

Potential and Possibility: Psychodynamic Psychotherapy and Social Change with Incarcerated Patients

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Abstract In the present paper, Pierre Bourdieu's theory of symbolic power is used to illustrate how the practice of psychodynamic psychotherapy in a prison-based mental health treatment program constitutes both a psychological and sociological intervention, congruent with clinical needs of this particular population. The author draws from psychodynamic theory, Bourdieu's framework and her experience as a clinical social worker with the California Department of Corrections and Rehabilitation.

Keywords Prison · Psychotherapy · Psychodynamic · Bourdieu · Social change

Although the rationale for incarceration ebbs and flows with a society's oscillating preference for punishment or rehabilitation for its convicted offenders, the prison as an institution is invariably designed to promote deterrence and prevent escape. Deterrence is advanced by maintaining a harsh and inhospitable environment in which anyone, given the choice, would prefer not to dwell. This requires that the institution be chronically distressing; the desire to avoid this distress is thought to inspire prosocial behavior on the part of inmates. Escape is averted through a ubiquitous and unrelenting system of bars, locks, rules, regulations, surveillances, and documentation which serve to classify, contain and order the thousands of offenders and hundreds of staff that coexist in any given institution. Despite (or

perhaps consequent upon) prison being a Labyrinthine setting that immures a particularly complex group of people, daily life there is routinized in an effort to maximize control and to minimize unpredictability. As a result, growth on the part of individuals or the system is often thwarted by the constant (and necessary) focus on the "safety and security" of the institution itself.

It is ironic, then, that prisons have become the de facto providers of mental health services in the United States (Diamond et al. 2001; Lamb and Weinberger 2005) and as a result, have opened their gates to psychotherapists. Increasingly, clinicians are being employed in correctional settings in recognition of the growing numbers of mentally ill people in prison, and often provide an array of clinical services of which psychotherapy is one. Saunders (2001), in her discussion of prison work in the United Kingdom, states that "when we consider the notion of practising psychotherapy in prisons, we are immediately moving into the realms of paradoxical thinking" (p. 1). Broadly speaking, psychodynamic psychotherapists invite ambiguity, ambivalence and complexity into the clinical setting in the hopes of enabling both the real-world and symbolic meanings of one's psychic situation to emerge and then be explored for possible sources of psychosocial growth. Prisons, on the other hand, do not. Uncertainty is perhaps too frightening in a place where one's basic safety is at always at stake. Saunders (2001) describes the psychodynamic perspective as "the antithesis of a prison regime" and states that

The difference is analogous to, on the one hand, allowing a child to discover creatively, with accompanying mess, the route by which a spoon reaches its mouth and, on the other, sitting the child down, metaphorically tying its hands behind the chair, and

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steering the course for them in the service of maintaining “good order and conduct.” (p. xxiii)

The presence of social work in particular, with its emphasis on changing both the person and the environment to maximize an individual’s “fit” with his or her surround, is even less compatible with the ideology of prison. Social workers are often hired to provide case management, psychotherapy and discharge planning to inmates who demonstrate signs and symptoms of mental illness with the expectation that the problem be both located and resolved within the individual. Yet social workers generally recognize that the psychosocial distress with which an inmate contends emanates from his location in an oppressive and dehumanizing system as well as from within his own internal world. This “both-and” approach to the individual and his environment is antithetical to the “either-or” dichotomization between good and bad, staff and inmates, victims and perpetrators that characterizes the culture of prison. It places social workers in a precarious position: advocating for institutional changes on behalf of inmates often arouses the suspicions of correctional staff who worry that a clinician’s doing so is resultant of an inmate’s manipulative attempts to circumvent his position as a prisoner, thereby threatening the safety and security of the institution. Yet not doing so often leads inmates to perceive clinicians as unwilling or unable to acknowledge their positions of relative power as non-inmates, a misattunement that threatens the development of a treatment alliance. In a prison setting, clinicians are challenged to balance these equally legitimate yet competing concerns while walking a fine-line between respecting the requirements of the institution and guarding the integrity of the treatment. The interventions that social workers facilitate thus must be paradoxically quiescent and transformative, simultaneously remaining within the punitive framework of the prison while still enabling inmates to transcend it.

