Corrective Experiences in Corrections Counseling

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Abstract

Approaches to offender treatment are undergoing a shift during the early 21st century. Whereas corrective thinking was the primary model adopted by the American criminal justice system during the last three decades, recently human service professionals and educators have advocated for "a humanistic approach to criminology … involved with the advancement of humane, non-violent, non-authoritarian, and scientific ways to reduce (and eventually end) suffering and oppression" (Gesualdi, 2003, p. 7). Simultaneously, the concept of *corrective experiences* has gained renewed interest in the psychotherapy literature. Corrective experiences emerge from strong therapeutic alliances characterized by safety and trust in the interest of helping clients overcome maladaptive response patterns and develop tolerance of ambiguity, receptivity to experience, and intentionality. These outcomes align with those associated with the humanistic criminology agenda discussed above insofar as they lay the emotional groundwork necessary for stimulating intrinsically-motivated learning conductive to more pro-social thinking and behavior. This paper begins with a critique of traditional corrective thinking curricula. Next, the primary

therapeutic features of corrective experiences are outlined. Finally, case illustrations of the utilization of corrective experiences in corrections work are provided.

Corrective Experiences in Corrections Counseling

> Compassion demands that we condemn wrong actions and oppose them with all means necessary while at the same time forgiving and maintaining an attitude of kindness toward the "Compassion demands that we condemn wrong actions and oppose them with all means perpetrators of those actions. … Even a criminal is a human being like yourself and capable of change. Punish the actor in proportion to the misdeed, but do not indulge the desire for vengeance. Think, rather, of the future and of how to ensure that the crime is not repeated.
>
> The Dalai Lama

> "These walls are funny. First you hate 'em, then you get used to 'em. Enough time passes, you get so you depend on them."
>
> Red, The Shawshank Redemption

Approaches to offender treatment are undergoing a shift during the early 21st century. During the last three decades, corrective thinking has been the primary model adopted and employed by the criminal justice system across the United States, based on principles outlined in Samenow's (2004) *Inside the Criminal Mind* and Yochelson and Samenow's (1985) *The Criminal Personality*. Today, however, this "hardline program" (Yochelson & Samenow, 1985, p. 554)—characterized by "demolishing old thinking patterns, laying a new foundation by teaching new concepts and building a new life structure wherein criminals put into action what [they are] taught" (Samenow, 2004, p. 212)—increasingly is

being called into question. As an alternative, human service professionals and educators (e.g., Gesualdi, 2003; Mate, 2010; Polizzi & Braswell, 2009) are advocating for "a humanistic approach to criminology … involved with the advancement of humane, non-violent, non-authoritarian, and scientific ways to reduce (and eventually end) suffering and oppression" (Gesualdi, 2003, p. 7).

Simultaneously, the concept of the *corrective experience* is gaining renewed interest in the psychotherapy literature (e.g., see Castonguay & Hill, 2012b; Kahn, 1997; Palvarini, 2010). Arguably, this comes in part as an effort to preserve and protect the value and integrity of the therapeutic relationship in the current "climate of accountability" (Norcross, as cited in Burks & Robbins, 2012, p. 77). Corrective experiences emerge from strong therapeutic alliances characterized by safety and trust in the interest of helping clients overcome maladaptive response patterns and develop tolerance of ambiguity, receptivity to experience, and intentionality (Castonguay & Hill, 2012b). These outcomes align with those associated with the humanistic criminology agenda discussed above (see Braswell & Wells, 2009) insofar as they lay the emotional groundwork necessary for stimulating new, intrinsically-motivated learning that is conductive to more pro-social thinking and behavior.

The purpose of this paper is to outline the principal aspects of corrective experiences in psychotherapy as they apply to corrections counseling and offender treatment. I begin with a critique of traditional corrective thinking curricula (rooted in the work of Samenow, 2004; Yochelson & Samenow, 1985) through the lens of emerging humanistic criminology approaches (e.g., Polizzi & Braswell, 2009). Next, I provide an overview of some of the primary therapeutic features of corrective experiences. Finally, I provide case illustrations of my utilization of corrective experiences during recent work in a community corrections center in the interest of promoting the outcomes endorsed by the humanistic approach to corrections counseling.

