NEW CONNECTIONS:

THE ENGAGEMENT IN GROUP THERAPY OF INCARCERATED MEN WHO HAVE SEXUALLY OFFENDED AGAINST CHILDREN

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ABSTRACT

In the current balance of the literature, interventions based on the principles of relapse prevention are considered to be relatively effective in reducing recidivism among child sexual offenders. Programmes of intervention featuring this approach rely on extensive client self-disclosure. However, it is widely observed that members of this population typically exhibit considerable reluctance in this respect. The engagement of these clients in effective therapy is therefore especially problematic. Conventional wisdom holds that a therapeutic group format offers the best approach to this challenge. Yet the literature in the area of sex offender treatment has tended to focus almost entirely on matters of procedure and technique, with little regard to context and process.

The aim of the current study was to identify factors contributing to the engagement of men involved in a prototypical prison-based group treatment programme. A grounded theory methodology was used to explore the experience of clients undergoing one particular component of the programme: the offence-disclosure module. Data collection focused on a key session within this module, during which each client presents his pattern of offending to group members. Using an articulated thoughts technique in conjunction with material video-recorded from the session, research participants were requested to report in detail on their experiences during episodes of high personal salience. Transcripts from these reports formed the core of the data for the first phase of the study.

These data support the value of the group format, but also suggest that clients adopt certain disclosure strategies, which influence therapeutic engagement. Moreover, considerable potential therapeutic value appears to be unrealised during clinical sessions themselves. Interestingly however, some of the most profitable experiences, it seems, occur outside the formal therapy group context. These experiences were explored in a second phase of the study. Four distinct disclosure orientations are described, with implications for both in-session and out-of-session engagement.

The outcome of the study challenges the widespread notion that the “resistance” commonly exhibited by these clients is an intrinsic feature of those who offend sexually against children. Instead, resistance is re-framed as a feature of disclosure orientation, emerging as a dynamic relational element in response to the challenges of therapy. As such, it appears to be amenable to therapeutic intervention.

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INTRODUCTION

Background to the Study

The impact of the sexual molestation of children is both enduring and pervasive. Lives of individuals are devastated. The social fabric by which families and communities are knit together may be damaged for generations. There is consequently a considerable and painful cost to society. These outcomes, along with the high incidence of such abuse, have served to emphasise the issue as a focal problem for social work practitioners. Consequently it has become a compelling subject for the concern and attention of the discipline of social work in general. Understandably, the plight of victims has assumed priority in terms of social response, and the literature and records of practice reflect this. However, given the enduring and cyclical nature of the phenomenon, there is clearly a need to intervene preventively with those who commit such acts.

Attention to perpetrators and their abusive behaviour has gained prominence, both with regard to the development of theory, and in relation to treatment approaches. The research in this area has predominantly emphasised the deductive application of psychological theory, especially from the cognitive-behavioural area.

More recently however attention has been given to the phenomenology of offending as a basis for helping to understand and address this problem. This has given rise to the development of a complementary discourse about the subject. Some studies using this approach have sought to describe sexual offending as a patterned process, from build-up through to commission (see Ward & Hudson, 1998; Ward, Hudson, & Keenan, 1998). One study investigated male incest offender experience from the stage of offence detection through the various phases of treatment (Scheela, 1992). Underlined in this latter study is the emotional distress experienced by these offenders confronting their abusive behaviour. The author in this case notes, as do many others, that these clients are typically reluctant to accept full responsibility for their offending. Yet this step is seen as critical to making the changes necessary to reducing reoffending risk, and therefore a primary requirement of offender treatment programmes.

More latterly still in the literature on sex offender treatment, some consideration has been given to the context in which intervention is delivered. Beech and Fordham (1997) have made a study of the “climate” of therapy groups, and Fernandez and Marshall (2000)

have rallied support for research addressing factors such as the form and process of treatment. Groupwork, increasingly, is seen as the preferred treatment mode for working with child sex offenders (Barker & Morgan, 1993). Yalom (1985) has argued that the processes and dynamics which are fostered within the social microcosm of a therapy group can provide motivation toward personal change. According to Clark and Erooga (1994), groupwork is particularly relevant to this client because it provides a setting where he can begin to accept the new social identity of someone who has sexually offended against a child. The behavioural implications of accepting this new identity relate to the life-changing boundaries which the man must subsequently place on himself if he is to prevent relapse. However, the comprehensive and committed acceptance of this level of responsibility is, as identified above, typically resisted. In many ways the child sex offender therapy group can be seen as providing a setting in which to address such resistance by neutralising the "isolation, secretiveness and shame" (Clark & Erooga, 1994) which surround it.

Despite the speculation and appeals, there remains no established theory of groupwork with sex offenders.

The Development of this Study

As a social worker/therapist working in this area, I became deeply interested in interpersonal factors influencing the engagement of offenders. What qualities and processes of the therapy group assist clients to confront the crucial, but difficult and painful task of self-disclosure? I proposed to investigate this matter from the perspective of programme participants themselves, by surveying their experiences during this encounter. At this time I had been a treatment provider for about two years at the Kia Marama Unit, based at Rolleston Prison in Christchurch, Aotearoa/New Zealand. Kia Marama is a proto-typical and relatively successful prison-based programme, commissioned to reduce recidivism amongst men who have sexually offended against children. Consistent with similar facilities around the world, a group format is used to conduct a programme based on the principles of relapse-prevention. Up until this time relatively little attention was paid to the process of client engagement or the issue of motivation, reflecting the absence of literature surrounding these topics both locally and overseas. These qualities were either assumed to be present on the basis of the man's "voluntary" arrival at the treatment unit, or the individual was confronted vigorously if and when absence of motivation became evident. Nevertheless, it was clear that the level of

engagement among clients varied greatly. Sometimes this was not evident until well into the programme. On the other hand, some men were clearly well motivated, and revealed important sensitive information, such as undetected offending.

My direct research objective then was to identify social-interactional factors which impact on therapeutic engagement in this instance, and to explore the group processes which contribute to those factors. The intended process of the study was to identify such events experienced by research participants as salient, as they occur in the context of group treatment. These events, along with observations and the subjective experience surrounding them, were then to become the subject of ongoing analysis using grounded theory development (Glaser & Strauss, 1967).

Philosophy of Approach to the Thesis

The study has been partly informed by my clinical experience and emerging post-structuralist sensibilities. As will be clear from this text, I have chosen to present much of this thesis in a first person, "authorial voice". Using this approach assisted me in making explicit the perspective represented, and acknowledges my experience of carrying out the research. This is in no way intended to diminish the input of others who contributed their guidance and experiences. Nor does it, I think, undervalue the contribution of the literature in which the work is embedded.

The thesis that resulted emerged from the unfolding of my learning as I came to certain conclusions about how expert knowledge (derived from a review of the literature) and local experience (derived from an analysis of the current research) contributed to an understanding of the situation of men undergoing these experiences in treatment. This thesis is outlined below.

Thesis Outline

The first chapter surveys a broad range of perspectives and attitudes regarding the sexual abuse of children. Beginning with my own point of entry into the investigation, it goes on to review perspectives ranging from popularised perceptions to psychosocial conceptualisations contained in the formal literature. The chapter concludes by considering how these perspectives impinge on the microcosm of the therapy situation itself.