Perhaps only the clinical presentations of the inmates housed there are more complicated than the prison setting itself. The men and women who comprise prisons in the United States are overrepresented in terms of major mental illness, characterological impairments and exposure to trauma (Gibson et al. 1999; Kubiak 2004; Kupers 1996; Rotter et al. 2002; U.S. Department of Justice 2006). In addition to the absence of good-enough psychological experiences, most people in prison have also lacked a good-enough place in the social order. The average inmate in California (of whom there are over 155,000) is a person of color, living in poverty, reading at a 7th grade level who will serve multiple prison terms (California Department of Corrections and Rehabilitation 2008; Wheelock and Uggen 2006). He or she is contending with the myriad vulnerabilities attendant to each of these factors as well as the

absence of the protections that come with membership in a dominant group. The implicit sense of oneself as being fated to a choice-less, despairing, and violent external world mirrors all too well the internal ones with which many of these men and women struggle, making attempts to change either even more difficult.

However daunting, the psychic equivalence of inside and outside that results from the confederacy of relational trauma, intrapsychic deprivation, interpersonal abuse and neglect, racism, classism and anomie that this patient population experiences is central to the treatment endeavor. The challenge for forensic clinicians, then, is to find ways of addressing the psychological and sociological needs of their patients as well as those that arise within the synergism of both. The recursive relationship between the two suggests that a place to start would be with a treatment framework capable of encompassing both.

The present paper will explore how Pierre Bourdieu’s theory of symbolic power can be used to augment a psychodynamic approach to psychotherapy in prison and how doing so can constitute an intervention that is congruent with the clinical needs of this particular patient population. From this perspective, the location of clinical social workers within the prison itself can be a source of change instead of only a constraint on it. A case example will illustrate how the provision of psychodynamic psychotherapy that attends to Bourdieu’s notions of field, capital, position and habitus creates the potential for new possibilities for individuals who are nested within a system whose structural complexities often foreclose such prospects.

Bourdieu: Possibility Imprisoned

Several authors have linked Bourdieu to both social work theory and practice (Emirbayer and Williams 2005; Finn and Jacobson 2003; Fram 2004; Garrett 2007). Emirbayer and Williams (2005) state that Bourdieu “provided a new relational approach to the study of fields of domination and struggle, a new way of thinking about how power operates within social life” (p. 689). Garrett (2007) remarks that “Bourdieu’s theorization and his nagging insistence on the relevance and sheer *stickiness* of social structure provides a useful counterweight” to the tendency to privilege “the role of individual agency” within social work discourse (p. 372). This counterweight is particularly relevant to an analysis of prison, the quintessential total institution, where the individual agency of inmates is completely constricted through the process of mortification (Goffman 1959).

Bourdieu proposed “a sociology of symbolic power” that explicated how systems of stratification and inequality continue to be reproduced over time “without the

conscious recognition of [its] members” (Swartz 1997, p. 6). He utilized four major constructs—field, capital, position and habitus—to explain how individuals, without explicit awareness, act and think in ways that maintain the structural disparities of society. Bourdieu articulated how, through the personal embodiment of social structures, individuals develop a tacit sense of both possibility and its limits.

Field

Bourdieu (1991) begins with a conceptualization of social space as a “field of forces” on which a struggle over limited and valuable resources takes place among social agents (p. 230). Individuals are positioned within the field according to the power to which they have differential access. Congruent with a social work approach, Bourdieu’s “theory of the field is the concrete realization of relational thought” (Vandenberghe 1999 p. 51) in that “each particular element (institution, organization, group, or individual) derives its distinctive properties from its relationship to all other elements” (Swartz 1997, p. 123). Bourdieu (1989) stated that

objective relations are the relations between positions occupied within the distributions of the resources which are or may become active, effective, like aces in a game of cards, in the competition for the appropriation of scarce goods of which this social universe is the site. (p. 17)

Because fields are both “arenas of struggle for legitimation” and “structured spaces of dominant and subordinate positions,” as much as they are relational, they are also inherently conflictual (Swartz 1997, p. 123).

