

A Lifetime of Vigilance: Understanding Change in Abusive Men

by

William John MacKenzie-Cooper
B. A., University of Victoria, 1984

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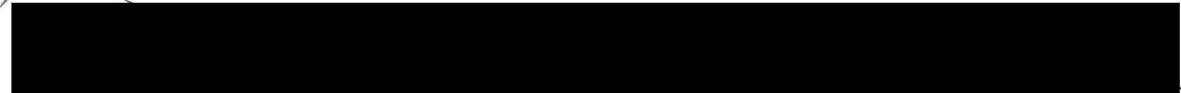
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Dr. V. Peavy, Supervisor (Department of Psychological Foundations in Education)



Dr. J. Anderson, Departmental Member (Department of Psychological Foundations in Education)



Dr. R. Ferguson, Outside Member (School of Child and Youth Care)



Dr. E. Lindsey, External Examiner (School of Nursing)

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University of Victoria

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Supervisor: Dr. Vance Peavy

Abstract

The purpose of the study was to explore what brings about change in abusive men. Eighteen men who had been through phase one or beyond of the Victoria Family Violence Project (VFVP) were participants in the study. The critical incident technique, a qualitative method, was used to collect and analyze the data. A semi-structured interview guideline was used to carry out the interviews. The participants were asked to discuss specific incidents that initiated a change in them and their abusive behavior. A total of 76 incidents, an average of 4.2 per participant, comprised the categorization scheme. There were seven categories and nine subcategories.

The largest category was Learning About Self. In this category the participants developed an awareness of themselves or their lives through two processes. The first was an experiential process that resulted in new awarenesses or changed perceptions. The second was a more cognitive process in which the men absorbed information that enhanced their self-awareness. The subcategories were (1) structured experiential events, (2) spontaneous experiential events, (3) feedback, (4) listening to others, and (5) reading.

The second largest category was Abuse. This category refers to the participants being abusive either physically, psychologically, emotionally, or verbally to either their partners or to someone else. The abusive incidents brought an awareness to the men that there was a problem. Many participants realized that they had gone too far with their

behavior. Others felt their behavior was out of control, indicating to them that something was wrong. Once the men had developed this awareness they had to rectify the problem. The subcategories were (1) abuse of partners, and (2) abuse of others,

The third category was Experiencing Limits. This category consisted of incidents in which the participants experienced a limit being set on them by their partners or those with delegated authority. The subcategories were (1) authorities, and (2) partners.

The fourth category was Assessment. The participants were involved in a structured assessment at the VFVP.

The fifth category was Change in Lifestyle. It refers to incidents that changed the participant's lifestyle in various ways.

The sixth category was Conflict. This refers to the participants experiencing conflict with others.

The seventh category was Acknowledging Abuse. In this category the participants acknowledged their abuse to others outside the program.

Changes in the participants included affective, cognitive, and behavioral changes. Two change processes were found. One was a four-stage change process. The other was referred to as quantum change. Factors involved in facilitating changes included experiential exercises, experiencing intense emotions, modelling, cognitive dissonance, feedback, reading, development of self awareness, learning life skills, and the crystallization of discontent.

Implications of the results of the study are discussed.

Examiners:



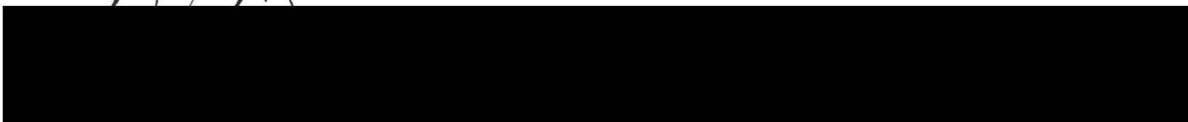
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Dr. J. Anderson, Departmental Member, (Department of Psychological Foundations in Education)



Dr. R. Ferguson, Outside Member (School of Child and Youth Care)



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CHAPTER 1

Introduction and Problem

Wife abuse is a problem with serious repercussions. Men traumatize and injure women, some of whom require medical attention. They kill women. They injure and traumatize children and tear families apart (Juristat, 1994). Children lose one or both parents. Some women wish to leave their abusive partners while others want to remain, but they all want the abuse to stop. One of the most common questions asked of this researcher, as a clinician with battered women, has been "How do we get our partners to change?". It is also a question asked by clinicians who work with abusive men.

Since the inception of treatment programs, clinicians have been attempting to help men stop their abusive behaviour. Although the treatment of abusive men has become more sophisticated clinicians have had limited success. Many men are reluctant to seek help, and even if they do, many do not complete treatment. They appear sometimes to be reluctant to give up their abusive behaviour.

Wife abuse is a pattern of behaviours that establish and maintain coercive control of a partner in a relationship (Pence, 1989). The purpose of the abuse is to control her behaviour by the inducement of fear, and the use of threat or physical force on the wife's person or property. Force may be used to punish or inflict suffering on the woman, or it may be a way of establishing control without intending to cause harm. Underlying all abuse is a power imbalance between the victim and the offender (Sinclair, 1985).

Abuse within intimate relationships takes various forms including physical, psychological, sexual, and property abuse. (Ganley, 1982; Sinclair, 1985).

Physical violence

This type of abuse includes pushing, slapping, punching, kicking, shoving, choking, and using objects such as a vacuum cleaner hose, a coat hanger, or a belt with a buckle to beat the victim. The abuse is directed toward the body, sometimes to parts of the body that do not bruise easily, such as pubic bone, skull or the bottoms of the feet. The use of weapons such as guns, knives or axes may result in the ultimate act of violence, murder.

Psychological abuse

This type of abuse can take various forms: suicidal threats; threats against the partner and her loved ones; forcing her to do degrading things; doing things that will terrorize her such as driving through red lights; verbally attacking her personality, attitudes, or beliefs; belittling any efforts she makes to better herself; and controlling her activities to the point of isolating her from the rest of the world. Psychological abuse induces fear in the partner because at least one incident of physical abuse has usually accompanied the threats of violence. The abuser has shown his ability to carry out his threats.

These kinds of psychological tortures wear the partner down. She is in constant fear for her safety. Her situation is extremely unpredictable as she seldom knows if he will physically harm her.

Sexual abuse

This type of abuse includes any forced sexual activities, and excessive jealousy and sexual accusations. Some women describe being forced to engage in sexual acts that they find distasteful or painful such as group sex, anal penetration, or the use of penetrating objects. The abuser seldom attends to the women's sexual needs. Sex is sometimes used as a punishment, by rejection of her as a sexual partner. Some men flaunt stories of their extramarital affairs and subject their partners to unfavorable comparisons with other women. They may force their partners to engage in sexual practices portrayed in violent pornographic magazines. The women do not feel they can say "no" because they view submission as part of their spousal duty. Threats of violence or actual violence often accompany sexual assault.

Destruction of Property

This type of abuse is less likely to be taken seriously. The abuser appears to direct his rage at objects. Therefore, he is perceived as less threatening by outsiders. He is very deliberate in choosing his targets. He destroys her property: her photo albums, her cherished mementos, her favorite dresses. His message is clear: "Stay in line, because the next time it could be you..." Pets are not immune to his destruction, nor are children. He can employ both as a means to intimidate and control her.

Wife abuse is not an isolated incident. A recent Canadian survey (Juristat, 1994) found that 3% (approximately 200,000) of the surveyed population of married women had been assaulted the previous year. Of these women, 98% had experienced at least one incident of violence in their current relationship, and 32% had experienced more than ten

incidents. The survey showed that 41% had also experienced multiple assaults by previous partners.

Women reported the most serious and frequent abuse in relationships that had ended. Results of this survey show that although a woman may leave a relationship it does not guarantee that her next relationship will be non abusive. Leaving an abusive relationship may alleviate the abuse experienced by the woman, but in all likelihood, it will not change the abusive partner's behaviour.

Profiles of abusers show that they will deny, minimize, or externalize the blame for their abuse onto their partners (Juristat, 1994; Roy, 1980; Sinclair, 1985; Saunders, 1993). This is not conducive to taking responsibility for changing their behaviour. If they do not acknowledge their abuse, the chances of abusing another partner are high. Cooper (1993) points out that many wife assaulters have or will assault other women with whom they have intimate relationships.

Only when society confronts abusers about their violence is there a chance that they will change. Canada is now attempting to hold abusive men responsible for reducing their violence. Society carries this out in many ways including jail terms, diversion, probation, peace bonds, fines, the development of the new stalking law, and sentencing to treatment programs. In many relationships, where the partner wishes to continue with the relationship, treatment is the preferred way to ending the violence. Treatment can be voluntary as well as mandatory.

Treating abusive men is a difficult process given that many men either deny the violence or minimize it. Abusive men are reluctant to give up their abusive behaviour.

They want a quick fix and tend to have initial changes that are cosmetic and dependent upon recognition from their wives (Adams, 1988).

The research has shown mixed results as to the efficacy of treatment. Some results have shown that men have been nonviolent after going through treatment (Bell, Browning, & Hamilton, 1992; Poynter, 1991) while Tolman, Beeman, & Mendoza (1987) found post-treatment violence in 51% of their subjects. Edleson & Gruznski (1988) found little difference in the levels of violence between men who had completed treatment and men who had dropped out of treatment. Conversely, Hamberger & Hastings (1986) found a recidivism rate of 28% in completers after one year while dropouts showed a rate of 47%.

Men go into treatment and do change. Gondolf & Hanneken (1987) studied change in assaultive men who underwent treatment, who were no longer abusive. They found their subjects to be motivated to change. They also found that their subjects went through a specific process to reach nonviolence. The process included the following steps: accepting responsibility for their abuse; becoming aware of their feelings and developing empathy toward their partners; and redefining their sense of masculinity. One area they were not able to assess was: what brought about the changes? According to the men, it was their will power that brought about the changes. The program was only a reinforcement of their determination.

At this time, outside knowing that some men end their violence, the research shows little about the kinds of changes assaultive men make and what specifically brings about the changes. The treatment program is central in helping men to change but other

factors may help to bring about change in the men. Edleson & Gruznski (1988) speculated factors outside the programs may have affected the men. In the literature, researchers have not pursued factors operating outside the program. Most research has been conducted post-treatment and focused on outcome variables such as assessing nonviolence, measuring changes in attitude toward women, or assessing change in conflict tactics. To this researcher's knowledge, no research has been undertaken using men who have been in treatment. No research has been undertaken attempting to understand what has facilitated or influenced change while the men have been in treatment.

The purpose of this study was to understand what brings about change in abusive men who are or who have been in treatment. Specifically, the research attempted to address the questions: (a) What kinds of changes occurred in men who are in treatment? (B) What was the factors involved in easing the changes? (C) What triggered the changes? (D) What was the process by which these changes occurred?

CHAPTER 2

Review of the Literature

Wife abuse is not an isolated incident. It is a pattern of abusive tactics used to control the partner. One form of battering builds on another and sets the stage for the next battering incident. The tactics include the following: Emotional abuse, economic abuse, sexual abuse, using children, threats, using male privilege, isolation, and intimidation. The man usually depersonalizes the woman first, possibly through the use of language (e.g., calling them degrading names such as whore or bitch). Once he has objectified her then he hits her, the object not the person. The physical attacks reinforce and give power to the psychological abuse. Pence (1989) argues that each abusive incident can be traced to an intention of the abuser. She also argues that the tactics adopted by abusive men have been learned from our society. These tactics have been used by various groups to dominate others.

A Profile of an Abuser

To understand what leads a man to abuse his partner, it helps to have some understanding of the profile of an abusive man. In Canada, male abusers tend to be between 18 & 24 years of age, with less than a high school education, and who are employed (Juristat, 1994). Many researchers and authors have described attributes of abusers (Bolton & Bolton, 1988; Currie, 1988; Forward, 1986; Gondolf, 1988; Juristat,

1994; Roy, 1980; Saunders, 1993; Shupe & Stacey, 1987; Sinclair, 1985). Such descriptions include the following:

Dependent

Forward (1986) describes abusive men as misogynists or woman haters. She sees the basis of the men's actions as anxiety about women. Abusive men are emotionally dependant on their partners. The men need to be loved but believe their partner can annihilate them emotionally; therefore they try to make her less powerful than them and make her dependent upon them so that she cannot leave them.

Stacey and Shupe (1988) argue that the men have stopped growing emotionally. These men expect their partners to fulfill their every need. They lack empathy and therefore are unable to see their partner's needs as separate from their own. Outside influences easily threaten them and when they sense they are losing control they cling tightly, forcing their partner further away emotionally. When they do not have their needs met, sense their partners taking care of her own needs or those of the children, these men may resort to abusive tactics to get their needs met.

An internalized traditional and rigid male stereotype

Men in our culture have been socialized toward achievement, competition, physical toughness, fierceness and emotional control (O'Neil, 1980). They conceal their emotions for fear of being seen as weak. Some men sacrifice a great deal to avoid being moved by emotions, intimacy, disclosure, and spontaneity. Because of their lack of emotion and denial of feelings, men tend to objectify the world around them. Rather than interrelate to the world, men try to conquer, control, and possess it. By objectifying

women men then collect, manage, and manipulate them. They do not relate to the whole woman they relate to their bodies. Sexuality becomes another aspect of conquering the world and women for some men. They replace intimacy with performance. Sexuality is confused with the drive for power, thus sex and violence can become confused.

Because of the socialization men experience, some men develop a rigid belief that the male is dominant. They believe that the female should be submissive and meet their inflexible expectations (Bolton & Bolton, 1988). These men see themselves as central in their relationships. They have a concern only for themselves resulting in a disconnectedness with their partners, and a lack of concern for the consequences of their actions. They believe that they deserve care and nurturance and the relationship is there to provide it. Abusive men do not understand mutuality in the relationship or shared responsibility. They may become abusive if their partner attempts to redefine the relationship as a mutual process (Russel, 1995).

Externalize blame

Abusers believe that other forces cause them to act. They deny or minimize their violence to deflect the reality of their actions, thus not experiencing the need to change their behaviour.

Low self-esteem

Abusive men tend to alternate between submission and aggressiveness to get their way. These men have a fragile sense of self and they develop a facade of competency to deny their own inadequacy (Bolton & Bolton, 1988). They are isolated and distrusting of those around them. Abusers may feel powerless in other parts of their lives and therefore

try to exert their power and control at home where they believe they should be the masters. They will attack when they feel the least secure, least worthy and most likely to be exposed.

Most feel powerless and detached from their feelings

Gondolf (1985) maintains that the male sex role creates an emotional funnel system. The only emotion most men display is anger. They have a limited vocabulary for their emotions and they become threatened by their partner's emotional expression. These types of men never develop emotionally close supportive relationships with other men as they have had no model to follow, instead they see intimacy as occurring only with women. They see their wives as their emotional lifelines. Conversely, they cannot express themselves to their wives emotionally or otherwise. The men suppress feelings and needs and brood until they explode. Control of their anger may be at the extremes: either over controlled, so they seldom recognize their anger until they explode, or so under controlled with poor impulse control, that they lose their temper very easily and over anything. They cannot express anger in an acceptable manner. Most abusive men have either experienced abuse or witnessed their mothers being abused and thus learned to use violence and aggression for problem solving. These men did not learn anger control and negotiation.

Control

Gondolf (1985) characterized men who batter as desperate individuals who control their wives as a means of maintaining some sense of self-esteem, authority, and

privilege. Batterers see the violent incidents in isolation. They are unable to empathize with the woman's state of fear and terror. Gondolf described three elements to control.

1. An excessive regulation of one's own behaviour and feelings. The men are so adamant about being in control of their behaviour that they suppress their feelings for fear that expression will make them be out of control. The result is a detachment from their feelings. Denzen (1984) calls the result the divided self. This detachment does not allow them to feel the mounting rage until it is too late.

2. An overbearing sense of responsibility for others. The men feel accountable for their family's status and well being. They believe that the family in behaviour, attitude, and appearance reflects upon them, and thus, must be controlled. The more they try to control their family the more they objectify the members and lose touch with their own feelings and the feelings of those members.

3. Expectation of the privilege of being in authority. These men feel that they deserve some privileges for being male. The patriarchal nature of our society reinforces this.

Treatment Models

Since 1980, when the first programs for batterers were developed, there has been a proliferation of treatment programs for abusers. As of 1993, there were 124 programs throughout Canada (Health Canada, 1994). These programs have followed various approaches to treatment. Adams (1988) reviewed the main theories.

Insight Model

The insight model maintains that certain intrapsychic factors cause violence including: poor impulse control, low frustration, fear of intimacy, dependency, fear of abandonment, impaired ego functioning and other factors. The assumption is that impaired ego functioning leads a man to overreact to real or imagined threats in a violent manner. These types of men have a fragile sense of self that must be bolstered before they can change. This type of therapy attempts to enable the man to develop an awareness of how experiences have affected him so that he can learn to respond more appropriately to present relationships. Once the man has overcome the injuries of the past and he is more introspective, his feelings about himself will improve and he will no longer need to be abusive. This approach is nonthreatening and has goals that include: catharsis, resocialization, redefining masculinity, overcoming intimacy fears, regaining sexual self-esteem and enhancing fathering and co-parenting skills.

Ventilation Model

This model was predominant in the 1960s with growth groups where the focus on the expression of anger was the central theme. The belief was that the expression of anger ensured that the individual did not store up hostilities to the extent of an explosion. Therapists encouraged physical expression of pent up aggression. They taught couples to fight fairly (this includes using pillows, foam bats etc.).

For batterers this is problematic, in that this method gives the abusive men permission to be violent and does not teach control. It promotes only certain forms of

self-expression without confronting the violence. This model is not in use by treatment programs now.

Interaction Model

This model includes the partner and abuser in the therapeutic process. It is essentially a systems perspective by which all behaviours are linked through circular causality. Therapists see the problem behind the battering as one of communication deficits, and attempts by both parties to coerce and incite each other. Interventions address all parts of the interactive pattern rather than focus only on the violent actions of one partner. The goal of therapy is for each partner to identify and change how he or she contributes to the circular problem.

Cognitive Behavioral/Psycho Educational Model

These models identify the men's violence as the primary focus of treatment. Therapists view the violence as a learned self-reinforcer that can be unlearned. It is thought to be important to recognize the functional aspects of violence to point out self-defeating behaviour. One tenet of these models is that therapists must confront irrational and rigid thought patterns in order for abusive men to learn more flexible and accommodating responses to conflict. Some programs also confront relationship beliefs. The use of cognitive restructuring and conflict abeyance techniques are predominant. Programs vary in how they address battering, and how they confront sexist expectations.

The goals of these models are to help abusers manage anger, cope with stress, improve communication skills, and to teach alternate behaviours and skills such as:

systematic relaxation, assertion training, identification of feelings, development of empathy, self-observation, and changing the beliefs about the self in relationships.

Profeminist Model

Power and control are fundamental issues. Adherents to this model see battering as a controlling behaviour that serves to maintain an imbalance of power between the abuser and victim. It defines violence as any act that causes the partner to do something she does not want to do, prevents her from doing something she wants to do, or causes her to be afraid. Therapists aim interventions at challenging the men's attempts to control their partners through any type of abuse and to focus on the identification and elimination of controlling behaviours. Profeminists challenge the men's attempts to devalue their partners and the different ways that the men attempt to deny or share responsibility for their violence, including reducing the violence; projecting blame onto their partners; claiming loss of control; blaming drugs and alcohol; and citing internal or external stress as causes of violence. Therapists using this model believe that counselling is not enough and that legal sanctions must be part of the process to ensure that the men are accountable for their violence.

Treatment Modalities

The preferred treatment modality for abusive men is group treatment. It is the most effective setting for the confronting of violence and providing feedback and support in order to develop nonviolent behaviours.

One issue within the group modality is the use of a structured or unstructured program. This is primarily related to the background, skills, and interests of the therapists involved. Either style may address the same issues using different methods.

Conjoint treatment is a contentious issue in this field. The current beliefs of most therapists are that abusers must be treated separately from their partners and that the partner must also seek help separately. Once they have both been in treatment for at least one year then they may attempt conjoint therapy with a therapist who is aware of the dynamics of abusive relationships.