Chapter Two reviews theories and models of planned therapeutic change. The application of the theory is then discussed in terms of the various arrangements under which such change is attempted. These arrangements are then brought together in a proposed integrated theoretical model and some general conclusions are drawn regarding therapeutic principles. The principles are applied to the treatment of sexually abusive behaviour from the point of view of current treatment programmes.

The general principles emerging from the previous two chapters are given more specific focus in Chapter Three, as broad contextual issues are considered in relation to programmes. More particularly, the Kia Marama programme is considered in the light of the previous chapters as a proto-typical example of the application of knowledge and attitudes in therapeutic change. The issue of engagement is proposed as one which is at once critical and problematic. The central question of the research is framed here.

The fourth chapter, dealing with method, traces the considerations and conceptualising of the means by which data was to be gathered and analysed. It is divided into two halves. The first half presents a rationale for the use of grounded theory in this instance, and the adaptation of this methodology to these circumstances. The second half of the chapter deals with the application of the method in practice, and its development as guided by emerging data.

Chapters Five and Six describe the results of the study. As the shape of the findings emerged, the focus of the study was extended from the formal therapy setting of the group to informal settings. Two descriptive models are presented and illustrated from the data. In Chapter Five the four client approaches to disclosure that emerged from the study and how they relate to the quality of engagement are laid out. The model in Chapter Six depicts factors influencing the ongoing engagement of participants outside of the formal group setting. Concluding comments consider the overall picture of factors influencing engagement drawn from this research.

In the final chapter, synthesising the themes raised in earlier chapters with the knowledge gained and issues raised by this research, implications are drawn for developing an enhanced technology of identifying the engagement needs of individuals in this client group, and matching with contexts and strategies for working with them. Chapter Seven also integrates the findings of the study with the broader academic themes relevant to other areas of practice and research involving clients who present engagement difficulties.

Thesis Summary

My intention was to identify contextual factors contributing to the functional engagement of men in a treatment programme. Along the way I discovered that I needed to take cognisance of factors that were wider than the scope of the formal therapy group. In short, as well as in-group experiences, the quality of client engagement among the participants in the research was clearly also influenced by both the goals and strategies that clients brought to the situation and how they went about processing material derived from therapy. Significant conclusions are that the goals and strategies adopted toward engagement are identifiable as four distinct orientations, and that these appear malleable to a degree. Furthermore, elements of the environment outside of the formal treatment arena may be a significant influence here.

PART ONE:

CHILD SEX OFFENDERS &
CULTURES OF CHANGE

CHAPTER ONE
PERSPECTIVES OF OFFENDING & OFFENDERS

Background to the Study

My direct role in the field of sexual abuse prevention began in April 1993, when I joined the Kia Marama Special Treatment Unit's therapy team at Rolleston Prison, Christchurch, in Aotearoa/New Zealand. At that time the Unit had been in operation for less than four years, and was administered by the Psychological Services division of the Justice Department. It was the first facility of its kind in the country, and, being established as a dedicated prison-based focus unit for sex offenders, virtually unique in the world. Having worked for some seven years with children and adolescents as a social worker, I had been struck by the devastating and pervasive impact of sexual abuse. From a professional point of view, I had become impressed with the need to intervene with the perpetrators of such abuse. From a more personal perspective I felt drawn to investigating the "cause" after striving for so long to address some of the "effects". Initially then, my enthusiasm for the task in general and my delight at being appointed to this position far outweighed the consternation I felt surrounding the specifics of my role. However, the question loomed increasingly large: as a "social worker/therapist", what exactly was expected of me? The chief function of the Unit was to conduct what was described as a programme of psychological treatment for incarcerated males who had offended against persons under the age of sixteen. My contract clearly indicated that I was to participate in the delivery of the group-based programme, described as a combination of psychoeducational and psychotherapeutic elements.

Although very keen to take up the position, I remained at something of a loss to account for the "social worker" component of the job title. During the appointment process, I had cautiously enquired about expectations surrounding the particular constellation of values, skills and knowledge I associated with my profession. There was apparently no particular expectation. There followed a period of counter–enquiry surrounding my own perception of my suitability for the position. I moved to retrieve the situation by confirming my commitment to the principles of relapse prevention and my familiarity with the cognitive-behavioural model of clinical intervention.

Nevertheless, I retained my assumption that the principles informing my professional identity as a social worker could contribute positively to practices at Kia Marama. The culture of the Unit was predominantly the culture of clinical psychology. Having a close association with the natural sciences, psychology tends to emphasise empirical objectivity in applying procedures and techniques based on rationalist notions of science. At Kia Marama, this approach was represented in the practice of cognitive behavioural therapy. Each client was individually assessed and treated according to the presence or absence of such clinically salient factors as cognitive distortions and deviant arousal. Having given some thought to the matter, I had concluded there was a particular contribution I could make from the perspective I brought. This surrounded the consideration of intervening with these clients and their issues from an *interpersonal* as well as an intrapsychic point of view. While this notion was considered with interest, the impact on the work of the Unit was, on the whole, minimal for the time being.

I had expected that the task of a group therapist with men who had sexually offended would not be easy one. In addition to the toxic and potentially contaminating nature of the subject matter, I was anticipating difficulties in engaging these clients. Terms such as “unresponsive”, “manipulative”, “minimising”, “justifying”, and “blaming” were descriptors used liberally by authors in discussing working with these clients. Conventional wisdom, including the bulk of the literature, tended to construe the resistance factor in child sexual offenders as *denial*: a purportedly inherent and relatively inert feature of members of this population. They were construed as typically reluctant to respond to straightforward efforts to engage them in a process that requires openness and directness.

Such descriptions appeared to be largely substantiated by my early experiences as a practitioner. I regularly encountered hostility and evasiveness when seeking to account for discrepancies between the men’s accounts of their offending and those reported in official documentation. At this time we as a team felt justified in seeking out every bastion of denial and endeavouring to break through it, as if each constituted some tangible obstacle to treatment progress.

Once denial had been dismantled to the best of our efforts the task of cognitive restructuring was begun. The strategy of cognitive restructuring is a primary implement in the toolbox of cognitive-behavioural therapy (CBT), seeking as it does to assist clients in systematically identifying and modifying maladaptive thinking in their efforts to manage psychological difficulties. It represents a typical example of the approach of conventional psychology to clinical practice: the application of empirically–derived procedures in

treatment settings. Also at Kia Marama, a regime of group treatment had been adopted, again consistent with common sex offender intervention. Although the rationale for employing a group format was not well addressed in the literature, conventional wisdom went something like this: “in helping to break through the denial and distortions of offenders, the cause is best served by recruiting their fellow offenders. These others are useful as they are well versed in the habits and the techniques of denial themselves and often will complement the efforts of the therapist in confronting distorted cognitions. Furthermore, having made disclosures, each informant will be motivated to confront other men to reach a similar level of disclosure.”

While this approach sometimes led to dramatic revelations, it often appeared to generate more heat than light, tending to result in one of several unwelcome outcomes. Treatment progress sometimes became bogged down in the pressure for the disclosure of detail and for capitulation to certain specific accusations. Initial defensiveness often escalated to an entrenched position, with participants becoming locked into an adversarial mode. Therapeutic alliances were threatened and sometimes ruptured, at times alienating the entire therapy group.