As one might expect, the field of a prison-based treatment program is ripe for struggle: both between and among clinicians, inmates, and correctional officers, individuals vie for discursive power (who is sick, who is well, who is deserving, and who is not) as well as concrete power (who has keys to locked doors, who does not, who can keep the institution running smoothly through rules, and who can disrupt it through breaking them). Each group frequently laments the need for each other: inmates often remind social workers that without them, the latter would be jobless, and officers frequently quip that the inmates’ recidivism is financing their houses, cars and boats. Prison offers a salient example of the contentiousness that is, as Bourdieu emphasizes, inherent in any given field.

Capital and Position

According to Swartz (1997), Bourdieu theorized that “individuals and groups draw upon a variety of cultural,

social and symbolic resources in order to maintain and enhance their positions in the social order” (p. 73). He referred to these resources as “species of capital,” and purported that “agents are distributed in the overall social space...according to the overall capital they possess” as well as “according to the structure of their capital” (Bourdieu 1989, p. 17). He rejected the notion of capital being solely economic and proposed several types—economic, social, cultural, and symbolic—for which social agents compete in any given field.

Economic capital consists of money, property and other financial resources. Although inmates in prison are ostensibly reduced to a common social position by virtue of each receiving the same provisions from the institution, as individuals they engage in processes of distinction through acquiring prison-specific types of economic capital, such as trading drawings for extra food, cigarettes for clothing, or canteen items for tattoos. The struggle over these forms of capital results in some inmates being able to purchase protection from peers or privileges from staff, while others are arguably more oppressed by their lack of being able to do so.

Social capital refers to social relationships and networks, “the value available to an individual through his or her social ties” (Fram 2004, p. 561). In the complicated dynamics of prison, inmates can either decrease or increase their social capital through their ties with staff. On one hand, an inmate who is polite to officers and “shines on” small insults and condescension might earn the respect of, or at least benign treatment by, staff, who might in turn afford him greater privileges or exceptions to routine deprivations. On the other hand, if his peers judge his compliance with staff obsequious, he may be labeled a “punk” and targeted for victimization. Inmates frequently struggle with striking a balance between retaining social capital with both peers and staff.

Swartz (1997) referred to *cultural capital* as “a wide variety of resources including such things as verbal facility, general cultural awareness, aesthetic preferences, information about the school system, and educational credentials” (p. 75). In correctional settings, “street credibility” is often treated as a legitimate form of cultural capital. Akin to how inmates struggle to retain their social capital with inmates and staff alike, social workers in prison may also struggle with acquiring cultural capital that is recognized by both inmates and colleagues. A working understanding of the inmate subculture is as essential as is a consistent affirmation of one’s own status as a professional.

Finally, *symbolic capital* “is the form taken by all types of capital when their possession is perceived as legitimate” (Peillon 1998, p. 216). It is the power to name, to make valid through symbolization or recognition. Treatment programs in prison are characterized by on-going battles

for symbolic capital among players in the field. As will be elaborated later in a case example, staff members contend over the power to name the clinical presentation of an inmate—Is he *really* mentally ill or trying to “get one over?” Does he *belong* in a treatment program or is he malingering symptoms?—and thus chart the course of his treatment. The distribution of symbolic power often aligns with cultural capital relative to each discipline: psychiatrists are afforded more power than psychologists, and psychologists more than social workers. A common experience for social workers in prison is to be, after being informally vetted as “legit” by inmates, referred to as “Doc.” For inmates, referring to a social worker as “Doc” is a recognition of the capital that such a title carries. That inmates can bestow it upon social workers and thus increase their power (through social capital) in the field is an example of the interactive nature of capital in constructing position.