Treatment Outcomes

The treatment of batterers is comparatively new and fraught with problems. There is a heterogeneity of treatment approaches and theoretical conceptualizations. Each model specifies a theory and a process of change and therefore treatment focuses on changing specific variables or characteristics. The problem lies in that no one theory accounts for the many ways that individuals change. Therefore, any one program may be limited in facilitating change in its participants. Other problems include: a lack of clarity regarding batterer characteristics and typology; differing definitions of abuse; and the criteria for post treatment non abusive behaviour that ranges from stopping physical abuse to the cessation of all abuse.

Initially, the problem of battering was seen as an anger control problem for the men. They now see it as more complex with the central issue being a problem of control and power. The main aim of treatment programs for batterers has been to stop the physical abuse.

Although some research has shown that treatment programs are somewhat effective, there have been inconsistencies in the results of evaluations and research into treating batterers (Hamberger & Hastings, 1993). One problem has been evaluations carried out by the programs to gauge their success rather than by researchers asking pertinent questions. There have been only a handful of studies carried out that have been experimentally sound, and those have had at least one methodological or conceptual problem in them (Hamberger & Hastings, 1993).

Three reviews of the research (Burns et al., 1991; Bell et al., 1992; Hamberger & Hastings, 1993) surveyed 33 studies published since 1984 which discussed outcomes from treatment programs. These surveyed studies were those that the reviewers considered the most sound. There was a consensus among the reviewers on this topic.

The researchers studied a variety of areas including: the recidivism rate of nonviolence in completers vs. non completers of programs; lengths of and different styles of groups; volunteer vs. mandatory clients; attitudes toward women; and other areas such as jealousy, anger, depression, coping methods, self esteem, communication skills, and social functioning.

Recidivism was found to range from 3% to 50% depending upon the criteria and the sources of information. Recidivism was higher in men with a history of more frequent and severe violence (Hamberger & Hastings, 1993). It was found that court mandated men appeared to do as well as voluntary clients in treatment (Burns et al., 1991).

Completers of programs showed nonviolence and lower recidivism at six months and 24 months after finishing programs (Hamberger & Hastings, 1988). However Edleson & Gruznski (cited in Hamberger & Hastings, 1993) found mixed results in three studies. In one study, reports by partners at 9 months follow-up found completers had nonviolence rates of 64% while non completers had rates of 54%. In a second study, completers had a nonviolence rate of 67% although 43% continued to use threats. In the third study, at 5-9 months follow-up completers were not significantly less violent than dropouts 59% vs. 52%, and threats of violence were common in both groups.

Edleson & Sayers (cited in Hamberger & Hastings, 1993) found that groups that were 12 sessions in length had a nonviolence rate that was lower than groups that ran for 32 sessions. They also found that short structured groups or a combination of structured and self-help groups were more effective than self-help groups. Although, self-help groups appeared to be more effective at 18 months follow-up than the other types of groups. However Gondolf (1988) found that duration of time in treatment had no impact on reduction of violence.

Shepard and Hamberger & Hastings (cited by Bell et al., 1992) found that psychological abuse was less affected than physical abuse while Poynter (1991) found it diminished.

Saunders & Hanusa (1986) focused on psychological and attitudinal change. They found changes in the men's attitudes toward women, and the men's jealousy toward their partners. Russel (1995) found that changing abusive relationship beliefs of men to respectful relationship beliefs also reduced abuse.

Waldo (1986) found changes in men's ability to communicate with their partners were related to a significant reduction in abuse. The changes included improved listening and speaking skills.

In Farley & McGill's study (as cited by Bell et al., 1992) clinical observations noted that group comradeship increased. Clinicians also noted that there was a general improvement in social functioning and coping methods in the men. The men also improved in their ability to accept responsibility for their actions.

An overview of the literature reveals that we know very little about the treatment of batterers. Bell et al. (1992) summarized the findings in this way: A simplistic generalization is that two thirds of men who complete programs are nonviolent one year following treatment. Non completers have a nonviolence rate that is not much lower than completers. This suggests that there may be effects outside the programs that affect nonviolence. Rates of re offending seem similar for court ordered and voluntary programs. The length of the program has some positive effect, but no one is quite sure what that effect may be. Psychological abuse seems to diminish, depending on the study, but decreases slower than physical abuse.

Because of the methodological flaws in most studies, they have rendered the results unhelpful at best or misleading at worst. It is safe to say that the efficacy of treatment programs for abusers are still in doubt. "Taken together these studies are so varied in their make up, process, and reporting as to make cross-generalizations impossible" (Hamberger & Hastings, 1993, p. 220).

Despite the pessimistic nature of the findings we do know that something about treatment programs is effective in reducing or eliminating violence in some abusers. We do know from clinical observations that some men do change. If we are to address the question does treatment work, we must look at how change comes about in these men. To stop being violent, abusive men need to change their behaviour, beliefs, values, communications skills, perceptions and more.

Change in Abusive Men

Within the clinical literature, there are variations regarding how the men change. Adams (1988) viewed the change process of abusive men as similar to the grief process having five stages:

1. Denial. The men deny that they are responsible for their violence, the ways they think, act, and feel.

2. Anger. The men are angry with their partner for calling attention to the problem.

3. Bargaining. They attempt to retain some elements of control.

4. Depression and Confusion. This is the transition point from controlling their partners to understanding them. They do not know how to act or feel if they cannot be in control. They think differently about themselves when they give up control.

5. Acceptance. The men accept that they cannot control the way other's act or feel. The men become motivated to look at their sexist expectations and confront their controlling behaviours. Men may slip back into old patterns without a support group or therapy at this stage.

According to Adams whether the men reach stage five depends upon legal, social, and therapeutic interventions.

Another clinical perspective comes from Goldberg & Middleman (1992). They viewed change taking place in four stages:

1. Yes But. Hostility and self-justification are predominant. There is denial, minimizing and partner blaming. The men begin to accept that they may be abusive.

2. Maybe. They acknowledge their actions and consequences. They begin changes in perceptions. The men identify ways they control their partner.

3. I Will. The men begin to give up power. They experience fear and ambivalence. They also experience grief (sadness, anxiety, and anger) at the loss of power they are experiencing. Mourning takes place.

4. I Do. The men can look at gender equality and related behaviours. They become aware of a new self. They begin to develop new or renewed relationships.

Clinicians appear to agree that a general change process occurs with the men including: breaking through of denial, coming to understand their emotions, depression or grief, and an acceptance of the inability to control others and a new awareness of self.

To this researcher's knowledge, few researchers have addressed change in abusive men. Some have measured attitude change, behavioural change, and beliefs (Poynter, 1991; Russel, 1995; Saunders & Hanusa, 1986; Shepard, 1987) but only two pursued how they change. Gondolf & Hanneken (1988) In addressing how abusive men change, Gondolf & Hanneken (1988) found that:

1. Abuse was related to a failed machoism.

2. Motivation was a primary factor.
3. Change was a process of personal growth.

The participants in the study pointed out that the groups made them feel accepted. They received direction and correction from group members that enabled them to make changes that enhanced their self-esteem. The groups broke through the emotional isolation the men felt. The men also felt supported and unjudged by the staff. Participants viewed their change as long term personal growth in which they developed a fuller sense of self rather than simply behavioural or attitudinal change.

The changes occurred in three steps:

1. Accepting responsibility for the physical and verbal abuse. The breakthrough of their denial usually occurred when their partners left them. The program helped them recognize their abuse.

2. Becoming more aware of their feelings and developing empathy toward others. The men recognized their partners as people, and they stopped depersonalizing them. The men also had an experience or critical incident that acknowledged their restraint.

3. Redefining their sense of masculinity and resisting the pressure to conform. They reported the process of change as continuous in that they had to continue to work at being nonabusive. They were encouraged by the sense of trust and openness they saw occurring in their relationships. Their concept of masculinity was in flux. They felt pressures and expectations by those around them, including their partners to fulfill the macho role.

The participants viewed the change process as going beyond the boundaries of the conventional program. Although Gondolf & Hanneken attempted to cull out which techniques were successful in helping the men to change, they were unable to do so. One participant referred to the importance of change in attitude. Others referred to the emotional education as a catalyst for change.

The men gave themselves the credit for changing rather than anything that may have occurred in the program. The participants were determined to make changes in their behaviour before they entered the program. For them the program was a reinforcement of their commitment to change. It was the force of their will that brought about the changes.

Summary of the Literature

In summary, the research on abusive men going through treatment and becoming nonabusive is mixed. Some men stop their physical violence while continuing to be psychologically abusive. Some men drop out of treatment and stop their violence, some do not.

Research shows that abusive men change their behaviour when they change their beliefs about their partners and their relationships. They change when they can improve their communication skills and when they can cope with their emotions, particularly depression. They will reduce abuse when they accept responsibility for their actions. Finally, when they can decrease their isolation and improve their social functioning, there is a better chance that they will reduce abuse.

Clinical observations show a general change process that includes breaking through denial, coming to understand emotions, depression or grief, and acceptance of the inability to control others, and development of self-awareness. It may be that the changes mentioned above are cumulative in their effect on the men's abusiveness. This is speculation, as they have not shown it to be the case yet.

Implications for the Present Study

There has been only one piece of research that has specifically addressed how abusive men change and the factors that brought about these changes. The research did not uncover what brought about the changes other than the will power of the men.

If we are to help abusive men to make the change to nonabusive behaviour, questions need to be addressed. Questions such as: What kind of changes do these men make? ; What facilitates those changes? ; What specific interventions are effective? ; and What factors outside the programs are responsible for changes in the men?

The purpose of this study was to address the following questions. What brings about change in abusive men? What kinds of changes do they make? What actions or interventions trigger the changes? What factors play a role in these changes? What is the process by which abusive men make changes?

CHAPTER 3

Method

Instrumentation

The Critical Incident Technique (CIT.) is an exploratory method that "consists of a set of procedures for collecting direct observations of human behaviour in such a way as to facilitate their potential usefulness" (Flanagan, 1954, p. 327). This method involves the use of interviews to gather incidents or experiences that have special significance to the participants, and to the aim of the study and that meet defined criteria. An incident is defined as any event or happening that is sufficiently complete in itself to permit inferences and predictions to occur. To be critical, an incident must be clear to the participant and its consequences must be sufficiently definite to leave little doubt concerning its effects (Flanagan, 1954, p. 327).

The data or incidents are sorted by an inductive categorization process into descriptive categories. The categories are refined and re-sorted until all the data are summarized in an efficient way. This process gives a set of clearly described categories that gives meaning to the general aim of the study.

CIT. was developed for the aviation branch of the American Armed Forces in World War II to identify effective pilot performance. Since then, there have been many studies, in a variety of fields, which have used CIT. It has been used in the fields of psychology, nursing, business management, and counselling. It has been used to study

emotional immaturity, to develop ethical standards for psychologists, to measure task proficiency, to identify motivation and leadership attitudes, to study indications of improvement in psychotherapy (Flanagan, 1954), and to identify patients' perceptions of therapeutic patient-patient interactions on the psychiatric ward (Carter, 1959). Since the 1950s it has been used to study nurses' perception of their psychological role in treating rehabilitation patients (Rimon, 1979), evaluation of the clinical practicum setting (Dachet, Wemett, Garling, Craig-Kuhn, Kent & Kitzman; 1981), to develop a greater understanding of the self-actualization process (Woolsey & Adler, 1986), perceptions of support in the work place for nursing (Lindsey, 1986), job analysis of psychology internships in counselling center settings (Ross & Altmaier, 1990) and school counsellor's perceptions of their effectiveness (Gora, Sawatsky, & Hague, 1992). The CIT. does have a long history of use.

Reliability and validity concerns were examined in two different studies that found it to be a reliable and valid research method. Andersson & Nilsson (1964) found that: (a) collection procedures were reliable. Different interviewers only slightly affect the number and structure of the incidents; (b) categorization of incidents was reliable in that the stability of the category system is high while having different people classifying the incidents; (c) the data was comprehensive and reached saturation; and (d) the categories were important as confirmed by other literature in the field. Ronan and Latham (1974) subjected the CIT. to several tests of reliability and validity including interjudge reliability of the categorization process, test-retest intraobserver reliability,

content validity, construct validity, concurrent validity and the relevance of critical behaviours that were all judged to be satisfactory.

Other strengths of this method are (a) it is a flexible set of principles, rather than rigid rules, that may be adapted to meet the situation; (b) there is a set of guidelines for the development of the categories; and (c) this technique has been used in making observations and "frequently used to collect data on observations made that are reported from memory" (Flanagan, 1954, p. 339).

Several considerations guided the selection of this method. First, the purpose of this study was exploratory in nature, attempting to understand the men's perceptions of what brought about change in themselves and their abusive behaviour. A qualitative descriptive approach is appropriate where understanding and obtaining a comprehensive description of the activity under study is the primary interest rather than prediction and control. Critical incident studies are particularly useful in the early stages of research because they generate both exploratory information and theory or model-building (Woolsey, 1986).

Second, this researcher observed that, during discussions at the VFVP, the men talked about their abusiveness, through stories or incidents. They also discussed incidents that had occurred, in their treatment that had affected them in some manner. Thus, the CIT. appeared to be suited to gathering the information fundamental to the study. Third, it has been used in other studies that elicited perceptions from their participants (Lindsey, 1986) and that elicited indicators of improvement in therapy (Flanagan, 1954).

Fourth, the method has specific guidelines for data collection and categorization but allows the findings to emerge from the data.

Fifth, the method involves a flexible interview approach that allows the interviewer to pursue an experience, in-depth, by asking follow-up questions. It also allows the perceptions of the interviewer to be checked and corrected or affirmed.

Sixth, CIT. is both reliable and valid.

Participants

The participants for this study were men who had recruited from the Family Violence Project (VFVP), in Victoria. The VFVP is a two-phase program, for voluntary and court mandated men, which combines Psycho educational, cognitive/behavioral, and insight treatment models with a feminist perspective. It also has a self-help component in which they train some men to become lay leaders of groups.

Phase One has a four week structured orientation program, followed by a 12-week semi-structured group led by a woman with professional counselling qualifications and a recovering man who is a trained lay leader.

Phase Two has two components. One component is a six to an eight-week structured educational orientation group. A female counsellor and a lay counsellor lead this group. The other component is a therapy group that runs for 24 weeks facilitated by professional counsellors. The VFVP also includes post phase two programs for support and for training volunteers to be group leaders.

The participants for this study had completed at least phase one of treatment. Phase one was set as the criteria because it gave the participants time to stop their

physical abuse and to begin to change other facets of themselves. It also ensured that the study found volunteers who were committed to changing their abusive behaviour.

The men were recruited by sending a letter (see Appendix A), describing the study, to the leaders of phase two orientation, phase two, and post phase two groups. The letter was presented to the group members at a regular meeting. The letter asked for volunteers to be interviewed, and it contained a form to fill out, giving their name and phone number. This form was returned to the group leaders who then forwarded it to the researcher. An additional letter that further discussed the study, in detail was given to those who had volunteered. The volunteers were contacted and the study was discussed over the phone, to ensure that the men had all their questions answered before committing themselves to be a participant. An appointment to meet with them was then set. Most interviews were carried out on weekends at the VFVP or in some cases at the participant's home. At the beginning of each interview the interviewer went through the initial interview guidelines (see Appendix B) with each man. All participants signed a consent form (See Appendix C) that stated the nature of the study; that their participation was voluntary and that they had not been pressured to participate in any way; that they would be kept anonymous; that the interview was confidential; that they agreed to tape-recording of the interviews; and that they understood they were free to withdraw anytime. The demographic information was then gathered (see Appendix D).

Twenty-one men participated in the study. Because of taping problems, incidents were used from only 18 men. Their ages ranged from 21 years to 60 years of age. The mean age was 37 years. One man was Native, and the rest were Caucasian. Education

levels varied with 24% of the men having university degrees, 9.5% having a partial university education, 24% with a college education, 9.5% with apprenticeships, 24% completing high school and 5% with less than high school. Their occupations ranged from tradesmen to professional including white collar workers, self-employed businessmen and students. Fifty-seven percent of the participants lived with their partners and 43% of the participants did not. The average length of the current relationship was seven years. The range of the length of relationship was 1.5 years to 25 years. All participants were voluntary. No participants were court mandated. The length of time in the program ranged from six months to 5.5 years. The average was 1.8 years. Most of these men had sought help before entry into the VFVP. Some men had been receiving marriage counselling in conjunction with treatment at the VFVP. One man had been receiving counselling for sexual abuse survivors.

The abuse of the participant's partners included physical, psychological, property, and sexual abuse. According to most participants their physical abuse was moderate consisting mainly of pushing, slapping, hitting, and grabbing. According to the participants none of their partners ended in hospitals. Some maintained that they abused their partners psychologically rather than physically. Most of the men denied being sexually abusive. Most men had damaged property, such as, tearing off cupboard doors or punching holes in walls.

Some men had abuse in their family background. Some had experienced emotional/verbal abuse; some had experienced physical abuse. One man came from a severely abusive background in which his father had severely beaten his mother and him,

and on at least one occasion had threatened to kill them with a pistol. One man, who had a slight disability, came from a loving family, but as a young boy had been tormented and abused daily by bullies over an 8 month period. He developed a "chip on his shoulder" as a consequence and learned to be verbally aggressive. Ten men had prior convictions for offenses including theft, speeding, criminal contempt, break and entry, stolen property, criminal contempt, and assault of a police officer. Two men had been charged with spousal assault, one of whom was also charged with assault of a friend. Two other men were charged with assault of others. Forty-three percent of the men reported that they had abused various substances ranging from smoking pot to using a variety of hard drugs and alcohol. One man had been addicted to drugs and alcohol since he was 12 years of age.

Specifications

In a critical incident study, the researcher must determine: (a) the aim of the activity to be studied, (b) who is to interviewed, and (c) which behaviours and experiences will be reported (Woolsey 1986).

General Aim

The aim of this study was to understand what brings about change in men who had been abusive to their partners and who had been through a treatment program. Information gathered included: What kinds of changes occurred in the men? ; what triggered the changes? ; what factors were involved? ; and what was the process by which these changes occurred?

The criteria for relevance of an incident to the study were as follows: (a) for the participants to identify a change, (b) to identify the triggers or factors that facilitated change, and (c) there is sufficient detail to allow the interviewer to judge that the subject understood what had occurred to him.

Who was to be Interviewed?

Participants for this study were men who have been abusive to their partners. The initial idea was to have men discuss changes they had made since entering the VFVP. There were, however, incidents that they wished to discuss that had occurred before entry into the project. It was decided that since the men had designated these incidents as important, the incidents would be accepted. Many incidents were ones that were instrumental in bringing the men to the VFVP.

Which Experiences are to be Reported?

Participants were requested to discuss specific incidents that had initiated a change in them and their abusive behaviour. They were asked for the context of the incident, the incident itself, what kinds of changes were made, what triggered the changes, what factors were involved and what was the process by which they changed.

Data Collection

At the beginning of each interview the researcher read the initial interview guidelines to the participants (See Appendix B). Once the participants had their questions about the study answered, the consent form had been signed, and the demographic data had been collected, the interview began. The researcher again read

through the aim of the study and asked each participant to repeat what they perceived as their responsibility during the interview. The researcher then interviewed the participants using a semi-structured interview guide (see Appendix E).

Prior to discussing specific incidents, the participants were asked two questions. First, they were asked to define change as it related to them in treatment. Second, they were asked how they perceived they had changed since entering the VFVP.

After answering the initial questions, they were then asked to discuss individual incidents that initiated a change in them and their abusive behaviour. They were asked for the context for each incident and then asked to discuss the incident in detail.

The interviewer responded to the participant with active listening. Where a response appeared vague and required more clarity, the interviewer responded by restating the essence of the participants remarks, by asking an open-ended question pertinent to the discussion, or by asking a question from the interview guideline. When the participants had concluded their discussion of an incident, they were asked whether they had other incidents to discuss. If they had more incidents to discuss then the interview continued using the same process until they had discussed all relevant incidents. Most interviews were from two to three hours in duration and all were tape-recorded.