In the wake of such exhausting, sometimes unproductive encounters, discussions began among the therapy team on alternatives to this confrontational approach. It was about this time that Miller and Rollnick’s book *Motivational Interviewing* (1991) came to our attention, with its notions of working empathically and sensitively with resistance. The authors advocated an approach based on engaging reluctant clients in discussions about their beliefs and values in relation to their conduct. They spoke of endeavouring to intensify client ambivalence toward change. I was attracted to these ideas: they resonated with professional principles, such as client empowerment and responsibility, that I embraced as a social worker. Gradually, notions of a collaborative climate, and client accountability for disclosure (and not just acknowledgement of the details of their offending) became the currency of working with denial at Kia Marama. We came to view resistance as a relational dynamic, rather than a constitutional factor inherent within individuals. Such principles became incorporated into our assessment and treatment policies.

These innovations appeared to contribute to an environment that was more inviting for men in the programme to accept ownership of their offending. Now that we were becoming more explicit about the process of engagement, I began to wonder about the experiences of the men undertaking these challenges. The programme continued to require

that participants discuss their offending openly, directly and comprehensively in the public context of the therapy group. While we made the assumption that the group milieu contributed to their motivation to respond to this challenge, we were not clear how this was occurring. What were the *interpersonal* elements that facilitated disclosure and the acceptance of responsibility? What impeded these achievements?

These questions provided the stimulus and starting point for the current study. Pursuing answers required finding a way of gaining access to the experience of participants at the very point that they face the self-disclosure encounter. This would involve taking a step into the micro-context of the therapy group itself. At the same time, in the spirit and tradition of social work, I wished to gain a wider systemic perspective, considering together the person, the problem *and* his social contexts. This would require then that I also step *outward* from the therapy group context. That is, while engaged with the microsystem of the client's experience, I wished to include for consideration the mesosystem of the therapy group, as well as (macro-) environments in which the lives of these individuals are embedded. Pursuing this perspective served to extend my frame of reference into the broader contexts influencing those relationships that we intend will be therapeutic. The context of the mainstream prison environment, the context of civil society, and the context of expert knowledge all influence the situation, and therefore deserved consideration. Those of us who work in the field of child sexual abuse are continually striving to overcome the constraints of silence and concealment. Exploring how people and systems relate to each other in this regard, therefore, seemed important to gaining insight into the range of influences shaping these constraints.

Of course, reluctance to engage with services that seek to facilitate personal or interpersonal change is not an uncommon phenomenon. Authors have cited a range of restraints acting on those who we might expect to seek assistance and for whom assistance is available (Cingolani, 1984; Ivanoff, Blythe & Tripodi, 1994; Landy, 1960, Vriend & Dyer, 1973). The same restraints are likely to operate in the case of an individual convicted of child sexual offences. I suggest here, however, that for this client, engagement represents a particularly complex challenge, fraught as it is with the power of the taboo associated with violating the most sacrosanct of boundaries. His willingness to actively engage in a change process, is considered an early but critical step to remaining abuse free for the remainder of his life (Laws, 1998). This step, I will argue here, is influenced to an unusual extent by the cultural background against which the clinical encounter takes place.

For the man convicted of sexual offences involving children, his engagement in relapse prevention-based therapy (Laws, 1998) represents a step towards his participation in a process in which he will become closely identified with his abusive behaviour. From the criminal justice system, there is the clear and specific expectation that the outcome of therapeutic intervention is the prevention of offending. However, mediating and impinging on this uneasy encounter between the offender and the correctional apparatus of the state are a set of powerful, pervasive, culturally derived assumptions surrounding what he has done and the sort of person he is. These assumptions reflect a view that embodies what is perhaps the most singular, definitive, and despised of all social archetypes. Such assumptions are, I will contend, implicitly or explicitly, brought to the therapy encounter, and impact upon it.

In the remainder of this chapter my purpose is to explore the beliefs and expectations that have a bearing on the quality of engagement in the therapeutic relationship. I will draw attention to a range of perspectives on both the behaviour and the character of men who have sought sexual contact with children. This will include not only the perspectives of experts, but also those that reflect the wider cultural context. In this way, an overview of the contextual frames by which offenders are perceived will be presented, along with the means by which these views come to impact on the therapy context in general, and the engagement of clients in particular.

1.1 The Historical Background to Perspectives on Offenders and Offending

Barbara Schwartz (1995b) provides an overview of the socio-cultural factors by which offending is defined. The label of sex offender, she notes, is formally attached by legislature, which in turn reflects the sexual mores of time and place. Historically, child sexual offending has been defined in relation to a culturally established age of consent. While early western literature contains pronouncements of romantic love by adults towards children, the formal marginalisation of paedophiles was underway by the nineteenth century, when paedophilia was classified as a pathology in some of the earliest works of clinical psychology.

While debate continues as to whether adult sexual conduct with children constitutes criminal behaviour, pathological behaviour or both (Canter, Hughes, & Kirby, 1998), it is clearly considered to be highly deviant, both sexually and socially. Its image, however, has been construed and presented variously in western contexts. For some time the child-

molester was typically portrayed, in both the clinical literature and in broader public contexts, as a mentally deranged, furtive and anonymous loner, slinking out of seclusion to prey randomly on victims.

The earliest clinical classifications of sexual abnormality tended to view sexual offenders as suffering from a range of intractable mental disorders, the causes of which were constitutional to the individual, and therefore beyond his control (Krafft-Ebbing, 1892). Prior to the twentieth century therefore there was little in the way of formal treatment aside from the prison or the asylum (Schrenck-Notzing, 1895).

Media and public attention to violent sexual crime began to increase in the United States in the late 1940's, triggering a distorted public perception that linked sexual assault in general with sensationalised acts of violence. So sweeping was this perception, and the state correctional response which followed it, that retributive focus fell on a range of sexual behaviours, including conduct involving activities of consenting adults (Schwartz & Cellini, 1995, pp 2.6-2.7).

Expert knowledge about sex offending, over the years, has ridden the dual wave of the nature–nurture debate in the same way as it has other matters concerning human behaviour. However, whereas theories of rape have, perhaps, been more comfortably accommodated by simplistic notions involving biological determinism, explanations of child molestation have received something of a more complex treatment. Types of evolutionary theory and sociobiological theory for instance, imply the possibility of a "natural" explanation of rape (Thornhill & Thornhill, 1983). Social learning and feminist theories (Ellis, 1993; Russel, 1975) provide a fairly readily understandable, straightforward explanation of the conduct of rapists, based on distortions in the socio-cultural process by which masculine identity is taken on. This has perhaps contributed to a notion that rapists are more "understandable" than their child molesting counterparts and therefore, in some ways at least, less unacceptable. Nevertheless, until cognitive theories achieved some ascendancy, explanations pertinent to an understanding of the sexual abuse of children tended to emphasise disturbance of early experience, especially sexual trauma. This was believed to result in deviation from the path of normal sexual development and the emergence of powerful urges, against which the individual was relatively helpless.