Fram (2004) commented that by “explicitly attaching noneconomic interactions to their unstated but real worth in the economy,” Bourdieu’s theory provides “a more accurate evaluation of the distribution and dynamics of wealth and poverty” (p. 555). Conceiving of capital as more than just one’s access to money explains how a drug dealer can make more money than a social worker yet still be positioned in a lower social stratum. By acknowledging that social actors move through the world accumulating an awareness and appraisal of each other based on more than just their relative possession of actual money, Bourdieu allows us to examine the impact of the unequal distribution of the myriad elements that converge to form one’s social position.

Habitus

Social positions are embodied. Bourdieu referred to this as the “habitus,” which he understood as a both a “sense of one’s place” and “a sense of the place of others” (Bourdieu 1989, p. 19). One’s “emotional expression, styles of social interaction, notions of ‘tastes’ [and] beliefs about differences” is generated from one’s social position and automatically estimated by others in the field (Finn and Jacobson 2003, p. 68). We have a tacit sense that there are certain *kinds of people* in the world; we take this for granted. Bourdieu (1989) states that

...The representations of agents vary with their position (and with the interest associated with it) and with their habitus, as a system of schemes of perception and appreciation of practices, cognitive and evaluative structures which are acquired through the lasting experience of a social position. Habitus is both a system of schemes of production of practices and a

system of perception and appreciation of practice. And, in both of these dimensions, its operation expresses the social position in which it was elaborated. (p. 19)

Steinmetz (2006) remarks that for Bourdieu, “the habitus is historical...while presenting itself in an *eternalized* form” (p. 448). Akin to how a patient might experience her own behavior as simply a result of “who she is” whilst her therapist might conceive of it as constructed by her psychosocial development, central to Bourdieu’s meaning of habitus is its felt sense of being natural. Through habitus, “we have a world of common sense, a world that seems self-evident” (Bourdieu 1989, p. 19). Through embodiment, social structures are rendered invisible, and unequal distributions of power are decontextualized and individualized. Litowitz (2003) states that Bourdieu’s perspective “can help us to understand how context is constitutive of inner reality...not how the individual can become embedded in a sociocultural context, but how the sociocultural context is embedded in the individual” (p. 1369). Bourdieu emphasizes that one’s position, initially determined by access to capital, is also position-*ing* in that it leads to continued expansion or constriction of capital, through access to education, social relations, and legitimacy over the course of an individual’s lifetime. Habitus operates to reproduce itself, generating “self-fulfilling prophecies according to different class opportunities” (Swartz 1997, p. 103). Similar to how an abused child might unconsciously formulate his own inherent “badness” as preceding abuse, habitus is consequent to one’s position but experienced as causative of it.

Although Bourdieu formulates habitus as both “opus operatum (result of practices) and modus operandi (mode of practice),” his theory has been criticized for being fatalistic, dooming social agents to eternal stratification (Morrison 2005, p. 314). Bourdieu contended that social actors are more likely to simply move through the world according to their unconscious expectations of its possibilities and promises, which are founded upon a sense of what is natural and familiar, than to surpass them. “The mental structures through which [individuals] apprehend the world, are essentially the product of the internalization of the structures of that world” (Bourdieu 1989, p. 18). As a result, individuals mistake their positions for their capacities, and come to accept their correlate location in social space without question. Bourdieu’s idea of habitus is helpful in understanding how inmates can recidivate without any internal conflict: for many (although certainly not all) poor, urban, men of color, prison is experienced as simply a part of being who one is. Although this is often understood as an antisocial character trait, the notion of habitus suggests that it may also be consequential to an oppressed social position.