Critique of the Attitude Behind Corrective Thinking

Having compiled their observations of patterns of distorted cognitions and consequent egocentric behavior associated with the antisocial personality, Yochelson and Samenow (1985) reportedly offered a phenomenological glimpse into the criminals' "intention, purpose, and objective as they occur in … the raw data of [criminal] thinking" (pp. 171, 176). These observations served as the basis for a rehabilitation program that purported to show "compassion and respect for the individual … by treating all criminals equally" (p. 555). However, despite their good intentions to provide systematic initiation into the criminal's world, Aanstoos (2009) argued, "unfortunately [the authors'] use of phenomenology was constricted by the imposition of presupposed notions of who and *what* the offender is, which kept [the authors] from being able to access the richness of the meanings of the criminal's lived experience" (p. 31; emphasis added).

Particularly problematic was Samenow's (2004; Yochelson & Samenow, 1985) contention that the criminal personality emerges in a vacuum. Although Samenow rightfully pointed out that no one factor—e.g., poverty, parenting style, etc.—can be pinned down as *the* source of criminal behavior, he took this argument to the extreme, asserting that antisocial behavior occurs irrespective and independent of external influence. He went so far as to suggest that taking a biopsychosocial history is not only unnecessary but also precarious insofar as it provides fodder for criminals to rationalize their behavior.

Polizzi and Braswell (2009) countered that human experience is interdependent and is "situated within a social context" (p. 6). These authors equated failing to account for systemic and situational factors that contribute to criminal behavior with "[refusal] to recognize the basic humanity of those individuals who find themselves in the criminal justice system" (Polizzi & Braswell, 2009, p. 6). They continued, "It seems simplistic and overly convenient to selectively focus on those behaviors which tend to reinforce the continued belief in the ontological difference of the offender without taking any serious account of

those experiences which helped create the offender" (p. 7). For example, it is problematic to assume that criminal behavior is altogether a choice without granting ample consideration to the degree to which social factors promote or inhibit the fulfillment of emotional needs which are requisite for the development of conscience (see Erikson, 1959/1995; Kahn, 1997; Maslow, 1962/1999, 1970; Mate, 2010).

Furthermore, assuming a sense of separateness and primarily focusing on personal responsibility at the expense of context generate poor outcomes of correctional practice. Citing Merleau-Ponty's theory of the body, Polizzi (1994) argued that this attitude promotes vicious cycles of resistance and institutionalization that ultimately serve to keep the corrections officer and/or counselor one-sidedly in the right (or with the upper hand):

> The pathological or criminal behavior so easily recognized in the actions of the criminal remains invisible in the therapist, who is unable to accept this same possibility in [him or herself]. … The anger or disgust I experience when confronted by the other is not solely a reaction to the behavior of the offending body before me, but is also a reaction to the potentiality of my own body that I have not yet found the courage to own. (pp. 35-36)

Thus, distancing and reducing criminals to objects in the endeavor to "pick them apart" (Samenow, 2004, p. 212) also lend themselves to the potential for ethical concerns (Polizzi & Braswell, 2009). Historically, these matters have been legally justified without ample regard for their inherent hierarchical imbalances of social and political power and privilege (Bauman, 2000; Dalai Lama, 2011; Zimbardo, 2008).

To summarize, there are several contradictions in the approach promoted by Samenow. First is his choice of language—e.g., "crusade against anger" (Samenow, 2004, p. 220). Such wording not only overlooks the vulnerability that underlies anger, but it also bypasses overwhelming evidence (see Dalai Lama, 2011; Levine, 1997) that responding fearfully to others' confusion and aggression is likely to beget further destructiveness. As

an alternative, as suggested in the Dalai Lama's epigram at the beginning of this article, justice must be tempered with compassion.

Second, it is important to recognize that Samenow's work did infer a process of relational mirroring (see Samenow, 2004, p. 212) in the interest of moving criminals out of egocentrism, out of utilizing others as objects for their own manipulation, and into pro-social participation by developing a sense of conscience. However, Samenow did not adequately acknowledge that this approach essentially involves a process of completing unfinished developmental tasks associated with early childhood development (e.g., Erikson, 1959/1995; Kegan, 1982)—a period during which quality relationships and socialization serve a fundamental role in the development of conscience. Hence, this calls into question the validity of Samenow's argument against biopsychosocial (with emphasis given to social) context.

Third, the approach endorsed by the political and social systems from which Samenow arose and in which his principles are regularly enacted serves to "reduce human possibility to a history of past behavior" (Polizzi & Braswell, 2009, p. 7). This not only fails to account for the human potential for change, but also it limits—and, in worst cases, precludes—the possibility for forgiveness. Therefore, it lends itself to reinforcing vicious cycles of dehumanization and institutionalization as described above and as characterized in the *Shawshank Redemption* (Darabont, 1994) epigram at the beginning of this article.