A pilot interview was carried out to work out any unforeseen difficulties that may have come about during the interview process. As a consequence, the preamble for the interview was revised. Another revision involved changing the wording of the initial question. The participants were asked to discuss specific incidents or experiences that

had initiated rather than triggered changes in them and their abusive behaviour (See Appendix E).

Data Analysis

Procedure

The goal of CIT data analysis is to provide a comprehensive and valid description of the phenomenon studied (Woolsey, 1986). The analysis was carried out using the steps suggested by Flanagan (1954), Woolsey (1986), and Lindsey (1988) which involved categorizing all incidents thematically.

Reed (1982) in his work in cognitive psychology maintains that natural categories are hierarchical in nature. Categories have family resemblances in which "typical members of categories tend to share attributes with other members" (P. 189). Operationally, there are three levels of categories: superordinate, basic, and subordinate. As categories move down the hierarchy, the number of shared attributes or features increases and the categories become more specific (e.g., a superordinate category is fruit; a basic category is apple, and a subordinate category is delicious apple). "The most important of the three levels is the basic level because basic level categories are the most differentiated from one another, and they are therefore the first categories we learn and the most important in language" (Reed, 1982, p. 182). The larger categories, in this study, are superordinate level categories, while most other categories and subcategories tend to be basic level categories.

The interviews were transcribed verbatim with each participant being coded by a number and each incident being coded by a letter. Categorization of the incidents focused on the nature of the incident that initiated a change in the participants (e.g., many men discussed incidents in which they abused someone that brought them to the VFVP). All incidents were examined for similarities and differences. It was important to become totally immersed in the data to get an understanding of each incident and the major themes that emerged. The incidents were sorted into tentative categories, by themes that seemed to group them together. After tentative categories and subcategories had been established a brief definition was developed for each. The next step was to review the placements of the incidents within the categories. After review, some incidents and categories were changed. The categories were then defined and incidents were reviewed. This was done by searching for a prototype that showed the clearest and most distinct incidents. The prototype typified the category and reflected the key features of the category. Some incidents contained features of more than one category. The decision to include an incident in a category was based on the extent to which it resembled the prototype of a category. The definitions for all major categories and subcategories were then reexamined and changed where necessary, in relation to the actual incidents comprising them.

Upon reviewing some categories, it became evident that some categories could be clustered thematically into a larger category. The larger category was defined and given a title. It was then decided that the initial categories would be called "subcategories," and the larger category would be called a "category."

Two judges then assessed the categorization scheme. One judge was a master's student who was familiar with qualitative research and analysis. The other was an instructor at a local college who has a MA in counselling psychology who also was familiar with qualitative research and analysis. Each judge was given half the incidents with a list of all categories and subcategories and the definitions for each.

The CIT. method and process for categorization were explained to each judge. The judges then read each incident and reviewed the categories and subcategories and the definitions for each. The categories and subcategories were discussed and refined until there was agreement between the researcher and the judges upon the categorization scheme.

Reliability

The next step was to assess the reliability of the categorization scheme. Eighty-nine percent of the incidents were randomly divided among three judges who read the incidents and recategorized them within the categorization scheme. One judge was a psychologist with a Ph.D., one a sociology instructor with a MA at the local college and one was a therapist in the local treatment program for assaultive men. The judges were trained in CIT. The study was explained and each category and subcategory was discussed with accompanying definitions. The judges were then given randomly selected incidents to place within the categorization scheme as practice. Andersson and Nilsson (1964) suggest that an acceptable level of agreement between the judges and the researcher's categorization scheme is 75-85% for major categories and 60-70% for subcategories. The average percentage of agreement between the judges and the

researcher was 84% for the categories and 70% for the subcategories. The categorization was therefore determined to be reliable.

One subcategory, labelled inner conflict, had no agreement (0%) in the placement of the incidents. This was considered a weak category with only two incidents and after analysis the subcategory was dropped. The incidents were placed in subcategories suggested by the judges and agreed upon by the researcher.

Validity

Content validity refers to the extent to which all the recorded incidents represent all the important aspects of the topic and represent all the potential number of incidents that could have been collected. This was analyzed by three means: (a) the number of incidents in a category or subcategory as a measure of validity; (b) the saturation and comprehensiveness of the incidents; (c) comparing the findings in the study to the literature.

A category may be seen as valid when it contains several incidents. It is not imperative that all categories are equal, but having only one incident in a category or subcategory would generate some question as to the validity of that category. A category could contain only one incident if that incident were a salient one. For this study, each category or subcategory was required to have at least three incidents.

The test for saturation and comprehensiveness was to ensure that data collection was not ended too soon, before all significant categories could be generated. The test was carried out by going back over the process of the interviews. Each participant was given a number and a letter coded each incident (e.g., the second incident for participant #seven

was marked 7B). The coding allowed this researcher to trace back the incidents in the order the participants presented them, thus ensuring random sampling and the true order in which the incidents had been categorized. The incidents were then recorded according to the category and subcategory in which they had been placed. By the time 60% of the incidents had been categorized, 100% of the categories and subcategories had appeared. According to Andersson & Nilsson (1964), 95% of the subcategories should be classified by the time 66% of the incidents have been categorized. Thus, the collection and analyzing of the data for this study were probably not stopped too early.

Woolsey (1986) suggests that the findings be compared with other categorizations of the activity found in the scholarly literature. In this study, the findings were generally consistent with the literature on working with abusive men.

Limitations

The following are limitations of this study. A criticism could be that the study relied on the retrospective viewpoint of its participants. The participants were required to discuss incidents that occurred in the past, some, many years ago. It can be argued that there would be distortions in memory as a result. The purpose of this study was to explore what the participants perceived as incidents that initiated a change in them. The participants identified these incidents as important to them. Only they can be the judges of such experiences. One strength of this method is that it gave the participants a chance to reflect on the experiences and process them. The critical incident technique uses as criterion for accuracy, the detail of the incidents themselves (Flanagan 1954). Vague reports suggest incidents that were not well remembered, while incidents with specific

detail suggest the incidents are well remembered. Therefore, only incidents with specific and sufficient detail to allow the researcher to understand the incident were used.

The second limitation could be seen as the existence of no rigid interview schedule. The critical incident technique is reliable in its data collection procedures. One strength of this method is its use of a semi-structured guide in which open-ended questions can be asked to ensure clarity for the interviewer.

Another criticism may be that the same researcher collected and analyzed the data. This enhances the chance of personal bias. To reduce such a chance occurring, certain precautions were taken. The researcher was careful during data collection to ask only open ended questions asked to clarify or attempt to understand rather than to lead the participant. Two sets of judges were used to reduce bias. One set helped in the categorization of the incidents and the labelling and defining of the categories and subcategories. The second set of three judges was employed to recategorize the incidents to verify the categorization scheme.

Another criticism may be that the process of recruitment of the volunteers may have introduced programmatic bias. The researcher consulted with some leaders and ex-members of the VFVP before deciding to use this process. It was suggested that if the group members resented intrusions on what they perceived as "their time in group" the men might not have volunteered as a result. It was also suggested that the trust level of the men, was such that, they might not respond to this researcher but would respond to leaders presenting the study. This was later confirmed to the researcher during the interviews with the men, in which they were asked if they felt any pressure to be

interviewed and that if they did they were free to leave the interview, with only this researcher and the participant being aware of their leaving. Everyone remained in the interview.

The participants were categorized based on self-report. It may have helped to access records with the VFVP to check the reliability of the men's reports. They were classified as either generally violent or violent with a spouse only. Although the information was gathered in this manner, it was not used to look at whether there was a difference between the two categories.

Another limitation was that no assessment of the level of their abuse was made other than self-report. Using assessment records to assess the nature and severity of the abuse their partners experienced, may have been helpful.

The sample was different from the profile described earlier in this study, in that they were older and better educated. As well, all of the men were voluntary.

The intent of this study was to be exploratory and not predictive in nature. Therefore, the results of this study are applicable to the men who participated in this study and to the program in which they were involved. It cannot be generalized to the population.

CHAPTER 4.

Results

Categorization Scheme

A total of 82 incidents was reported, of which 76 were included in the study. Six incidents were not included because they lacked clarity and sufficient detail to be understood. There were seven categories and nine subcategories generated. Table 1 illustrates the categorization scheme including the categories and subcategories and the number of incidents. Each category and subcategory includes a description along with verbatim examples. The headings of the categories and subcategories address the question "what triggered changes in the participants?" The following questions were also addressed within each category or subcategory: What kinds of changes were made? ; and what factors were helpful in making those changes? The descriptions for these questions include verbatim examples and information extrapolated from the incidents. There is also a description of the participants process of change.

Table 1

The Number and Total Incidents per Category and Subcategory

Names of Category/Subcategory	Number of Incidents	Total
A. Learning About Self		31
1. Structured Experiential Events	8	
2. Spontaneous Experiential Events	7	
3. Feedback	9	
4. Listening to Others	4	
5. Reading	3	
B. Abuse		18
1. Abuse of Partner	13	
2. Abuse of Others	5	
C. Experiencing Limits		8
1. Authorities	4	
2. Partners	4	
D. Assessment	7	7
E. Changes in Lifestyle	5	5
F. Conflict	4	4
G. Acknowledging Abuse	3	3

Note. N = 76 incidents

A. Learning About Self (5 subcategories; 31 incidents)

In this, the category with the most incidents, the participants developed an awareness of themselves or their lives in two ways. The first was an experiential process that resulted in new awarenesses or changed perceptions. The second was a more cognitive process in which they absorbed information that enhanced their self-awareness.

1. Structured Experiential Events. This subcategory consists of incidents in which the participants experienced change because of therapeutic exercises such as two chair work, artwork, psychodrama, role-plays, and discussions. By participating in or watching these exercises some men experienced powerful insights. Most of these events took place in phase two. One man discussed it this way "until you get in touch with that incident you have no access of what grips you." An example of this involved a man who relived a past event.

Experiential Incident:

We were to draw a picture of something from our past, an emotionally charged incident. So I drew a picture of my mother clubbing me over the head with a broom which I remember as a boy. Being an artist and taking art at school I did a rather graphic representation. I was a boy kneeling down with tears coming from his eyes, and my mother was standing with the broom looking like the Witch of the West, with an aura around her with this huge red and yellow lightening type lines coming out of her. This big angry aura around her and the broom hitting me on the head. So I was clubbing this pillow reliving the situation on the prompting of the facilitator. So I had the pillow down there and beating the pillow with something. I was upset and it wasn't fair and I called her various names, fucking bitch or whatever. It was being in touch with the little boy inside who was really hurt. It was unfair. My mother shouldn't have been beating me. I was hurt and angry. I had to go through the anger first and beating of the pillow and swearing at my mother before I finally got to the point where I was the little boy. I was re-experiencing being a little boy who was hurt and it wasn't fair and was crying. At the end of that I was

yelling and screaming. It was quite an intensely, emotional, cathartic experience for me and I started to cry. I shed a few tears and my face was red. I don't know and then I laid down for a while and was consoled by the group. It was the first time I can remember crying in about 35 years. It's become clear to me now that somehow that had a major impact on my life. My mother venting anger on me especially beating me and her belittlement and her various negative trips had a major impact on me. To the extent where I have a difficult time with some women. I want to solve this so that it doesn't bowl me over. I don't think it will disappear but I can certainly deal with it.

Changes that resulted from experiencing these events included: self awareness, consciousness raising, breaking through denial, experiencing feelings, taking responsibility for their actions, and raising of self-esteem.

Many men experienced strong emotions such as grief, anger, and shame, as part of the experiential process. Experiencing these emotions appeared to help them begin to become more aware of other feelings. One man reported "I'm not afraid to feel that emotion welling up inside myself. I don't need to divorce myself from that or cut myself off. I'm beginning to get in touch with my feelings now." Some men reported that being able to cry in front of other men was extremely powerful for them. It allowed them to discharge some pain that they had experienced and carried around with them. It appeared to free them up to begin relating to others in a more positive way. One participant, who had wept openly in his group, grieving the death of his daughter, realized that "I got no problem. I could now talk about that freely to other people."

Participants reported that certain exercises enabled them to see their behaviour as others would see it. This made it more difficult for them to deny their actions.

Sometimes, seeing their behaviour helped them to take responsibility for their actions. An example, is one man going through a role play.

He said let's do a scenario. I want you to pick anyone in this room and he's going to be your girl friend and you tell him what she says. So we went through it. I was sitting there. Fine I don't give a crap. I was like a stone wall. You couldn't break through. It's like don't fuck with me it's not going to work. I put on this I don't care attitude. So that's making her think that I wasn't caring for her. I realized what I was doing wrong myself even though I thought it was her that was doing wrong. I was being abusive when I felt she was being abusive to me. So it really opened my eyes. After that it meant more to me cause later it came up in our relationship. I talked to her about it and that totally diffused it.

Just watching others work through some of their issues and pain helped one man, and possibly more, to recognize issues on which he needed to work. "It was an eye opening experience that there is a lot of stuff that I can work on and need to work on and recognized in myself that I can't do that alone."

Some men reported working out issues with which they were struggling. By bringing the struggle out in the open they became aware of both sides of the issue. Seeing and hearing both sides of the issue helped them to bring closure to the existing problem. One man came to peace about a decision he had made to break up with his girl friend after exploring the warring factions within him.

Most of the related experiences were positive and the participants were able to use the experience. However one experience, although giving the man some awareness, did not help him to move beyond the experience. He had been through two chair work with a therapist. He relived an experience he had as a child.

I discovered this ... feeling, this being worthless and humiliated came from doing that. When someone is angry with me it is like my father being

angry with my mother and I never knew how far it would go. If it would be just a short criticism, a real sarcastic annihilation, or beaten up to almost death. So when somebody is sarcastic to me or angry there is no telling how far it's going to go and it sends me into such a, like down comes the shutter. My strategy is to walk away and my biggest strategy is to avoid it at all costs. I know that I am doing it. At least I can admit to that it is happening instead of denying it.

Unfortunately he was not helped to develop strategies to cope with those fears when they did arise, thus leaving him feeling a sense powerlessness and shame each time he experienced a similar event.

Participants identified other factors involved in facilitating their changes: trusting whoever facilitated their exercises and being able to see others go through these exercises and have a positive experience. Modelling by group leaders was also important. An example is a man who watched his group-leader weep. "It affected this man. He actually cried. He's a grown man. We all held him up pretty high. He lost his granddad. It hurt him. He's now crying. I lost a daughter. I can now cry."

2. Spontaneous Experiential Events. This subcategory consists of lived experiences in which the participants were the central figures of the experience. Some events occurred before entry into the VFVP while other occurred during phase one or phase two.

Most incidents began with a conflict or emotional distress. This appeared to set the stage for the men to experience an act that brought about some significant insight or "aha," a change or reorganization in their pattern of perception, and a change in their lives. These changes occurred abruptly. The incidents involved both cognitive and affective processes. Some of these incidents had a transforming effect on the men.

A major theme of the incidents was "turning point." For these men the incident influenced a change in direction of their behaviour, their perceptions, or their lives.

Incident

My wife was coming after me so I took a stool and put it between us and my wife picked up the stool and came running after me. As she came running after me with the stool my thoughts were oh no like here we are again, a real sense of hopelessness. I think fear and hurt not physical hurt just probably mostly fear. I stopped took the stool and ran in the same direction instead of stopping to try to take it away from her. I could run faster than her and actually took the stool away like to take away the expression of anger. This had never happened. I remember this incredible lightness like a revelation. I still have goose bumps. I lost my fear about any physical encounter. I don't even have to move away now when she comes toward me. In my standing there and not have a fear, catches my wife before she does it. Since this incident there hasn't been another physical incident.

Changes that came about as a result of these events included: a shift in perception, self-awareness, recognition of problems, breaking through denial, changes in values, being able to express feelings, setting boundaries, accepting anger as part of oneself rather than dissociating from it, giving up control, recognizing that one was disengaging, a religious conversion, and quitting drinking. Many of these changes appear to be enduring.

Different determinants brought about the turning point. One was the men experiencing intense emotions such as fear, anger, hopelessness, helplessness, and desperation. Experiencing these emotions underscored the realization that something was amiss. One participant who was in an accident with a motorcycle while impaired said "it scared the shit out of me. It was such an eye opener about how self-destructive I was. That was the beginning of the end" Others went through more of an emotional journey.

They went from negative feelings, or feelings of fear and desperation to very positive feelings. One man had been "very critical and judgmental" of his father. At the conclusion of an incident he told his father "I realize that you have a heart. I have a heart and I'm concerned about you because I love you." For this man it appeared to be the culmination of a series of experiences he had with his father over the years of their estrangement.

For some men the turning point came from recognizing that they received a second chance. The incident caused the men to re-evaluate their lives. Given the second chance, they used it to change their behaviour.

I rear ended a guy and then I took off. I was running scared. I thought I had really fucked up and well I did screw up. I had been drinking. I was impaired. The police came and I didn't get charged with drinking and driving. But that accident was it for me. I went, through a girl I met, to my first AA meeting. I have been sober for a year.

Another facet was giving up control. Some men realized and conceded that they did not have control over their lives for various reasons. For example one man had a religious conversion. His one-year-old son's health was deteriorating. In desperation he became aware that he could not control life "in my own strength there wasn't a lot I could do." He resorted to prayer. He went from desperation to having "this incredible experience of the presence of God." An inadvertent result for this man was that he quit drinking. "It was a real insight for me that I could find joy and excitement without having to resort to drinking. So that helped me to stop drinking to the point where I have very little to drink."

3. Feedback. This subcategory consists of incidents in which the men received feedback from others about themselves or their behaviour. Two types of feedback were given out: (1) descriptive information about a man's positive personality traits, (2) the other was more negative and confrontational about the participants' actions. All the incidents involving feedback occurred while the men were in treatment.

Changes that came about because of feedback were: accepting responsibility for one's actions, changing one's self-perception, breaking through denial, stopping physical abusiveness, a changing of attitude toward violence, and stopping blaming a partner for her anger.

The negative/confrontational feedback created a cognitive dissonance in some men that forced them to look at themselves and to change.

Incident

A big one happened two nights ago. There's a guy who has been in my group six months and he is in my post phase two group now. He's a musician. He said I want to talk to you about playing music. I might want to start a duo. I might want to do some gigs. He's a very good singer. He's done a lot of gigs. He said but I've got to talk to you first because you tend to be really controlling. That didn't really shock me but it kinda struck me quite hard. Gee here's a guy he's having second thoughts about even playing music with me because I will try to run the show instead of it being a democracy. So I really must be a controlling person. That kind of thing is like a mirror. It wasn't from my partner but from a guy who knew me from my group, knew about my issues and what have you. It really made me rethink my perceptions of myself. My understanding of myself. My view of myself. That has fundamentally changed.

Most of the men could see all their negative abusive actions and traits. Few could see any of their positive traits. Positive feedback had a strong effect on some men's self worth because it pointed out their strengths and positive traits. It helped them to see

themselves differently, more positively. It made them feel better about themselves and gave them hope that they could change. One man reported:

My change that I have made is I have started to believe in myself. I started to believe in myself because others did that. They believed in me. To hear from people that I was all the positive things that they saw in me. I realized that I respect what these people say. I hear them saying these things. People have told me that in the past it's just not clicked in. I still see things from a negative perspective. I am still working on it. I would like to be a positive person.

The feedback to the participants came from various sources. In five out of the eight incidents the feedback came from either group leaders, group members of the VFVP or a counsellor. The men stated that they trusted and respected these people. The trust and respect appeared to give legitimacy to the feedback.

4 Listening to Others. This subcategory refers to incidents in which the participants were involved in discussions or they listened to someone telling their story. These incidents occurred, before entry into the VFVP, or in the early stages of treatment. In listening to others the men absorbed information and then applied it to themselves. In this study, listening to others brought about the following changes: breaking through denial, developing an awareness of choices, taking personal responsibility for their actions, and committing to change.

Incident

I had worked in a British pub back east for a long, long time as an entertainer, bartender, busboy. There was a real air about the Brits that use to come there and drink and fight. That was their life. You drink, you fight. Hooligans, they call them. Violence is the huge thing. I remember sitting in one of the orientations and this guy was one of the volunteers and he told his story. I used to stereotype a lot as well. So I thought if this guy here's one of those British hooligan guys that came from a background

that comes from a background of drinking and violence and I'm guessing all this shit. Listening to him say I used to throw my wife around the house and my kids and I used to literally bounce them off the fucking walls and all that kind of shit. Then I came here and I changed and I don't do that anymore. I remember thinking that if he is here and doing this then I can do this. If a guy like that can change, I can change.

