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Critical incidents in a forensic psychiatric population: An exploratory study of motivational factors¹

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Abstract

This exploratory study examined the motivations for forensic clients' engagement in critical incidents, specifically hostage-taking, barricades and roof-top protests. Using thematic analysis a range of themes were identified. These included engaging in such incidents to seek deliberate isolation from others, gaining control, getting their needs met, a need to communicate and being influenced by their peers. Selection of potential hostages appeared linked to feeling of grievance toward them. Yet the distress of a hostage, along with consideration as to the longer term consequences of their actions both for themselves and morally, appeared to reduce the risk of engagement in such incidents. The results are discussed in terms of Individualism, Self-Determination Theory of Motivation and Maslow's Hierarchy of Human Needs.

Keywords

Critical incidents, crisis, conflict, motivation, aggression

Introduction

Any system that aims to detain individuals against their will is likely to be met with protest from those who are detained. Such conflict can take many forms, including acts of aggression; it can be planned and/or impulsive. This paper presents findings from an exploratory study that considers significant instances of such resistance from the perspective of those detained, with reference to a range of key theories including the Self-Determination Theory of Motivation (Ryan and Deci, 2000), Maslow's Hierarchy of Human Needs, Individualism and Paternalism. Forensic patients detained in psychiatric services can feel unfairly and unjustly treated, and which can lead them to protest in some manner (Mason, 2000). Such protesting behaviour, which can take many forms, can undermine positive client-patient relationships and damage self-esteem (Mason, 2000). It can also be linked to higher instances of aggression, particularly if it is felt by patients that staff are attempting to control or coerce them in some way (Meehan, McIntosh and Bergen, 2006). Protests occurring in these contexts can be understood in relation to the concept of a critical incident. The term critical incident

refers to any substantial event that can disrupt everyday living for an individual and which requires the expertise of others to intervene in its management. It is one where a communication based resolution is sought and can involve a range of events, such as barricaded hostage, crisis situations, kidnappings and suicide attempts (Vecchi, 2009).

As such, a critical incident in a forensic psychiatric context is regarded as an event that requires management resources not readily accessible to the individual. This may include them choosing to engage in a barricade, holding someone against their will or threatening to end their life as a means of dealing with a problematic issue. These are commonly split in to two main categories; crisis and conflict.

Carkhuff and Berenson (1977) describe a crisis as when an individual perceives insurmountable obstacles to achieve desired goals or outcomes. In a crisis situation the individual feels unable to cope with a situation or problem. In contrast, a conflict situation is an event where an individual perceives their needs as being blocked and attempts to cope with this by entering into conflict in order to get their needs met. As such, a person in a conflict situation will have a clearer goal in mind than the individual in crisis, who by contrast is likely to be unclear about what they wish to achieve.

Wilmot and Hocker (1998) defined conflict as the perceived blocking of important goals, needs, or interests of one individual or group by another individual or group. Information processing theory argues that “*a little conflict may stimulate information processing, but as conflict intensifies, the cognitive system shuts down, [and] information processing is impeded.....*” (De Dreu and Weingart, 2003, p. 742). This is certainly one suggested mechanism by which a conflict situation can arise and escalate. Putnam and Poole (1987) further described a conflict as “*the interaction of interdependent people who perceive opposition of goals, aims, and values, and who see the other party as potentially interfering with the realization of these goals*” (p. 552). Control theory would further fit within this, and where an individual may seek to engage in some form of corrective action if their perceived goal is not being met (Klein, 1989). Whilst a detailed discussion of this theory is outside the remit of this article, in a simple form this could equate to an individual’s needs (goals)

not being met and seeking to then alter this accordingly. So, in the instance of a critical incident, this could be an example of not being listened to and then seeking to be listened to by engaging in such an incident.

Mason (2000) argues that more research is needed to understand which events or situations are likely to become critical incidents, and to understand patients' perspectives on where and how their needs and wants are blocked in such incidents. Forensic patients may engage in some form of protesting behaviour as a result of feeling "*trapped, powerless and thwarted*" (Mason, 2000, p272), possibly attempting to be overt enough to draw the attention of others to their concerns. Meehan et al (2006) argue in their qualitative study of the use of aggression in high secure patients, that such aggression can be a result of limited communication, and where the patient feels that staff are not available to assist, are lacking in empathy and where they feel they have to demand attention in some way. Indeed, although protesting behaviour can be varied, common themes are communication and powerlessness (Mason, 2000). In spite of this, there has been little research to date that examines the perspectives of patients in forensic settings about engaging in protesting behaviour or about critical incidents.