1.2 Perspectives on Child Sex Offending as Behaviour

Statistical information about offending and characteristics of the behaviour itself offer one way of shedding light on the issue of child molestation. Unfortunately, official statistical measurement in this area is problematical in a number of ways, providing an overall picture that is prone to distortion. The secrecy and abuse of power that surround child sex offending as a public matter are well documented (Salter, 1988). Shame and fear are common experiences for victim, perpetrator, and others such as family members. Perpetrators typically exploit these emotions in their victims in a way that contributes to the maintenance of the abusive pattern, by suppressing the likelihood of disclosure. As a result offending is typically under-reported (Schwartz & Cellini, 1995).

A report commissioned by the British Home Office remarks that statistics based on convictions for child sexual offences paint a particularly misleading picture. This is not only because of the reluctance surrounding the initiation of complaints, but that charges are often withdrawn, or evidence is insufficient (Grubin, 1998). A potentially more reliable method of forming an accurate picture of the prevalence of child sexual abuse is by means of community survey. Unfortunately, the problem here is with the wide spread of responses elicited when adults have been asked to report on the experience of child sexual abuse. A range of studies reviewed in North America and the United Kingdom over the 1980s and 1990s produced findings with ranges of six to 60% of women, and three to 30% of men reporting having been abused. Notably, however, only about half of respondents in such surveys report previous disclosure to anyone else (reported in Grubin).

Clearly then, the overall prevalence of this behaviour is difficult to determine, and a major contribution to this difficulty relates to the web of secrecy in which abuse is embedded. Nevertheless, while mindful of such obfuscation, the British Home Office report is drawn to conclude that “the sexual abuse of children is not uncommon” (Grubin, 1998, p1). According to the report, calculations based on available information produces the estimate, extremely wide-ranging though it is, of between 3500 and 72600 children sexually abused each year in England and Wales. The higher figure here is generated by police crime reports (p12).

In considering prevalence, it is important to note that those figures represent victim numbers, not incidents of offending. A revealing insight into the scale of the rate of offending comes from information provided by sex offenders themselves. When high-rate offenders are approached using a sensitive research methodology, they typically

acknowledge not only a far higher number of victims than their convictions would indicate, but also an alarming number of acts. In a significant 1987 study by Gene Abel and others, 224 non-familial offenders claimed more than 5000 acts involving against 4435 females victims, and 153 such offenders claimed over 43000 acts involving almost 23000 males (Abel et al., 1987). While such figures are informative with regard to the persistence of some categories of offender, they are not presented as indicative of *average* rates of offending by individuals. Indeed, one of the most significant pieces of information emerging from such studies is that a small number of offenders appear to offend at a disproportionately high rate, in respect of both number of victims and frequency of offending (Grubin, 1998). Knowledge of the characteristics of such high-rate offenders will be explored in a later section.

Perhaps the matter that attracts the greatest consensus around behaviour involving adult–child sexual contact is also arguably the most important: that of the resulting harm to the child. That such harm is often not only profound but long-lasting is now well documented (Briere, 1989; Finkelhor, 1979; Finkelhor & Browne, 1985). Also, there are many collections of recovery stories and a library of self-help literature reflecting the suffering and struggle that those who, as children, have been subject to the sexual attentions of adults (Bass & Davis, 1988; Lew, 1990; Mullinar & Hunt, 1997). While the causative links remain somewhat obscured by attending factors, such as other forms of abuse (Romans, Martin, & Mullen, 1997), there is a marked over-representation of those with a background of sexual victimisation among the prison population, prostitutes, runaways, those with psychiatric disorders, drug and alcohol problems, and eating disorders. Indeed, it is rare to find references to adult-child sexual encounters that are not couched in the terms of "offender" or "perpetrator", and "victim" or "survivor."

This over-riding concern with the harmful outcome of adult-child sexual contact is certainly the one which directs the attention of most interested disciplines and professions, including social work. The impetus behind more general public interest in this issue is perhaps not so clear-cut. Certainly, contemporary media preoccupation resurfaces regularly, especially in the wake of sensationalised incidents. Plummer (1995) has documented the rise of media interest in this issue emerging from the 1970's. He labels its pervasive narrative context as "the story of threatened children" (Plummer, p119). This creates a perspective, he argues, that has tended to dominate the expectations and attitudes that we, as members of society, bring to all references involving adult-child sexual contact.

1.3 Perspectives on the Child Sex Offender: Profile & Identity

1.3.1 The Clinical Perspective

Early clinical formulations of the child molester suggest a sick or diseased personality (see for example, Krafft-Ebbing's Psychopathia Sexualis, 1892). By contrast, the profile informed by contemporary psychology suggests one who is, both in a psychological and demographic sense, surprisingly (perhaps disturbingly) similar to "normals". From a random telephone survey, which guaranteed respondent anonymity, Finkelhor and Lewis discovered that up to 17% of the male population *admitted* having molested a child (reported in Blanchard, 1995). Outside of their sexual behaviour and male gender,[1] offenders appear to constitute a relatively heterogeneous population. Some prominent and relatively common characteristics have been noted. Sexual offenders against children are seen as typically having marked difficulties with intimate adult relationships (Fisher & Howells, 1993; Marshall, 1989), and often experience emotional loneliness (Ward, Hudson, & Marshall, 1995). However, they do not otherwise appear to exhibit outstanding psychological or even explicit social deficits, especially relative to other categories of offender (for example, Gordon & Porporino, 1991). They are represented in a wide range of socio-economic backgrounds and their level of criminality, sexual offending apart, is also relatively low (Hanson, Scott, & Steffy, 1995). Indeed, Grubin (1998) concludes that their rates of conviction, in terms of other classes of offence, is not only lower than that of other categories of sex offender, it is not dissimilar from that of the general population (p17). Marshall is drawn to conclude that he considers sex offenders to be "more like other people than they are different" (Marshall, 1996b, p317).

This statistical profile must of course be tempered with the fact with that offenders often exhibit or are subject to temporary psychological extremes. These episodes appear to be most prominent and potent around the time of, and specifically in relation to their offending (Marshall, 1996a). Such psychological states may act as a trigger to offending and may also contribute to its persistence (Pithers, 1990; Ward, Hudson, & Keenan, 1998; Ward, Louden, Hudson, & Marshall, 1995b). It is also evident that within the otherwise heterogeneous population of child sex offenders, there are individuals who exhibit trait-like characteristics that have a bearing on their propensity to offend. In attempts to classify offenders typological models have been proposed (see, for example Beech, 1998; Canter et

[1] Less than 5% of those convicted of offending are female, of whom a large proportion appear to act in conjunction with a male accomplice (Grayston & De Luca, 1999).

al., 1998; Groth, Hobson & Gary, 1982; Knight & Prentky, 1990) reflecting a range of theoretical and methodological perspectives. Commonly inherent in such classificatory systems is the identification of the dangerousness or risk surrounding a certain "type" of offender. Dangerousness may refer to the severity of the offending, to the likelihood of further offences being committed, or both. Recurring images and themes surrounding the particularly dangerous offender are concerned with aggressive, callous, often violent features. The term "sexual psychopath" has been used in relation to this profile (Lieb, Quinsey, & Berliner, 1998).