A major factor in bringing about the changes was a cognitive dissonance created from hearing stories of horrendous abuse, in some cases, and hearing how the storyteller had stopped being abusive. The admission of being abusive confronted the listener's own beliefs about themselves, confronted their own abusiveness and sometimes confronted how they feelings of self-worth. It helped them to accept that they were abusive. It made them realize that change was possible.

Unfortunately for some participants the commitment to change waned. "I just thought well I've got this now. I got this real cocky attitude that I'm cured. I've got it now. I know what I need to do."

5. Reading. This was a weak subcategory consisting of incidents in which reading material gave some men information that facilitated learning about themselves. These incidents occurred during treatment. In each case they applied the information they had gained from reading to themselves and then acted upon it. There were positive and negative results from these actions. As a result of reading the men became more aware of themselves and developed an image or ideal to work toward.

Incident

When I started reading the Bradshaw book and realized how much shame I really had, I went over and talked to my mother and my father and my sister about it one afternoon. I dumped it on them. I let out a lot of feelings. I cried. I got angry at them. They got angry at me. It was a real emotional time. It was good for everybody. Broke a lot of ice. Cut a lot

of tension. Really opened up the playing field making more room for feelings to come out. I'm a lot calmer. I think I am more in touch with my feelings. I am more open emotionally. More honest emotionally because I let out a lot of bad feelings. They're not held inside anymore. I think we're closer(the family) because we have expressed feelings. We know we can be closer.

For this participant a "major stage of healing and growth" began with reading Bradshaw's book Creating Love. He read slowly completing the exercises accompanying each chapter. He had read other material he received from the VFVP that complemented the book. Learning from reading was his learning style. Another factor was his desire to learn and change.

One incident shows the potentially negative aspect of reading. This participant read Ghandi and saw him as someone to emulate. He attempted to imitate Ghandi.

So I had this hero figure kind of thing. I got this ideal of how to deal with and for a long time tried to live up to that. So I had this ideal that I could live without being angry all the time. So what I thought I could do was not be angry by being calm and mellow all the time. Instead of being angry I would shut down all my emotions. I realized recently that doesn't work either. There's going to be highs and lows and there's still points when people are going to set me off. The anger is still there and something I have to live with.

The lack of discussion of his thoughts, ideas or feelings with others about his readings interfered with his efforts to be nonabusive. His belief that anger was the problem, rather than the management and consequences of his anger, also inhibited progress. " I felt it was wrong and beat myself up over having those feelings." This forced him to deny his anger. "I could deny my anger by taking time outs and watching my stress." What he did instead was to shut down all his emotions.

B. Abuse (2 subcategories; 18 incidents)

This category refers to the participants being abusive either physically, psychologically, emotionally or verbally to either their partners or someone else. The abusive incident brought an awareness to the men that there was a problem. Many participants realized that they had gone too far with their behaviour. Others felt their behaviour was out of control indicating to them that something was wrong. Once the men had developed their awareness they had to rectify the problem.

1. Abuse of Partners. This subcategory consists of incidents in which the men abused their partners. Some incidents occurred before the participants entered the VFVP. Where this occurred, the abusive incident was a factor in the men entering the program. The incident brought about awareness that their behaviour was a problem. Some men were aware there was a problem in their relationship before the precipitating event. The abusive incident appeared to bring the problem to the foreground, so they could not avoid the effect of their abuse.

Changes that resulted from the incidents included: coming to an awareness that they had a problem, breaking through their denial about their abusiveness, and stopping the physical violence.

Two main determinants brought the men to the awareness that they had a problem. The first determinant was a shock that jolted them into reality about their abuse. An example was given by one man, who had recently lost his daughter.

But all the rage and anger was built up and it was just off the end. It's funny when she seems to get in there and aggravates the situation and then she's had enough so she turns around and walks away and I'm angry and I

still want to deal with this. So she ends up driving away. I jump in the truck and follow her and that's when she's driving up and around there and I'm driving around. She comes to a stop sign on a side street. She's stopped on the side street facing a busy street. And so at that point I come just barrel assing up behind her and just smack. Hit her hard, yeah I hit her hard. You know I tail ended her. It was lucky there was no traffic coming along because it moved her out about three feet into oncoming traffic if there was any. So this hurt her. It hurt my son. It's like I realize something clicked. That's it. It's enough, I could have killed them. One's enough we don't need anymore. Obviously there's something wrong. So that was when I went out and started seeking professional help.

Another type of shock that appeared to motivate the men to change was fear. This fear took different forms. In one man, it was fear resulting from feeling out of control emotionally and being very close to hurting his partner physically. In another man, it was the fear of being like his father who was abusive.

It scared me. It's the first time that I have ever really been scared. I was my dad. That's what I have been fighting all my life not to be that. It really scared me cause it was like I'm him. I'm going to be like him. There's no light at the end of the tunnel.

The second determinant was a realization of having gone too far. The indicators for the men that they had gone too far varied from their wives expressing fear or fighting back physically, to crossing their own moral boundary "I had never pushed or hit a woman in my life. It was telling me something was wrong."

Some participants abused their partners while they were in the VFVP while some abused their partners after they had been through the program. In the latter cases the abuse recurred one month to two years after the program. The fact that these men abused their partners while in treatment or post treatment shows the difficulty in stopping their abuse. All these men expressed being motivated to stop their abusive behaviour. In most

of the incidents the abuse was precipitated by an argument that was resolved through violence rather than constructive resolution. The violence brought the men to an awareness that they still had problems being abusive. For some, the abusive incident indicated that "I had to keep doing something like this for a long time to really get any benefit out of it and that it wasn't going to be a quick fix."

The awareness resulted from two factors. One factor, for some men, was their partners talking to them. "The way she explained it to me was that she couldn't do anything. I could have done whatever I wanted to do to her because I was physically stronger than her. I completely 100% overpowered her." The other factor, for some men, was a cognitive dissonance that resulted from a discrepancy between their self-perceptions, as having moved beyond using violence, and their actions. "I couldn't believe I had done that. It was, what I saw as, beyond myself at that point." The dissonance created a tension that they had to resolve.

2. Abuse of others. This subcategory consists of incidents in which the participants abused someone other than their partners. Two of the incidents occurred before the men had entered the VFVP, while three had occurred during or after the men had been involved with the VFVP.

The primary change, resulting from abusing others, was to break through more of their denial about their abusiveness. Some participant's abusive behaviour prompted them to seek help while others deepened their commitment to the VFVP. Their abuse made them realize they had a great deal of work ahead of them.

Some participants were aware that their behaviour was wrong resulting in a cognitive dissonance that motivated them to do something about their behaviour. For example a man described abusing his stepson.

I got ticked off at him and punched him. It was such an instant reaction that after I had done it, there was no question in my mind that what I had done was wrong, even though in my mind I was trying to find a way to justify it. There was no way I could reconcile that act in my mind as being an acceptable one. Hitting a child is just not acceptable.

The incidents had an emotional impact on most men. Many men experienced anger that was a factor in the abuse followed by other emotions such as fear, shame, sadness, confusion and loss. For most, the emotions were experienced after the incident. The emotions appeared to be the result of recognizing that they had done something wrong. The emotions appeared to either emphasize the wrongness of their act or facilitate a catharsis. For example, one man described an incident with his daughter.

So I went over and I grabbed that [an axe] from her and I lost it at that point and started dragging her towards the house. My wife went in and called Zenith 1234 and they said phone the cops. The cops came and took her away to some friends for the night. I broke down and started sobbing later on cause I felt so bad for my daughter. I think it was the first time I saw my abuse outside of my ex-wife. I think it affirmed my choice to come here and settled it more deeply rather than a surface thing.

C. Experiencing Limits (2 subcategories: 8 incidents)

This category consists of incidents in which some participants experienced a limit being set on them by either their partners or those with delegated authority.

1. Authorities. This subcategory refers to the men experiencing limits set by someone with delegated authority including: Social Services, the police, and the courts. In each case the men were already in treatment either in phase one or phase two.

The changes that resulted from experiencing limits were developing more self-awareness, breaking through some of their denial and learning to set boundaries.

Two main determinants influenced these men. One was shock. The shock jolted the men out of their denial and made them aware of their behaviour.

She just looked me in the eye and said, it's like this, you sign this piece of paper that says you will do something about your behaviour, or we will apprehend your kids. That day and night I was in shock. I had always realized what was going on but I had never thought about how serious the problem was. I had gone through phase one thinking that the problem was not that serious. Well it is. From that point I have made more of an effort to change my behaviour and use some of the skills.

The second determinant was experiencing a variety of feelings including fear, shame, anger and emotional pain. The emotions were of such a magnitude that the men could not ignore them or the situation that produced the feelings. One man characterized the experience. He reported "hitting bottom" after being arrested. He felt ashamed, depressed and fearful of losing everything while another man reported feeling like a criminal.

One participant had an experience that brought about a change in a paradoxical way.

I was supposed to give proof that I was involved in the project, via a letter, which I got from the project from my leaders, to the crown council because my wife asked for the charges to be dropped and the crown council said no we can't do that but if your partner brings in a letter then it will change the outcome and what we say. I was told that I would be given a conditional discharge. I was given a year suspended sentence and the conditions were that I continue in the project and go on probation. So when I heard that I thought oh well you roll with the punches. I was convicted. I will have a record now. I'm walking out to the car and I thought no this can't be right. I gotta see if I can do something about this.

He discussed his case with the original prosecutor and eventually received a conditional discharge. This experience, he reported, "was the first time that I set my limits, my boundaries. It's carried over into my life now. Feeling less obligated to please others and feeling ok taking care of myself." What prompted him to act was his anger and his sense of shame. "So listening to her [crown council] made me angry and that anger gave me enough, for want of a better term, conviction to stand up for myself, which is something that has been hard for me to do." He reported that he felt lied to, and "I felt small and insignificant. I was at the bottom of the barrel."

2. Partners. This category refers to the participants experiencing limits from their partners. The limits came in the form of separation. This was the women's way of trying to stop their partners' abuse and telling the men they had enough. While most men had their partners leave them, a different kind of limit occurred for one man in that he was not allowed to see his children. Whatever the form the limits took, they made the men aware of the seriousness of the situation and made them face their behaviour.

The changes resulting from these experiences included breaking through some of their denial, stopping their physical violence, attempting to break an addiction to drugs and alcohol, and seeking help for their abusiveness.

The main theme for these men was hitting bottom. They all experienced emotional pain, sadness or depression, while some experienced hopelessness. The men did not expect their partners to leave them. For some men, the departure of their partner was a catalyst for them to enter the VFVP in hopes of reconciliation. Reconciliation occurred in only one relationship, resulting in the participant stopping his physical abuse.

He did so from fear of the consequences. "If you do this, I am leaving. I don't believe men are going to change unless they lose what they want. I believe what is going to change men is women saying I'm not going to stand for this, fuck you."

It appeared the men needed something surprising or unexpected to force them to face their actions. One man described it this way "I mean I knew what was going on but I kept suppressing it. Well I'm having fun going racing and she's looking after the kids. We get together once in a while so everything's fine. But then that wasn't really true."

One participant was not allowed to see his children because he had a serious drug problem. The loss of visitation privileges made him realize the effect his addiction was having on others. "Being an addict was affecting other people than myself. Like my children not being able to see their dad. That got me emotionally and mentally. That was it I stayed in the basement and watched tv for 12 days. Complete cold turkey. That was tough. That was sort of my detox." Another factor for him was guilt and loss.

I have a 13-year-old daughter out there that I don't know where she is. I haven't seen her since she was one year old. So I have abandoned one child in my life. I don't want that to happen again. I don't want to see these kids grow up and not be part of their life. Couldn't go through that again. I came to the realization that the best thing I could do for these kids is to become a better me.

D. Assessment (7 incidents)

This category consists of incidents in which the participants were involved in a structured assessment at the VFVP. The men went to the assessment for various reasons including: to reconcile, to help their wife feel better, and because they knew something was wrong with how they behaved but they did not know how to change. For whatever

reasons they went to the VFVP, most men did not believe they were abusive. One man reported the belief of most of the men "I didn't think it was abuse then cause I thought abuse was hitting."

Changes that resulted from the interview included breaking their denial, developing an awareness of what abuse entailed, beginning to take responsibility for their actions.

Going to the interview was difficult for some men. They were nervous and unsure of what to expect. Many talked about not being aware of any feelings at the start of the assessment. One man reported "I guess I was sort of numb. Because of all the stuff with my wife, I had shut down my emotions." At the beginning of the assessment the interviewer identified himself to the participants as having been through the VFVP. This revelation comforted some men. One man expressed his experience of the interviewer in this way.

That put me at ease right away. He wasn't some young guy just fresh out of university who had not lived it. It wasn't some guy reading out of a book. It was somebody who had actually been there and that put me at ease. He's been there and possibly worse. He has more of an understanding of what I'm going through and where I'm at right now. So I as able to put more faith in him and put more faith into the process.

Another important component of the assessment was the process of the interview. The men were made to feel comfortable and they explained the process. The interviewer then proceeded to ask questions, from a structured assessment questionnaire. Once the history of abuse, substance abuse, childhood history, education and employment, physical and mental health, criminal involvement, lethality, and safety of the partner had been

gathered, the various types of abuse were assessed. The process for assessing the types of abuse was very effective in not allowing the men to rationalize their behaviour or explain away their responsibility. The speed and the content of the questions played a large role. One man related his experience.

He does it really well. Have you ever driven fast with your family in the car, cause you were angry? Yes. Have you ever scratched or pulled her hair? Have you done this? Then you've gotta have an answer cause the next one is coming right away. So you don't have time to just go well I kinda done something similar. It's like answer yes or no. It worked really well for me because you don't have time to make up excuses or to blame anybody else for why you did that.

The assessment was an emotional experience for most of the men. Some were "scared for themselves and their family" because they had their behaviour laid out before them. Some were depressed, some felt guilty, horrible and embarrassed. One man reported "I became somewhat depressed cause through this new awareness I realized my behavioural patterns were not all right." Many men talked about the assessment being an "eye opener." The assessment had this impact for three reasons. First, they heard themselves say yes to many of the questions "probably about 80% of the questions I said yes to." Second, they developed an awareness and understanding of abuse. "There were a lot of things that I took for granted, that I thought were normal behaviours that are actually abusive towards another person. I learned a lot from that initial consultation." Third, the assessment and the interviewer labelled their behaviour and them as abusive. Some had difficulty accepting they were abusive initially. "I didn't think I was a person that could have done all that stuff." Others had difficulty because they judged themselves. One man reported "I felt like I was the shittiest person in the world. I just

hated myself. It was probably the lowest time in my life because I had become something that I hated." However others were relieved or excited and looking forward to going into the program. " I felt scared that it could go that far but relieved that I as going to get some help."

There was some question as to the long term effectiveness of the assessment breaking through denial. For one participant, and possibly for others, the shock and effect of the assessment wore off.

After a while the shock of that wore off, and then I got into a group and thinking that by being there in a group and attending that these behaviour traits would naturally occur. I guess I was hoping it would naturally occur not realizing how serious the problem was.

E. Changes in Lifestyle (5 incidents)

This category refers to incidents that changed the men's lifestyle. The change in lifestyle for two men was becoming a parent or stepparent. For one man, another major change in lifestyle involved moving in with his girl friend. For others, the change involved gaining employment or quitting drinking. The changes for these men were positive and negative. The results of the changes in lifestyle included the men taking responsibility for someone other than themselves, boosted self-esteem, a loss of self, and becoming abusive again.

The primary theme, which resulted from changing their lifestyles, was taking responsibility for someone else. One participant became responsible for caring for the health of his clients. Other men became responsible for their children and one became responsible for his child and for his part in a new relationship/family.

Two participants took on the role of sole care giver to their sons. In doing so, they had to move out of their single's lifestyle in which they had focused solely on their own needs, and into a relationship in which they had to meet the physical and emotional needs of their sons. This was a learning process. One man reported "I didn't know how to do these things. I wasn't raised to take care of people." These men were motivated and determined to care for their sons. One man stated "I have never felt such a tie to anything in my life. I wasn't going to give up my son because I'm not supposed to be able to do these things." Taking responsibility has been an esteem boost for both participants. "It makes me feel better about myself. It makes me feel stronger."

Being an active father to his son allowed one man to develop empathy, for his son. "So I have changed my son's life. It's a big change for him. I am very conscious as to where my son is at. A lot of focus is on my son and how he's feeling." This man's wife had left him because he was an absent husband and father. He had chosen to become aware of his behaviour. "So I'm careful as to what I say, what I do, and how I do it."

One component of the change in lifestyle that was difficult for both men was the loss of their social life. In becoming single parents, both men gave up dating women initially. This appears to have been offset by the satisfaction gained from caring for their sons.

One incident displays how lifestyle choices can affect one's abusiveness. A participant chose to move in with his girl friend and her son after they had known each other for six to eight months. This appeared to be a decision that he did not think out. "It

tied me to a family life that I was not really looking for and for some reason didn't foresee the problems." The change in lifestyle eventually culminated in abuse and the participant returning to the VFVP.

His abuse came about because of many other changes he and his new family experienced from moving in together. The spousal relationship went from being close and intense with little conflict and good communication, to one in which there was increasing emotional distance, a great deal of conflict and poor communication. The relationship had moved into a new phase that usually occurs, but for which he was having trouble adjusting. " At first we're very close and kind of intertwined together and then getting progressively farther apart, which I'm having a hard time dealing with." They were struggling with the two main issues in any abusive relationship: power and control (Pence, 1989). Being in the relationship, he was forced to confront these. "I felt overrun and controlled." He had to cope with her expectations of him as a partner that meant he had to be responsible to her for his actions. "I don't feel that I have the freedom to do whatever I want to do cause when I do make plans she wants me to be around."

His sense of self changed. He felt a sense of "loss of himself" and "his own space." He felt "insecure, unstable, emotionally dependent and jealous" of those supportive to his wife.

The co-dependence that I have and the fear of her leaving me. I can't leave an argument undone. I have to resolve it. I have to know that everything is ok before I walk away from a situation. It's just absolutely the worst thing in the world. That's been my biggest struggle that's led to my abusiveness.

His self-esteem had diminished "I don't think I feel as good about myself as I did before. I think part of it is my own personal failures just as far as being abusive in this relationship and not being able to deal with things well. I look for my esteem from other people. From my partner to love me and to tell me that I'm ok." With all the conflict they have experienced, he was not receiving that message.

Becoming a full time stepparent had a major impact on the participant. His stepson, a "difficult child" did not want a relationship with the participant. "He admitted later that his sole goal after meeting me was to get rid of me. He came close to making that happen."

Because of the awareness this man had developed, he recognized his abusiveness and took responsibility for his actions by returning to the VFVP, which he felt has helped him. "The groups have been invaluable. A dumping ground, being able to express myself and to hear feedback, how to deal with it."

Other men experienced different changes in lifestyle. In one case a man found employment in the health care field. His self-esteem and self-perceptions changed as a result of being employed. "It was a great change for me not to be on welfare anymore. My self-esteem took a quantum leap when I got a job." He was prompted to take a health care program, resulting in securing a job because "someone I knew took the program. The thing that makes major change in my life is the inspiration of someone."

One participant quit drinking, which changed his circle of friends and made the VFVP more important to him. By quitting drinking he reported that he was able to stay in control of himself emotionally. It also helped him take care of his physical needs,

primarily getting more sleep. His relationship improved somewhat, becoming more stable and he was not physically abusive. There were three factors responsible for stopping his drinking. First, shame, he was with friends and he was "stinking drunk and made an ass of myself." Second, a motorcycle accident revealed his self-destructiveness. Third, "just seeing people at the VFVP that quit drinking and the impact, it had on their lives. It made me go this is a problem."

F. Conflict. (4 incidents)

This category refers to the participants experiencing conflict with others. The conflicts noted in this study were constructive and destructive. Some conflicts were resolved within a short period, while others were more protracted. These incidents occurred during treatment.

