



My Personal Experience of Own Developmental Process over a Period of 30 Years

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Received: April 12, 2019; **Published:** May 14, 2019

Abstract

This article is about my experience as young clinical psychologist from the age of twenty-two (22) at South African Correctional Services for a period of approximately thirteen (13) years where I worked and treated inmates in a prison environment, as well as being the Director of Psychological Services within Correctional Services for another seventeen (17) years. My work as Director Psychological Services was to oversee all the clinical psychologists in the Department of Correctional Services, approximately fifty-five (55) in 2009, write policies and procedures, perform strategic management, financial management, etc.

My experience as a clinical psychologist also includes working in my own private practice at home on a part-time basis spanning the same period of more than thirty (30) years. After my retirement from the Department of Correctional Services in 2009 I moved my private practise to a medical centre where I practise on a full-time basis.

In this article I describe some of the main the difficulties and challenges within both environments, as well as reflecting on my own learning experiences over the years.

Keywords: Correctional Services, Psychologist, Inmate, Treatment Modalities, Types of Clients, Clients, Therapeutic Process.

Working in a Correctional Service's environment

In 1972 after completion of a Master's degree in Clinical Psychology at the University of Pretoria, I started work, at the age of twenty-two (22), as a clinical psychologist at the Pretoria Central Prison, in South Africa. Today it is known as the Kgosi Mampuru II Correctional Services (bearing the name of Kgosi Mampuru, a 19th century local chief who resisted colonial rule and subsequently hanged in 1883). In 1972 there were only three (3) psychologists in the Department as a whole at the Pretoria Central Prison, the Director of Psychological Services at Head Office and two (2) psychologists at the prison itself. In the years following this more psychologists joined the Department and in 2009 the Directorate of Psychology expanded their services and employed a number of 55 clinical psychologists working nationwide.

Pretoria Central Prison was an old building, the front façade resembled an imposing red-brick castle of sorts with small windows, large imposing double wooden doors where you entered

the prison and a brass knob. This knob was there to knock once in order to get the attention of the warder inside who then looked through a small little window before allowing staff and visitors to enter the building. Once inside, I had to proceed right to the back of the building in order to reach my office, this entailed a long walk through a big hall that was polished black to a high and slippery gleam every day, pass in front of the inmates who were counted and inspected during the mornings and mid-afternoons, up a stone staircase, over a steel floor grating and pass one section where approximately fifty (50) male inmates were housed. Right at the end of this section where the old gallows were there were three (3) rooms, on the right was my office, on the left was another office for the other psychologist, and then the middle and larger part of this section, previously the gallows that could hang up to seven (7) people at a time, was covered with vinyl flooring to hide the gallows trapdoor. This middle part, previously the gallows, was utilized while I was working there by inmates as a waiting area to see their appointed psychologist.

The two (2) psychologists, both of us women in our early twenty's (20's) wore mini-skirts/dresses at the time (before uniforms were introduced for our department a few years later). We were actually very innocent and very young with little life experience, and we had the naïve belief that all inmates would or could be rehabilitated by us. There were no visible warders to speak of, no alarm systems or any other methods to safeguard us from violent inmates, and on reflection, it was in fact an extremely dangerous and potentially volatile environment for two young women to work in during those early years. We only discovered much later that some inmates who were in treatment with us, many of them extremely violent and aggressive inmates (murderers, rapists etc.) actually took it upon themselves to safeguard these 2 young and naive psychologists from harm, always outside our office doors or close to our offices while we worked, keeping themselves occupied by cleaning or sweeping the floors while other inmates could move about in this section freely.

All types of male inmates were housed in this section such as thieves, murderers, rapists and other types of inmates. Interesting to note, and something I'll never forget, was that one particular inmate who brought me tea in the mornings and afternoons was a serial killer! He told me that he was caught at a police roadblock where they discovered the bloody and dismembered human head in a plastic bag that he had next to him on the passenger seat of his vehicle. He was on his way to sell this head for Muti. In South Africa, Muti is a term for traditional medicine that is generally either botanical, zoological or mineral in nature. However, murder and mutilation are also commonly associated with some traditional cultural practices in South Africa where Muti killings involve the murder of both children and adults, their dismembered body parts used as ingredients to prepare witchcraft "*medicines*". The most common body parts used for these witchcraft "*medicines*" are male or female genitals, breasts, hearts, ears, eyes, fingers, tongues, etc. This specific man who brought me tea, who had been in prison many times before for other extremely violent offences, also asked me to buy a bowl and two gold fish for my office as inmates were not allowed to have any pets or animals in their cells. He told me he wanted to have something to take care of and for the whole time while I worked there, he diligently took care of them daily, cleaned the bowl and gave them food.