Whilst the motivations behind critical incidents such as hostage-taking and roof top protests have been subject to some discussion in the literature, this is rarely based upon any rigorous empirical research. For example, Feldmann and Johnson (1995) argue that the motivations for taking a hostage include affecting an escape from an interrupted criminal act, eliciting sympathy for radical causes, embarrassing governments in an effort to effect change in domestic or foreign policy, or to extract revenge for some perceived wrongful act. Such observations provide a helpful starting point, but greater empirical consideration of these issues is needed. There is a need to undertake more detailed research to examine the perspectives of the perpetrators of critical incidents. For example, Posthuma and Dworkin (2000) argue that there are many situations where an individual is required to make a decision on a current situation, with this situation having parallels to previous experiences. As such, they argue that past decisions made can then influence future choices the individual can make. Although this can arguably be a simplistic presentation, it does indicate that past behaviours can of course be a key consideration in the likelihood of future behaviours. Therefore, examining the way that patients' account for and make sense of critical incidents, including their motivation for participating in them,

can potentially provide insight into the choices and decisions they could make in future events, and which may contribute to initiatives to reduce critical incidents or prevent them from escalating.

As a starting point, and in an effort to begin to understand potential motivations for a critical incident, reference can be drawn to the concept of individualism, which refers to an individual's personal freedom, independence and liberty, and their freedom from the beliefs and attitudes of others, where the focus is more on themselves as individuals, as opposed to that of a close knit community (Triandis and Gelfand, 2012). Ultimately this focuses on people's ability to engage their own free will; to make their own choices and decisions. Individualism is a concept that is accepted by cultures, and where the UK would be considered part of an individualism culture. As such, residence in a UK secure psychiatric setting may offer fewer opportunities for an individual to exercise free will, and may therefore increase their likelihood of looking to more drastic measures to achieve autonomy, such as a roof top protest or barricade. This may be even more amplified in such environments where a lack of community is present, presenting a heightened focus on individual needs and wants as opposed to the communities needs and wants. Furthermore, individualism would argue that any effort for someone to make choices for them is likely to be met with resentment, with a preferred desire to make choices for themselves (Earley, 1993). This may again fit with critical incidents, and where an individual may be reacting against the effort to remove their ability to make choices. Individualism has substantial links with Self-Determination Theory of Motivation (Ryan and Deci, 2000). This is a broad theory of human motivation, assuming individuals have an innate drive towards their own development and psychological growth. Yet, such drive is not automatic, and can be influenced by others, with the social environment either maximising or hindering an individual's ability to master their on-going daily challenges. Ryan and Deci (2000) identified three areas where such motivation is maximised: Feeling *competent* in what we do, *relatedness* toward others and a sense of *autonomy*. According to this perspective, people work at their best and most happiest when they feel they have some level of control over their daily lives (Ryan and Deci, 2000). Arguably, this theory implies that engagement in a critical incident becomes more likely when such control becomes lost, and views critical incidents as one method for attempting to regain control. Furthermore, the restrictions of a secure psychiatric setting may reduce the level of control individuals feel they possess.

Autonomy is another part of Self-Determination Theory of Motivation, and is viewed as a basic human want covering a range of factors that predominantly relate to the freedom to act on one's own thoughts and decisions, and where a conflict can be regarded by individualism as a violation of individual rights and autonomy (Gelfand et al, 2001). Detention in a secure environment reduces opportunities to meet this human requirement. Mason (2000) asserts that secure forensic settings, curtail autonomy of thought, restrain autonomy of will, and confine autonomy of action.

Similarly, Maslow's seminal Hierarchy of Human Needs (Maslow, 1943) could be considered, and where engagement in critical incidents may represent an individual making an effort for their needs to be met through this medium. For instance, Maslow argued that we have basic needs such as food and water, safety needs, love and belonging, esteem, with a final need of self-actualization. Maslow would argue that the latter need would not be achieved without the previous needs being successfully met. It may be argued that the basic needs can be met in a secure institution, such as food, water and safety. Yet, the more complex needs such as love, belonging and self-esteem could be more challenging to acquire, or could be acquired in a more unhelpful manner, such as a sense of belonging by attachment to a more unhelpful peer group or engaging in unhelpful behaviours that can promote their self-esteem. Maslow would argue that a need for self-esteem fits with a requirement for stability, and respect both for themselves and others. When the need is satisfied then they feel confident and have something of value to others. If not met, then this can lead to feelings of worthlessness and inferiority.

In addition to individualism, the restrictions imposed by detention could also be understood in relation to the concept of Paternalism. Paternalism is where those in authority place restrictions on those deemed to be subordinate, or where individuals are governed in a paternal (e.g., fatherly) manner. This can include individuals having a dependency on those in authority to provide them with their basic daily needs. This is consistent with the situation of forensic psychiatric patients, who also have reduced rights and responsibilities due to their confinement. Paternalism can lead individuals to have a much reduced sense of personal control and consequent freedom of choice, again linking to the Theory of Self-Determination. Consequently,

engagement in a critical incident could potentially be explained as a reaction against paternalism, and as a strategy for regaining control and choice.

In order to explore such motivations, this study uses qualitative research methods. Qualitative methods can be useful in identifying variables that might later be developed to test quantitatively or in situations where a quantitative approach would be less likely to adequately address the research question (Parahoo 2009). In this instance the current field of study is under-developed, and little is known in regard to the motivations behind a critical incident, especially from the perspective of the perpetrator. As such, qualitative methodology would offer a valuable method to gather rich data, and a more quantitative approach would potentially restrict this.