The changes that occurred from the conflicts included a loss of a relationship and support, a loss of self-esteem, seeking help, boost in self-esteem, using learned skills to resolve conflict, setting boundaries and a feeling of empowerment.

Each conflict began with an issue that was not discussed, resulting in the participant's lack of clarity about the problem. In attempting to address the issue, emotions intensified and anger rose. One crucial point in the conflict was whether or not they recognized their anger. This appeared to be where resolution went in opposite directions. In conflicts where the participant recognized his anger, he took action to diffuse it and it did not interfere with resolving the conflict. "I started to escalate myself. I started to get really angry myself. I said that's it cause I knew I needed a time out."

When they did not acknowledge their anger, the conflict escalated with alternating attacks, defensiveness, and escalation. When the escalation continued, it led to either a physical or emotional separation. An example occurred between a man and his roommate because of a conflict that had occurred in their house between the participant and his wife.

At that point my roommate is all upset cause he doesn't like my partner and my partner doesn't like him. My roommate says "I don't want this happening anymore in my place." It's like well fine that's the way you feel about it I'll move out." He says "well if that's the way it's going to be, that's the way it's going to be then." The next day when my partner and I had calmed down as usual and we're talking about it and my son comes back with me and my roommate says "your son's back." "Yeah, what's it to you?" Well I'm surprised to see him back after the performance here the other night. "Why what's it to ya?" I didn't sit down and explain to my roommate as to what was happening or why anything. I just carried on with these jabs and finally he said "well I would like you to move out even before the end of the month, as soon as you can."

Some men took steps that helped in resolving the conflicts. One step involved seeking advice from others. "I had a good support group here. It provided me with a whole way of seeing the situation more clearly." Another was to seek out someone to mediate or counsel the participants. Conflict eventually led one participant to mediation with his superior from work.

Participants identified setting limits, boundaries, recognizing feelings and being assertive as aiding the resolution of conflicts positively. Being aware of the whole issue of abuse, also aided in recognizing when they were being abused. "I was realizing that what we were looking at here was power and control. The principal was really abusive, a power number, condescending in some ways, intimidating. Trying to put me in my

place." The recognition allowed them to look for different strategies to resolve the conflict.

The result of resolving conflict without abuse for the participants was well summarized by one participant: "my self esteem is much better. I am better at taking action now."

G. Acknowledging Abuse. (3 incidents)

In this category the men, of which there were only two, acknowledged their abuse to others outside the VFVP. Acknowledging their abuse was an important step in being accountable for their abuse.

Some changes that resulted from acknowledging their abuse included breaking through some denial and taking responsibility for their behaviour. The men gained from acknowledging their abuse in many ways. First, their self-esteem and confidence were enhanced. One man reported "I know where I'm at and I feel good with where I'm at. I feel confident with it. I know my limits." Second, they felt a sense of ownership of their behaviour and empowerment. Third, it allowed them to move forward rather than be stuck trying to deny their abuse. "So it allowed me to get on with life instead of shutting it down."

Each man had to overcome some obstacles to acknowledge their abuse. First, the men had to overcome a sense of shame. It meant exposing them and their flaws. For one man it was to his mother and later a courtroom full of people while for another it was a new girl friend. In each case there was the potential for loss. Second, both had to

overcome their denial. One participant also had to overcome his sense of entitlement to tell his girl friend about his abusiveness and his treatment.

I said well I have to tell you something that you have to know. You just have to know. I owe it to you and to myself. I need to tell you this for myself to feel good. So I told her. It was humbling because instead of saying well I don't have to tell her. She won't know. Instead of thinking I would be above her. One above her in thinking that she won't know and it would be my secret. I had to come down to reality. She trusts me now.

Definition of Change

The participants were asked to define change. The following is a summation of their definitions.

It's kind of like a metamorphosis, an internal journey. One that is slow, progressive, incremental, and never ending. It is a process of running up against obstacles and facing them. It is a series of small things that lead up to an ultimate change which you don't realize until you run into a milestone. Change is learning something new, taking it, and making it part of your life. It is identifying or realizing that you have a problem, then learning new ways to handle situations and act differently.

The Process of Change

Articulating the process of change as a whole entity was difficult for the participants. The processes that follow were extracted from the interviews and it was therefore a compilation of their discussions on the topic.

Two change processes took place for the men. The first was a dramatic process that brought about abrupt changes. Most incidents began with a conflict or emotional distress that appeared to set the stage for the changes. The actual action within each

incident appeared to trigger the changes. The changes appeared to be brought about by the coming together of cognitive processes with affective factors. This joining resulted in the participants gaining some significant insight or "aha," a change in perceptions, a reorganization in their pattern of perceptions, or a reevaluating of their lives resulting in a change in their lives. There was, what appeared to be, a transformation that took place. The men made dramatic, and what appears to be enduring, changes in their personality and their behaviour, e.g., quitting drinking or a spiritual conversion.

The second process of change was more gradual and appeared to work with the previous process. This process included the following steps: (a) becoming aware of their problem; (b) committing themselves to change and seeking help; (c) actively learning about themselves and learning new skills that helped to change their behaviour, thoughts, attitudes and beliefs; and (d) maintaining the changes they had made through continued support and continued work on themselves. Throughout this process, the men appeared to break through their denial gradually, rather than all at once like going through a wall.

The first step of the process was becoming aware of their problem. The participants, initially, were in denial about their abusiveness. This denial took the form of being unaware of their behaviour, refusing to look at their behaviour, not seeing how it affected others, and refusing to accept their abusiveness. "Each time something would happen, you know how that couldn't happen again because that's not me." Because of abusing their partners or someone else, they became aware that their abuse was a problem. Four contributors enhanced the awareness: experiencing an emotional shock, recognizing they had gone too far in their behaviour, crossing their own moral boundary,

and cognitive dissonance. Although they became aware that they had a problem, some men did not seek help. For some participants, it was not until their partner left that they would seek help.

The next component of the process occurred when the men faced themselves, looked at their problem and committed themselves to change. For some men, this occurred prior to introduction to the VFVP. For others, their first level of commitment occurred in the assessment, which made them aware of the extent of their abuse and broke through what appears to be their first level of denial. For other men, the commitment did not come until they were well into treatment.

Although they had committed themselves to change, some men's denial limited their progress. For some, the denial continued through phase one and into phase two. What helped to break through some denial were structured exercises that enhanced their self-awareness and feedback from group members. Once they were committed to making changes, they were more amenable to learning about themselves and their abusive behaviour. They learned more about abuse, feelings, being assertive, sex roles, the tool chest, how to manage their anger, beliefs that lead to abusive behaviour, and ways to handle conflict. The men also learned from each other by sharing their experiences.

The men learned skills that helped them toward being nonabusive. They learned to be aware, externally, of whom they were with and to be present in the situation. They learned and practiced communication skills. They learned to focus, internally, on their thoughts paying particular attention to their feelings and to their frustration cues. They learned to reflect back on situations and learn from them. Reflection was not a skill that

many men used before treatment. They talked about learning to react more slowly to situations. One participant discussed the process as:

You've got to step out of yourself and look at what you are doing. Assess what you are doing and decide whether that's the appropriate thing to do or not. Then change your behaviour and step back into yourself. You have to do that in a millionth of a second before your arm comes back and smacks your kid. I need to stretch out the reaction time in order to use my other skills I have learned.

Practice was important for the men. One participant talked about having to practice various skills, particularly communication skills. "It's practice just like playing the scales of an instrument. You can't play a concert until you have practiced for years. And so, this is really the scales for doing relationships we can practice at the project."

The final step was to maintain an ongoing support and to continue their own therapy. They needed to stay connected to their group and the program for support and maintenance. Many men have gone on to post phase two groups because of the men's need for continued support. The theme of maintenance appeared to be addiction based. One man talked about being addicted to power. Other men talked about having "to stay focused on my healing process so that I don't slip back into the old patterns." Some participants of this study have talked about "taking it one step at a time, one day at a time." For them, being nonabusive was a "lifelong commitment."

The participants talked about the change process as being tiring, that "the price of recovery is a lifetime of vigilance." Constantly being aware of themselves is hard work. One man described his process of change as:

an emotional roller coaster. You'll have a good weekend. You'll have a bad weekend. On a good weekend you'll smile and think that was great.

Then you'll have a bad weekend that will knock you down so low in a valley that you think that's it I've screwed up again. You feel like you have failed. You feel like you have forgotten everything that you had learned or should have learned. It's extremely devastating. I'm taking it out on myself. This is the most confusing part of all this counselling. I know I shouldn't be doing this, that and the other thing. I know what I should be doing. But why can't I? I am relatively intelligent. I'm mature enough to handle the situation. What have I learned that's causing me to do this. What is the switch that I have to turn off. I don't know what makes me do this. That's what makes this so tiring, this monster. I am always battling it.

Changes

The following are the kinds of changes the participants reported as a result of the incidents they experienced. These changes were discussed by the participants or extrapolated from the incidents. The changes were grouped into four categories.

First, cognitive changes. This category included changes such as understanding that they were abusive and that it was a problem in their relationship. Other cognitive changes were becoming aware of their abuse patterns; aware of disengaging from others; aware that they were abused as children; becoming aware that they had choices; becoming aware of boundary issues; of one's anger; changing one's perception of self; becoming more accepting of self; becoming more aware of choices; developing an image or goals to work toward, and a religious conversion.

Second, affective changes. These included feeling a sense of empowerment, confidence, raising and lowering of self-esteem, expressing feelings, and feeling empathy for others.

Third, behavioural changes. These included stopping physical violence, setting boundaries, giving up control, taking responsibility for their actions, changing their

attitude toward violence, quitting drinking, seeking help for abuse or addictions, accepting their partners' anger, committing to change, losing a relationship, using skills to resolve a conflict, managing their anger, and taking responsibility for caring for others.

Fourth, lifestyle changes. This included changes in roles, employment, drinking habits, and in a relationship.

General Factors

The men reported some factors that were instrumental in aiding their attempts to change. They did not relate these factors to specific incidents. Rather, they were more general in nature, and therefore they were not addressed specifically within the context of the previous categories. These factors have been clustered into two categories.

Educational factors.

The tool chest was an important tool for some men. It included the following topics: time outs, talking yourself down, listening, networking being sober, and no excuses for violence. It gave the men instant tools to handle their anger and conflicts immediately and therefore reduce the chance of becoming physically violent. Watching tapes about abuse was also helpful.

They found it very helpful to learn and practice new skills including communication skills, assertiveness training, anger management, and boundaries. Being listened to by the group members was important to the men. For some men, the group was the only place where they felt heard. Practicing listening to other group members was helpful for the men as some transferred this skill to their relationship with their partner.

Groups.

The cradle for change for the men in this study was the group in which they were involved. The groups gave the men a place in which to develop friendships, intimacy, and the space for learning. A place where the men felt safe. Because of the sense of shame and lack of trust that some of these men experienced, safety was of utmost importance. In these groups, the men were accepted despite what they had done. One man reported that he could "throw out anything I've ever done in my past and not be judged by it. It's not an experience I got any where else in my life except with my mother."

Being in the same group for a length of time was valuable to the men. The longer they knew each other, the safer they felt and the more willing they were to self-disclose. It was a place where the men could be vulnerable and not be hurt. "I saw other guys really into self-revelation, talking about their abuse in their past. Very personal details of their past they would come out with. So that inspired me to be open too." They learned about empathy from observing other men in pain.

The group was a place where the men felt supported and connected. It was a place to be able to unload their problems, and feelings and to still be accepted. "To say what I have to say and normally not be judged for it." While feeling supported by their group, the men also felt accountable to the group. The group was the place where they received positive and negative feedback. The men in the groups all had similar experiences and therefore they learned from each other. Listening to other men's stories helped them to learn how to handle problems differently. The men also networked

outside the VFVP. The group members had each other's phone numbers and could call another member if they felt they were not coping well and needed to talk with someone. There may be a down side for some men, in being in these groups. They appeared to become dependent upon the group to meet their emotional and sometimes social needs.

Leadership was important to the groups. Phase one groups and many of phase two groups had a female counsellor and a man from the VFVP who had been a trained lay leader. It was helpful to hear how women think and feel and to have someone who could be an advocate for the men's partners. Having a male leader who had been abusive was also important to the men. The men trusted him.

He was a person who knew exactly what we were dealing with because he himself was one of us. He could relate very well. He knew what we were doing. You couldn't hide it. Whereas somebody who has never been through the violence and abuse that they've given to people and received from other people, they would not get the respect that he would.

Having leaders who were willing to be real with the men and share their thoughts and feelings facilitated the trust in the men. It also showed the men another way to behave.

Not all groups felt safe and worked well. Some men went through two or three groups before finding one that met their needs. The composition of the group, including the leaders, was important. The leaders set the stage for the group. Establishing trust, safety and working with the expectations and needs of the men were important. One man reported being frustrated.

I had expected things on an emotional level, exploring how I feel and the difficulty with the things that are inside me or anyone else in the group. Not once did we do any of that deep personal work. It was just talking. A

big chunk of our time was discussing how we were going to run the group. It really had been frustrating a number of times. I came close to quitting phase two and waiting to see if I could get into another group at one point cause it was wasting my time.

CHAPTER 5

Discussion

Comparisons with the Literature

This section will discuss the significant findings in this study and compare the findings to the literature in the field of family violence.

Learning About Self

In this, the largest category, the participants developed an awareness of themselves or their lives in two ways. First, through an insightful experience that resulted in a new awareness. Second, a more cognitive process in which they absorbed information that enhanced their self-awareness .

The participants learned about a variety of topics including: assertiveness, communication, abuse, beliefs. The learnings resulted in a better understanding of whom they were; more awareness of feelings, enhanced self-esteem due to changes in the self, changes in perception, and breaking some of their denial. Others have noted these findings as changes made by abusive men (Adams, 1988; Gondolf & Hannuken, 1986; Wood & Middleman, 1992). Gondolf & Hanneken (1986) described the men in their study as developing a fuller sense of whom they were, which is consistent with the findings in this study.

Structured Experiential Events

This category involved incidents in which therapeutic events or exercises facilitated the development of insight and/or emotional awareness in some participants. The primary exercises used in this category included role playing and two chair work. There is a great deal of research addressing experiential techniques but there is a paucity relating to abusive men. The findings in this study were consistent with the existing literature relating to abusive men.

Dutton (1995) points out that there are a variety of intervention techniques used, which have been designed to generate the learning of new perceptions and behaviour. The experiential events in this study were powerful because they helped the participants get in touch with a variety of feelings and helped to develop insight. Kottler (1994) suggests that exercises in developing insight help people to understand the relationship between their behaviour and others. They learn how they relate and respond to others. These exercises, such as role plays, allow participants "new ways of behaving without worrying about negative repercussions. They are subject to immediate feedback and modification" (Star, 1983, p.42). Participants practiced in the program and took the skills home to practice with their partner and at times used the information to resolve issues in their lives. In this study, one participant used the information he gained from a role play to recognize his own abuse and to work out the issue with his girl friend. "After that it meant more to me cause later it came up in our relationship. I talked to her about it and that totally diffused it."

In this study, the use of a psychodrama brought about awareness and helped participants to begin to experience their emotions. It was very powerful in helping them to express many painful feelings that they had not allowed themselves to experience. Kottler (1994) has argued for the value of a psychodrama as a therapeutic tool. It blends components from differing therapeutic models to create "a spontaneous, powerful, and creative enterprise" (p. 272). One component of the psychodrama involved hitting pillows. Star (1983) discusses emotive techniques and cautions against hitting objects. "Many counsellors in this survey have found that anger release through acting out such as pounding on pillows reinforced the very behaviour they were trying to eliminate" (p.46). Such hitting does not inhibit or change the response; it repeats the physical action used in the violent encounter. Koehn (1995) in her study of sexual abuse survivors, related an experience in which a therapist had the abused woman talk to her abuser "with my adult wisdom and power. Talk to him as I am now not as who I was as a child. And that was really helpful. I felt really large and empowered" (p. 79). This process may be of more value to a man working out his abuse issues than being violent. Abusive men need to be able to articulate their feelings. They also need to learn respectful communication.

Spontaneous Experiential Events

In this subcategory was incidents in which the men experienced events that occurred in their everyday lives and in which they were the central figures. Most incidents began with a conflict or emotional distress. This appeared to set the stage for some act that resulted in the participants gaining some significant insight or "aha," a change or reorganization in their pattern of perception, or a reevaluation of their lives,

and in some cases a dramatic change in their lives. This involved a coming together of the cognitive process with affective factors. The combination appeared to trigger the shift in perception, values, beliefs, attitudes etc. Most of these changes occurred abruptly and had a transforming effect on the men (e.g., quitting drinking or a spiritual conversion).

The experiences were a turning point for the men in some way. During these incidents, some men went through some intense emotional experiences. There was evidence of the men experiencing positive and negative emotions and evidence of suffering. Apparently the intense emotions made the men take note of the experience. It was as if they needed a strong shock, to awaken them from their lack of awareness, and to force them to reevaluate their lives. One man from the VFVP put it this way, "I need a shot with a two-by-four," Experiencing these emotions underscored the realization that something was amiss.

There is a paucity of research on abusive men regarding this topic. It was necessary to look outside the field of abuse for research findings. Miller and C'DeBaca (1994) describe very similar experiences in their research. They labelled the experiences as quantum changes. Their subjects also described the experiences as turning points. The process began with a conflict or emotional distress, a disruption of the person's ordinary pattern of perception that led to an "insight, intuition, or vision that appears on the border between the conscious and the unconscious usually with convincing force. This results in a release of energy, an "aha" and relief in the conflict" (p.256). This involves new thought patterns, changes in behaviour, symbols, and often a transformation of perception.

Miller & C'DeBaca described four mechanisms that they speculated may have been responsible for the changes. The first mechanism was self-regulation which involved recognizing a significant discrepancy between incoming information and goals that were central to meaning and identity. This discrepancy was a motivational state that set into motion a search for change. This process seemed similar to the men experiencing the intense emotions that indicated that something was amiss. Second, a perceptual shift in which the person's perception of the world around them changes, reorganizing into a different gestalt, incompatible with the way they had previously perceived the situation. This kind of change was compatible with the accidents from which some men quit drinking. Third, values conflict in which persons change their basic values. Fourth, transcendence that was described as:

Profoundly positive, powerfully memorable, and subjectively and markedly different from ordinary experience in ways that subjects found difficult to put into words. A transient altered state often occurs, altering perception of time, meaning, identity, and reality. People who have such experiences also commonly report an ineffable but clear sense of being passive recipients that is of the event happening to them without (or in spite of) their own effort or intention (p. 275).

This process can be seen in the incident of spiritual conversion, when one participant experienced the "presence of God."

Not all changes in this subcategory were quantum changes; some were less dramatic. Some experiences pointed out to the men a particular problem forcing them to re-evaluate themselves, resulting in a change. Heatherton & Nichols (1994) found in their study that some "critical incident or focal event" had induced change. They noted that critical incidents "were often potent facilitators of change because they made it

impossible to ignore the negative or destructive consequences associated with the behaviours" (p.671). These critical incidents led the subjects to re-evaluate their behaviour.

They indicated that not all incidents were powerful. That some was the culmination of many trivial events, with the noted incident being the final straw that triggered or created a new perspective. This sounds very similar to Baumeister's (1994) concept of the crystallizing of discontent in one's life (see p. 85). One incident in this subcategory was consistent with those findings.

Feedback

Feedback has been known as an accepted process for change in groups. In this study, feedback was found to promote change in behaviour, self-perception, and denial. Walter & Marks (1981) argued that feedback is one of 12 main processes that contribute to change in groups. "Feedback provides clients a more objective image of how they come across to others. This is the essence of interpersonal learning" (Kottler 1994, p. 79).

It is interesting to note that the feedback that promoted change came primarily from people within the VFVP. This feedback generally came from males, or in one case a female co-leader. This may relate to the participant's beliefs that men are dominant, important and deserving of respect. It may also be that the men in the groups share a bond, and therefore are more likely to have listened to each other.