Toward Corrective Experiences

These vicious cycles can be attributed to the fact that Samenow's corrective thinking principles are limited to first-order change, which involves "alterations to the way [one does] things within a particular paradigm, … a journey from one known point to another" (Paredes, 2011, pp. 45-46). In such a linear approach to therapy, behavior change is planned in advance and is instrumentally propagated by the clinician, thereby "[silencing clients'] own discourse" (Molbak, 2013, p. 469) and promoting the message that they are

"valuable only if [they] behave, think, or feel in a certain way" (Farber, Bohart, & Stiles, 2012, p. 105). A kind of mutually dependent relational pattern ensues in which maladaptive systems that underlie clients' problematic behavior ultimately remain unchanged (Fraser & Solovey, 2007). This is because such a prescriptive approach does not give clients ample opportunity to intrinsically explore and assume ownership of their maladaptive processes and to actively discover and create their own alternatives. Consequently, they are more prone to eventually resuming habitual defensive behavior patterns under duress—especially, in the criminal's case, after returning to society.

As an alternative, humanistic models of corrections work focus on transcendence, or second-order change—defined as "a new understanding of and relationship with the fundamental, innate essence of one's being that underlies all other experiences of change" (Murray, 2002, p. 176). Molbak (2013) continues that "good therapy … should seek to facilitate a qualitative shift in the client's experience of self by unleashing the unrealized potentials or truth effects of the moment" (p. 481). In order to promote such a sustainable shift, "the person must be led to have an experience that cannot merely be integrated into a pre-existing worldview and tamed accordingly" (Molbak, 2013, p. 473). Rather, intrinsic change "in the worldview itself" is in order (Molbak, 2013, p. 473). Such a fundamental shift is inspired by the therapeutic relationship as a vehicle for "healing through meeting" (Schneider & Krug, 2010, p. 57). That is, the relationship serves as a "middle or transitional space from out of which a new past and a new future [is] allowed to grow" (Molbak, 2013, p. 474). Clients learn "from [their] engagement with the situation, which provides continuous feedback [that they] can use to revise or reframe [their] understanding" (Molbak, 2013, p. 471) of themselves, of others, and of their experiences and therefore proceed out of developmental fixation. See Bland (2013) for a more detailed description of how therapeutic relationships promote developmental progression.

Whereas first-order change is driven by prescriptive techniques to generate expectable cause-and-effect outcomes, second-order change is a process-oriented approach which necessitates that clinicians "focus on the unfolding process [of the therapeutic relationship] in the living moment" (Schneider & Krug, 2010, p. 2). Clinicians "carefully attune to how clients relate to themselves and to us, appropriately reflecting back aspects of themselves that are evident [to others] but unnoticed" by the clients (Schneider & Krug, 2010, p. 2). As the therapeutic relationship matures clinicians mirror and "amplify clients' rivaling impulses" (Schneider & Krug, 2010, p. 67). Molbak (2013) continues,

> In such a moment [clients] receive [themselves]. Something [they] said, something [they] felt, a reaction [they] had, [becomes] an irrefutable fact about [their] existence, something that calls for or compels a response by the [clients] with [their] entire being, or in such a way that something about [their] entire existence is understood in a new way. … What is prioritized is the uncertainty of the unfolding process, which will itself teach therapist and client something that none up till then had known. (pp. 480, 466)

Consequently, new perspectives are developed about clients' concerns, their worlds, and themselves, and conditions are created out of which behavior change may take place naturally.

That is, clients "actively try out new behaviors in therapy, to see how they feel, and to notice how the therapist responds" (Levenson, as cited in Goldfried, 2012, p. 16). When clinicians respond genuinely, "the response is 'right' … due to 'good fit' (Molbak, 2013, p. 477). Rather than clients "achieving a predictable and pre-calculated effect" (Molbak, 2013, p. 477) engendered by clinicians' interventions, behavior change emerges from within clients and is validated by their encounters with the clinician. Molbak (2013) explains that effective change produces:

> resonance. It [draws] together discrete and seemingly unrelated moments into a higher order of meaning that allows something that was previously concealed and out of view to become a further catalyst of new thoughts and new subjective reactions. … We must judge [effectiveness] on the basis of what it does to the 'middle' of the [therapeutic relationship] from which new insights always grow. Does it allow a new future to emerge? Does it lead to a changed sense of past? Does it lead to the revelation of new details and further the approach to the mystery from out of which [clients] must receive [themselves]? (pp. 479-480)

This process of "ongoing reality testing" (Goldfried, 2012, p. 22) with an individual (i.e. the clinician) outside of their usual social network serves to counter clients' maladaptive interpersonal expectations that have been shaped by other influential people in their lives. Clients are given the opportunity to experience differently and therefore to reevaluate themselves and others (Hill et al., 2012). This process enables clients to become more trusting of their experience, to cut through defensive behavior patterns, and to become more comfortable "[evaluating] the correctness of emergent alternatives" themselves (Farber et al., 2012) outside the therapeutic relationship.