This paper reports findings from semi-structured interviews with patients in a forensic psychiatric hospital in the UK. Interviews were conducted with patients who have a history of critical incidents, exploring their immediate views and reasons around their engagement in such incidents. Semi-structured interviews allowed topic areas to be explored without restricting the participants, and retained the necessary flexibility for them to highlight areas of importance to them. Thematic analysis can provide a richness of information, whilst still retaining some flexibility in the participants' responses (Braun & Clarke, 2006). Thematic analysis was therefore used to address the following research questions:

1. How do patients define and conceptualise different types of critical incident in which they have been involved?
2. What are patients' perspectives on the factors that lead to, or are barriers to, critical incidents?
3. What do patients' accounts reveal about their perceptions of others' reactions to critical incidents and of their consequences?
4. Do patients construct critical incidents in ways which relate to concepts used in Self-Determination theory – such as individualism and autonomy?

Method

Participants

Sixty-eight potential male participants in a forensic psychiatric hospital were identified as having a history of critical incidents, 47 of which were given approval to be approached from their Responsible Clinician. Of these, 16 agreed to be interviewed (34% agreement rate).

The average age was 31 years (SD 9.46). The average length of stay at the hospital was 42.88 months (SD 20.31). 68.8% had a primary diagnosis of Paranoid Schizophrenia; 18.8% Dissocial Personality disorder and 12.6% had a diagnosis of either Schizo-affective disorder or Anti-social personality disorder (6.3% respectively). Hostage Taking was the most common crisis incident reported for this group (50%) followed by Barricade (31.3%), False Imprisonment (12.5%) and Roof-top Protest (6.3%).

Procedure

Upon obtaining NHS ethical approval, potential participants who had a history of critical incidents were identified. Their Responsible Clinician was approached to determine their overall suitability for participation. Once consent was given, all potential participants were approached, given information about the nature and purpose of the study and asked whether they would be willing to participate.

Upon each participant providing their consent, an interview was undertaken by one of the researchers that focused on a range of areas relating to critical incidents, including the advantages and disadvantages of such incidents, those who would approve or disapprove, as well as the factors and circumstances that would make engaging in a critical incident more viable.

The context of the data collection meant that it was not possible for interviews to be audio-recorded. This related to security arrangements, which were necessary in order to obtain agreement to conduct the interviews,

and which precluded audio recording. Therefore, the data consist of detailed verbatim notes that were taken by the interviewer during the interview to record the responses of the participants.

Analytic strategy

Thematic analysis was employed to determine, analyse and report patterns (themes) within the data (Braun & Clarke, 2006). The data was examined several times by the authors to identify common themes in relation to the research questions.

Initially, a comprehensive set of codes was devised to capture the scope of the data. The relevance of these codes to the research questions, and their applied significance, was considered by the research team before more focused coding (theme identification) was conducted. Those themes that were particularly relevant to the research questions were then selected for more detailed analysis, including repeated comparisons between different parts of the data set and between the data and the growing analysis. Divergent cases were noted and analysed.

A number of steps were taken to ensure rigour in the analysis. The initial thorough coding of all data, the consideration of this coding and the subsequent theme development by the entire research team, and the analysis of divergent cases helped to combat anecdotalism. Anecdotalism is said to occur when the finished analysis is consistent only with part of the data set and is supported by selective examples while those that are inconsistent with the analysis are ignored (Silverman, 2005).

Analysis

A range of themes were noted from the detailed analysis, and are presented below.

1. Themes for Engagement

When exploring the themes for an individual choosing to engage in a critical incident, a range of themes emerged. The following themes in order of prominence were *seeking deliberate isolation from others, gaining control, getting your needs met, not being listened to/a need to communicate*, along with *peer influences*. Each of these themes is discussed below.

Seeking deliberate isolation from others

Engagement in a critical incident appeared to meet a need for deliberate isolation, with the opportunity to “*enjoy your time and space*” (Q1b, P12), with “*the less people that there are in your life, the less complicated it is*” (Q1b, P1). This was linked to a greater opportunity to reflect, with one participant noting it gave them “*Time to think what you want to do, think about your problems*” (Q1b, P5) and “*Time to think when you are stressed out to the max*” (Q1b, P3). This also appeared to be an opportunity to manage any negative emotions, with participant 7 noting “*Sometimes, spending time on your own can be good to calm down*” (Q4b, P7).

Gaining Control

Such incidents further appeared to meet a desire to gain control, and where control was not being met in the day to day environment, such as “*Make sure you don’t give in half-way through, prove to them that you’re still going strong and had enough of being taken as a weak person, not gonna be messed about anymore*” (Q7a, p31). Participant 2 noted “*the good thing for this would be that you’re totally in control of the situation*” (Q1b, P2).

Getting your needs met

An individual getting their needs met as part of engagement in such incidents was of further importance with one participant stating it can “*Get what you want, depends where you are, if in prison you can demand more tobacco. Demand whatever you want, seven to eight times out of ten you’ll get it*” (Q1c, P11). It also met personal needs, such as heightened physiological arousal, with participant 13 noting “*if you’re feeling agitated*

it would be a good thing to do because it will give you an adrenalin rush". It also offered the opportunity for a change of situation, with participant 31 stating *"breaks up the day to day of prison life, 23 hour lock-up"* (Q1c, P31), with another remarking it allowed for a *"bit of freedom for a couple of hours"* (Q1a, P33).