Another recurring profile in the literature is that of the offender who exhibits an established and persistent preoccupation with children, both socially, emotionally and sexually. Those individuals who are said to make up this latter group have most commonly been associated with the label of "paedophile", though this term is itself highly imprecise in the clinical context, and is falling out of favour among experts (Marshall, 1997). However, the relationship of such classification to prediction or identification in respect of any particular individual is complex, and its reliability in this sense is yet to be established (Grubin, 1998). Furthermore, men who exhibit the characteristics associated with the "fixated" (Groth, et al., 1982) or "preferential" (Knight & Prentky, 1990) offender category appear to make up a minority of those who offend sexually against children.

In the United States a Sexual Predator Law was established in 1990, in response to recent horrific high profile crimes. However, arguments have been mounted by the American Psychiatric Association that, in its attempts to respond decisively to public demand, this legislation is based on faulty application of scientific and clinical knowledge (APA, 1999). Others go further, arguing that the Sexual Predator Law reflects an unrepresentative and unrealistic view of sexual abusers in general, and is consequently excessively applied, exacerbating the distorted public perception (Freeman-Longo, 1998; Jaquette, 2000).

The profiling of offenders who target strangers, who have an extensive history of offending, or carry out especially violent acts is an important and relevant undertaking. The point made here, however, is that despite the abstract nature and imprecise conceptualisation of the dangerous archetype, as well as the relatively low numbers of offenders for whom it appears to be relevant, the image of the unhinged, predatory sexual psychopath that Krafft-Ebbing projected has, for various reasons, enjoyed an enduring and pervasive prominence.

1.3.2 Public Perspectives

Lieb, Quinsey and Berliner (1998), present an argument for the identification and social policy targeting of "sexual predators": those who persistently carry out abuse accompanied by violence, against victims unknown to them. These offenders are seen to be characterised by extreme anti-social traits. In making their case, Lieb, et al. trace a process by which this class of especially dangerous offenders have come to dominate the public consciousness and have become synonymous, in that domain, with sexual offenders in general. Using a historical framework, they describe the activating and mediating role of civil, political, legislative, specialist and media elements in this process.

A number of sources refer to the role of news media in giving prominence to sex crimes (Blanchard, 1995; Swanson, 1960). As early as 1951, Levy made the point that the enthusiasm and persistence of news agencies toward sensationalised sexual crimes had lead the average news consumer "to mistake waves of news with waves of crime" (cited in Lieb et al., 1998, p61). More recently an Australian study which monitored media reporting of child abuse in New South Wales during 1995 noted a bias toward atypical and sensationalised individual "horror stories" (Wilczinski & Sinclair, 1999). The study also drew attention to a corresponding lack of coverage of issues of social causation and prevention. Theorists have pondered the role and the reasons for the evident appetite of the public for this class of news. Whatever the factors and processes involved, there is no doubt that the public reserves a special combination of opprobrium for and fascination about sexual offenders, and especially those who target children. More recent public forums and spectacles, delivered and presented by the electronic media, offer talkback formats and current affairs TV documentaries, with titles such as *Every Parent's Worst Nightmare* (screened by TV3 in New Zealand, 21/7/1999). Typically in these forums, reference is made to revulsion not only for the crime but for the offender, who is consistently and singularly portrayed as belonging to a homogenous population. Epithets commonly employed in these contexts suggest that such offenders are other than human ("monsters", "beasts", "vermin', "maggots"). Broadcasters and presenters appear to believe that they have a unique licence, in these cases, to promote such descriptive free-for-alls. A former CIB Detective was introduced onto a TV programme (*Good Morning,* TVNZ, screened 20/5/1999) with the lead in that he had "dealt with many outrageously horrendous cases" of child sexual abuse. Viewers to this programme were advised by the presenter against killing the offenders on the justification that they, as the killer, would likely face prison as a result. Offenders and their acts are regularly referred to in such

contexts as the "worst", irrespective of the intrusiveness or extent of the particular offending. In a variety of public venues, both in New Zealand and overseas (Blanchard, 1995), responses to offenders, again not untypically, refer to hanging, mutilation, permanent incarceration and neurosurgery. Offenders, in these forums, tend to be portrayed as having a sickness: individual pathology which is not amenable to cure.

Given that incidents of child molestation involving a stranger make up probably less than 20% of offences, and that studies suggest at least three quarters of victims are known to the perpetrator (for example, Bradford, Bloomgerg, & Bougert, 1988), the stereotypically predatory image of the child sex offender appears to represent a distortion. What then prevents the projection of a more realistic social image of these people? One plausible explanation is that *nobody wants to know*. A thesis of Ken Plummer, in *Telling Sexual Stories* (1995), is that, there is no significant cultural or even sub-cultural context that will entertain a paedophile's account of himself in his own voice. He makes the point that such narratives are either silenced, or colonised by media, researchers, analysts, politicians and others. "The story of the adult male who professes and sometimes practices a sexual desire for children…has generally not been heard".

> In part this is clearly because nobody will allow it to be told and nobody wishes to hear. It is simply implausible that paedophiles have a story, and inconceivable that they should be allowed to speak it. And, indeed few 'child lovers' would even be willing to tell it. For their own story is not told because of their own shame, their own need for secrecy, their fear of ostracism and indeed, their potential for imprisonment. It cannot be heard because, of all the sexual differences, this is the one that seemingly creates greatest anger and concern in the wider communities of interpretation. It cannot be received easily. (Plummer, 1995, p118)

Implicit in what Plummer is saying here is that there is scope for certain versions of the story of child sex offending to be told, but not authored by the offender himself. His version is "an embarrassment, even to the most liberal of voices" (1995, p119)

As a social actor, that class of individual who seeks sexual contact with children perhaps represents the most extreme exemplar of the "stranger": the "outsider,…produced by virtue of being on the outside of homogeneous groupings" (Harman, 1988, p12). The paedophile occupies a place at the extreme outer limits of society, for he is part of a group that does not qualify for membership (Harman, p5). But more than this, he bears a social identity that triggers an exclusion from any sort of social constitution, except as criminal or pathological abuser. Because there is no other template, no alternative social construction

available, there is no other narrative means by which to conceptualise him. He has no probity.

The point here is that, in lieu of an autobiographical account, a two-dimensional image is drawn by others. He who has engaged in this conduct is persona non-grata, and the image that goes with his behaviour is stretched to embrace his identity. This is the mantle of the monster, that no offender wants to don publicly. When men who present for therapy relating to their sexual offending against children are invited to "come out" we can, I think, assume that they see this mantle as the only one on offer.