In 1972 there was no training or supervision of psychologists working in the prison and we were left to our own devices. Top Management expected us to have received sufficient training

from the University as well as from our clinical experience in the Psychiatric Institutions where we completed our internships. This was definitely not the case, as no training we received could have prepared us for what we encountered at Pretoria Central Prison.

We received no training or supervision on how to deal with our own biases regarding inmates who committed very serious crimes such as serial killers, murderers, paedophiles and rapists. It was expected from us to learn by trial and error on how to treat, for instance, paedophiles and sex inmates. I remember very clearly how traumatic it was for me during a first interview with a paedophile who raped a thirteen (13) year old girl – I chastised him for what he did, told him how awful a crime it was, vented my anger, as a woman, at him and told him it was totally unacceptable and against all society's norms and values. Not a very appropriate initial interview at all. That evening I decided that as psychologist I had to put my own feelings aside. I summoned him back to my office the next day and we embarked on a more positive and constructive therapeutic approach.

This particular inmate sparked an interest in me for all types of sexual offending, including paedophiles. I started to actively research sexual offending and treatment modalities in other countries and later became an expert in the field of sexual offending in South Africa. I attended International Conferences in the Netherlands and Canada and also visited various prison facilities in the Netherlands and England where sexual inmates were incarcerated and treated. I also consulted with many experts in this field before I completed my PhD on "Evaluation of a Treatment Programme for Incarcerated Rapists".

In the 1980's during the Apartheid era, by then an Officer and Head of the Psychology Department at the Pretoria Central Prison, I was expected by Top Management to interview political inmates (at that time members of the banned ANC, the SACP, etc.) to find out if they were willing to let go of their political beliefs – which they obviously would not. I recall a serious mistake I made during one occasion while interviewing a political inmate. He was involved in the bombing of a government building in the centre of Pretoria killing some civilians. This particular inmate – an imposing man and well over six (6) feet tall (and I am around five feet 2 inches), was interviewed by me in a small locked room. He told me he was busy with his master's degree in Science. I tried to break the ice with a joke and said that he could in future then make his own bombs. It didn't go down well and he immediately took offense, he

rose out of his chair and towered over me still seated in my chair, went to the door and banged on it to be let out. He was extremely angry with me even though I apologised profusely and tried to calm him down, to no avail. The door was eventually opened and he immediately lay a charge against me at the Inspectorate. This experience taught me not to try and make a joke to break the ice, nor try to humour inmates, and to be far more careful with my comments and/or interpretations.

There were five (5) different facilities at Pretoria Central Prison. The largest facility accommodated mostly male inmates, approximately one thousand (1000), and these male inmates were our main responsibility. On the premises there was also a separate facility for approximately 60 female inmates. In both these facilities there were some female and male youth inmates that were kept separate from the adult inmate population. There was also a separate facility for political inmates and one for inmates on death row. The Awaiting Trial inmates were held in another separate facility and we were not involved or allowed to treat them at all as this did not form part of the mandate for Psychological Services.

Treatment Modalities Utilized

Individual therapy was the most common

Group therapy

- Mostly the techniques of Yalom with selected groups of eight to ten (8-10) inmates once per week, for two-hour sessions.
- Because of my interest in art and music, I introduced Art Therapy sessions utilizing art and music specifically with drug addicts. This was very successful as it took them outside of their normal environment and allowed them the freedom of self-expression.
- I also utilized the technique to "Make a Person", a treatment technique developed by Dr Wicus Coetzee (Psychologist) who worked at the Weskoppies Psychiatric Hospital in Pretoria at the time. This technique requires the person/inmate to create a person, provide the person he created with a name, identity and a complete life story. We provided all the material for the inmates in order to create their person: including wool, paper, pieces of wood, pieces of dress material, plastic containers, baby clothes, scissors, metal objects, hammers and nails, etc. despite the fact that some of these items were considered prohibited and dangerous for inmates to use. When they were finished creating their persons after several sessions, every inmate had the chance