Not being listened to and a need to communicate

An effort to communicate and/or not being listened to was a further recurring theme, with participant 14 noting *"Sometimes it's just got to be done for people to listen"* (Q1a, p14), and where it was felt others failed to listen to issues, with another remarking it linked to *"feeling not being heard, telling people how you feel and it falls on deaf ears"* (Q7a, P1), *"staff not listening – barricade and they'll listen"* (Q2a, P3). A need to be heard, and to express themselves appeared an important element, and where it would *"make people aware of your problems"* (Q1b, P1), and where *"people take you seriously for once"* (Q1a, P31). This linked to others listening to their concerns, with *"the good things are that you feel you are being listened to"* (Q1a, P1).

Peer influence

The influences of peers to engage in critical incidents was also touched on in the interviews, including a pressure to do so and/or general approval and support. Participant 10 stated *"Prisoners would approve because you're getting your voice across, make a stand, Strangeways changed the system"* (Q4c, p10), *"It's like a brotherhood because you feel a connection with other people on the roof, you're like comrades, it's quite funny"* (Q1c, p2). General peer pressure included *"being encouraged to do it"* (Q7c, P13), with *"all patients egging you on"* (Q2c, P3) and *"others might find it entertaining"* (Q2c, P3).

2. Factors leading to Engagement

Participants were encouraged to consider the ease by which such critical incidents could be undertaken by them, as well as what may reduce any decision to engage (which is discussed later). The following themes in order of prominence were: the general ease of engaging in a critical incident (including an environment that

supports such incidents and negative feelings toward a potential hostage), and pre-planning. The following emerged:

Ease of Engaging in a critical incident

This focused on three areas; holding someone against their will, isolating themselves so no-one could get to them, and engaging in a roof-top protest.

When considering holding someone against their will, it was felt easier to engage in this if the environment was able to support it. For example, one participant noted it was easier *“if the hostage is already with you”* (Q7a, p12). The number of staff on duty would make it easier, with participant 7 indicating *“no staff around”* (Q7a, p7).

The mental state of the individual holding someone against their will was also considered to be a factor, such as *“feeling angry”*. One participant further noted that, in order to hold someone against their will, there would be a need for them to be under the influence of drugs, commenting *“being on drugs, cannabis. Couldn’t do it with a straight head”* (Q7a, p8).

Finally, the hostage appeared to play some role in how easy it was to hold them against their will, generally focusing on the hostage aggrieving the perpetrator in some way. For example, participant 5 noted it would be easy to hold them against their will *“if they’d done something to your family or friends”* (Q7a, p5) and *“If you had problems with that person”* (Q7a, p5).

Risks of an individual choosing to isolate themselves from others (e.g. a barricade) appeared linked to a disintegration in their psychological well-being, and which was different to the reasons for holding someone against their will, with one participant noting it would be easier to isolate themselves *“if you were unwell and wanted time to yourself”* (Q7b, p5), and where you are *“feeling like you have nothing to lose”* (Q7b, P1).

There were further references to isolating oneself due to low mood, with participant 11 stating it was due to *“feeling depressed, sad about something, bereavement”* (Q7b, P11).

When it was explored as to what may make it easier for them to engage in a roof-top protest, a number of key factors were identified. Environmental factors were considered important, such as an ability to climb on the roof, as well as a reduced number of staff. Participant 31 stated *“actually being able to climb on the roof”* (Q7c, P31), with others stating it would be easier if there were *“Less staff available to stop you and also having a ladder to help you get onto the roof”* (Q7c, P2). Participant 3 further noted the importance of distraction, stating it was easy if you *“get someone to press alarm so you can climb up”* (Q7c, P3).

Feelings of anger and frustration presented as important in the ease of engaging in a roof-top demonstration, with participant 11 stating it was linked to *“feeling angry about the screws, staff”*. Fear and low mood were further noted, with one participant indicating *“fear, may be scared of someone wanting to kill them”* (Q7c, p10), with another reporting it was linked to *“feeling depressed, sad about something”* (Q7c, P10). Support from peers was of further importance, where such support would make it easier to engage in a roof top protest, with participant 31 stating *“support from the other lads”* (Q7c, p31) and another indicating *“support from fellow peers”* (Q7c, P12).

Pre-planning

Pre-planning was regarded as an important consideration, and which allowed for greater orchestration of the incident. One participant note the *“Element of surprise, that person really doesn’t know, they’re worried because they didn’t see it coming”* (Q7a, P1), and participant 31 noting *“pre-planned everything, not just spur of the moment”* (Q7c, P31).

3. Barriers to engagement

The interviews also explored factors that might make it difficult or impossible for them to engage in a critical incident. This focused on three types of incident: holding someone against their will, isolating themselves so no-one could get to them, and engaging in a roof-top protest. The following themes were derived to capture the scope of the data in relation to this area: the potential negative impact of the incident on a potential hostage; the potential for the perpetrator to loose out on positive opportunities; and, environmental factors that would make it difficult to carry out such an incident. These are considered below.