Among the principal aspects of the therapeutic process identified by clients as most conducive to second-order change (see Murray, 2002) are corrective experiences, defined as "events that challenge one's fear and expectations and lead to new outcomes" (Castonguay & Hill, 2012a, p. 4) insofar as they "[disconfirm clients'] past experiences" (Castonguay & Hill, 2012a, p. 6) and inspire them to "understand or experience affectively an event or relationship in a different or unexpected way" (Castonguay & Hill, 2012a, p. 5). The authenticity of the therapeutic relationship serves as a "between or a thirdness" (Molbak, 2013, p. 476) that creates conditions out of which clients may safely access and explore habitual (but often maladaptive) emotional responses to difficult situations in the

interest of ultimately overcoming them and replacing them with more affirming and sustainable "but previously overlooked" ones (Greenberg & Elliott, 2012, p. 85). Therefore, it is "new emotional experience and increased awareness rather than behavioral change [that is] seen as corrective, … which in turn changes how [clients] react and think" (Greenberg & Elliott, 2012, p. 86).

By maintaining an attitude of flexibility (Bernier & Dozier, 2002; Molbak, 2013) and "empathetic receptivity" (Knight, 2004, p. 84), therapists can match clients' unique interpersonal styles and utilize this complementarity to promote clients' engagement in a dialectic that encourages them out of fixed patterns of perception and behavior (Bernier & Dozier, 2002; Bridges, 2006; Knight, 2004). "Clinical reasoning emerges … out of the moment and out of the context of the interaction. … When [clinicians] arrive at [an] idea or intervention, it appears as if it arrived from without and was granted by the grace of the situation" (Molbak, 2013, p. 476). Responding to clients in ways that run counter to what they are accustomed based on past relationships (Knox, Hess, Hill, Burkard, & Crook-Lyon, 2012; Palvarini, 2010) and that acknowledge "both [the] life-giving and the life-taking qualities" of their defenses (Schneider & Krug, 2010, p. 54) lends itself to clients' resolution of unfinished business (Bridges, 2006; Friedlander et al., 2012) and to their creatively synthesizing "[seemingly] separate internal voices" (Farber et al., 2012, p. 114). Therefore, maladaptive emotional, cognitive, and interpersonal patterns also can become disrupted (Knox et al., 2012; Timulak, Belicova, & Miler, 2010), replaced with greater emotional flexibility and control (Friedlander et al., 2012). Farber et al. (2012) explain, "Clients no longer fear strong emotions and become able to establish more open, accepting, and reciprocally fulfilling relationships. Conversely, having learned to trust in and listen to all of one's self, they do not let intense emotion blot out multiple voices within" (p. 117).

Consequently, clients become able to increase self-awareness and self-acceptance (Friedlander et al., 2012; Hill et al., 2012; Timulak et al., 2010), to broaden their range of

relational possibilities and develop more mutually satisfying and adaptive relationships with both the clinician and with others (Friedlander et al., 2012; Knight, 2004), and to transcend their limited sense of self-identity (Knight, 2004). "The therapist's task is to find the [client's] potential … that is not yet fully visible, not a fully developed self, lying in wait beneath the surface of social adaptation" (Knight, 2004, p. 88). Thereafter, the therapeutic relationship provides a "transitional space" (Winnicott, as cited in Knight, 2004, p. 88) of safe ambiguity (Hill et al., 2012) for this new way of being to emerge and develop and for clients to test out new intrapersonal and interpersonal patterns (Knight, 2004). By way of frequent reflection by and interpersonal feedback from the clinician as described above, clients receive ongoing instruction in how to extrapolate and maintain these patterns outside the therapy relationship (Goldfried, 2012; Heatherington, Constantino, Friedlander, Angus, & Messer, 2012). Thus, "the therapeutic alliance is not only the glue that keeps clients in treatment but also a factor that can motivate them to engage in the change process" (Goldfried, 2012, p. 20). From a social neuroscience perspective, Cozolino (2010) continues,

