of offender treatment, diversity can refer to a range of concerns, including offence speciality or victim preference. We should be taking diversity seriously and developing treatment programmes with a range of differing forms of treatment available to clients (e.g. Horley, 2003a). Unquestionably, this would increase the cost of treatment programmes, but the outcomes might more than justify the increased costs. While this papar will discuss only one form of psychotherapy, I am *not* suggesting that it be regarded as the only or best approach when assisting sexual offenders.

Fixed-role therapy and offending

One area offered as fertile yet fallow ground for offender psychotherapy (see Horley, 2000; Houston, 1998) is Kelly's constructivistic theory, personal construct theory (PCT). Within Kelly's theoretical framework are a variety of psychotherapeutic techniques (for an overview, see Landfield & Epting, 1987; Winter, 1992; Winter & Viney, 2005), including a novel approach to treatment that Kelly called fixed-role therapy (FRT). The use of FRT allows a sensitive clinician to understand a client's unique frame of reference, his or her patterns of meaning, and suggest alternative ways of construing experience.

Fixed-role therapy was introduced by Kelly (1955) but elaborated by a number of clinicians (e.g. Epting, 1984; Winter, 1992) over the past half century. FRT is a dramaturgical approach to psychotherapy consistent with Kelly's (1955) PCT in particular and constructivism in general. Kelly's original source of inspiration seems to have been Moreno (1934/1978), who described two forms of dramaturgically based psychotherapies, psychodrama and sociodrama. FRT, in contrast to both psychodrama and sociodrama, has much less of a formal theatrical or staged component and more of a subtle, 'character development' aspect. FRT involves a client in the process of altering his/her construct system by considering and enacting a role involving new or altered constructs although, like psychodrama, there is clearly the assumption that a client can 'self-correct' when aware of his or her current beliefs and feelings (Jefferies, 1996). The emphasis in FRT is placed on a thematic shift rather than the correction of minor personal problems. Epting, Gemignani and Cross (2003) have suggested, however, that one important aspect of FRT involves demonstrating that personal change, however limited, is possible. The therapist accepts the role of a drama coach or instructor and presents a character to the client. This character or role takes the form of a personality sketch or a fixed role to enact, but it is developed only after gaining some understanding of the client's hope for change and current construct system and it can be rewritten or altered in light of further client information or feedback.

The process of character development can be facilitated by a number of techniques proposed by Kelly (1955) and later Kellians (e.g. Winter, 1992), such as his role construct

repertory grid (see Bannister & Mair, 1968). I have also found Kelly's self-characterization sketch, an assessment technique that requires a client to write an autobiographical story, to be especially useful with forensic clients. The fixed-role sketch is presented to the client with 'the full protection of "make-believe"' (Kelly, 1955, p. 373). This means that the client is asked to engage in a creative endeavour rather than what he thinks the therapist or anyone else desires.

Use of FRT with offenders has been outlined by Houston (1998) and Horley (2003b). In one of the first reports, Skene (1973) discussed the treatment of a sexual offender using FRT. Although it is unclear whether Skene's client was attracted to pubescent or prepubescent males, Skene reports the successful 'reorientation' of the client following some months of FRT. Shorts (1985) suggested that FRT be used with rapists and other serious sexual offenders, and I (Horley, 2005a) have argued that FRT could be used with sexual offenders who present complex and difficult cases. Clients with multiple paraphilias, which appear fairly common (Adams & McAnulty, 1993), might be very appropriate candidates. Unravelling and treating the various sexual difficulties of some individuals presents a daunting task, especially when such individuals demand wholesale change, yet offer few personal insights. The ability to help a client address various problems at once, as opposed to dealing with each separately then combining the outcomes to examine possible interactions, is important. One case example, a single-case experiment, demonstrated how FRT could be used effectively with a client who reported and showed signs of masochism, sadism and sexual interest in teenaged boys at the same time (Horley, 2005a). FRT with this client produced not only a significant reduction in deviant sexual responses to adolescent males, but decreased negative self-statements and led to a rather different lifestyle (namely, no criminal recidivism, cohabiting with an adult female) for the incarcerated male client.

While the use of FRT has been effective in some cases involving forensic clients, the range and limitations of this form of psychotherapy have yet to be established. Two cases of mine, both willing participants in the psychotherapeutic exercise, will be presented and discussed. Through these experiences, I will try to examine some of the strengths and weaknesses of FRT.

Case example 1: Mike to Max

Mike was a likeable yet hard-bitten 30-year-old when we first met in a maximum-secure prison. He had spent almost all the previous decade behind bars in maximum security because of violent outbursts related to drug use. He admitted to serious, long-term drug and alcohol abuse that, from his perspective, led to all his encounters with the law. Although he described himself as a tough, solid con, he actually approached me for help with a variety of problems, including guilt in the death of a friend, lack of trust in others and paranoia. He needed, he claimed, to become a 'new person' quickly. Part of his urgency was due to the final few weeks of his sentence, but he seemed genuinely concerned about the damage that he might inflict if not provided with intensive psychotherapy.