When considering what may prevent them from holding someone against their will, a recurring factor was the impact on the individual who would be held against their will, including the hostages distress. Participant 31 notes that *“person starts crying and affects your emotions”* (Q8a, P31). Yet, this was also linked to the hostages distress then causing attention, with participant 3 remarking *“if they start crying, draw attention”* (Q8a, p3). The hostage putting up a struggle would offer further complications with one noting *“If they struggle and get out of grip”* (Q8a, P3). The characteristics of the potential hostage appeared important, with it being harder to hurt an individual the perpetrator felt they had some level of positive relationship with, with one participant remarking a prevention may be *“not finding a suitable victim, finding someone you had a dislike to, harder to hurt someone you like”* (Q8a, P1), as well as *“If I class them as a friend”* (Q8a, P3).

Important future considerations for the potential perpetrator themselves was also noted to prevent them from holding someone against their will, such as the view of *“having a future”* (Q8a,P6), and a potential for substantial loss for the perpetrator by engaging in such behaviour, with Participant 6 remarking *“If you’ve got something to lose”* (Q8a, P6). Another recurring theme was environmental factors, such as too many staff in the vicinity that would make the taking of a hostage difficult, with Participant 2 noting *“if there were too many staff or nurses around”* (Q8a, P2).

In relation to what may make it difficult or impossible for them to engage in isolating themselves so no-one could get to them, a substantial factor appeared to be factors within the immediate environment that would make this difficult. This included difficulty in *“finding a suitable room”* (Q8b, p12), with *“two-way door would make it difficult”* (Q8b, P1). The presence of staff and others also presented as preventative, with one

noting “*Staff would stop you*” (Q8b, P5) and “*mates saying don’t do it*” (Q8b, P3). This would be in contrast to the earlier observation that peer influences encourage the engagement in incidents, and which may suggest that it is the type of peer and/or relationship with them that should be considered.

When considering what may make it difficult or impossible for them to engage in a roof-top protest, a number of factors were identified. One of these was a physical difficulty in getting on to a roof, such as “*if it’s heavily fenced off*” (Q8c, P1), as well as concerns around personal safety, with one participant stating they would be “*scared in case you fall off*” (Q8c, P31). Poor weather conditions were also regarded as a barrier, such as “*snowing, icy*” (Q8c, P3) and “*Bad weather, rain, snow, hail, wind*” (Q8c, P5). Being observed by others prior to engaging in a roof top protest was considered a barrier, with Participant 7 noting “*too many staff around*” (Q8c, P7), with more technological methods of observation as a deterrent, such as “*being on camera*” (Q8c, P3). Finally, the support of others appeared another factor, with a lack of support leading to a decision not to engage in such behaviours, with Participant 31 remarking “*no-one else supporting you*” (Q8c, P31), and another stating “*If there wasn’t other people who wanted to do it with you*” (Q8c, P2).

General reasons for not engaging in critical incidents focused on the negative consequences toward others, themselves, as well as an ineffective solution to a presenting problem. Participant 1 stated it was “*not acceptable behaviour, it isn’t your furniture you’re smashing up*” (Q2b, P1) and “*There’s no excuse for taking a hostage. Regardless of how shit things get, you’ve got no right to use violence in that way*” (Q9, P1). Concerns were expressed in regard to the risk to themselves, such as “*you’ll spend a lot of time in isolation for it*” (Q2b, P1). A number of concerns were expressed in regard to there being “*no benefits*” (Q1a, P7), with a lack of appreciation of the longer term consequences of their actions, including you “*might think it’s right to begin with, but you’re wrong no matter what else happens*” (Q2a, P10).

Disadvantages of engagement

Disadvantages of engaging in a critical incident focused on the consequences for individuals, both in the immediate and longer term. An overwhelming consequence focused on the long term impact of a period of

time in seclusion/segregation from the main population, as well as concerns over further criminal charges and/or extended sentences. For example, Participant 2 stated a *“hefty prison sentence”* (Q2a, P6) and you would get charged and spend *“the rest of your sentence in a one to one cell, no cell mate, always have staff with you”* (Q2a, P31). This could further lead to a loss of contact with others, such as *“stopping you from seeing friends and relatives”* (Q2a, P5). The impact on others was a further consideration, and how this impacted on themselves, such as *“Prisons have gangs, race divisions, take one member and you’ve got 35 to 40 on your back”* (Q5a, P3). This further focused on how they would then be seen by others, with their character being damaged, namely *“you become untrustworthy to other prisoners and prison officers, and staff in general”* (Q2a, P31).

4. What others think of the Critical Incident

Participants were encouraged to consider who may approve or disapprove of such acts. The following emerged:

Approvers of critical incidents

These fell in to three predominant categories: fellow peers, criminals and other protestors. In relation to fellow peers, this related to a source of amusement, heightened arousal and peer encouragement, with Participant 7 stating *“Peers, they think it’s funny”* (Q4c, P7), Participant 3 stating *“most prisoners buzz off it, entertainment”* (Q4a, P3), and another stating *“fellow prisoners, think it’s buzzing, egg you on”* (Q4a, P6) and *“friends would approve and those who have similar values and beliefs”* (Q4a, p13). It is important to note, however, that there is also evidence in the data of potential disapproval coming from friends or peers, as discussed in other sections of the paper.