Cognitive dissonance from feedback was one change agent for many men in the study. To reduce the tension from the dissonance they either changed their perceptions of

themselves or added cognitions in the form of understanding what contributed to their abusiveness. Cognitive dissonance is experienced when one holds two opposing cognitions. Tension is the result of the discrepancy between these cognitions. The magnitude of the dissonance is based upon the importance of the cognitions. One is then driven to reduce the tension produced from the dissonance. Worchel et al. (1988) argued that dissonance can be changed in three ways: by changing the cognitions; by adding cognitions to reduce the magnitude of the dissonance; or by altering the importance of the cognitions.

Another type of feedback experienced by the men involved positive feedback that had a positive effect on some men's self-worth. Marks & Gordon (1981) describe this type of feedback as desirable when growth is needed. Confrontational feedback was used to point out incongruities between their perceptions of themselves as nonabusive and their abusive behaviour. Marks & Gordon describes confrontational feedback as being directed toward the lack of awareness about the incongruities in one's behaviour. Usually the more personal and meaningful the feedback, the greater the likelihood the feedback will be confrontational.

Listening to others

This was a weaker subcategory but it was important. A main component of the VFVP is the involvement of the group members. The participants reported the importance of the support, feedback, and experiences of the men in their groups. There was a belongingness or 'we-ness' that occurred in most groups. In these kinds of groups, "everybody is in the same boat, has gone through the same thing, and speaks the same

language" (Goldner, 1992, p. 10). The participants reported that hearing others and learning from their experiences was important. Listening to someone who had changed gave them hope. Kottler (1994) calls the process mutual identification, sharing, and spectating. This process helps cohesion in a group, as each person shares information about them. It is more powerful when a group is as homogeneous as an abusive men's group.

Reading

In this category the findings were consistent with the literature. For most of the participants in the study, though, reading was not an option for learning. This may reflect learning styles.

Abuse

Abuse refers to the participants being abusive either physically, psychologically, emotionally, or verbally to either their partners or someone else. Many participants realized that they had gone too far with their behaviour that something was wrong. Others felt out of control that forced them to make changes. The findings in the subcategory Abuse of Partners was consistent with the literature. In this subcategory, most participants' abusive behaviour brought them to an acceptance that they had a problem and to either entry or return to the VFVP. Dutton (1995) noted that self-referred men, such as those in this study, entered treatment with the realization that they were abusive in their relationships. Two main determinants led the men to treatment: emotional distress and realizing they had gone too far in their behaviour. Baumeister (1994) described a process that appears similar to the awakening the participants in this

study experienced. He labelled the process as the crystallization of discontent and maintained that this process is responsible for major life changes.

The crystallization can be understood as the forming of associative links between problems, conflicts, cost, objections, and other negative features of one's involvement, so that a broad pattern of dissatisfaction and shortcomings is discerned. (p. 294)

The specific abusive incident may have triggered a link between the incident and other problems the men may have been experiencing (e.g., sexual problems, spousal discontent, lack of intimacy etc.). Rather than perceiving each problem as an isolated or individual problem, they linked their difficulties together and perceived the situation or relationship from a different perspective.

In accepting some responsibility for the abuse, the men broke through some of their denial and in many cases they reported stopping their physical abuse. Emotional and verbal abuse was much more difficult to stop. "I'm very aware that I can't stop the verbal abuse." It is interesting that some men who abused their partners, or others, did so post-treatment. The relapse appeared to occur because of conflict that was managed poorly and ended in some form of abuse.

For some men the Abuse of Others resulted in breaking through more of their denial. Some incidents occurred before entry into the VFVP while some occurred during treatment. Excepting, one incident, those abused were either children or friends of the participants. Some men who abuse their partners also abuse their children (Bolton & Bolton 1988). Some men who abuse their partners are generally violent (Cooper 1993). One man in this subcategory could be classified as generally violent.

As in the previous subcategory, abuse of partners, the men were aware of their responsibility for their abuse. The men came to this realization because of cognitive dissonance or because their act of abuse had an impact on them, (e.g., the loss of a friend).

The men had an emotional experience that accompanied their act. The emotions appeared to have been a reaction to the recognition of their act, i.e., shame, remorse, pain. Feeling strong emotions appeared either to underscore the wrongness of their act, or provide a catharsis. Dutton (1995) noted that some men do have emotional responses such as guilt, shame, or related emotional reactions to abusive incidents.

Experiencing limits

In this category, the participants experienced limits, from either their partners or authorities, thus motivating them to seek help. It is well documented in the literature that abusive men are motivated to seek help when they experience limits. Most abusive men come to treatment under pressure, either from the courts or their wives (Star, 1983; Adams, 1988).

In the subcategory of Authorities, the limits were in the form of a threat to apprehend children, arrest, or having to face court proceedings. Dutton (1995) noted that arrest primarily affects those who conform socially. That "arrest works for men who have something to lose by being arrested" (p.240). The men in this subcategory fit that description. One participant reported feeling like he was "losing everything." The main determinants in breaking through their denial were shock and fear. All the incidents in this subcategory occurred while the men were in treatment. It appeared as if the men

needed something beyond the program to take them out of their denial. The participants who experienced limits by their Partners had a similar experience, however, all but one of their experiences occurred before entry into the VFVP. Most of the men in this subcategory entered treatment because of their partners leaving them. These men appeared to require a jolt to force them to confront their denial and seek help. All the men in this subcategory "hit bottom" in some manner and they went to the VFVP, to begin the climb out of their misery.

Assessment

The assessment of the men in the VFVP was similar to those discussed in the literature. Most assessments, in other programs, are designed to gather information about the history of the man's abuse; to assess lethality; to assess the use of drugs and alcohol; to assess the safety of the men's partners and whether the man will be able to use the material in the program (Bell et al., 1992). What is not assessed is the impact of the assessment on the men.

At the VFVP, the assessment had a dual purpose. One was to gather the necessary information about each man. The second was "to increase the men's awareness of abuse and control in relationships and to decrease denial and blame." ("Program Description," p. 2). The assessment entailed a section that gathered history of violence, childhood history, substance abuse, education and employment, physical and mental health, criminal justice system involvement, lethality and safety plan for their partner and a questionnaire assessing the various types of abuse. In this study, the participants reported that responding to the questionnaire had several effects. First, it

educated them about the nature of abuse overall and about the extent of their own abuse on their partners. Second, it triggered an emotional response in them ranging from relief to depression. Third, it broke through some of their denial although there was some question as to the long term effect of this break through. For one man, and possibly more, the "effect wore off in a couple of weeks." The findings in this category show that the assessment could be used in treatment programs as the first level of intervention. What seems important though, would be to engage the men in treatment, as soon as possible after the assessment, to maintain the momentum developed from the impact of the assessment and the commitment the men have made to change.

Changes in lifestyles

In this category some men experienced changes that were positive. The changes included: gaining employment, quitting drinking, and becoming a single parent to their sons. One experience that was destructive for a participant, at least in the initial stages, was moving in with his girl friend.

To this researcher's knowledge, there has been no research into lifestyle changes and their impact on abusive men. A change in one's lifestyle can be a stress inducer (Goldberg & Breznitz, 1982). Gaining support from others, as with the single parents, is one method of ameliorating stress. When stress becomes chronic, as can occur in a relationship, it will have a greater impact (Goldberg & Breznitz, 1982). In this study, being in a relationship in which there was constant conflict eventually resulted in an abusive incident. This finding is consistent with Rouse (1988) who found a correlation between stress and the use of abusive tactics in conflict. Programs, particularly those

who use a cognitive/behavioral approach, recognize the need to teach stress reduction (Adams, 1988).

It may be helpful for abusive men to understand how healthy relationships function and how healthy couples maintain an acceptable emotional distance. In this study, one major source of stress and anxiety for a participant was the emotional distance between him and his partner. Dutton (1995) maintains that the result of a comfort zone/emotional distance in which the partners feel either too close or too far apart is intimacy anxiety. He argues that when the comfort zone in a relationship decreases an abusive man may feel engulfed or smothered. The probability of abuse increases, when extricating himself from engulfment, if the man lacks verbal assertiveness as most abusive men do. Where the comfort zone increases it may be seen as abandonment by an abusive man. The indicator of abandonment may be sexual jealousy. Responses to abandonment may include: aggression, increased vigilance, rage and depression (Dutton 1995).

This category indicates the complexities of working with abusive men. Teaching them stress reduction is helpful, but what must also be taken into consideration is the source of the stress. Generally, the relationship is one source of stress, in the form of intimacy anxiety. Few agencies incorporate, as a segment of their program, information about healthy relationships. If men are to change their abusive behaviour, then the arena in which that behaviour is manifested, their spousal relationship, should be a component of their education and therapy.

Conflict

In this category the participants changed according to how they resolved their conflicts. Their changes included: a boost to self-esteem, beginning of setting boundaries, a feeling of empowerment, a loss of support, and change in self-perception. The conflicts in these incidents involved family members, a friend, fellow group member, and a superior.

The positive resolutions, in this study, tended to be more cooperative, although in one incident resolution went from cooperative to competitive. Discussion of the problem did occur, although it did not reduce the conflict. The conflicts became personal in each case. The conflicts had the potential to escalate but they were reduced by the recognition and appropriate management of anger. The participants used strategies such as seeking additional information, seeking advice, seeking support, and the use of mediation to help resolve the conflict. Other factors that helped the participants throughout the conflicts were setting emotional boundaries, acting assertively, being able to recognize their feelings, having knowledge about abuse to help recognize when they were being abused, and the use of their group as a sounding board.

In the literature, resolution of a conflict has the following components. It generally involves a cooperative style of resolution. It involves a concern for the other party and obliging strategies (Hammock & Richardson, 1992), a discussion of the problem, and expression of perspectives from both parties in the dispute (Volkema & Bergman, 1994). It involves reducing the conflict by reducing threat, and

depersonalizing the conflict. It may also include negotiation, bargaining, developing alliances and, where necessary, the use of mediators (Worchel et al., 1988).

In this study, there were conflicts in which resolution was negative. These conflicts involved contention to varying degrees, little discussion of the problem or sharing of perspectives. The conflicts were personal. Rage escalated the conflict until there was separation. Retzinger (1991) described the process as a spiral in which rage is used as a protective measure against injury to the self. This process of negative resolution was consistent with the findings of Hammock & Richardson (1992). They found that when a response to conflict involved contention, a concern for getting one's own way, and a lack of concern for the other person, there was a possibility the person could cause harm to their opponent. There was no physical harm to anyone in the incidents of this study although in one situation the police were called.

In conflictual situations, some men used skills learned at the VFVP, while others did not. One conflict involved two men from the same group who were unable to resolve their issue and consequently the relationship suffered. The men did not seek help to ameliorate the conflict. This could be an indicator that the men still see themselves as their only option for resolution. This is the kind of thinking which isolates abusive men.

Acknowledging abuse

In this category the men acknowledged their abuse to someone outside the VFVP. This was a weak but a salient category. It was important that abuse be recognized and acknowledged. This has been the first step in accepting responsibility for abusive behaviour and for maintaining their nonviolent stance (Gondolf 1986; Wood &

Middleman 1992). Unless the men can make this step, they will not change their behaviour. The result of acknowledging their abuse, gave the men a sense of ownership of their behaviour and a boost in self-esteem. For one man, who acknowledged his abuse for the first time, it gave him a sense of direction in his life.

One man, who had changed his abusive behaviour, acknowledged his abuse to his new girl friend. It was important to be honest with himself and with his partner in his new relationship. Paymar (1993) maintains that this honesty is indicative of the commitment to being accountable for their actions. "Being honest about the past can be hard and sometimes humbling, but a major barometer of change is your commitment to being accountable" (p. 174).

Definition of change

The participants of this study defined change as a metamorphosis, a slow, progressive, incremental internal journey that is never ending. This definition was very similar to the research of Gondolf & Hanneken (1986) in which their subjects reported that change was long term growth with a fuller sense of self that went beyond the boundaries of their program.

The Process of Change

In this study, two processes appeared to work simultaneously. The first was an experiential process that appeared to take learning and awareness to bring about a more dramatic shift in perception or a reorganization of perceptions. This involved a coming together of a cognitive process with affective factors. The combination appeared to trigger the shift in perception, values, beliefs, attitudes etc. There was what appeared to

be a transformation take place. The men made dramatic and what appeared to be enduring changes.

Miller & C'DeBaca (1994) called this process a quantum leap. Although these quantum leaps occurred, they did not directly stop the men from being abusive, they changed parts of their lives and personalities and made becoming nonabusive easier. For example, quitting drinking does not automatically stop abuse, but it eliminates one factor involved in being abusive for some men.

The second process was more incremental and gradual and involved the following: (a) becoming aware of their abuse and that the abuse was a problem in their relationship; (b) seeking help and committing themselves to change; (c) actively learning about themselves and learning new skills to help change their beliefs, values and behaviour and overall sense of self; and (d) maintaining the changes they had made through continuing to work on themselves.

Prochaska, DiClemente, & Norcross (1992) have developed a model from their research in addictions, which is similar to these findings. It has five stages. Precontemplation is a stage in which there is a lack of awareness or under awareness of the problem of abuse and no intention to change. If one goes for help at this stage, it is a result of pressure from others. Once the pressure is off, they return to the way they behaved previously. Contemplation is the next stage, which involves being aware of the problem and being serious about resolving it but without commitment. In this stage, one weighs the pros and cons of the problem and solution. Preparation is the next stage. It involves intending to take action and having been unsuccessful in taking action

previously. Action is the next stage, in which the men modify their behaviour, experiences, or environment to overcome their problem. "People, including professionals, often erroneously equate action with change. As a consequence they overlook the requisite work that prepares changers for action and the important efforts necessary to maintain the changes following action" (Prochaska et al., 1992, p. 1104). Maintenance is the final stage, in which "people work to prevent relapse and consolidate their gains attained during action (Prochaska et al., 1992, p. 1104). Maintenance is the continuation of change rather than the absence of change. Prochaska et al. contend that some behaviours may need to be maintained throughout one's life.

Prochaska et al. elaborated on the process, describing it as a spiral in which most people do not successfully maintain their gains on their first attempt. A relapse is the rule.

The spiral model suggests that most relapsers do not revolve endlessly in circles and that they do not regress all the way back to where they began. Instead each time relapsers recycle through the stages they potentially learn from their mistakes and can try something different next time around (p. 1105).

They argued that "most self-changers and therapy patients will recycle several times through the stages before achieving long term maintenance " (p. 1111). They maintained that certain processes for change are useful in differing stages of change. The processes put forth were: consciousness raising, self-reevaluation, self-liberation, counter conditioning, stimulus control, reinforcement management, helping relationships, dramatic relief, environmental reevaluation, and social liberation.

Many of these processes are similar to those experienced by the participants in this study. Some factors that facilitated change in this study were: experiential exercises, modelling, experiencing intense emotions, being shocked out of their lack of awareness, experiencing cognitive dissonance, feedback, reading, learning new skills, developing new awarenesses about themselves, the crystallizing of their discontent, and support from group members.

Most men in this study had difficulty with maintaining their non abusiveness, as defined by the VFVP and this study. A few men were physically abusive during or after treatment. Most men still considered themselves emotionally and verbally abusive, as defined by the VFVP. Research findings show mixed results in assessing the cessation of abuse. Gondolf & Hanneken (1986) interviewed 12 men who had been nonviolent post treatment. Their partners had verified their nonviolence, however, there was no indication of the method or criteria used for verifying the men's non abusiveness. In this researcher's own clinical experience with abused women, many have difficulty recognizing more subtle forms of abuse, unless they have been pointed out to them as a checklist.

Russel (1995) found significant reduction, over time, in physical and psychological abuse in some men in her study. Conversely Poynter (1991) found that although physical abuse was substantially reduced 60% of the men continued to be psychologically abusive. Other studies cited by Bell et al. (1992), Hamberger & Hastings (1993), and Burns & Paquette (1991) also show that although physical abuse

was reduced significantly, psychological abuse was more difficult to stop. It appears that eradicating the problem of psychological abuse is a long term process.

Some research addressing personal change by Heatherton & Nichols (1994) may have a partial answer. They found that those who had changed in their study:

believed that the establishment of a new identity was critical for maintenance of their new behaviours. The new identity clearly helps the changed person sustain the motivation to change. Claiming to have undergone a complete change in identity enables the person to associate the changed behaviour or situation with the previous version of self, not with the new version of self. Those who failed to change were clearly clinging to their current role or identity and were therefore less committed to the change process and more ambivalent about the desirability of change (p. 672).

Some participants in this study had committed themselves to changing their identity and succeeded. It may be that some participants in attempting to change their behaviour had not yet changed their identity. There may have been some men who were committed to changing their behaviour but not their identity. According to Heatherton & Nichols findings, these men would meet with limited success. This study did not address changing identity directly, therefore it is difficult to know how many men perceived a change in identity.

"Change is a complex process involving emotional, motivational, interpersonal, situation, and cognitive components (Heatherton & Nichols, 1992, p. 669). The findings in this study show that change for the participants was not a simple or linear process. The men made changes that appear to have been large transforming leaps and incremental steps. Becoming aware of their abuse and how it affects their partner and/or their relationship seemed instrumental in stopping physical violence. Other than the change in

the initial awareness of their abuse, individual changes cannot be linked directly to stopping their abuse. It appears that stopping abuse has been a cumulative process that involved peeling back their denial, as they became progressively more aware of themselves, learning new skills and possibly developing a new identity.

If abusers do follow a process in which they work at being nonabusive, possibly experiencing relapses in their violence and requiring time and maintenance to solidify their changes, then we are doing them an injustice by presenting 12 or 16-week programs with no maintenance or follow up. Dutton (1995) argues "it might be naive to expect court-mandated men who are forced into treatment in the pre contemplative stage to become totally violence free by the end of their therapy" (p. 261). Paymar (1993) maintains that change is a lifelong commitment. Abusive men must "work continually to avoid backsliding" (p. 179).

Themes Across Categories

The themes were topics discussed by different men in their incidents. The topics crossed categories, time, and individuals.

Denial was one change that stood out across most categories, across individuals, and across time. There appears to be at least two answers for this finding. First, the program leaders and group members did not do a sufficient job of confronting the men's denial. Second, the process of denial was not a wall as the literature presents. For the men in this study the process of denial did not appear to be discrete, rather more like an onion. It had layers that peeled off as the men had a variety of experiences that confronted that denial and their beliefs, attitudes, behaviour etc. The first layer came off

as they became aware of and accepting of their physical abusiveness within the spousal relationship. Levels of denial that were peeled away following the initial layer involved becoming aware of the other types of abuse including: psychological, sexual, property, and others. In some cases, some men had not initially been physically violent and they did not appear to be aware of their potential for violence. Therefore, they had to learn of the potential for being physically violent or as some men called it, their "dark side."

Once aware of their abuse they then had to accept responsibility for their abuse. This allowed them to work toward changing their behaviour. Another layer of denial appeared to be accepting the consequences of their abuse. Some men, although being responsible for their behaviour, did not appear to be willing to accept the consequences whereas some men were willing to be accountable despite the consequences.

It appeared that as the abusive men learned about different aspects of themselves they peeled back a layer of denial. This was a difficult process for the men. One man indicated the difficulty of breaking through denial and the sense of shame inherent in abuse.

Even after a year in the project I am finally breaking some denial. On some levels I admit I have these tendencies that I can be controlling or be verbally abusive or critical. It's only now that I'm beginning to accept that as a reality. I tend to forget that I have those tendencies or I don't want to think about it. It's not a pleasant thing to think about, your own character defects as they say in the recovery program.

The literature on denial comes primarily from the alcoholism field. Brissett (1988) defined denial as a repertoire of psychological defenses and maneuvers that are unwittingly set up to protect one from realizing one has a problem. "The denial system is

said to operate unconsciously and involves a distortion of perception and impairment of judgement so that the alcoholic becomes self-deluded and incapable of self-awareness" (Brissett, 1988, p. 386). This describes an abusive man. Denial has been seen as a discrete factor, or as a wall that once it is broken the alcoholic can recognize and understand his problem and take constructive steps to change his life. Some research and clinical literature leads one to believe it is the same for abusive men (Adams, 1988; Gondolf, 1986; Purdy & Nickle, 1982). Wood & Middleman (1992), however, describe the process as more long term.