> Social relationships have the power to stimulate the neural plasticity required for new learning. The interpersonal and emotional aspects of the therapeutic relationship, referred to as a nonspecific factor in the psychotherapy outcome literature, may be *the* primary mechanism of therapeutic action, … linked to increased neural plasticity, emotional regulation, and attachment behavior. In other words, those who are nurtured best survive best within a safe and positive environment. Unfortunately, the social isolation created by certain psychological defenses reinforces the rigidity of neural organization as the client avoids the interpersonal contexts required to promote healing. In these instances, the therapeutic relationship may serve as a bridge to once again connect with others. (p. 38; emphasis added)

Corrective experiences typically are initiated by an element of spontaneity and surprise. When a clinician responds non-judgmentally to clients' behavior and/or disclosure of information about themselves that ordinarily would be regarded as unacceptable to them or to others in their usual circles, the clinician serves to "[break] a sense of isolation and often can produce connection and a sense of intimacy—a new and unexpected experience" (Greenberg & Elliott, 2012, p. 87). Consequently, there is potential for the defensive nature of a behavior or a secret to become disarmed insofar as it does not result in the expected outcome of holding others at a distance and/or producing a shame-provoking response. Thus, for the client, "revealing previously private aspects of oneself and being seen, validated, and accepted are [regarded] as healing" (Greenberg & Elliot, 2012, p. 87). When the process goes well, clients also report between-sessions experiences "with [a] tone of surprise in their voice" (Goldfried, 2012, p. 21), the result of "ongoing interaction with a supportive and affirming therapist" (Goldfried, 2012, p. 21) which extends to other relational contexts.

Moreover, from a social neuroscience perspective, as clients' defenses become exposed and challenged by the clinician "behaving differently from what clients expect" (Hill et al., 2012, p. 359), the therapeutic relationship offers a "safe emergency [which] provides both the psychological support and the biological stimulation necessary for rebuilding the brain" (Cozolino, 2010, p. 343). Such "a safe and empathetic relationship establishes an emotional and neurobiological context conducive to neural plasticity" (Cozolino, 2010, p. 342) insofar as it "stimulates biochemical changes in the brain capable of enhancing new learning … [and clients] can then work to rewrite their stories" (Cozolino, 2010, p. 38). Corrective experiences create conditions for clients to become more comfortable taking healthy risks (Caspar & Berger, 2012; Goldfried, 2012; Greenberg & Elliott, 2012). Having fixed, maladaptive intra- and interpersonal perceptual and response patterns disconfirmed by the therapist's "comprehensive and nonjudgmental attitude" (Palvarini, 2010, p. 177),

clients "begin to update their view of reality" (Goldfried, 2012, p. 21) and actively engage a process of creating new meanings in their experience that render previous defenses obsolete and that lend themselves to action that is more authentic and less self-absorbed.

The concept of corrective experiences originated during the 1940s, when Alexander and French introduced the concept of *corrective emotional experience* to refer to clients processing and bringing about a "new ending" (Bridges, 2006, p. 551) to situations that they previously found intolerable (Palvarini, 2010). (Today the concept has been expanded to "*also* involve a shift in cognition and behavior," Goldfried, 2012, p. 14; emphasis added. However, "rather than label this principle of change as *corrective-emotional-cognitive-behavioral experience*, it might be simpler to call it the *corrective experience* but recognize its complexity," Goldfried, 2012, p. 14.) Corrective experiences were initially criticized within the traditional psychoanalytic community (the prominent mode of therapy at mid-20th century) as gratifying clients and preventing them from dealing with hard realities (Kahn, 1997). (It is interesting to note the parallel in tone between the traditional psychoanalysts' response and that of Samenow in the earlier discussion about offender treatment.) On the other hand, proponents of corrective experiences, such as Kohut, countered that limiting treatment to "presenting the client with a frustrating situation" (Kahn, 1997, p. 99) is akin to "pouring gasoline on the fire" (Kahn, 1997, p. 100) insofar as "the client got into trouble by being raised in this kind of environment, and more of the same isn't going to help much" (Kahn, 1997, p. 100). As an alternative, Kohut argued that the primary task of therapy is to provide an experience in which therapists open themselves to join empathetically with the client, then to "let the client know that the therapist has indeed succeeded in seeing the situation from the client's perspective" (Kahn, 1997, p. 100). (Again, it is interesting to note the similarity between Kohut's attitude and that of Polizzi and Braswell in the section above.)