In respect of other approvers, it was noted they could recognise the potential advantages of engaging in such incidents, with participant 12 noting *“people with a criminal element, they can see advantages to it”* (Q4a, P12), and another stating *“the mafia and gangs because barricading is going against authority”* (Q4b, P13).

Disapprovers of critical incidents

By contrast, individuals who had engaged in such incidents were further encouraged to consider those who would *not* approve. These fell in to 5 main categories; family and friends, staff, the police, the hostage and their family, and the wider community. Concerns in respect of family and friends related to them wishing for the individual to be doing well, with engagement in critical incidents as contradicting this, with one participant stating “*Parents – they think you’re doing okay but if you put a barrier up and isolate yourself, you’re not*” (Q5b, p31), another stating that their family would see their engagement in a critical incident as “*putting self in danger*” (Q5c, p3). This would also link to disapproval, with the same account stating “*Friends who have never been in to crime before will disapprove. They want to see you do well*” (Q6, p3).

It was further noted that staff would be disapproving, yet this focused on staffs concerns about promoting positive mental health in their clients and wishing to help them in this, with one account stating “*people who look after you because they want you to progress*” (Q5b,p14), and another stating “*staff, because they care about you – they might not always show it but they do care*” (Q5b, p31).

In regard to the disapproval of police, this linked to them seeing the incident as a crime, with one account stating “*the police because it’s a crime*” (Q5a, p5), and another stating “*Police, against the law*” (Q5a, p14). Some consideration was offered toward the hostage and their family as disapproving, with one account noting “*People that you’re holding*” (Q5a, p12). Finally, the wider community were noted to disapprove, with one participant stating “*Society, not the normal thing to do*” (Q5a, p1). Also within the wider community would be the owners of any buildings damaged as part of a critical incident, with one account stating that it was “*not good for the people who own the building*” (Q5b, p12), and “*whoever the building belongs to*” (Q5c, p4).

4. Victim Selection

Issues around victim selection, such as a decision to hold one individual against their will, as opposed to another, were also evident in the data. There is evidence in the participants' accounts that victim (or potential victim) characteristics are viewed as potentially important in terms of factors that lead to critical incidents, barriers to critical incidents, and also in relation to the approval or disapproval of others. The selection of victims appeared to be based on vulnerability and weakness in relation to the perpetrators' view of themselves. This arose in relation to questions about what factors might make it easier to take a hostage: "*Finding someone weak – smaller than me and not as big built*" (Q7a, P31). It was also noted when participants were asked about things that would prevent them from taking hostages "*If the guy was much bigger than you or if he had a weapon or something*" (Q8a, P11).

Victims who were regarded as weak and vulnerable were seen as easier to overpower (be "*able to overpower*" [Q7a, P33]) and to retain control over ("*somehow who could be taken control of*" [Q7a, P31]). The capacity of hostage taking to provide an opportunity to have control over another individual was also mentioned in relation to perceived advantages of hostage taking. One participant, for example, described the advantages in the following way: "*[you've] ... got power over the person you're holding*". This also suggests that one of the ways in which critical incidents such as hostage taking may be perceived as a mechanism for achieving autonomy and control is through the control of another individual.

There was also one account that suggested that perception of victim characteristics are related to perpetrators' ideas about how their hostage taking might be perceived by others. Participant 15 stated that: "*if you're holding a 'wrong 'un' you get respect from other people (peers)*" (Q1a, P15).

Discussion

This exploratory study noted a range of themes for individuals in a high secure forensic psychiatric unit who had a history of engaging in critical incidents. The main themes for engaging in such incidents included the seeking of deliberate isolation from others, gaining control, getting their needs met, a need to communicate and being influenced by their peers.

When making a decision to hold someone against their will, the ease by which a hostage could be ascertained, as well as the ease of the environment in supporting such an act were important. Of equal consideration was the degree of planning required, as well as the type of victim, such as identifying a victim who had aggrieved them in some way. By contrast, an individual who chose not to hold someone against their will, but rather to isolate themselves from others such as through a barricade, appeared driven more by a disintegration in their well-being. Those who reported to have held someone against their will appeared driven more by feelings of anger and grievance, with the hostage often the individual they have some grievance toward. This may potentially fit the notion of individualism, and where perhaps this grievance is linked to someone attempting to make choice for them, leading to resentment (Earley, 1993). Yet, this is of course worthy of further exploration.

When considering barriers to holding someone against their will, consideration as to the potential distress for the victim presented as an important factor. Here, participants stated the victims distress and own mental health could provoke sympathy. As part of this, a continual theme for problems in identifying a potential hostage would be a failure to identify an individual they actively disliked. This was a recurrent and important theme, with a need for a potential hostage to be an individual they disliked or felt aggrieved toward. Furthermore, there was appeared limited consideration of the longer-term impact by the perpetrator when holding someone against their will.