Psychotherapy: Potential in Prison

Bourdieu has been criticized for being abstruse and circuitous, thereby prohibiting the translation of his theory into practice (Garrett 2007). For psychoanalytically oriented practitioners, however, Bourdieu's idea of symbolic capital is a natural point of entrée into his theoretical framework. Similar to Lacan's emphasis on how "subjects seek to recognize the normative injunctions of the symbolic order and they seek to be recognized by those who issue those injunctions" (Steinmetz 2006, p. 454), Bourdieu contended that social actors look to one another for acknowledgment of each others' positions. It is through this recognition that other forms of capital are legitimized and thus available for use on the social field. He defined symbolic capital as "the power to impose the principles of reality construction on others" (Finn and Jacobson 2003, p. 70). From Bourdieu's perspective, psychotherapists can use the symbolic capital that they have to either negate or affirm a patient's experiences in the therapy as well as either include or exclude them from the larger discourse about human development, pathology and treatment.

In prison, this is a crucial form of power. The process of becoming an inmate is one in which one is slowly and completely stripped of what little symbolic capital he or she had upon entering prison. The world of an inmate is completely constructed by the prison; Bourdieu referred to this power of the state as "meta-capital" (as cited by Peillon 1998). All movement is restricted according to the "safety and security" needs of the institution. Even one's body is no longer one's own; when an inmate attempts suicide he is subjected to disciplinary action for destroying state property. Inmates are given numbers in exchange for their names, their clothing is state property, and their narratives are tightly controlled. Any plea by an inmate for contextualization of his behavior is experienced as a request for undeserved sympathy. The correctional officer adage, "If you can't do the time, don't do the crime" epitomizes the prevailing assumption that inmates are rational actors making bad choices. What follows is the notion that if one is exposed to severe enough consequences, one's problematic behavior will cease; hence, the rationale for the punitive dynamics of everyday life in prison.

In the field of a prison-based treatment program, social workers struggle over symbolic capital, the power to define the reality of the clinical situation. Prison is predicated on a split between good and bad, free and not-free, deserving and undeserving. Inmates are devalued and "free staff" are idealized, and unconsciously, everyone copes with the psychological impact of this (false) dichotomization. Clinical staff who work from a psychodynamic perspective are often the ones who are challenged, in working with

both correctional staff and inmates, to hold in mind the complexity of the situation—that inmates and non-inmates are often *both* victims and perpetrators, and that we all are, as Harry Stack Sullivan stated, more human than otherwise—without collapsing into the splitting that is the prominent "social defense" in prison (Menzies 1975).

Bourdieu (1989) stated that

As any form of performative discourse, symbolic power has to be based on the possession of symbolic capital. The power to impose upon other minds a vision, old or new, of social divisions depends on the social authority acquired in previous struggles. Symbolic capital is a credit: it is the power granted to those who have obtained sufficient recognition to be in a position to impose recognition. (p. 23)

In a prison setting, social workers use their symbolic power to impose recognition of inmates as complex subjects in the larger field that reduces them to objects. Through both advocacy efforts in treatment team meetings as well as in the microcosm of psychotherapy, social workers can use symbolic capital—the power to diagnose, to name, to explain—as mental health professionals to create a discourse that is most reflective of the complex reality of inmates' situations, as opposed to the simplified and dichotomized thinking that dominates prison. Furthermore, social workers are granted the symbolic power, through their professional role, to aid patients in competing more successfully for various forms of capital. Social workers teach patients how to form healthier relationships (social capital), broker resources (cultural capital) and co-construct new, more adaptive ways of making meaning (symbolic capital). According to Bourdieu's logic, this can be used to shift one's social position.

Clinical Illustration¹

Mr. Jones was accepted into the mental health treatment program of a state prison where he was serving 5 years for drug possession. He had volunteered to participate in the program, citing symptoms of depression for which he wanted treatment. The program consisted of one housing unit within the walls of a maximum security prison. Aimed to fulfill a federal court order that mandated the Department of

¹ This case is a composite of a modal inmate/patient in a prison-based treatment program in which the author practiced. The program is also an amalgam. A complete articulation of the complexities of both is beyond the scope of this paper. Interested readers are encouraged to review Pfafflin, & Adshear's *A Matter of Security: The Application of Attachment Theory to Forensic Psychiatry and Psychotherapy* and Saunders' *Life Within Hidden Worlds: Psychotherapy in Prisons* for in-depth explications of the dynamics of prison.