Mike agreed that FRT was a good way to proceed, given the pressing need. He completed a long self-characterization sketch in which he described himself as an honest, caring, 'born-again Christian' (dating from his previous incarceration). He saw himself as very sensitive yet moody and given to holding in his feelings until he would explode in violence 'usually when something small and trivial . . . ends up setting me off'. The fixed-role sketch that we developed, 'Max', described a caring and concerned Christian who had faced many personal demons in his past but had managed to overcome them with persistence. Max had learned to avoid viewing people in simplistic terms, such as good versus evil, and he had learned to avoid

viewing himself as a sinner whenever he failed to live up to lofty ideals. Max also avoided viewing the social world in terms of 'payback', or retribution for transgressions, as Mike did. While he felt detached from his feelings on occasion, Max tried to get in touch with different emotions, both good and bad, when they occurred rather than pretending nothing existed. Our weekly sessions helped Mike understand and elaborate the role of Max and, on his release from custody, I was reasonably confident that Mike would be successful, especially given his involvement with his local church, Alcoholics Anonymous chapter and the support of his immediate family.

Mike did not succeed, however. He was convicted and sentenced to two years very soon after his release for a sexual assault—very surprising, because, despite a lengthy record for violence and drug offences, he had had no prior sexual assault convictions. When he did return to maximum security with about a year left in his sentence, he explained that the assault was 'payback' for a female 'coke-head' who had taken some of his drugs without payment, thus demonstrating that there had been few lasting benefits from the prior FRT. We resumed therapy, and Mike completed a repertory grid. The grid results revealed that Mike saw himself in very negative terms—dependent, impatient, judgemental, angry, forceful, a follower—in stark contrast to his prievious views. He also requested that we try another form of therapy because he was 'tired of acting' and wanted to 'deal with what is real'. I agreed, and the individual treatment programme that we followed seemed to help Mike. He has no known recidivism to date; as before, however, the solid con role that he plays so well even in the community makes an estimate of his progress difficult.

Case example 2: Ronnie to Ray

When I first met 'Ronnie', he was 25-years-old and serving a sentence of several months in a maximum-secure prison for drug offences. His drug of choice was cocaine. He was a regular drug user and occasional trafficker. His record included a number of minor assault convictions. In fact, he had been classified to maximum-security because of institutional violence, and most of the time that we worked together he sported a cast on one arm, the result of an injury from an assault he initiated. In spite of his violent tendencies, Ronnie was very outgoing, jocular and rather well liked by both inmates and staff. According to Ronnie, he liked to 'keep it light' as much as possible while incarcerated, although he admitted to a 'bad temper'.

Ronnie was from a rather poor working-class family, raised by a single mother who worked at a number of menial jobs to support her son and daughter in an impoverished section of a large city. Ronnie reported that he had been in trouble with authorities frequently as a youth, complaining that he was frequently 'fingered' simply because he was from 'the wrong side of the tracks'. He suggested that his anger and drug abuse stemmed from his early experiences with unforgiving and unfair authorities.

Ronnie had no previous convictions for sexual assault, yet he came to me because, he said, he had been having some very disturbing dreams and sexual fantasies. Ronnie was a very active bisexual, and had found himself attracted sexually to a recently incarcerated serial sexual killer. He reported that his fantasies and dreams were becoming increasingly violent, centring on the serial killer's activities, and he was concerned that he was 'going down the same road as ... [the serial killer]'. He requested psycho-physiological assessment of his sexual preferences and, while he did show a response to both male and female adults, he revealed no interest in either sexual or non-sexual violence. This may have been a reflection of a relatively low-level problem (i.e. he was only fantasizing about sexual violence rather than

acting on his fantasies), although it must be recognized that he could have invented the problem in order to gain access to a therapist. Whatever the case, I took his concerns seriously, and we began a round of psychological assessment.

Ronnie completed a self-characterization sketch (see Kelly, 1955), in which he described himself as a fun-loving yet angry individual. While he viewed himself as a loving individual, he questioned whether he had ever 'really loved . . . I hurt people I care about by putting my negative caring needs for myself first . . . I care first about dope, sex, and money'. Ronnie's involvement in psychotherapy to date was limited to an institutional anger management group. He did not believe that he had been helped, and he pleaded that he needed help immediately and intensively. We decided on individual therapy, and I suggested FRT for a number of reasons. First, he was sociable and he was usually skillful in social situations. Also, he always seemed to be involved in gamesmanship (e.g. gaining favours from other inmates or prison authorities). Perhaps more significantly, he recognized some of the destructive roles that he played around others, usually involving attempts to manipulate and to control them. He was very comfortable around his sister, he said, because she allowed him to 'play himself'. Also, he demanded a 'real transformation' in a period of several weeks. We met as often as possible, usually every couple days, in individual sessions. Together, we created an alternative role, 'Ray'. Ray was a very sociable individual who enjoyed parties, including alcohol and marijuana consumption, but knew his limits. He was confident, self-assured and tended to be very assertive but not aggressive. Most importantly, Ray was very self-controlled, especially concerning negative emotional expression.