Whilst a number of potential barriers were identified that may prevent an individual from engaging in a roof top protest and/or making an effort to isolate themselves, a recurrent theme was of the high level of observation in a high secure environment that may restrict the opportunities, such as the presence of staff, as well as environmental barriers such as room design that may prevent such activities.

When further considering a decision for not engaging in a critical incident, general reasons focused on the consequences toward others, themselves, as well as the potential incident being an ineffective solution for the presenting problem. Such consequences of engagement in a critical incident included longer-term negative

consequences for themselves, as well as an appreciation as to the social and moral lack of acceptance for such behaviour, such as destroying property that did not belong to them and/or hurting an individual as part of holding them against their will.

There was a strong theme as to the appreciation of the longer term impact on themselves, such as additional prison sentence/s and long periods of time in seclusion. Yet, this also focused on other longer-term consequences for themselves, such as a potential disintegration in their mental health, a disruption in their friendships with peers, a loss of trust, as well as a potential for retaliation from others for their actions. A potential disruption in their friendship with peers, loss of trust and a potential for retaliation would certainly fit the notion of Maslow's Hierarchy of Needs, and where these disruptions may impact upon their ability to gain a sense of belonging with others.

When exploring those who approve and disapprove of engagement in such critical incidents the approvers fell in to the categories of fellow peers, criminals and other protestors. By contrast, those who they regarded would not approve of such incidents were noted as family and friends, the police, the hostage (and the hostages family), and the wider community. Concerns related to family and friends seeing their involvement as a signal they were not doing well and placing themselves at risk. Of note were their views of staff, feeling that staff would regard their behaviour as a potential sign of them becoming unwell, and that staff cared about them and wished for them to make good progress; regarding their engagement in a critical incident as being problematic as a result. Considerations of the police focused on the engagement in a criminal activity, with the rest of society seeing their behaviour as immoral.

The finding that participants indicated to engage in a critical incident in response to not being listened to and a need to communicate would show some support for the claim of Mason (2000), and where it is reasoned that protesting behaviour may be a result of the patient feeling powerless. Here the patient makes efforts to draw the attention of others to their concerns, using it as a method of communication (Mason, 2000). The current study supported this, with comments that they were not being listened to by others, feeling they were not being heard, and choosing the engagement in a critical incident in an effort to gain that communication. The use of

such an incident, such as a barricade, was regarded as an attempt to force others in to listening to and considering their plight. This findings in this study would further fit the work of Meehan et al (2006), arguing that such conflict is a result of limited communication, where the patient feels that staff are not available to assist, are lacking in empathy and where they feel they have to demand attention in some way. Whilst Mason (2000) further suggested that frustration could potentially play a role in a patient's decision to protest, this appeared to be more relevant in this study to those incidents where they had held another against their will. Similarly it could fit Maslow's (1943) Hierachy of Human Needs, and where a notion they are not being listened to could equate to a loss of self-esteem and need to gain some form of respect.

The current study found little support for the work of Feldmann and Johnson (1995), who argued a range of motivations for a critical incident. Whilst arguably the populations are different, Feldmann and Johnson's arguments as to the motivations for engaging in a critical incident, such as attempting to embarrass a government, would not fit with the findings of the current study, and where the motivations appeared less on a global agenda, and more focused on expressing personal needs, or a blocking of personal expression. As such, they were more closely linked to the notion of Individualism, Self-Determination Theory of Motivation (Ryan and Deci, 2000) and Maslow's Hierachy of Needs (1943).

Arguably, and as such, the theme of individualism, theory of self-determination (Ryan and Deci, 2000) and Maslow's (1943) Hierachy of Human Needs would assist further in explaining and understanding other findings in this study. The findings would suggest engagement in a critical incident can meet a range of needs, including that of gaining control over situations where control and personal freedom have become lost. It would further appear to fit with the need for autonomy as detailed in the theory of self-determination, again linking to a need for control over their lives and the choices that are made. Yet, the findings could not be explained by these aspects alone, and the above offers only partial explanations. For example, one of the functions of engaging in a critical incident was linked to getting their needs met. This related to managing boredom, seeking an adrenalin rush and gaining material requests that would not normally be granted. Such aspects could not directly explained by individualism, the theory of self-determination, or Maslow's Hierachy

of Needs. Although it could be loosely argued that such behaviours may fit the need to exercise free will as noted in individualism, although this would require further exploration.

Within the current study the engagement of critical incidents did appear to have some peer influence, with participants noting that peer pressure may encourage them to engage in such behaviours, as well as an enhanced sense of belonging with their peers by such engagement. As such, this may further fit with the 'relatedness' notion of Self-Determination Theory (Ryan and Deci, 2000), and where there can be a desire to interact with and be connected with others. This would also fit with Maslow's Hierarchy of Needs, and where they could be seeking the need of love and belonging from their peers by engagement in such incidents.