Relevance in Corrections Work

Applied to corrections counseling and offender treatment, the principles of corrective experiences closely parallel those proposed by Braswell and Wells (2009) for overcoming institutionalization and "[using] the power of the counseling relationship to become the primary model for demonstrating self-discipline, empathy, and compassion to the offender" (p. 174). Like Kohut (see Kahn, 1997) and more recently Knight (2004), who stressed that the therapeutic relationship lends itself to corrective experiences, Braswell and Wells (2009) suggested that relationships that have "greater correctional influence" (p. 178) in offender treatment are "centered on respecting where the other currently is and potentially can be" (p. 179) and involve "[increased] opportunities for the heart and mind to remain open and for positive change to occur from within the offender" (p. 182). In alignment with the principles of change associated with corrective experiences—e.g., using surprise to promote healthy risk-taking and transcendence of dialectics (Goldfried, 2012; Molbak, 2013)—Braswell and Wells (2009) suggested that "the correctional relationship is fundamentally the counselor and client seeking significance through the struggle for synthesis" (p. 194).

Finally, like the therapeutic presence literature (e.g., Geller & Greenberg, 2012; Germer & Siegel, 2012; Krug, 2009; La Torre, 2002; Lazar, 2000; Wegela, 2009; Welwood, 2000) that outlines conditions conducive to corrective experiences, Braswell and Wells (2009) suggested that as clinicians "we have to start with ourselves" (p. 180) to enable criminals to undergo meaningful transformation. The authors conclude, "Our intentions … are all that we have. [While] there are no guarantees regarding treatment outcomes, … it is important that we keep trying, that we continue doing the best we can" (p. 182) to do the right thing despite lack of support from one's peers. Thus, transformative counseling involves not only change and healthy risk-taking in the client, but also in the therapist (Braswell & Wells, 2009; Fraser & Solovey, 2007). It requires flexibility and receptivity to a continual, often non-linear (Hill et al., 2012) process that "often unfolds in surprising ways

with problems frequently being overturned and new goals frequently emerging to take their place" (Molbak, 2013, p. 482).

Case Illustrations

Between September 2012 and February 2013, I provided weekly counseling services at a state-funded community corrections center in a semi-rural Midwestern community. My primary responsibility was to provide individual therapy to a revolving caseload of about 15 men between the ages of 19 and 54. Most of the clients were White and from cultures of poverty. Several had histories of trauma, abuse, and/or significant loss. The majority had been charged with crimes related to their substance abuse; I also worked with sexual offenders and with individuals who had chronic histories of failure to pay child support. My role within the program was to provide one-on-one meetings to complement the corrective thinking curriculum that comprised the bulk of the facility's treatment program. In addition, I occasionally co-facilitated weekly sex offender, corrective thinking, and substance abuse treatment groups.

Clients typically were referred by their primary therapists or by the site director. Clients usually were identified as individuals who had mental health concerns that were not adequately addressed in a group-only format, whose social discomfort impeded their progress in the program, and/or who were regarded as being at elevated risk of re-offending. To accommodate my caseload within the confines of a single day per week, I typically met with clients bi-weekly during the first several weeks of their time in the program. During their last month in the program, I met with clients weekly (as their anxiety regarding returning to the community tended to escalate). Sessions usually lasted 10 to 15 minutes during the first two to three sessions and then they extended to between 20 and 45 minutes.

Treatment began with a review of confidentiality and limits thereof—which Polizzi (2009) identified as crucial for building trust and enacting engagement with the criminal

population—and of a basic outline of the clients' charges and related contextual details of their biopsychosocial histories. Often, the initial meeting ended with my assigning the existential obituary exercise (see Schneider, 2008) as an invitation for the clients to consider (and potentially expand) their range of options for living their lives and to confront the necessity of assuming responsibility for their choices.

Thereafter, clients openly processed the connections between family/interpersonal and ecological concerns; their struggles with ambiguity, isolation, emptiness, learned helplessness, procrastination, and/or institutionalization (i.e. dependency); their perceptual distortions; and their involvement in addictive behaviors and related criminal activity. As appropriate, I utilized motivational interviewing strategies (see Miller & Rollnick, 2002) and mindfulness- and acceptance-based techniques associated with humanistic and transpersonal psychologies (e.g., Doi & Ikemi, 2003; Gendlin, 1981; Ghunaratana, 2002) and with "third-wave" CBT (see Hayes, Strosahl, & Wilson, 1999; Roemer & Orsillo, 2009) to help the clients overcome experiential avoidance. Consequently, many clients became better able to unfreeze rigid beliefs, temper their energies, and develop alternatives to using compulsive activity to distract from emotional vulnerability—which previously had contributed to and reinforced their abuse of stimulants to maintain an illusory sense of power and control.