1.3.3 The Perspective of the Prison Sub-Culture

The French social historian Michel Foucault and others (Foucault, 1973; Michael, 1996) have provided accounts of social processes by which the lives of persons become objectified and subjugated. As argued above, the identities of those who have offended sexually against children, by way of such processes, not only become highly marginalised but are reduced to very low social status. Crime against persons figures as a prominent social issue; sexual crimes, give rise to a special kind of public opprobrium. Those perpetrated against children are considered the most abhorrent of all. This hierarchy appears to be reflected in the sub-culture of prisons, where child sex offenders find themselves at the very bottom of the pecking order. The "inmate code" is enforced by principles of silence and intimidation, creating ideal conditions for victimisation to proliferate. Vaughan and Sapp (1991), in an American study, and Hogue (1993) in a British study, present evidence to suggest that child molesters emerge in the prison setting as "the outcast of outcasts". The mechanism that Vaughan and Sapp propose to account for this is an "importation model". They argue that the values of "free society" (comprising the non-incarcerated population), where aggression is indirectly revered and sexual molestation is especially despised, become distilled in the context of the prison sub-culture. Given the means by which the hierarchical structure of the prison is translated into social control, those convicted of child sexual offences are likely to experience the physical and social manifestations of a hatred, which according to Vaughan and Sapp, begins gathering momentum a long way from the prison gates. It is therefore easy to understand, they continue, why these inmates are reluctant to identify themselves by the behaviour that brought about their conviction. They conclude that volunteering for a programme of therapy not only makes them vulnerable to exposure, but attracts further negative attention by suggesting co-operation with agents of the establishment.

A Canadian study examined the perceptions of correctional officers toward sex offenders. It concluded that those who offended sexually against children are judged by this group to be more immoral and more mentally ill than any other class of offender. The researchers considered this to be a reflection of general social attitudes toward child molesters (Weekes, Pelletier, & Beaudette, 1995).

1.3.4 The Perspective of the Therapy Context

Providers of rehabilitation services working in a corrections setting with this population are themselves, according to Pithers (1997), not necessarily immune from the "importation" of hostile attitudes. He maintains that society's approval for clinical intervention in this case is premised on the intention to enable clients to refrain from sexual offending. He goes on to suggest that some therapists appear to consider that they have a mandate to use any means necessary to confront their clients to this end. In the same article, Pithers cites a particular case in which therapists, identified as dramatherapists, resorted to highly intrusive, humiliating and hostile methods in the name of "confronting" their clients. Marshall (Marshall, 1996b) perceives the aggressively confrontational style of some therapists working with sexual offenders to be a function of the failure of these practitioners to separate the contemptible *behaviour* of their clients from their *personhood*. Both Marshall and Pithers believe that making and acting on this distinction between behaviour and person to be a critical one in any form of therapy. They describe this not only as an ethical imperative but a principle of effective practice.

Kear-Colwell and Pollock (1997) review the thinking that has resulted in an approach that is built around intense confrontation. They argue that adherents to this approach tend to be motivated by the assumption that denial, deception and defensiveness are inherent, and relatively stable features of these clients. It is therefore assumed that a combative response is necessary to break down such defence and bring about submission. This attitude can be inferred from some authors in the field who appear to locate issues such as "denial" *within* persons (see, for example, Salter, 1988). By contrast, Kear-Colwell and Pollock contend that these observed features are more helpfully viewed as emergent and contextually constructed phenomena, which are liable to be amplified and polarised by direct confrontation, rather than dissolved.

Miller (1990) sees the adversarial approach in North American helping professional circles as an endemic phenomenon. He relates it to the alignment of practitioners with a retributive climate prevailing in the American criminal justice system. He refers to the

approach as evidence of "disturbing trends" with "debilitating ethical and scientific implications" (p485). Specifically, his concern is with making offending synonymous with persons, identifying the problem as the person, and ignoring the imperative of the professional relationship. He views elements of denial as important aspects of meaning for the offender, requiring consideration in assessment and treatment, but not warranting a response that signals rejection nor one that invites defence.

Some social scientists looking on the clinical setting from without have also observed a trend toward an approach characterised by objectification and subjugation. Sometimes this shift has been related to political processes. Stanley Cohen (1971), writing in the early 1970's made the point that the term "deviance", had become narrowed and attributed to individuals partly by means of "the prestige and credibility given to psychiatrically derived vocabularies" (p10). Nevertheless, he goes on, there is a suggestion that forms of "progressive" treatment may be viewed to have undercurrents of social control. Such an attitude may be further contextualised when one considers the history of the treatment of sex offenders, since the responsibility for this function came largely out of the hands of mental health agencies and into the hands of correctional ones. During this era (in the late 1970's and early 80's), the message from North America surrounding treatment of offenders in general was that "nothing works". While the reviews of the scientific research that propelled this message have been overhauled and largely discredited (Palmer, 1992), it was enthusiastically taken up at the time. It has been argued that the "nothing works" message continues to have reverberations in a setting where, arguably, the expectation of containment, deterrence, and perhaps retribution exceed those of rehabilitation. Another factor relevant to this debate is that lay perception often regards rehabilitative assistance as having an individually beneficial nature. In a climate dominated by retribution, offenders are not seen to be deserving of such advantage. Robert Prentky argues convincingly that this conclusion ignores the broad social benefits of prevention and reduced risk (1995).

1.4 The Perspective of the Client Anticipating Therapy

From the foregoing, it seems reasonable to assume that a prison inmate who is attracted to undertaking prison-based treatment relating to his sexual offending against children is faced with a dilemma. The dilemma might be well represented by the question: "what part of my life do I most want to manage: my propensity to offend, or my membership of society?" Merely by presenting himself for assessment, he is likely to

perceive that he is taking a step toward exposure as one of "the most evil people in the world" (Best, 1990).

How does the offender view himself? Certainly, what little research has been carried out exploring the autobiographical experience of child molesters reveals feelings of shame, guilt, self-loathing and fear surrounding their identification (School, 1992; Scheela & Stern, 1994; Horley, Quinsey & Jones, 1997). Such responses are unsurprising given the overall evaluation by the society of which they are a part. In the interactional processes by which it is assumed human individuals acquire selfhood, one's perceptions of generalised societal attitudes are seen to provide a basis from which to conduct evaluations of the self's performance (Cooley, 1922; Mead, 1934). To be identified as a child molester is to be seen to contradict the standards of the community so decisively as to motivate withdrawal: withdrawal from society; withdrawal from the self; or withdrawal from the fact.

Withdrawal from Society

Faced with the proscription on their sexual preference, and the criminality that surrounds it, some paedophiles have attempted to form sub-cultural communities of their own. The 1970's saw the emergence of a number of organisations dedicated to this end. In the United Kingdom there was, PAL (Paedophile Acton for Liberation) and PIE (Paedophile Information Exchange) in North America, NAMBLA (the North American Men Boy Love Association), and, in Aotearoa/New Zealand, the similarly acronymed AMBLA. However, the prominence of these organisations was marked more by the notoriety of their cause than the extent of their memberships. Plummer (1995) cites the "Sheer strength of taboo against paedophilia" (p119), as well as media hostility and the reluctance of other groups to form alliances with them, as reasons for their inability to proliferate. Although much publicity and interest has surrounded the exposure of localised paedophile "rings", and many unsubstantiated claims, there is in fact little evidence to suggest that such networks abound (Grubin, 1998). With no community to promote them, no context to make sense of their experience or support the validity of their sexual identification, the only other possibility for the offender who embraces his identity as a paedophile is withdrawal into social isolation.

Withdrawal from Self

Those who have entertained or acted on a sexual desire for children but do not embrace a paedophile identity may resort to practices that put aside or dismiss that aspect of themselves.