to present/introduce his person to the group, and to tell the story of his person. These stories were then used in a continued therapeutic process with very good outcomes for some inmates. In one instance an inmate initially created a baby person with some of the clothes provided. After this group ended, he requested to attend another group and then proceeded to create an adult version of his initial baby person complete with a graduate robe, cap and certificate.

- During one occasion Management decided that a new international treatment program had to be tested at Zonderwater Hospital Prison for Psychopaths with twelve (12) certified psychopaths. It was a marathon - a continuous (4) day session during which two (2) psychologists provided therapy to these psychopaths for four (4) hours at a time, rested for four (4) hours when two (2) other psychologists took over, and then continued the process for another four (4) hours etc. The psychopaths were kept awake for the whole of these 4 days. According to Management this treatment program would "break" the psychopaths. The final outcome was not what Management had desired or expected as none of the inmates had a "breakthrough", while the four (4) psychologists were totally exhausted by the end of the four (4) day session. This treatment program was never utilized again, and the Zonderwater Prison Hospital for Psychopaths was also closed a few years later. These psychopaths were then incorporated at various prisons around the country as it became too expensive to treat them in a separate facility.
- Some inmates were also involved in Family and Couple Counselling when necessary although this was mainly the domain of the social workers at the correctional centre.
- The program "Investment in Excellence" by Louis E. Tice from Seattle in the United States, was purchased in the early 1990's. This program was utilized very effectively and successfully for over 10 years for many inmates in all regions. A Master Trainer (psychologist) was trained in each of our 9 regions who then had the responsibility to present the program to inmates in each of the regional prisons and thereafter selected specific inmates who in turn were also trained as Master Trainers to present this program to their fellow inmates. Prison staff who witnessed how inmates transformed their lives also requested to attend this program. This program was eventually implemented by the Human Resource Department to train all new staff who joined Correctional Services.

Specific Challenges

There were specific challenges that I experienced and would like to highlight:

- Language and Cultural difficulties - South Africa has 11 official languages, I spoke only two which are Afrikaans and English. The fact that there were many cultural and language issues demanded that I sometimes had to work with a translator, most often a warder who could speak the same language as the inmate. This posed its own problems as relevant/pertinent information got lost in translation, sometimes I would receive an answer to a question that was not appropriate/relevant to the question asked. To clarify I often needed to rephrase the question for the translator so they could understand better as to what I wanted to know. This process took a tremendous amount of effort as I had to locate a warder/translator who was willing and able to translate for me, it required endless patience and huge amounts of time. An interview with an inmate unable to understand and speak English, together with a translator/warder often took up to 3 hours to complete. I also approached the University of South Africa for assistance and guidance regarding this aspect and read up huge amounts of literature about the context of different cultures and their rituals in South Africa, all of which provided me with new perspectives on their individual varying world views and cosmologies.
- Prisoners on Death Row demanded a totally different approach - they were held in a separate facility where their cell lights were kept on 24/7. As per regulation, when I consulted with a death row inmate, my office door had to remain open. The warder was out of sight but within hearing distance, in order to protect the psychologist during these consultations. Top Management at the time required psychologists to consult with inmates on death row, especially those who were assigned to be hanged within seven (7) days, in order to determine and assist with their stress. I always found it unfathomable that it could be expected that inmates would not experience some levels of stress leading up to their execution. Something else I remember was that the other inmates in the facility knew exactly when fellow inmates were to be hanged, and so they all sang day and night for the whole seven (7) days leading up to the execution. Not only did this somehow put them in a trance-like state, but also a chilling and eerie state encapsulated the whole prison facility, that resulted in an extremely difficult space to work in and consult with inmates at that time.
- One particular consultation with an inmate three (3) days before he was hanged, remains with me to this day - he was given the death penalty for murder, was covered in tattoos (one was a tattoo cut line on his neck indicating "cut here"). He was not interested to consult a pastor or priest as he told me that he was not religious. He also did not have any family to support him or who stood by him during his stay on death row. During our consultation he told me that he had a dream the previous night that disturbed him. The dream was of him climbing up some stairs towards a glass door. As he climbed up these stairs, each preceding stair behind him disappeared with no hope of returning the way from where he came. As he got closer to the glass door, he saw some writing on the door - it said "Just in time for a Prayer". We discussed the dream in detail and he was then referred to a pastor that he agreed to talk to.
- Another challenge was inmates whose death sentences were commuted. These inmates, once back in the normal prison environment struggled emotionally, especially coming to terms with the fact that they were not going to die and that they now needed to set new goals for themselves in order to live a life outside of prison. For some inmates this was a tremendous stressful and anxiety provoking situation as they struggled with this sudden life-changing event.
- Around 2003 during my tenure as the Director of Psychological Services based at Head Office, I received a request from the Commanding Officer at the Pretoria Central Prison to help them with a particular unmanageable inmate; the psychologist and other personnel at the Prison Centre were unable to motivate this inmate to change his behaviour. Upon my arrival at the prison it was established that this inmate had been particularly aggressive and violent for the preceding period of almost 2 years during his incarceration. He broke the windows of the cell, fought with the warders and other inmates, had not bathed or cleaned himself nor changed his clothes in nearly 2 years. I consulted with him in the section where all the difficult and violent inmates were held, in a tiny office with 2 chairs, a small desk and a dustbin. The warder, according to regulation, stood outside the room, every so often walked up and down the corridor outside this room. The inmate was extremely dirty and the