Corrections to provide adequate mental health treatment to inmates, the program offered a range of cognitive-behavioral and psychodynamic group therapies, art and music therapy, rehabilitation groups and individual psychotherapy to 80 men. Correctional officers staffed the unit, along with nurses who were present 24 hours a day. Clinical staff—social workers, psychiatrists and psychologists—provided psychotherapy and clinical case management to inmates. The length-of-stay in the program varied, and inmates had to meet clinical criteria to be accepted, as well as be cleared for admission by Correctional Counselors, who determined that their participation in the program did not pose a threat to the safety and security of the institution.

Mr. Jones presented with symptoms of dysthymia, substance dependence and characterological impairments. He was attending groups and participating well-enough according to the clinicians on the unit, but had numerous interpersonal problems with the correctional officers. The officers remarked that his behavior was “different” with them than with the clinicians, and that he was obstinate, oppositional and defiant. The clinicians on the unit understood this as symptomatic of his inability to regulate his own affect, which was directly related to his substance dependency. As for Mr. Jones, he believed that the majority of his problems stemmed from the staff on the unit. He just wanted to “do [his] time” and believed that it was everyone else—the officers, in particular—who were interfering with his doing so.

Despite his protestations about being in psychotherapy, his insistences that he was in the program to do “easy time,” and his constant threats to return to the mainline (the general population of the prison), Mr. Jones attended individual therapy and groups as required. Tellingly, he also quietly attended voluntary groups despite there being no consequences of his not doing so. The clinicians with whom he worked observed that he was beginning to explore his own history and relate to his peers in a more empathic and curious way. Although this was a sign of progress to clinical staff, his behavior with the correctional officers continued to be problematic. This led to a conflict between the clinicians, who wanted Mr. Jones to remain in the program, understanding his behavior as acting out his intrapsychic conflict, and the correctional staff who viewed his behavior on the unit as the same belligerent, unempathic and criminalistic approach to the world that made him a threat to other people and legitimated his imprisonment. Furthermore, because Mr. Jones had a history of violence while in prison, correctional counselors did not want him to live in the treatment program as it, unlike the mainline, allowed inmates access to art supplies, musical instruments, pens and books. These concerns were important ones, as any of these items could be used as weapons to either injure staff or take a hostage.

The battle that ensued among treatment staff, during the entire duration of Mr. Jones’ stay in the program, constituted a struggle over symbolic power. Correctional and clinical staff fought for control over the discourse. Correctional staff cited safety and security concerns, and explained Mr. Jones’ antagonistic behavior toward them as evidence of his irredeemability and viewed his differential treatment of the clinicians as manipulative. The clinicians who were psychodynamically oriented understood the staff dynamics as induced by Mr. Jones’ characterological impairments and subsequent reliance on projective identification and splitting. The staff that adopted a correctional approach to Mr. Jones believed that the clinically-minded staff were threatening the very safety of the institution by not insisting on Mr. Jones’ dismissal. For those staff members who were advocating for treatment, not retaining him in treatment would constitute a re-enactment of the early relational experiences that were in part responsible for Mr. Jones’s presenting pathology.

While program staff argued about the meaning and rightful consequences of Mr. Jones’ behavior, his participation in treatment progressed. He slowly revealed that he had been sexually abused from ages 5 through 10 by a boyfriend of his mother. His biological father was mostly absent, making only brief appearances in his life. He, his mother and her 4 other children did not always have enough food to eat. He witnessed 2 murders in his neighborhood before he was 8 years old. He spent most of his time with children who were much older than him, got “caught up” in the street life and began going to jail when he was 17 years old. He had held a job once, for about 9 months. Approaching 30, he understood his life to be like most African-American men he knew—consisting of prison, jail, rehabilitation programs and the streets. Mr. Jones had worked with social workers, in various settings, for most of his life. Although he stated that he believed externality to be the source of all of his problems, one wondered about the disempowerment he experienced as a result of defensively forfeiting his own internal agency.