Post-structuralist observers (see, for example, Shotter & Gergen, 1989) refer to the sociological process of "decentring" (Michael, 1996, p11) in people's lives. Here, identity is seen not as a stable and ongoing entity, but as a dynamic construct, emerging from specific social contexts. This perspective suggests the possibility of the individual dismissing or relegating certain aspects of his or her experience, diminishing the significance of those experiences to the sense of self. In the case of adult-child sexual contact the child is usually silenced, and there is typically no social reference to the behaviour outside of the abusive acts themselves. Therefore, there may be scant social-interpersonal "maintenance" of the significance of such events.

Given, however, the enormity of the taboo on child sexual abuse, it seems probable that such behaviour would intrude significantly into the perpetrator's awareness, where it is likely to sit uncomfortably for the most part. We would generally expect then that those who entertain or commit such acts engage in some form of psychological denial of the abusive nature of the behaviour. The concepts of *splitting* and *repression* , from the psychodynamics literature, describe mechanisms whereby the self attempts to manage a psychically untenable situation by dividing itself into "good" and "bad" parts, and preventing full realisation in conscious awareness. Sebastian Kraemer (1988) provides an account of the splitting process in relation to sexual abuse, with respect to both intrapsychic and interpersonal dimensions.

Withdrawal from Fact

Notwithstanding the above, offenders who are unaware of their offending to the extent that they fail to recognise at least social consequences are probably rare indeed. Nevertheless, as discussed previously, given the potentially devastating consequences of disclosure or detection, the active offender will almost certainly seek to conceal his actions. He remains identifiable as a molester of children by his covert actions only, and therefore the stigma that attaches to his social identity is avoided. Should his offending become revealed, the highly negatively constituted persona of "child molester" becomes grafted onto his personal identity. Prior to this, his identity is, as Goffman (1963) describes, *spoiled* and is therefore *discreditable*; but it is not, at that time, *discredited.*

Naturally, he has a considerable investment in not becoming socially compromised in this way, and may resort to a range of complex interpersonal and intrapersonal strategies in order to prevent discovery (Breakwell, 1986). However, such strategies "(do) not expunge the stigma, it merely hangs around fraught with the possibility to discredit…. The person lives with the possibility of exposure and not simply the repercussions of the stigma itself but with the loss of everything which has been built upon the lie." (Breakwell, 1986, p117-118). Even following detection, as we have seen, the offender is often motivated to distance or dissociate himself from the label in an attempt to avoid the full force of the stigma. Marshall, Anderson and Fernandez argue that this is especially the case in the prison environment (Marshall, Anderson, & Fernandez, 1999). In the sub-context of therapy, the attitudinal stance and behaviours collectively termed "resistance" are observed to arise more commonly in relation to the *fact* of the abusive conduct rather than any moral defence of it. This refutation of putative events may be exhibited on a continuum ranging anywhere between relatively low levels of minimising, justifying and blame-shifting to comprehensive denial (Brake & Shannon, 1995; Salter, 1988).

It is quite clear that the obstacles and restraints to social identification as a child molester, especially in a prison setting, are as numerous as they are compelling.

1.5 The Aetiological Perspective

The aetiological perspective emerges from the western scientific tradition of making sense of a phenomenon by the discovery of causal factors. Thus, in its application to sexual offending this approach sets out to propose explanations to account for its origins, the factors that trigger it, and those that maintain it. Examples of such explanations will be described in Chapter Three. At this point, an overview of this influential perspective is provided in order to contribute to an understanding of factors impacting on the clinical setting.

I noted above (1.1) that a range of theories and disciplines have attempted to address sexual abuse. Not surprisingly then, a wide range of influential factors have been suggested. Currently, sexual offending is commonly conceptualised as an element of a cyclical and repetitive process. Various aetiological components have been proposed to account for the emergence of the factors in this process. The contributing factors themselves are typically represented as steps in a sequence, or links in a chain. For example, those favouring a sociobiological standpoint may construe males as having a

biological predisposition to sexual aggression. They might argue that some males undergoing puberty are particularly exposed to the modelling of rewarded aggression by other males, and are motivated to behave similarly in order to obtain similar rewards. In accounting for the commission of an actual offence, this theorising might cite a process describing how such males seek out and exploit opportunities to be in the presence of unaccompanied victims.

Explanations of causal components, the factors that mediate them, and broader explanatory accounts, such as the example just described, have proliferated in the literature. Recognising this, Ward and Hudson (Ward & Hudson, 1998a) advocate for the development of an overarching strategy for theory construction. They argue that this would lend coherence to theory development and contribute to a more concerted and co-ordinated effort in generating explanatory models. Specifically, they set out by identifying three levels of theorising: single-factor theories, multi-factor theories and microtheories.

There is a wide range of single-factor theories. They focus on the explication of discrete phenomena that impact on offending in a particular way. Each single-factor explanation is based on a specific core construct and can be seen to contribute incrementally to a growing understanding of phenomena associated with sexual offending. Examples of single-factor theorising are those that address the role of such constructs as deviant sexual arousal, social structure, or maladaptive beliefs.

Multi-factorial models attempt to combine single-factor explanations in order to provide a comprehensive and unfolding account of how offending may be motivated and maintained. Influential examples of this higher level of theorising are Marshall and Barbaree's "Integrated Theory of the Aetiology of Sexual Offending" (1990) and Hall and Hirschman's (1991) quadripartite model.

Finally, microtheories are concerned with the dynamics operating around the offence context itself. They are more descriptive in nature. The sequence of thinking and responding that is involved in *how* offending is carried out, is generally accessed by qualitative research methods. Such methods generate a level of data that can be eventually abstracted out to the higher level theories. In this way, microtheories map out the phenomena to be explained. The development of an offence process model is an example of a microtheory (Pithers, 1990; Ward & Hudson, 1998b; Ward, Louden, et al., 1995).

From describing this picture of the current status of theory development, Ward and Hudson go on to prescribe a more co-ordinated approach. They foresee various levels of

theory combining in a mutually informative way to provide guidelines toward a meta-theory of sexual offending. This would combine the most promising single-factor theories and demonstrate their impact in a dynamic and interactional sense in actual offence process scenarios. It is within these microtheories that the active agency of the offender is represented.

It is clear from the foregoing that any overarching framework seeking to explain sex offending from the prevailing aetiological perspective will have to account not only for the range of factors that predispose, precipitate and maintain the abusive behaviour, but for the ways in which such factors are likely to interact. Given that the range of these factors involved is broad, and with origins that extend across relationships and over time, this is an especially elaborate task, likely to generate a complex picture. Because the offender in treatment is required to accept full responsibility for his offending, he is expected to attain a comprehensive understanding of that picture.

Summary & Conclusions

The intention in this chapter has been to bring together a range of perspectives likely to impact influentially on the context in which current group-based child sex offender treatment takes place in a prison setting. This has involved viewing child sexual offending and those who perpetrate it through a series of contextual frames.