smell nauseating, his clothes were beyond filthy, his nails and toenails were black with dirt and debris accumulate under them, the pores on his skin was dirty and in a terrible condition – a horrendous sight and dirt everywhere. When I asked him to take a seat next to me and told him I was there to see how I could help him, he was very surprised. He wanted to show me all the information about his court case and asked if he could fetch it for me to see, and I agreed. He immediately went to his cell and returned with his meagre, but prized belongings for me have a look at. Kept safe in a thin, drab and filthy pillowcase bound together with a big metal lock. His belongings included some photographs and the paper clips from his court case. He took out all his papers and documents and proceeded to tell me his story. As I did not have my own reading glasses there, I asked to use his in order to read the documents. The glasses smelt horrible but it was the only way I was able to read the documents, and I did not want to provoke him or make him feel more humiliated by not accepting his reading glasses. The documents indicated that he was a Polish immigrant who came to South Africa, got married to a South African woman, had a successful career and enjoyed his work as a mechanic. It also told the story of how he came home early from work one day and found his wife in bed with another man. He promptly shot and killed them both and was given a twenty-five (25) year sentence. When I asked him during the three (3) hour interview why he was so aggressive, violent and did not adhere to any of the prison rules, he indicated that the prison officials did not listen to him or attend to his requests. When asked what he wanted in order to change his behaviour, he told me he only wanted 2 things. Firstly, he had asked for the last 2 years to see the Polish Ambassador without success, and secondly, he wanted to consult with a Catholic pastor. Nobody before my visit attended to these requests and he indicated that he would continue with his negative behaviour until these 2 requests were attended to. I told him that I would escalate his requests to the Commanding Officer of the prison to see what could be arranged, I also told him that I could not promise anything. He remained calm during the whole consultation with me, he gave his cooperation, provided the relevant documentation, showed me photos of his whole family, was orientated for time and place and provided a good account of his life before immigrating to South Africa. He also told me that he did not have any family members or friends in South Africa who were able to visit or support

him, and as he had been incarcerated fifteen (15) years ago, he now longed for contact with his family overseas. It became clear to me that no prison personnel had taken the time before my visit to really listen to him, didn't treat him humanely or with any respect. I provided the Commanding Officer of the prison with a report of my findings, and the direct result because of my personal visit and report proved to be a positive one as the inmate received a visit from both a Catholic Pastor that month, as well as a visit from the Polish Ambassador approximately three (3) months later. The Commanding Officer informed me that after these visits the behaviour of the inmate changed dramatically. I had a follow-up consultation with the inmate approximately six (6) months later and he was unrecognizable, completely transformed. He worked in the kitchen and prepared food for the other inmates, wore a spotless white uniform, his hair tidy and cut short, he was clean, neat, a model prisoner, happy and content. This inmate was eventually deported back to his country approximately two (2) years later based on a report that I provided to the Parole Board after this consultation and due to his continued positive behaviour in the prison.