Denial in sexual offenders is seen as a spectrum that has different components: (1) denial of the act; (2) denial of fantasy and planning; (3) denial of responsibility for the act; (4) denial of the seriousness of the behaviour; (5) denial of internal guilt for the behaviour; and (6) denial of the difficulty in changing abusive patterns. Salter (1988) argues that:

It is not true however that offenders jump from one end of the continuum to the other. Far from being a binary concept, denial is a multifaceted phenomenon that must be examined carefully in order to assess offenders' progress accurately and to help them move towards full awareness and responsibility for their behaviour." (p.110)

The findings in this study appear closer to this definition of denial. The peeling back of the layers of denial occurred across time, across phases, and across categories.

It appears that denial for abusive men is a defense mechanism that protects their sense of self. Brissett (1988) points out that:

Denial can remain intact and fully operative in spite of an intellectual acceptance and verbalization to the contrary. It does not follow that the recovering alcoholic must immediately, thoroughly, and completely root

out all evidence of denial generally in his personality and behaviour. First of all he can't. Second he rather likes the tactic of denial - he should, he's leaned heavily on it for years. Third at some level or another he recognizes that tactical denial is a coping strategy he simply cannot do without (p. 387).

If denial is a defense mechanism, in place to protect their sense of self, as Brissett argues then in all likelihood it will stay in place until a new and stronger self can be established.

Self-esteem was another theme that crossed categories. The participants discussed how different incidents raised or lowered their level of esteem. Self esteem had been recognized in the research (Goldstein & Rosenbaum 1985) and the clinical literature. In this study, self-esteem seemed transitory in nature. Many participants' sense of esteem was enhanced during this process of change and may have been a factor in changing. One man from this study commented about self-esteem in this way "The stronger your self-esteem grows the less you are inclined to use aggressive or passive behaviours and it creates a positive cycle in the other direction." For some participants their esteem grew and the results were very positive. This was not so for every man in the program. An abusive incident could set back their self-esteem.

Another theme that traversed categories was experiencing intense emotions. It appears that experiencing these emotions did the following: first, it highlighted the seriousness of the situation. Second, it brought to awareness their abusiveness. Third, experiencing these emotions was a motivator for change. Either the emotions made them re-evaluate their lives or the emotions were uncomfortable enough that the men did not want to continue to experience them. Fourth, it helped them to access other emotions and

feel freer to express them. Heatherton & Nichols (1994) also found that changers discussed extreme negative emotion in the narratives in their study.

Another theme that crossed categories and time was shame. Shame manifests itself as a feeling or sense of being exposed to the world as flawed. In feeling shamed, one feels inferior or less than human (Lynd, 1958). When one has been shamed one believes that he is the problem rather than believing he has a problem. Kaufman (1989) maintained that some individuals have developed a shame-based identity "a distinctive pattern of relating to oneself that continuously absorbs, maintains, and spreads shame" (p. 112). Lansky (1987) maintained that abusive men have a need to control their partners in order not be flooded with shame. Angry conflict can be viewed as a reaction against a real or perceived injury and as a means by which people attempt to save face or avoid shame.

Shame rose in different forms. For some men, shame was a part of the spiral of rage that occurred in arguments and that exacerbated the problem and caused a separation between parties. Shame was a reaction to being abusive, in that it reinforced their sense of something being wrong with them. For others, shame was a motivating factor in wanting to change. It became difficult to experience shame and ignore it. Shame also appeared to be an integral part of denial in that they wanted to avoid or hide from their "character defects."

It may be that to work through denial fully, one must also work through their feelings of shame. Wallace & Nosko (1993) maintain that shame is a core issue in abusive men. It plays a role in the genesis of violent behaviour and therefore must be

addressed in treatment. They focused their group process around acknowledging shame. In this study, facing and understanding their shame was one component of changing the participants' abusiveness. Having to acknowledge one's abusiveness was one way of facing the shame. Overcoming the sense that they were flawed, appeared to be an empowering process for the men. It gave the men a sense of direction.

Conclusion

The intent of the study was to understand what brought about change in abusive men who have been or are in treatment. There were four questions addressed. They were: (a) What kinds of change did these abusive men make? (b) What triggered the changes? (c) What factors played a role in these changes? , and (d) What was the process by which these men made changes?

Changing abusive men's behaviour is neither simple nor linear. It is a difficult, multifaceted, spiral like process. It requires time, motivation, commitment, ongoing vigilance, and a great deal of energy by the men. The changes that occur throughout this process may include cognitive, affective, behavioural, and lifestyle changes. Not all changes may be positive. Some changes may set the men back, possibly resulting in a relapse.

One direct and immediate link between treatment and stopping physical abuse appears to be the development of an awareness that one is abusive. Ending verbal and psychological abuse is much more difficult and long term.

There appears to be two processes of change. First, a process called quantum change. This involves a combination of cognitive and affective factors that bring about insight and a quick and dramatic change.

The second process is a much more gradual process. It involves four steps: (a) becoming aware that one has a problem; (b) acknowledging one's abuse and committing to change; (c) learning about oneself; and (d) maintaining change and continuing to work on oneself.

Coming to the awareness that one is abusive appears to occur in various ways: through the crystallizing of discontent in one's relationship; recognizing that one has gone too far; and being shocked out of one's egocentric state. This shock may come in the form of experiencing a limit either from one's partners or from the authorities or sometimes, a drastic abusive incident.

Most abusive men appear to require some external sense of their abusiveness to acknowledge they are abusive and to break through the initial layer of denial. This can occur through an assessment. The assessment may impact the men through saying yes to the many types of abuse. It also gives them a more objective look at their own behaviour.

While some men will be prepared to work, others will not. Some men may not commit to changing their abusive behaviour until the end of treatment, depending upon the length of treatment. Those who are prepared to work may require some immediate skills and knowledge to help them stop their physical violence. They need to know that treatment is going to work for them. Skills such as talking themselves down, taking a

time-out, and communication skills will be helpful to them. If they do not have some tools and see some success they may leave treatment.

Learning about themselves is a crucial process in becoming nonabusive. It is a process that does not occur unless the man is open to it. Learning styles may be important in this process. For some men reading will not be an option for learning. A more experiential approach will be better. Exercises and experiences that help them tap into intense emotions and to look at their thought patterns, beliefs and values appear to have the most impact. Exercises that force the men to see how they act may also be helpful. It is also important that the men understand their emotions; how to access them; and how to express them. It gives them more of a sense of choice and power in their lives.

Learning new skills will be important to the men. It will be important to practice these skills as much as possible in the treatment program. Becoming more assertive combined with learning communication skills will enable them to be able to express themselves more effectively. A side benefit of learning communications skills will be that the men will listen to their group members. The group may be the only place where some men will feel heard.

The most important facet of treatment, depending upon the format, may be the groups in which the men will be involved. The groups can be a source of intimacy, social contact, networking, and a place where they can be held accountable. It appears that many men require someone other than themselves to be accountable to, a sort of conscience.

Having male and female leaders is important in any group. The leaders can add two extra dimensions. The female can speak to women's ways of being in the world and advocate for the men's partners and their experiences of being abused. The male leader, particularly if he is a recovering abuser, helps to keep the men accountable because he has intimate knowledge of being abusive.

Some men may have the need to stay in contact with their group in order not to slip back into their abusive behaviour. This appears to be a dependence to the group/program. This dependence may take different forms: a dependence that will end as the men move through the therapeutic process; a personality disorder; or a shift of dependence to the group from their partner. Whichever form this dependence takes it may be important to be aware of it and work with it.

Denial is an important issue in the treatment of abusive men. It is a concept that has been borrowed from addictions and applied to spousal assault. Denial is seen as a wall that must be broken through. It assumes that the abuser is aware of what he is doing and that he is intrinsically unwilling to change.

Denial, in this study, proved to have several layers, like an onion. These layers included: becoming aware of their abuse; acknowledging they were abusive; taking responsibility for their behaviour; accepting the consequences for their abuse and their behaviour; and developing empathy and understanding for what their partners have been through. As the men became more aware of themselves and how they impacted the world around them, they peeled back each layer of the onion. Some men did not work through the first two layers until near the end of treatment.

The results of this study indicate that it may be more helpful to view denial from a different perspective. Having a label such as denial can restrict creative thinking and creative treatment. Viewing denial as a wall sets up the perspective of having to breach this wall and can set the therapists in opposition to the men.

Because a man does not see himself as an abuser does not indicate denial or a reluctance to change. His behaviour may be "normal" to him. It may be what he has learned based upon his life history and his social context. It may be better to help the men become aware of how and why they are behaving as they do, how they affect those around them and how they can learn to act in a more positive and less abusive manner.

Shame is important to change in abusive men. Primarily, it is a negative emotion. It appears to be part of denial in that it causes some men to avoid looking at personal issues. It can keep men from speaking out about how they have been abusive. It is important for the men to recognize when and how shame occurs and the impact it has on them. It is important for them to externalize their shame, by releasing the feelings that go along with shame, in a safe and trusting atmosphere.

Feedback and cognitive dissonance appear to be effective in challenging the men's perceptions, beliefs and values. It is important to be aware when dissonance occurs, in order to help the men work through the process of relieving the tension in a constructive manner rather than by rationalization

Change encompasses all aspects of their lives. This is a long term process that involves many small changes. There are few large leaps that will move a man from being abusive to totally nonabusive in a short period. It may be that the final outcome for

abusive men may be a change in identity. Somewhere in the future they may see themselves as completely different from the man who entered the treatment program.

Implications of the Research Findings.

The implications discussed are drawn from the findings in this study.

Research

1. There is a paucity of research on denial in abusive men. We cannot assume that denial functions in the same manner as it does for alcoholics or sex offenders. There is much more research required to understand the whole process of denial in men who abuse their partners. There are many questions that could be addressed, such as: What are the components of denial? ; Is there a pattern for the way denial is broken through? ; How long does it take most abusers to break through their denial? ; and What factors help to break through denial?

2. Is abuse a form of addiction? Are abusive men addicted to power and control? Why are abusive men so reluctant to give up control and power? Is it simply that it protects them and their sense of self or is there an intoxication to power? These are questions which may need to be addressed in the treatment of abusive men.

3. There is a paucity of research that addresses the whole process of change in abusive men. Discrete factors will not tell us how men change. The model put forth by Prochaska et al. (1992) may be appropriate for how abusive men change. Only more research will tell. It would be helpful to see whether men do in fact change their identity as they become nonabusive. If they do, what are the results of the new identity? Do they start with the intention to change their identity or does that occur over time? Another facet that may need to be explored further is the concept of quantum leaps in abusive men.

4. It may be helpful to look at whether there is a difference between how those who are generally violent change and those who are violent only to their partners. Gottman et al (1995) indicate there are physiological differences.

5. Are men who continue in extended treatment dependent upon the program or do they still require treatment? Is the dependence part of therapy or is it similar to the dependence they display for their partners? Could some men be diagnosed as dependent personalities? How do you create a healthy dependence?

Clinical Practice

1. An assessment can be an important component of treatment. It can be the first intervention with an abusive man. If the men go through a process that discusses what abusive behaviour is and how their behaviour compares with the definition; then, the process may help to make them aware of their behaviour. Two factors are important. First, it is important that the man not be allowed to rationalize his behaviour. Second, speed is an important component in assessing their abusiveness, ask questions quickly. It will be important, once they have been through an assessment, to get them into treatment as soon as possible because the effect of the assessment may wear off.

2. Being aware of learning styles is important. Many men in this study valued experience over theoretical learning. Reading is one important way of learning, but it may help to use other methods that combine visual, auditory, and kinesthetic or concrete styles. For example, practicing communication skills on video tape or with a tape recorder is more powerful than just trying it out with others. It allows one to be another person for a period and observe oneself. It will probably take some coaxing to get some

men to try it. Those who have done other experiential work may be the first to ask. It may take time just to get used to having the equipment in the same room before using it.

3. Structured exercises may be very helpful depending upon how they are conducted. It may be more beneficial, when helping abusive men to confront those who have abused them, to help them to access the feelings in a way that is more nonphysical. If they need to express anger, then it may be better done verbally, without hitting objects. They may need help to express their feelings in a way that is nonabusive and respectful. Help them confront the person from a position of power as an adult with the wisdom and experience they have accumulated. Help them to articulate how the abuse has affected them and what they really needed from that person.

4. When men explore or relive experiences, and the process is an intense catharsis, they may feel very vulnerable once the experience is over. Checking back later, either individually and/or in the group, may be important. The men may need to explore the feelings related to safety and vulnerability. If you leave a man alone who has exposed himself emotionally, having never touched intense feelings previously, and he has done so in front of a group of men, he may shut down and be afraid to open up again. It may turn out to be a negative experience for him. He needs to be able to face those to whom he has exposed himself and know that he has not belittled himself in their presence. This is an issue of shame!

5. Many individuals have incidents that occur outside their treatment program. Some bring about dramatic changes in them. They make meaning of the experiences and incorporate them into their lives in a way that makes sense to them. It may be helpful to

explore those incidents and help them to make sense and draw meaning from a broader range of perspectives.

6. Feedback is an important element in the change process. It is easy to give negative feedback but positive feedback can be more powerful, at times, especially to one who is not aware of himself. Abusive men need to be told about their "good" traits.

7. There are many changes in the men's lifestyles that occur outside the program. Some entail making decisions. As these decisions/changes can have a powerful effect on the men, an introduction to decision making may be helpful to some men. They may need a place to discuss important decisions they are about to make. It would be helpful to be led through a decision making process.

8. Conflict is a part of life and abusive men are particularly poor at constructive conflict. Having conflict resolution as a part of a program may be helpful. It could be carried out in a workshop format on weekends or over time. Role playing would be a helpful exercise to use to facilitate practicing conflict resolution skills. It may be important to help men with conflicts they are experiencing at any point in time. Role plays are one way for them to practice dealing with conflict.

9. Practitioners in other fields, such as alcoholism, and sex offenders, view changing oneself as a long term process. Expecting abusive men to stop their abuse/change themselves in a 12-week period may be naive. This may begin the process but the findings in this study show that some men may need time and maintenance to continue to be nonabusive.

10. Changing to being nonabusive may involve changing one's identity. The men may need to move from a perspective of "I don't want to be abusive" to a new image or picture that details a new identity. To carry this process out may require some one-to-one work with the men. It may be helpful for the men to have an action plan in place with goals of how they want to change. A question to ask once they are committed to changing is what kind of traits and behaviours will you have when you are nonabusive? The men may need help exploring this question. Going through this process may help to indicate their desire to change and the fears they have about change. There may be some resistance to exploring a new identity. The resistance may be a fear of giving up whom they are and having no identity. A place to start is the qualities they like in themselves. Then explore qualities in others they might like to have and how they could attain those qualities.

11. It may be that change in abusive men involves a spiral process with relapse being the norm. It may be helpful to look to the treatment of sex offenders particularly in the approach they take to relapse prevention (Salter 1988).

12. Many men who divorce from the partner they have abused have the potential to abuse their next partner. Simply helping them to be aware of their abusiveness and to change their behaviour may not be enough if they live in a relationship where stress and conflict are the norms. Many men had partners who had a background of sexual abuse and other problems. Abusive men need to learn about healthy partners and healthy relationships. This does not come automatically with self-awareness.

13. If denial does come off in layers, then we may need to look at how we can help the men to strip away the denial. Verbal confrontation is not the only method. In this study, it appears that developing self-awareness in a variety of ways fostered peeling the denial away. Expectations that denial may be broken by educating the men may be naive and dangerous in some cases. For clinicians to expect that denial will be worked through in a short period such as a 12 or a 16-week program may not be wise. It may be that some denial will not be confronted at all.

14. Avoid shaming abusive men! Confronting their feelings of shame will be an important factor in changing abusive men, but confront with care. Be aware of how their shame affects them within the groups. It may cause some men to withdraw either verbally, emotionally or physically from the groups. It may cause some men to become angry or to rage. Shame may need to be addressed in the moment, in order for the men to become aware that they are experiencing it and how shame affects them. It may also be important to help them understand how shame has affected them in the past and how it recurs.

15. It may be important to help men focus on their dependency needs and help them to meet and overcome these needs. That may mean eventually weaning the men of the program. Having a phone list where the men can be in contact with other men may be helpful. Getting the men to look at their support network may also be important and help them to develop one outside the treatment program.

References

- Adams, D. (1988) Counselling men who batter: A profeminist analysis of five treatment models. In M. Bograd & K. Yllo (Eds.), Perspectives on wife abuse. Beverly Hills, CA: Sage Publications Inc.
- Adams, D. (1989). Stages of anti sexist awareness and change for men who batter. In Dickstein & Nadelson (Eds.). Family Violence: Emerging Issues of a National Crises(pp.63 - 97). Washington, D.C.: American Psychiatric Press Inc.
- Allen, J., & Gordon, S. (1990). Creating a framework for change. In Meth, R. & Pasick, R. (Eds.). Men in Therapy: The Challenge of Change (pp. 131-151). New York: Guilford Press.
- Andersson, B., & Nilsson, S. (1964). Studies in the reliability and validity of the critical incident technique. Journal of Applied Psychology, 48(6), 398-403.
- Balswick, J. (1988). The Inexpressive male. Lexington Mass.: Lexington Books.
- Baumeister, R.F. (1994). The crystallization of discontent in the process of major life change. In Heatherton, T.F. & Weinberger, J. L. (Eds.). Can personality change? (pp.281-295). Washington, D.C.: American Psychological Association.
- Bell, J., Browning, J., & Hamilton, A. (1992). Wife assault interventions: Programs for men: Review of the literature. BC Institute on family violence: Van. B.C.
- Berkowitz, L. (1983). The goals of aggression. In D. Finkelhor, G Hotaling, & M. Straus (Eds.), The dark side of families (pp.166-181). Beverly Hills, CA: Sage Publications Inc.
- Bolton, F.G., & Bolton, S. R. (1988). Working with violent families: A guide for clinical and legal practitioners.
- Brissett, D. (1988). Denial in alcoholism: A Sociological interpretation. Journal of Drug Issues, 18 (3) 338 - 402.
- Burns, N., Meredith, C., & Paquette C. (1991). Treatment programs for men who batter: A review of the evidence of their success. Dept. of Justice Canada, Research and Development Directorate.

- Buss, D. (1994). Personality evoked: The evolutionary psychology of stability and change. In Heatherton, T. F. & Weinberger, J. L. (Eds.). Can personality change? (pp.41-55). Washington, D.C.: American Psychological Association.
- Caesar, P. L., & Hamberger, K. L. (1989). Treating men who batter: Theory, practice, and programs. New York: Springer Publishing Company.
- Cooper, M. (1993). Assessing the risk of repeated violence among men arrested for wife assault: A review of the literature. Vancouver: BC Institute on Family Violence.
- Costa, P.T. & McCrae, R.R. (1994). Set like plaster: Evidence for the stability of adult personality. In Heatherton, T. F. & Weinberger, J. L. (Eds.). Can personality change? (pp.281-295). Washington, D.C.: American Psychological Association.
- Currie, D. W. (1988). The abusive husband: An approach to intervention. National Clearinghouse for Family Violence, Health and Welfare Canada, Ottawa.
- Curtis, R. C., & Stricker, G. (1991). How people change: Inside and outside therapy. New York: Plenum.
- Denzen, N. K. (1984). On understanding emotion. San Francisco: Josey-Bass Publishers.
- DiClemente, C. (1994). If behaviors change, can personality be far behind? In Heatherton, T.F. & Weinberger, J.L. (Eds.). Can personality change? (pp.175-198). Washington, D.C.: American Psychological Association.
- Dobash, R.E. & Dobash R. (1979). Violence against wives: A case against the patriarchy. New York: The Free Press.
- Douglas, J.D. (1985). Creative interviewing. Beverly Hills, CA: Sage Publications, Inc.
- Dutton, D. G. (1988). The domestic assault of women: Psychological and criminal justice perspectives. Boston: Allyn and Bacon Inc.
- Dutton, D.G. (1995). The domestic assault of women: Psychological and criminal justice perspectives. Vancouver: UBC Press.
- Dutton, D.G., & Browning, J.J. (1988). Concern for power, fear of intimacy, and aversive stimuli for wife assault. In G. Hotaling, D. Finkelhor, J. Kirkpatrick, & M Straus (Eds.), Family abuse and its consequences: New directions in family violence research (pp.163-175). Beverly Hills, CA: Sage Publications Inc.