Ronnie accepted Ray and appeared to view adoption of the character as a personal challenge. He needed much prompting and discussion about the basis of his confidence (i.e. what a person who was truly confident would think and feel) but his active participation in the therapeutic process made our sessions very productive. One change that I noticed during his remaining incarceration was that Ronnie, perhaps as Ray, managed to control his anger and did not have any further institutional assaults. He reported that he was discovering that words could persuade someone to comply with his wishes faster than his fists. My last contact with Ronnie, and he seemed very keen to keep in touch, was about a year after his release. He had not re-offended and had begun sessions with a counsellor. Although he had not dealt completely with drug abuse, he was optimistic that he was heading in the right direction. We lost contact, unfortunately, and his long-term success is unknown.

Discussion

The two cases presented above involve two very different individuals and two rather different outcomes. FRT with Mike was rather unsuccessful, while work with Ronnie was relatively successful. One obvious variable that could have influenced these outcomes is therapist ability. While both men appeared equally desirous of personal change, Ronnie appeared to be a 'conscious actor', and seemed to view FRT as a personal acting challenge. Such was not the case for Mike, although he might have benefited from his FRT experience in the long-term because he may have experienced that change is possible (Epting et al., 2003). My own inexperience in Mike's case—Mike was one of the first offender clients who I worked with using FRT—may explain the outcome. Mike's concern with payback or revenge on transgressors, a common theme with long-term incarcerated offenders, is a point that, in hindsight, I should have emphasized from the beginning of therapy. I have no doubt that I rushed my early sessions with Mike and had unrealistic expectations concerning the length of time before seeing a positive impact. Also, most probably, the sketch that we developed that

included an extreme position on the 'payback' construct, forcing Mike from one construct pole to the opposite end. This can produce anxiety and limit success (Kelly, 1955; Winter, 1992).

My view that FRT could be seen as a form of short-term intervention was undoubtedly fostered by Kelly (1955), who suggested that '6 sessions in a two-week period' (p. 391) serve as a minimum duration for FRT, with some extension for more difficult cases. Kelly, however, worked primarily with university students showing relatively minor adjustment problems. FRT with offenders, at least involving violent offenders such as Mike who adopt a solid con role as a means of coping with long-term incarceration, might best be viewed as an extended project because most criminal offenders are not simply facing minor adjustment problems.

As well as increased quantity of therapy, many offenders appear to need increased intensity and focus of therapy than other clients. Much of my time in FRT with offenders is spent in encouragement and character elaboration/definition rather than role-playing. Whether this is a result of high need for planning and specificity, or perhaps a need to know the new character very well so that role change is facilitated, is difficult to know. In some cases, the few if any prosocial models available anywhere and at any time throughout their lives mean that more character expansion and support for prosocial thoughts and actions are required.

Incarcerated offenders' division of their social worlds into pro- versus antisocial aspects appears to be relatively common, at least among clients in maximum-secure institutions (see Horley, 2005b). It is also a very difficult view of the social world to alter if only because it is a very adaptive construal pattern behind prison walls. By virtue of 'black versus white' simplicity, it promotes pre-emptive construal in so far as a person can become a 'rat-and-nothing-but-a-rat', or whatever construct seems appropriate at the time. This, in turn, fosters instant, unequivocal responses in a situation where equivocation can be fatal. There is little circumspection or consideration of alternatives in prisons because, at the very least, hesitation is perceived as weakness, and the weak do not survive in the daily dog-eat-dog world of many contemporary prisons. Mike had probably learned over his many years behind bars that the most adaptive approach psychologically to incarceration was to view everyone as either like you or not like you, and this is perhaps why his case was so difficult. It also placed me, his therapist, in an awkward position because I was suggesting to him, via the FRT sketch, that he did have alternative constructions available when it came to construal of himself and others, constructions that could lessen his chances of survival in prison. Perhaps the best way around this problem, short of a complete change to the prison environment, which might not be a bad idea (see Horley & Bennett, 2003), is to offer therapy just prior to release. This approach, typical in many institutions because of limited therapeutic resources, can permit a view of 'softness' or 'weakness' of therapy clients by other inmates as the result of 'shaking rough from short-time'. In other words, inmates could come to interpret the changes in their colleagues in therapy as simply the result of difficulties related to imminent release. It is, none the less, a therapeutic and ethical problem for a forensic psychotherapist.