Personnel and management issues

To work in a Prison environment entailed many challenges and difficulties, for personnel as well as they are also "locked up" for most of the day. The mandate of psychologists in the Correctional Service environment was to treat inmates and not personnel as personnel had their own medical aid and could utilize external psychologists. However, it often happened that some staff members required advice or support from me during working hours. The staff was seen on an ad hoc basis and referred to external service providers when more therapeutic interventions were required.

Main focus areas in private practice spanning thirty (30) years

The main focus areas that I focus on in Private Practice are the following:

- Males, Females and Adolescents
- Consult across different cultures
- Anxiety and Post Traumatic Stress Disorder
- Depression and Bereavement
- Stress Management (Personal and in the Workplace)
- Family and Couple Counselling

- Close working relationship with a team of specialists e.g. medical practitioners, psychiatrists, neurologists, dieticians & occupational therapists
- Conducting Forensic Assessments as an Expert Witness for both State and Defence Counsel – I am often requested to provide sentencing recommendations to the Court due to my knowledge and expertise of working in a Correctional Service environment for many years as the Director of Psychological Services

A Personal view – reflections of my own learning experiences and development

I have found that the following works best for me in any therapeutic process:

Establishing a quick rapport with the client. The first few seconds (not minutes) are extremely important. Especially how you greet the client, establish eye contact, give a handshake, smile and observe the responses of the client.

To develop trust quickly, as many clients have trust issues due to bad/traumatic experiences encountered in the past either with family members or their significant others. Once rapport has been established the client will feel comfortable, that they feel safe in an environment where they are able to completely trust you with their darkest secrets, their deep emotional wounds and pain, their anger and rage, that they feel accepted and not rejected in this safe and non-judgemental environment – If you do this, I find that more than 50% of the work has already been done.

To really listen attentively to the client and to try and understand where they are coming from. This is really a special and important skill as clients will immediately know if the therapist is paying attention and listening, or not. I fondly remember my grandmother who always quoted the following rhyme, one that I have always remembered and links directly to the work we as psychologists do:

“A wise old owl sat in an oak.

The more he heard, the less he spoke;

The less he spoke, the more he heard;

Why aren't we all like that wise old bird?”

(Charles M Schulz)

Provide basic empathy and be non-judgemental. It really does not matter what you hear from your client, even if it shocks you to your core, even as a therapist. The most important thing to remember is to remain non-judgemental.

Reflection is as important as listening, as it shows the client you understand and comprehend where they are coming from. I have found that even if the reflection is inaccurate, the client will correct it immediately. It is not necessarily a problem if the therapist acknowledges that he/she made a mistake and corrects or reinterprets it.

Listen intently during the first consultation with a new client, I do this by allowing the client to describe their problem without interruptions or questions, as additional information can be obtained later. To probe is equally important especially to determine contradictions, to obtain the truth, to clarify information and to gain a better understanding.

Due to the fact that I have worked in a Correctional Services environment, I find it necessary to sometimes confront a client if I notice a discrepancy. I also follow a very direct approach and inform clients right from the start that I am direct, open and clear. My clients all prefer such an approach as they need to know, or want to know what to do sooner rather than later and do not have time or money for lengthy psychotherapeutic sessions/treatments due to the high cost of psychological treatment.

I often use metaphors that relates to a client's own life or experience. For instance, if they participate in a sport (e.g. golf, tennis or rugby) the particular strengths of the sport will be accentuated to illustrate possible outcomes. I also use the “Wheel of Life” or the importance of balancing the wheels of a vehicle to illustrate where problem areas are that need to be addressed/fine-tuned – everyone knows that if the wheels of a vehicle are not balanced properly it could lead to an accident.

Therapy can sometimes be very stressful for both client and therapist. I have found that in some instances the use of humour or to find something to laugh about in a consultation can be beneficial and important. The same applies for compassion when a client is dealing with death and bereavement, I provide them silence to recover from a cry or to remember a particular moment.