This study is not without its limitations. Ultimately the sample is a small one, yet still of significance considering the nature of the study and sensitive area of the questions asked. It is noted that 34% of participants who were approached agreed to take part. Considering the nature of the study, this was regarded as a positive uptake in sample. It is difficult to indicate as to the impact of a smaller sample in terms of the qualitative nature of the research, although of course a larger sample would have allowed further exploration and consolidation of themes. Participants who did not wish to take part were not pressed as to their reason for non-participation. It can be speculated that there can be reluctance in discussing details around critical incidents for fear of repercussions, particularly in an environment where it is argued a participant may have a dependence on the very service they then discuss. This therefore may have restricted the willingness for participants to take part, despite assurances. This may be particularly of note in a psychiatric population, and where some mental health presentations may have paranoia and anxiety as part of this. Furthermore, the research did encourage an open discussion of feelings and which may have been more difficult for some, requiring a degree of insight, reflection and willingness to explore. Also, there were other research projects taking place, and it may be that such participants had already taken part in research and did not wish to engage further. Outside of participant engagement, the recording of data through verbatim notes can ultimately restrict the richness of data that can be ascertained by audio-recordings, although security requirements restricted such use. The nature of data collection was via semi-structured interviews. Although efforts are made to ensure participants are encouraged to consider all aspects they feel to be relevant, any structure can

to some level then restrict responses as opposed to a more 'free flowing' interview format. Yet, some structure was felt important to focus participants on the research questions and to reduce any drift away from the area of critical incidents.

This study raises some important considerations for engaging with patients who have a history of involvement in critical incidents. Ultimately the motivations for such incidents appeared focused on meeting some level of personal need. This included seeking deliberate isolation from others, gaining control, getting their needs met and a need to communicate. Yet, some peer influence played a further role. Of importance was the need for perpetrators to feel they are being heard by staff, with any failure to do so appearing linked to a risk of them then engaging in a critical incident. This therefore emphasised the importance for staff to take note and act if a patient offers indications that their concerns are not being considered. This did not appear related to a staff's ability to solve any issues, but to simply actively listen to concerns and allowing them an effective space to communicate and be heard. This may then act as protective factors against such events taking place. Furthermore, and in accordance with the notion of individualism, the findings would indicate that the prevention of such critical incidents may be maximised if the individual feels they have some level of autonomy and control over decisions being made, even if this is simply to ensure direct discussion and collaboration with them in some form. The focus would be on them maintaining some ability to exercise free will, even if this is, for instance, deciding on a way forward due to forced choices being offered. Importantly individualism would argue that conflict is likely to arise if an individual feels their choices are taken from them. This would certainly fit with the findings of this study. Consequently, some level of at least perceived choice for the patient may assist in reducing such conflict and maximise helpful engagement. This would certainly fit the notion of individualism, and where an individual will strive for some level of personal freedom, independence and liberty, including a freedom from the beliefs and attitudes of others, where the focus is more on themselves as individuals (Triandis and Gelfand, 2012). The findings of this study would support this idea and would argue a need for a forensic patient to experience such personal freedom and independence, and where they are regarded by others as having individual wants and needs. If this is considered and applied with a secure forensic population, whilst still maintaining issues of security, then it could be argued this could then protect against at least some instances of critical incidents.

A further implication is the environment, and which appeared to play a crucial role in supporting or hindering their engagement in such incidents. This posed the question as to how a potential perpetrator may then be looking to meet their needs if the environment is not supporting their ability to engage in a critical incident. Ultimately a secure environment with high levels of observation and fewer opportunities for patients to forcibly enclose themselves in sealed spaces, appeared related to a reduction in the ability for them to engage in a critical incident. Yet of interest and a point of further study would be how they then meet their needs if their ability to engage in a critical incident becomes blocked.

A final implication would be the selection of a possible hostage. This appeared more focused toward particular staff, as opposed to a more random selection, such as seeking potential hostages that have aggrieved them in some way. This would certainly raise consideration that where it is known a patient feels aggrieved toward a staff member, there is a potential risk consideration in terms of hostage-taking toward that staff member if the patient feels this to be a viable option. Yet, if the principles of individualism are considered, then it is possible such opportunities for grievance may become more reduced. By contrast, the potential distress of a hostage appeared to then prevent a continuation of aggression toward them. Finally, the consideration of negative consequences for the potential perpetrator as well as such behaviour being noted as socially and morally unacceptable all appeared to buffer against a decision to engage in such an act. This would therefore suggest strategies for engaging with individuals with a history of, or felt to pose a risk of engaging in such incidents, may focus around developing awareness as to the negative impact for them by such engagement.

This is an exploratory study which has noted some key considerations in terms of potential motivations for an individuals engagement in a critical incident. It has made a valuable contribution by noting that motivations appear focused on a range of individual needs, and which offer some helpful considerations in terms of future planning to support those individuals felt to be at risk of such incidents in terms of risk management, risk reduction and potential protective factors that may prevent their engagement in such events. As such, it would be helpful for further research to consider this in more detail and to develop a more integrated model of understanding the engagement in critical incidents with a strong empirical base. This should include further

consideration of motivational factors, along with individual factors, such as attitudes, coping and resilience, along with potential vulnerability toward engagement in such incidents, and what may protect against it.

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