I also promoted the clients approaching the corrections center as a microcosm of and an opportunity to transform their lived experiences in society. When they portrayed themselves as victims in interpersonal disputes, I encouraged them to evaluate the relationship between the qualities that they did not like in others and those they had difficulty accepting in themselves (see Combs, 1999). This led not only to their assuming ownership for their role in and resolution of conflicts within the program but also to processing the potential to more humbly approach family and other social relationships, to establishing and maintaining more sensible boundaries, and to building forgiveness and

respect. Some clients insightfully acknowledged their utilizing aggressiveness (i.e. machismo) to bypass underlying anxiety, shame, and vulnerability (see Bilmes, 1992; Roemer & Orsillo, 2009).

Moreover, several clients processed how their difficulty maintaining focus in their GED courses at the corrections center reflected their ambivalence about overcoming generational poverty (see Galbraith, 1958; Payne, 1996). I was heartened by their gradual transformations from accusing the education staff of being ineffective teachers to developing courage to ask for assistance and therefore to reframing negativistic assumptions about others and themselves. Finally, almost all of the clients discussed their concerns about landing employment in time for discharge from the program (and maintaining it thereafter). They were receptive to my encouraging them to maintain their here-and-now focus to prevent sabotaging their progress by allowing their intolerance of ambiguity and need for instant gratification to develop into self-fulfilling prophecies.

For a final example, I will illustrate my use of surprise to initiate a corrective experience. A client in his late 30s was referred for a risk assessment after a history of murder was discovered in his record. During the first several minutes of our initial meeting he gave a cynical gaze with head bowed forward and eyebrows raised. I eventually asked about his homicidal act, and he responded that when he was four years old he accidentally shot and killed his younger brother with the handgun with which they had been playing. He attributed his decades-long struggle with cocaine and heroin addiction to the shame and guilt associated with this accident. By the end of that first session, he continued to exhibit his cold "What do you want?" look but he did agree to meet again. After two more moderately productive meetings, when I summoned him for his fourth session, he stated that he did not feel like meeting that day. I responded, "That's fine. I'll see you in a couple of weeks, then?" He nodded as if to say, "Yeah, sure, whatever." Then the following week

he approached me and asked if I could see him that day. Upon entering my office, he requested that we begin meeting weekly.

He outlined a dilemma he was facing. He knew he could not return to his wife, because she would only tempt him to use again. He was not convinced that he could live on his own. Therefore, he believed that serving out his remaining time on the shelf was his best option. He smiled and nodded when I suggested that, citing Maslow's (1970) theory of motivation, "four concrete walls and a lock on every door can look pretty attractive when you haven't been taught how to live, eh?" At the conclusion of that session, I inquired about what prompted him to change his mind about meeting with me. He initially responded that he had been thinking about his brother. He continued that that he respected my allowing him a choice not to meet the previous week, which he appreciated as an opportunity to break from routines he believed he was compelled to follow.

During the following weeks we further explored his dilemma discussed above, his brother's death, as well as the tragedy of his mother's suicide when he was twelve. We processed how these incidents contributed to his difficulty developing intimacy as an adult and how weighing his options for his post-discharge plans confronted him with the choice between returning to old habits, futilely avoiding them, or forging a new identity. Our therapeutic relationship served as a catalyst for him to test out the possibility of existing and relating on a different level. As the weeks progressed, having working toward overcoming the role of victim of his past, this client gradually moderated his overwhelming doubts about his ability to surrender his decades-long struggle not only with substance dependence, but also with a sexual addiction which he had never openly addressed. Toward the latter part of our work, he was particularly receptive to my playing him Johnny Cash's version of "Hurt" (Reznor, 1994). He tearfully responded that the song accurately described how his efforts to control his suffering only exacerbated his pain.

I hurt myself today

To see if I still feel

I focus on the pain

The only thing that's real

The needle tears a hole

The old familiar sting

Try to kill it all away

But I remember everything.

He concluded that the hardest part to deal with was the shame he experienced daily knowing that his children were growing up without a father, just as had been the case for him.

He requested advice on how to establish relationships with them, given his lengthy absences and his strained relationships with their respective mothers. After processing this issue and its implications, he seemed receptive to my suggestion that he could begin by improving his ability to center himself in the present—rather than futurize and/or dwell on the past, which historically had contributed to and resulted in his cycles of disappointment, self-punishment, and further isolation.