An apparent difficulty with FRT concerns the honing of offenders' acting abilities. Some clinicians may be worried that FRT would allow forensic clients to cover existing pathologies or dupe potential victims more effectively by becoming better actors. This concern, for me, is more apparent than real because the effort is going into a single, prosocial character enactment. From a PCT perspective, the 'pathology' is not seen as some deep, innate aspect of the person but an alterable—albeit with much effort in some cases—psychological set of constructs. This fear may be expressed whenever strengths of an offender rather than deficits are called into play during any form of therapy that builds on strengths. We, as clinicians, may fear doing more harm than good by allowing an individual with problems to take charge of

their own improvement by building on existing abilities. What we need to keep in mind is that, however damaged the individual, almost all have some redeeming or positive features. It is clearly a possibility that the new character will be added to a 'character collection' by skilled confidence artists to be brought out at certain times during the commission of future attempts to dupe unsuspecting victims. Because there are no guarantees about clients' true motives for improvement, either at the time of treatment or later, we need to accept this as simply one possible if undesirable outcome.

One difficulty with FRT for offenders comes in developing effective fixed-role sketches. Sketches/characters must be interpreted by clients as workable alternatives to their current self-constructions. Standards for many offenders may be problematic in so far as they can involve drug abuse, sexual variation, aggression or other antisocial aspects. To write an effective sketch, however, the client's perspective needs to be considered seriously. It is important in forensic FRT situations for therapists to hang their own perspectives or values at the door to better understand a client's frame of reference.

Another problem with FRT in a prison setting, or even certain community-based forensic settings (e.g. halfway houses), can be limitation of experimentation of the new role (see Kelly, 1970). The social and physical environmental conditions of most prisons often restrict the range of behavioural experiments based on new ways of construing. Often, poor substitutes are all that would be available for a client in a prison (e.g. talking to a female guard in an appropriate manner in place of asking a female love interest for a date; asking a prison librarian for a part-time position in place of a job interview). In many cases, especially in maximum-secure facilities, I have relied upon imaginary encounters and substantial discussion of how the new person would respond or think. Admittedly, while far from real experience these imaginary encounters can provide insights into necessary personal constructions.

One critical point to consider when developing and presenting a fixed-role sketch is the forensic setting of the therapy itself. Some sketches can result in serious consequences for a client if enacted in the wrong place, and some prisons are completely the wrong places for clients attempting to become more sensitive to others or concerned about a neighbour's well-being. The 'inmate code', or the unwritten yet prescribed set of acceptable behaviours for prison inmates, needs to be considered. While the code varies somewhat from facility to facility, offenders in any institution, including many forensic or special hospitals, need to conform to it. A prudent approach would be to go over the new sketch in extreme detail with the client about possible negative outcomes of implied behaviours from the sketch, expressing warnings wherever necessary. Frequently, I have found it necessary to send a sketch along with an inmate on release. Feedback can then be provided through telephone conversations, letters or contacts through community-based probation/parole officers or therapists. While this situation is not ideal, dealing with the frustration on both sides is better than dealing with the negative consequences that may result from trying to be too therapeutic in extremely non-therapeutic settings (see Milan, Chan & Nguyen, 1999).

Summary and conclusions

There appears to be 'encouraging evidence of the effectiveness of personal construct psychotherapy' (Viney, Metcalfe & Winter, 2005, p. 363), and included here would be work with offenders (Horley, 2005b). FRT with forensic clients, even difficult cases, can be effective as evidenced by a number of single-case experiments (e.g. Horley, 2005a), including the last one presented here. Although all my experiences using FRT have not resulted in gains

for forensic clients—Mike is one example—my overall view is that FRT can be employed effectively with some offenders. The strength of FRT with offenders may involve much more than a non-judgemental, dynamic approach to understanding and altering the idiosyncratic terms of reference of forensic clients—the strength of the technique may lie in its fundamental concern with building on existing personal strengths.

Both clients described here were in maximum-secure prisons, but FRT and other similar techniques may be more effective in community-based settings. Indeed, psychotherapy inside forensic institutions involves serious obstacles (Horley & Bennett, 2003; Milan, Chin & Nguyen, 1999). Community settings appear preferable for a number of reasons (Gendreau, 1996), even with clients such as sexual offenders (see Eccles & Walker, 2003). Community psychology has challenged forensic clinicians to provide services in a more efficient manner. Perhaps even the setting proposed by community psychology, the local community, should be considered more from a forensic treatment perspective. Certainly FRT in the community comes with fewer constraints and worries than FRT inside prison walls.

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