I utilise and teach many clients relaxation and breathing exercises - this a skill they can utilise whenever they need to, it does not necessitate medication and it helps them to stay in control.

It is imperative to enable clients to view and explore different life choices. These choices are then all explored in the therapeutic process and both the positives and negatives of the choices are then considered. The final choice and responsibility lie with the clients as that will give them personal power as well as the feeling of being in control of their own decisions and choices made.

Time management skills are more important today than ever, I have found that many of my clients work twelve (12) or more hours every day in order to adhere to work commitments/expectations. Most clients mention they do not have time for their families or themselves, suffer from sleep disorders, are tired most of the time and are unhappy/unsatisfied in their current work environments. In consultation when we work through their "normal" twenty-four (24) hour day and what they do with their time, it often provides clarity and knowledge as to where they can and need to take back control of their life. I also make use of a few old African proverbs about work and career that bring wisdom to life, it is:

"You cannot work for food when there is no food for work".

"Work is good, as long as you don't forget to live".

"The mouth does not eat if the feet do not walk and the hands work".

Another important aspect is for clients to set new goals for themselves, and for them to understand that there are short, medium and long-term goals to work towards.

I have found that important steps on the way to healing can occur when clients start to utilise or tap into their own creativity. Some clients have discovered an ability to paint or create beautiful mosaics. Others rediscovered an interest in gardening or another activity that they previously practiced but never gave enough attention to, or they discover something brand new they previously did not even remotely consider would interest them as a hobby.

I use positive reinforcement and teach them how to write affirmations. This is often a very empowering feeling for my clients as many of them have experienced none or very few positive reinforcements from either their parents or other authority figures in the past or present. It also helps them move forward to achieve their goals.

I am very clear with clients that they need to take responsibility for their own life, the choices they make and for their own future

happiness. When therapy sessions come to an end, I leave it open for them to decide if they want to return to therapy for any future issues or problems they would like to discuss.

The acceptance of gratitude from clients is an aspect that I feel is important and needs to be addressed and acknowledged. This also forms part of dealing with transference and counter-transference in the therapeutic process. My experience having worked in a Correctional Services environment has provided me very valuable insight in this regard. I have never received expensive gifts which I could or would not accept. What I do accept are gifts from clients who write a note or make a thank you card, birthday or Christmas cards, bring flowers from their own gardens for my office, or on very rare occasions ask to give me a hug, more common with children and female clients.

Self-awareness

Like so many other practitioners in the helping or caring professions, I need to recognize the warning signs of compassion fatigue. It is often very stressful and emotionally draining to listen to the trauma and distress of clients for 8-10 hours per day without thinking about the impact it has on your life.

From my experience the following symptoms should not be ignored

- Emotional Exhaustion/Burnout
- Difficulty showing empathy to clients
- Depression
- Disengagement from work and social interpersonal interaction or withdrawing from all types of activities previously enjoyed

My self-care strategies to mitigate the stressors of compassion fatigue and to prevent burn-out are the same as those that I discuss with my clients in the therapeutic process but are often ignored by the helping professional themselves.

- To consciously create a healthy work-personal life balance
- Make time for yourself by creating "me-time" (take time off and read a book, go for a massage, have lunch with friends, have your nails done, go away for a weekend or take a longer holiday, take your dog for a walk after work, etc.)

- Attend conferences (national and international) and invest in continuous training in order to develop new skills and expertise
- Develop and maintain supportive relationships with family, friends and colleagues
- Utilise supervision or debriefing sessions with another trusted professional

In conclusion, I have had many valuable learning opportunities over the past thirty plus (30+) years. I have developed and evolved, from a very naïve, young and inexperienced psychologist, sometimes through trial and error – and emerged as a person who plays a vital role in the promotion of healthy human behaviour by helping to not only improve the quality of life of my clients, but also as a mentor for other psychologists or those in other caring professions due to my experience, knowledge and skills. I hope to encourage and inspire others to follow their own path to not only become the best that they can be, but also in the interest of those who are in our care and in need of our assistance and emotional support.

Volume 2 Issue 6 June 2019

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