- Fagan, J. A., Stewart, D.K., & Hansen, K.V. (1983). Violent men or violent husbands. In D. Finkelhor, G Hotaling, & M. Straus (Eds.), The dark side of families (pp.49-67). Beverly Hills, CA: Sage.
- Flanagan, J.C. (1954). The critical incident technique. Psychological Bulletin, 51(4), July, 327-358.
- Flanagan, J.C. (1978). A research approach to improving our quality of life. American Psychologist 33, 138 - 147.
- Ford, D.A., & Regoli, M. J. (1993). The criminal prosecution of wife assaulters: Process, problems, and effects. In Z. Hilton (Ed.), Legal Responses to wife assault: Current trends and evaluation. Newbury Park: Sage Publications Inc.
- Forward, S. (1986). Men who hate women and the women who love them. Toronto: Bantam Books.
- Ganley, A.L. (1989). Integrating feminist and social learning analyses of aggression: Creating multiple models for intervention with men who batter. In Caesar, P.L., & Hamberger, K.L. (Eds). Treating men who batter: Theory: practice, and programs. New York: Springer Publishing Company.
- Goldberger, L., & Breznitz, S. (1982) Handbook of stress: Theoretical and clinical aspects. New York: The Free Press
- Goldstein, D., & Rosenbaum, R. (1985). An evaluation of the self-esteem of maritally violent men. Family Relation 34, 425-428.
- Gondolf, E. W., & Hanneken, J. (1987). The gender warrior: Reformed batterers on abuse, treatment, and change. Journal of Family Violence, 2, (2), 177-191.
- Gondolf, E. W. (1987). Changing men who batter: A developmental model for integrated interventions. Journal of Family Violence, 2 (2), 335-349.
- Gondolf, E. W. (1988). Who are these guys? Toward a behavioral typology of batterers. Violence and Victims, 3(3), 187-203.
- Gondolf, E. W. (1988). Research on men who batter: An overview, bibliography, and resources guide. Human Services Institute, Braden Florida.
- Gondolf, E. W. (1990). An exploratory survey of court-mandated batterer programs. Response, 13(3), 7-11.

- Gottman, J. M., Jacobson, N.S., Rushe, R., Wu Shortt, J., Babcock, J., La Taillade, J.J., & Waltz, J. (1995). The Relationship between heart rate reactivity, emotionally aggressive behavior, and general violence in batterers. Journal of Family Psychology Vol. 9, No. 3, 227-248.
- Hamberger, K. L., & Hastings, J. (1993). Court mandated treatment of men who assault their partner: Issues, controversies, and outcomes. In Z. Hilton (Ed.), Legal responses to wife assault: Current trends and evaluation. Newbury Park: Sage Publications Inc.
- Hamberger, K. L., & Hastings, J. (1986). Characteristics of spouse abusers: Predictions of treatment acceptance. Journal of Interpersonal Violence 1 (3), 363-373.
- Hammock, G. S., & Richardson, D. R. (1992). Aggression as one response to conflict. Journal of Applied Social Psychology. 22 (4), 298-311.
- Health Canada (1994). Canada's treatment programs for men who abuse their partners. Ottawa, ON. : National Clearinghouse on Family Violence, Family Violence Prevention Division.
- Heatherton, T. & Nichols, P. (1994). Personal accounts of successful versus failed attempts at life change. Journal of Personality and Social Psychology, Dec. Vol. 20(6), 664 - 675.
- Helson, R. & Stewart, A. (1994). Personality change in adulthood. In Heatherton, T. F. & Weinberger, J.L. (Eds.). Can personality change? (pp.201-220). Washington E.C.: American Psychological Association.
- Jaffe, P.G., Hastings, E., Reitzel, D., & Austin, G.W. (1993). The impact of police laying charges. In Z. Hilton (Ed.), Legal Responses to wife assault: Current trends and evaluation Newbury Park: Sage Publications Inc.
- Jouriles, E. & O'Leary, (1985). Interspousal reliability of reports of marital violence. Journal of Consulting and Clinical Psychology, 53(3), 419-421.
- Juristat Service Bulletin (1994). Wife assault: the Findings of a national survey. Statistics Canada Vol. 14, No. 9.
- Kaufman G. (1989). The psychology of shame. New York: Springer.
- Kincaid, Pat. (1982). The omitted reality: Husband wife violence in Ontario and policy implication for education. Toronto: Learnx Press.

- Koehn, C. (1995). Sexual survivors' perceptions of helpful and hindering counsellor behaviours. Unpublished doctoral dissertation, University of Victoria, Victoria, B.C.
- Kottler, J. A. (1994). Advanced Group Leadership. Pacific Grove, CA: Brooks/Cole Publishing Company.
- Lansky, M. R. (1987). Violence, shame, and the family. In Nathanson D.L. (Ed.). The many faces of shame. (pp.21-40). New York: The Guilford Press.
- Lindsey, A. E. (1986). Staff nurses' perceptions of support in an acute care workplace. Unpublished Master's thesis, University of Victoria, Victoria, B.C.
- Lynd, H. M. (1958). On shame and the search for identity. New York: Harcourt, Brace, and Company.
- MacLeod, L. (1980). Wife battering in Canada: The vicious circle. Ottawa: Canadian Advisory Council on the Status of Women.
- Mahoney, M. J., (1991). Human change processes. New York: Basic Books.
- Maiuro, R. D., Cahn, T.S., & Vitaliano, P.P. (1986). Assertiveness deficits and hostility in domestically violent men. Victims and Violence, 1(4), 279-289.
- Margolin, G. (1988). Interpersonal and intrapersonal factors associated with marital violence. In G. Hotaling, D. Finkelhor, J. Kirkpatrick, & M Straus (Eds.), Family abuse and its consequences: New directions in family violence research. (pp.163-175). Beverly Hills, CA: Sage Publications Inc.
- McKendy, J. (1992). Ideological practices and the management of emotions: The case of wife abusers. Critical Sociology 19(2), 61-80.
- Miller, W.R. & C'DeBaca, J. (1994). Quantum change: Toward a psychology of transformation. In Heatherton, T.F. & Weinberger, J.L. (Eds.). Can personality change? (pp.253-279). Washington, D.C.: American Psychological Association.
- Miles, M.B., & Huberman, A.M. (1984). Qualitative data analysis: A source book of new methods. Beverly Hills, CA: Sage Publications, Inc.
- Nathanson D.L. (1987). The shame/pride axis. In Nathanson D.L. (Ed.). The many faces of shame. New York: The Guilford Press.

- O'Neil, J. M., (1980). Male sex role conflicts, sexism, and masculinity: Psychological implications for men, women and the counselling psychologist. The Counselling Psychologist, Vol. 9(2), 61-80.
- Oxley, G.B. (1971, December). A life-model approach to change. Social Casework, 627-631.
- Pasick, R., Gordon, R., & Meth, R. (1990). Helping men understand themselves. In Meth, R. & Pasick, R. (Eds.). Men in Therapy: The Challenge of Change (pp. 153-180). New York: Guilford Press.
- Paymar, M. (1993). Violent no more: Helping men end domestic abuse. Alameda, CA: Hunter House.
- Pence, E. (1989). Batterer Programs: Shifting from community collusion to community confrontation. In Caesar, P. L., & Hamberger, K. L. (Eds.). Treating men who batter: Theory, practice, and programs (pp. 24-50). New York: Springer Publishing Company.
- Pervin, L.A. (1994). Personality stability, personality change, and the question of process. In Heatherton, T. F. & Weinberger, J.L. (Eds.). Can personality change? (pp.315-329). Washington, D.C.: American Psychological Association.
- Petrik, N. D., Gildersleeve-High, L., McEllistrem, J.E., & Subotnik, L.S. (1994). The reduction of male abusiveness as a result of treatment: reality or myth? Journal of Family Violence, Vol. 9, No. 4, 307-316.
- Pirog-Good, M., & Stets-Kealey, J. (1985) Male batterers and battering prevention programs: A national survey. Response Summer, 8-12.
- Pleck, Joseph H. (1981). The myth of masculinity. Cambridge Mass.: The MIT Press.
- Poynter, T. L., (1991). An evaluation of a group programme for male perpetrators of domestic violence: A follow-up study. Australian Journal of Marriage and Family, 12(2), 64-76.
- Prochaska, J., DiClemente, C., & Norcross, J. (1992). In search of how people change: Application to addictive behaviors. American Psychologist. Vol. 47(9), 1102 - 1114.
- Purdy, F., & Nickle, N. (1982). Practice principals for working with groups of men who batter. Social Work with Groups. Vol. 4 (3/4) Fall Winter, 111 - 122.

- Rezinger, S. (1991). Shame, anger, and conflict: Case study of emotional violence. Journal of Family Violence. Vol. 6(1), 37-59.
- Ronan, W., & Latham, G.P. (1974, Spring). The reliability and validity of the critical incident technique: A closer look. Studies in Personal Psychology. Vol. 6, No. 1, 53-64.
- Rouse, L.P. (1988). Conflict tactics used by men in marital disputes. In G. Hotaling, D. Finkelhor, J. Kirkpatrick, & M. Straus (Eds.), Family abuse and its consequences: New directions in family violence research (pp.163-175). Beverly Hills, CA: Sage Publications Inc.
- Roy, Maria. (Ed) (1980). The abusive partner: An analysis of domestic battering. New York: Van Nostrand Reinhold Co.
- Russel, M., (1995). Comparison of confronting abusive beliefs and anger management treatment for assaultive males: Final report. Family Violence Prevention. Health Canada.
- Salter, A., (1988). Treating child sex offenders and victims: A practical guide. Newbury Park, Sage Publications.
- Saunders D. G. (1993). Husbands who assault: Multiple profiles requiring multiple responses. In Z. Hilton (Ed.), Legal Responses to wife assault: Current trends and evaluation (pp. 9-34). Newbury Park: Sage Publications Inc.
- Sheilds, N.M., McCall, G. J., & Hanneke, C.R. (1988). Patterns of family and non family violence: Violent husbands and violent men. Violence and Victims, 3(2), 83-97.
- Sonkin D.J., & Durphy, M. (1989). Learning to live without violence. Volcano, CA: Volcano Press
- Shupe, A., & Stacey, W. A., & Hazelwood, L. R. (1987). Violent men violent couples: The dynamics of domestic violence. Lexington, Mass: Lexington Books.
- Star, B. (1983). Helping the abuser: Intervening effectively in family violence (pp. 38-55). New York: Family Service Association of America.
- Statistics Canada, Justice Statistics division. (1982). Homicide in Canada: A statistical synopsis. Ottawa.
- Steinman, M. (1990). Lowering recidivism among men who batter women. Journal of Police Sciences and Administration. 17(2), 124-132.

- Taleff, M. J., (1994, May-June). The well-deserved death of denial: Is it time to let go of this cherished concept? Behavioral Health Management, Vol. 14, No. 3, 51-52.
- Victoria Family Violence Project. Program Description. Victoria, B.C.
- Volkema, R. J., & Bergman, D. R. (1992). Conflict styles as indicators of behavioral patterns in interpersonal conflict. The Journal of Social Psychology, 22(4), 298-311.
- Walker, L. E., (1995). Current perspectives on men who batter women-Implication for intervention and treatment to stop violence against women: Comment on Gottman et al.(1995). Journal of Family Psychology, Vol.9, No. 3, 264-271.
- Wallace, B. & Nosko, A. (1993). Working with shame in the group treatment of male batterers. International Group of Psychotherapy, 43(1), 45-61.
- Walter, G. A., & Marks, S. (1981). Experiential learning and change: Theory, design, and practice. Toronto: John Wiley & Sons
- Weinberger, J. L. (1994). Can personality change? In Heatherton, T. F. & Weinberger, J. L. (Eds.). Can personality change? (pp.333-350). Washington, D.C.: American Psychological Association.
- Wood G., & Middleman, R.R. (1992). Re-casting the die: A small group approach to giving batterers a chance to change. Social Work with Groups, Vol. 15(1), 5-17.
- Woolsey, L. K. (1986). The critical incident technique: An innovative qualitative method of research. Canadian Journal of Counselling, 20(4), 242-254.
- Worchel, S., Cooper, J., & Goethals, G. (1988). Understanding social psychology, Fourth edition. Chicago: The Dorsey Press
- Wright, Fred. (1987). Men, shame and antisocial behaviour: A psycho dynamic perspective. Group Vol. 11 No.4 Winter, 238-246.

Appendix A

Recruitment Letter

Members of the Family Violence Project:

My name is John MacKenzie-Cooper and I am a student in a counselling program in the Psychological Foundations in Education department at the University of Victoria. I am carrying out research for my thesis for my Master's degree. The topic I am interested in is "what brings about change in men who have assaulted their partners". I am looking to interview volunteers who will talk with me about changes they have made since becoming involved in the program. I am asking you to be a volunteer in my study.

Anonymity is important for participants in any study. Therefore to ensure your anonymity in my study I will change your name and leave out any information that could identify you. In my thesis that I will write you will not be identified in any way.

I hope that the information obtained from you will provide some insight for the leaders of men's programs such as your own. I also hope that the information I gather may be of use to men who have not yet entered a program like yours. The most important points for me are that this process may in some way enhance the understanding you already have of how you have changed and that I learn more about this subject. I am willing to share the information I gather with you once I have completed my study and written about my findings.

If you agree to assist me in my study please fill out the form at the bottom of this letter, tear it off and give it to your leader who will send it to me. Once I have your name

and number I will contact you to set up a time for me to discuss the study in more detail, for you to ask any questions that you may have, and to set up an interview time with you.

I wish to thank you for your time and I hope to be talking to you in the future.

Sincerely

John Mackenzie-Cooper

Faculty Advisor: Dr. Vance Peavy Phone 721-7804

Name _____ Phone # _____

The best time(s) to reach

Appendix B

Initial Interview Guidelines

1. Have the participant seated and comfortable. Check to see how they are feeling. If they are nervous etc. discuss it. Tell them that you need to go over the process of the interview with them and that if they are unsure about anything at any time to stop you.

2. Read the aim of the study.

The aim of this study is to understand what brings about change in men who have been through an assaultive mens' treatment program. These changes may have been in attitudes, beliefs, behaviour, jobs, thoughts, feelings, lifestyle, life skills, etc. These changes may be positive or negative but they should be what you consider as important. To address my question, I will be asking you about any changes that you have made since entering a treatment program. I am interested in specific incidents or experiences in which a change was initiated by someone or something. The areas that I wish to look at are: (a) what changes have you made, (b) what factors were involved in making the changes happen, (c) what triggered the changes, and (d) what you did to make these changes.

3. Explain the participant's right's

You are not obligated to talk about anything you do not want to. If anytime you want to decline to answer or you want to end the interview it is your right to do so. Your choice to participate in this study or not will in no way affect you status at the project.

4. Explain about anonymity.

I recognize that anonymity is important in this kind of study and therefore your name will be changed and the name of anyone you might mention. Any information that could identify you or anyone else will either be masked or excluded. You understand that all the information you give me will be locked away in a file cabinet and that I am the only one who will have access to it. There will be two sets of judges who will see information. Both sets will see the information as individual incidents but not as individual interviews.

5. Explain about taping the interview.

The interview will be audio taped and then written out to help me understand what you will be telling me. Once I have transcribed the tapes they will be erased. The written material will be destroyed at the end of my study.

6. Explain the interview process.

What I would like you to do, throughout the interview, is to relate incidents that have initiated changes in you and your abusive behaviour in as much detail as you can. I have a series of questions that I will use to help you discuss your experiences in as much detail as you can. I will not interrupt you as you talk but sometimes I will rephrase what you have said to make sure that I have understood you. I hope that this process will help you to discuss your experiences as fully as possible.

8. Allow them to ask any questions they have and answer them honestly.

9. Have them sign the consent form and ask if they would give like a copy at the beginning of the interview.

10. Gather the demographic information needed.

Appendix C

Consent Form for Participation in the Study Entitled,A Lifetime of Vigilance: Understanding Change in Abusive Men.

1. I understand that the purpose of this study is to learn what brings about change in men who have been involved in a treatment program for men who batter their partners. I understand that I will be interviewed by John MacKenzie-Cooper who is a graduate student in a counselling program in the Psychological Foundations in Education department at the University of Victoria.
2. I confirm that my participation is voluntary and that I have not been forced to cooperate.
3. I understand that I can withdraw my consent and end my participation anytime during the study and this will not affect any further participation I might have in the program.
4. I have been informed of the procedures that will be used in the study and I understand what is required of me for the study.
5. I understand that everything I say will remain anonymous. I understand that my name will not appear in the report from the study. That the interviewer will use code names for myself and anyone else discussed during the interview and that he will be the only person to know my identity. That the information from the interviews will be kept in a locked filing cabinet of which the interviewer will be the only one with a key. That there will only be two persons who will have access to the full information from the study, the interviewer and his faculty advisor Vance Peavy. I understand that there will be two sets

of judges. Both sets of judges will see the information from the study in the form of individual incidents but no judge will see my entire interview.

6. I understand that I will be asked for some personal information that I am not obligated to give. That should I give this information it will not be used to identify me in any way.

7. I give my permission to be audio-taped. I understand that if I do not wish to be audio-taped I can refuse to do so.

8. I understand that the audiotapes will be transcribed onto paper and that the audiotapes will then be erased. That the transcription of the tapes will be destroyed once they have been analyzed and written up for the study.

9. I wish to give my cooperation as a participant in this study.

Date: _____

Participant _____

Interviewer John MacKenzie-Cooper Phone: 336-8657

Faculty Advisor: Dr. Vance Peavy Phone: 721-7804

Appendix D

Demographic Information

Participant # _____ Program _____ Code _____

Nature of program _____

Name _____ Age _____

Alternate name _____

Occupation _____ Ph. _____

Partner cohabitation ____ yes ____ no

Length of relationship _____

Court Mandated ____ yes ____ no

Length of time involved in program _____

Other types of professional help _____

Nature of abuse (a) ____ physical (b) ____ sexual (c) ____ property (d) ____ psychological

Family background (abuse) _____

Appendix E

Interview Guideline

Ensure each participant is comfortable

Read part A & B to each participant:

A. I will be asking you about impactful experiences you have had since entering the project. I am particularly interested in discussing specific experiences you have had that have initiated changes in you and your abusive behaviour. You may have more than one experience in mind, and if so we will discuss each separately. We will go through the same process for each experience.

B. I want to make sure that I have made myself clear, so can you please tell me what you understand you are to do.

(Once you are sure they understand what they are to do, then proceed with the interview).

At the beginning of each interview ask each participant the following two questions:

- How do you define change as it relates to your treatment program?
- How have you changed since you first entered the program?

Once the participant has answered the two previous questions, ask him to:

Think back to an experience in which a change was initiated in you and your abusive behaviour.

Once he indicates he is ready, begin with question #1.

1. Can you first tell me what the general circumstances were in your life when this experience took place?

2. Tell me about the experience.

* Allow the participant to discuss the incident asking questions only to clarify or to help add to the discussion. Ask the rest of the questions where necessary.

3. How do you think you have changed as a result of the experience?

4. How did you know you had changed?

5. What specifically triggered your change?

6. What did you do to make this change?

Once you have completed discussing an incident then ask if he wishes to discuss another incident and if he does, then go back to question #1 and begin the process. Carry out this process with each incident until the participant has indicated he has discussed all of his relevant incidents.

VITA

Surname: MacKenzie-Cooper

Given Names: William John

Place of Birth: Edmonton, Alberta, Canada

Educational Institutions Attended:

Mount Royal College

1970 to 1972

University of Victoria

1980 to 1984

Degrees Awarded:

B.A.

University of Victoria

1984

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A Lifetime of Vigilance: Understanding Change in Abusive Men

Author


William John Mackenzie-Cooper

Jan 23, 1997
(Date)