Discussion and Conclusion

I have no illusions that my work healed these clients for life or that some may not eventually resume their criminal behavior. However, by intentionally contextualizing and validating the suffering that contributes to that behavior and by providing conditions conducive to sustainable behavior change (including but not limited to an opportunity for them to recognize another person's faith in their humanity), I believe that I successfully planted seeds that may disrupt their fixation in their identities as criminals. I also put them in touch with intrinsic incentives to reduce egocentrism and impulsivity by experiencing themselves and the demands of the situations they encounter differently. Upon

termination, several of the clients expressed appreciation for my challenging them out of mechanically approaching the corrections program as something to be "gotten through."

On the surface, corrective thinking curricula as conceived by Samenow (2004; Yochelson & Samenow, 1985) follow a similar four-phase model as corrective experiences proposed by Goldfried (2012). Criminals are made conscious of their maladaptive and destructive thinking and behavior patterns and how they affect others, and then they become impelled to develop and crystallize more pro-social patterns. However, the corrective thinking approach is limited in its reliance on generalizations and limited assumptions without ample consideration for more empathetic understandings of the context behind criminal behavior. In its implementation, corrective thinking curricula run the risk of one-sidedly awarding an advantage to corrections officers or counselors based on their relative social privilege to project fear onto criminals and then to hold criminals responsible when they demonstrate negative responses. Because of the assumption that past behavior predicts future behavior, meaningful changes and/or honest disclosures are prone to becoming overlooked and/or discounted as manipulation. This ultimately serves to shut down genuine transformation and to keep vicious cycles of isolation and institutionalization in motion.

This is particularly so for individuals whose crimes are related to their substance abuse, which "needs to [be viewed] as more of a public health issue than a criminal justice system problem" (Gesualdi, 2003, p. 9). Given that currently more than 60% of inmates are incarcerated for non-violent crimes and that 25% are incarcerated for substance-related crimes (Bureau of Justice Statistics, as cited in Kamrany & Boyd, 2012), it is questionable whether the corrective thinking curriculum—a treatment protocol geared primarily for severe antisocial personality issues—can be generalized to all individuals sentenced to correctional institutions.

Furthermore, although Samenow (2004) was accurate in his observation that most criminals seek to "avoid confinement" (p. 14), he did not adequately acknowledge two key factors. First, no one wants to be confined, and the fear-based patterns that he and Yochelson (1985) described as fundamental components of criminal thinking and behavior are human possibilities that, under the correct circumstances, can become enacted by anyone (May, 1967). Second, Yochelson and Samenow (1985) fittingly portrayed criminals as "[seeming] tough but … actually extremely fearful" (p. 5). However, they did not account for the possibility that criminal behavior may reflect shame regarding the criminal's inability to meaningfully and appropriately participate in the human condition (including but not limited to social relationships) because they have not had the opportunity to develop skills necessary to do so (Mate, 2010). When they feel vulnerable in society, criminals act on a need to be placed in a secure environment. As noted earlier, this has been the topic of several discussions I have had with clients involved in the legal system. Once criminals are placed in that secure environment, it is essential that it not provide the same conditions that brought them in. Otherwise, insecurity and isolation become reinforced, and criminals become more likely to continue enacting habitual defense patterns that push people away and that further underscore their conviction that they are incapable of being loved (see Maslow, 1970).

Instead, such a secure environment should be a forum for compassionately promoting opportunities for criminals to develop comfort both in the presence of others and in their own skin. Thus, rather than serve to counter destructive attempts to gain negative freedom (i.e. freedom from external restraint), offender treatment should serve to promote positive freedom (i.e. the ability to utilize one's power and resources to fulfill one's potential). In other words, it should advocate not merely acting responsibly (the stated aim of Samenow, 2004) but rather the fuller existential goal of "acting responsibly as a self" (May, 1967, p. 67).

As an alternative, the process-oriented corrective experience model encourages corrections officers and clinicians to more intentionally join with criminals in an effort to inspire—rather than demand—changes from within. Rather than fearfully label behavior as evidence of antisocial patterns and thinking errors, this model supports and models possibilities for change. It provides a space for criminals to openly address natural anxiety and vulnerability related to change—which typically fueled their criminal actions to begin with. Molbak (2013) argues that this approach

> becomes a more ethical choice [because] it has its origin not in conventional social morality or socially constructed knowledge but in the void or happening out of which everything valued and everything known first becomes a question. Hence, process-oriented therapy might very well shatter people's long-held beliefs about themselves and what they want and might very well shatter the therapists' expectations and preconceived knowledge. (pp. 466-467)

Finally, it offers criminals the opportunity to develop practical and more fulfilling alternatives to deal with life's ambiguity as they participate, perhaps for the first time, in an authentic encounter.

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