Mr. Jones’ commitment to his own work in individual therapy and in a psychodynamic, process-oriented trauma treatment group gradually increased. As he became able to begin to remember the hopes he had for himself as a child, came to understand his life as slowly shaped by the surround that was now inside of him. In therapy, he began to put new words to his experience—traumatic identity, intergenerational abuse, identification with the aggressor—and understand his previous ways of conceiving of himself as consequent of the defensive operations which he engaged to ward off psychic pain. He came to understand that the African-American correctional officer with whom he battled incessantly in the milieu reminded him of the father that he could not please, that the feelings he had of

regret were ones that he could grieve instead of act out. The prison itself remained the same harsh and dehumanizing environment, but Mr. Jones' response to it had changed. Although trepidatious, he expended his energy not on constant write-ups of staff detailing their every wrong but on litigation advocating for better access to the library. Although the yard remained the same racially segregated place, Mr. Jones spent his time walking the track, a "neutral zone," instead of on the courts where disputes were settled through stabbings and assaults. And though Mr. Jones was still incarcerated and would be for another several years, he began to "do his time" instead of "letting his time do him."

All of this was generated by and constituted an increase in symbolic capital. Through psychotherapy, Mr. Jones now had words for his experiences that changed their meaning for him. As Bourdieu would have predicted, this symbolic capital enabled Mr. Jones to garner other forms of capital. As prison became more ego-dystonic, he began to consider that a better use of his time might be working towards a GED instead of hanging out on the yard. He signed up for preparation classes, took the test and obtained his GED, resulting in an *increase in cultural capital*. Through the relationships he developed with clinical staff and the transferences with correctional officers that he was able to work through in therapy, Mr. Jones became able to navigate relationships with staff. This *increase in social capital* meant that he earned credibility with staff, who then slowly ceased to expect (and thus find) the worst in him. As Mr. Jones developed more "psychological capital" in terms of an internalized relationship with his therapist and a coherent narrative of his life, the possibility of "something different" began to emerge. Mr. Jones, as the saying goes in prison, "flipped the script" and began to use his anger, his hurt and his despair in the service of his own development, instead of compulsively repeating his own traumatic experiences through his implicit acceptance of prison—and all of the daily trauma that goes with it—as natural for him. This shift in *habitus* was facilitated through the slow, painful and lengthy working-through process on which psychodynamic psychotherapy centers.

Bourdieu cautioned against overvaluing the "partial revolutions" that could be mistaken for real changes in social stratification (cited by Emirbayer and Williams 2005, p. 705). He emphasized that the development of capital is useless unless it can be brought into the field, similar to how therapists look outside the treatment room for signs of success—in the patient's relationships, behaviors, trajectories. In prison, this is a major challenge. Despite the possibility of change that prison offers in its "small corners" (Saunders 2001, p. xxiii), they are overflowing with offenders who, unlike Mr. Jones, are not able to access their own humanity and begin to build a life that

emanates from it. Instead, many inmates continue to enact and re-enact their own histories of exploitation on each other. Inmates in treatment programs are horribly aware of this, and frequently voice their concerns that the therapeutic work that they do in a program actually makes them more vulnerable to exploitation upon their return to the mainline. They worry that the numbness, violence and dissociation that they abandon in treatment is exactly what keeps them safe in prison. In a place where one is locked in with thousands of people who are desperate, despairing and willing (to varying degrees) to act this out, it is a respectable worry.

Mr. Jones faced this situation when he was discharged from the program about a year after his admission. Well-intentioned administrators, citing the dire need to provide more treatment to more inmates, prohibited any group that was not open to drop-in members or was not time-limited. The trauma group, being psychodynamic and process, was neither. Mr. Jones, along with several other group members, were distraught that the group would not be available to the innumerable inmates like them who desperately needed it. This distress, as well as the skills they had acquired in the program, propelled them to begin a class action lawsuit that would require the prison to provide treatment for trauma, as well as housing for men with posttraumatic stress disorders. In the interim, they were able to successfully advocate for themselves to be housed together on the mainline. This was no small feat, as every inmate request in prison, particularly for housing, is viewed as manipulative and dangerous. Their success was predicated on their ability to navigate the field of prison with the capital they had acquired during the course of treatment. In living together, they were able to keep the culture of the group alive among themselves, as well as assure each other of their own safety, as they posed no threat of rape or assault to each other. Considering the ambient inhumanity and terror of prison, this does not in anyway seem just a partial revolution.

The Potential for Possibility: Bourdieu, Psychotherapy and Prison

In the case of Mr. Jones, one can see the reciprocal nature of the relationship between possibility and potential: Mr. Jones had to believe that "something different" was possible before he could start working on his own potential to actualize it. Bourdieu's theory explains why people stop attempting to reach for more than what the world has pre-approved them for according to the social position that they occupy. The very nature of *habitus* is what prevents one from considering the possibility of anything different for oneself. The clinicians who worked with Mr. Jones had to

know it for him. We had to hold in mind what he could not: a belief and conviction that his lot in life was not to cycle in and out of prison, just as his lot in life was not to cycle in and out of traumatic repetitions of the abuse he experienced as a child. We had to first know it for him, defend it in the institutional field, and then help him to know it for himself. What Bourdieu might have underestimated is the potential for new possibilities that occurs when individuals in one position use their symbolic power to advance that of others.

Clinicians who practice psychotherapy with incarcerated patients are challenged to address the complex and complicated treatment needs of inmates while navigating the same harsh and inhospitable surround that impacts the patients whom they seek to treat. Despite this, the need to do so is increasing due to both the burgeoning numbers of men and women who are incarcerated as well as the steady success of litigation that mandates mental health treatment for prisoners (Metzner 2002). Although the need for prison-based mental health treatment is incontrovertible, there are few practice paradigms to guide the provision of such services; the dearth of clinical literature on the topic perhaps parallels the marginalization of its subjects. Men and women in prison are contending with psychological and “positional suffering” (Bourdieu 1993, p. 4), both of which are arguably worsened by the experience of incarceration. Psychological insight does not protect one from bullets or the unwillingness of employers to hire an “ex-con,” nor do social trappings guarantee peace of mind or healthy relationships. Yet each advances the possibility of the other. Steinmetz (2006), in his discussion of Bourdieu’s simultaneous influence by and disavowal of Lacan quotes Bourdieu as lamenting that “sociology and psychology should combine their efforts (but [that] this would require them to overcome their mutual suspicion) to analyse the genesis of investment in a field of social relations” (Bourdieu as cited by Steinmetz, p. 450). Both projects concern themselves with the relationship between what is inside and what is outside: how the internal life of an individual emerges from the matrix into which he or she is born and how the unconscious experience of this patterns the ways in which the external world is then constructed. Taken together, the two perspectives seem to offer more in the way of understanding the psychosocial situations and treatment needs of inmates than either does alone. Such a synthesis enables clinicians to make use of the social world of prison as a medium by which inmates can transform their internal ones, which is no small feat in a place as punitive and depriving as prison.

Although perhaps ultimately liberating, reflecting on one’s position, psychological or social, does not always bring immediate relief. Along with insight, there is often coterminous grieving at what could have been, anger about

what has been and fear of what might be when one realizes how one has been positioned either socially or psychologically by both others and one’s own decisions. For men and women in prison, many of whom come from generations of oppression and trauma, changing their own destinies is fraught with all of the ambivalence that comes with surpassing one’s parents, leaving one’s (sub)cultural map and foregoing one’s destructive-yet-familiar ways of being. Asking inmates to move from the antisocial world into the prosocial one requires a major shift in what feels natural for the kind of persons they believe themselves to be *as well as* what it means to be different. An approach to psychotherapy that is grounded in both Bourdieu’s perspective and a psychodynamic sensibility helps us to respect how difficult such a change process is while simultaneously enabling our facilitation of it. One only has to look to our nation’s overflowing prisons to see the unassailable need for it.

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