It is almost universally accepted that adult–child sexual contact is a practice that generates great harm, and that it is imperative that the issue is addressed. This sentiment is enshrined in the principles of social and legal policy across societies. It is also accepted that the adults who practise such behaviour must take on the responsibility for ceasing it. However, the process of identifying offenders and the effective facilitation of offender "ownership" is hindered and obscured in a number of ways. Fear and shame may serve to conceal those directly involved, while more complex emotions, often surfacing as retributive anger, surround the broad social response. This gives rise to an apparent need to focus these feelings and attitudes onto individuals who are identified as the source of the problem itself. In the absence of alternative means of accounting for the lives of those who are attracted to this behaviour, and with a strongly felt need to single out and blame individuals, those who practice it are consistently portrayed as embodiments of evil. While it is recognised by theorists that to depart from the standard practice of distinguishing between clients and their behaviour is both unethical and unhelpful, the importation of

pervasive and powerful emotion-laden beliefs and attitudes often filters down into the clinical arena. It is contended here that to present clients, irrespective of their behaviour, with a highly negative account of their identities is likely to prove a disincentive to open self-disclosure, and therefore be detrimental to their effective engagement in therapy.

In addition to the restraining prospect of confronting shame and punishment there is a further obstacle to engagement, and this surrounds the complexity of the task. Theoretical models based on aetiological approaches have often tended to represent offenders lives as a contest between motivational factors on one side and inhibitory factors on the other. Compelling arguments have been made for responding to this client as an active meaning-maker and not merely as a conduit for abusive behaviour. More recent efforts, then, have attempted to incorporate into explanations the meaningful constructions that offenders bring with them. While this approach appears to provide a more appropriate theoretical device by which to understand and address offending, it also adds to an already complex picture.

There are some clear implications for intake and engagement with these clients, especially in a correctional setting. Men who have been convicted and imprisoned for such offences, facing the prospect of therapy, are likely to anticipate a task that is both painful and difficult. They are presented with the requirement of gaining a comprehensive grasp of the complex web of factors that surrounds their offending. Moreover, they are expected to "accept the new social identity of someone who has sexually offended against a child" (Clark & Erooga, 1994, p106). This is not a straightforward requirement. The environments that these men have previously inhabited are likely to have been experienced as highly restraining to the act of "coming out". For the therapeutic encounter to proceed effectively then, those who facilitate it must attend to matters of context and process, as well as those of procedure and technique.

In this chapter I have explored how various perspectives on child sexual offending may influence the offender's engagement in therapy. Therapy is primarily about change. In the next chapter I wish to explore understandings about how change occurs.

CHAPTER TWO
THEORIES OF PERSONAL & INTERPERSONAL CHANGE

Introduction

In considering client engagement with a programme designed to bring about therapeutic change, it is important to be clear about how such change is understood to occur. Engagement is not a separate action that stands outside the process, but rather a phase within it, albeit an early one (see, for example, Ivanoff, Blythe, & Tripodi, 1994). My intention then in this chapter is to contextualise therapeutic engagement by exploring theories and models that set out to both describe and prescribe the process of planned personal change.

There are many reasons why people may come into contact with others for the purposes of bringing about change in aspects of their thinking, feeling or conduct. They may consider that their functioning in one or more of these domains is currently insufficient to achieve identified goals, or is creating distress or harm to themselves or damaging their relationships with others. For example, people are motivated to seek assistance in response to the experience of unbidden and intrusive thoughts, painful and persistent sorrow, or difficulties in conducting satisfactory relationships. Where interpersonal intervention is deemed appropriate and available, consultation occurs, and action of some sort is initiated with a view to correcting or improving their situation. The question then is, what form should the intervention take? There are now hundreds of schools of psychotherapy documented (Hubble, Duncan, & Miller, 1999; Kanfer & Schefft, 1988; Mahoney, 1991) and a range of modalities (such as individual counselling, group psychotherapy, and couples counselling). However, the numerous applications can be traced back to a lesser number of models, and only a handful of primary theoretical orientations. These foundations to the therapeutic models, in turn, reflect differing philosophical bases.

Of course, the meeting between person and change agent may eventuate under quite different circumstances from those described above. In an alternative scenario, rather than the person considering that he or she is unable to bring about effective regulation of their situation without some form of assistance, *others* arrive at this conclusion on the basis of their observations of them. If this evaluation is not shared by the identified persons, and the

resistance persists, then any subsequently attempted intervention is likely to be an imposed one. Examples of this are normatively mandated initiatives aimed at addressing anti-social conduct and involving statutory mental health or criminal justice agencies. This may result in the potential client being subject to an arrangement where the choice of intervention is limited or restricted by the provider. Even where an individual is offered a place on a "voluntary" rehabilitative programme in the setting of a total institution, there are likely to be other incentives offered, such as enhanced freedoms or a reduced period of incarceration. The motivation or philosophy of the provider may also be influenced differently in these contrasting circumstances.

This latter scenario, obviously, represents an extreme form of change encounter. The reality for any particular situation is likely to fall somewhere between: a point determined by the dynamics of the provider-consumer relationship. Yet, while only a proportion of such encounters will involve intervention governed by statute, some degree of power hierarchy, of provider over consumer will be present. This political context to arrangements for change needs to be considered as a dimension of the overall set of possibilities. Furthermore, by drawing the broadest set of distinctions, it is evident a number of factors impact on the range of possibilities for effecting change in patterns of thinking, feeling or action. These factors surround not just the variables of philosophy, theory, model, school, and modality, but those dimensional elements influenced by setting and circumstance, such as participation and motivation. We cannot necessarily assume that rational choice will determine the arrangement.

I will go on to a present a summarised but comprehensive review of theories and models of how change occurs. In the course of this review, for each approach I will outline distinguishing features: its underpinning philosophy; its conception of the source of personal-interpersonal problems; and the various mechanisms proposed to effect beneficial change. I will also describe a range of change modalities and consider how they might be employed by the various approaches. In order to complete the matrix of arrangements, I will introduce contrasting political contexts of change. Finally, by synthesising the emergent themes, I will propose an "ideal" set of circumstances in which deliberate change might develop and flourish.

2.1 Overview of Theories

Given that some 450 extant schools of psychotherapy have been identified (Kanfer & Schefft, 1988), one risks either superficiality or impenetrability in presenting a broad picture of theories of personal human change. The problem is exacerbated when we also consider the overlay of socio-cultural and political contexts in which change is attempted. Nevertheless, by breaking the task down and beginning at the most abstract levels, it can be made manageable. Ignoring for a moment the practical and contextual restraints, I shall begin by isolating and identifying key ingredients of philosophy and theory that underpin and inform the myriad clinical applications.

Freud & Psychoanalysis

The earliest systematic attempt documented by western science to enable change by non-physical means was that of psychoanalysis. According to Freud, people were psychologically hindered by neuroses. These afflictions he saw as the outward manifestation of the individual's inner struggle between deeply embedded drives on one side, and forces attempting to maintain the integrity of the self on the other. The psychodynamic approach held sway throughout most of the first half of the twentieth century and continues to have influence, though mostly much modified from the original conceptualisation.

Behaviour, Cognition & Affect

The major theoretical approaches to western psychotherapy over the latter half of the twentieth century can be distinguished largely by the significance accorded to each of three domains of human experience: action, thought, and emotion. Behaviourists, cognitivists, and humanists tend not to deny the relevance or importance of the other two domains in their theorising, but rather attribute primacy to one in guiding the process of change. Behaviourists, then, promote observable action as the primary factor in bringing about overall change. Differences in actual motoric activity are seen as driving changes in, say, attitude and affect. Cognitivists favour the view that management of thinking can enhance self-regulation to bring about changes in emotion and behaviour. This is referred to as meta-cognitive control. Those who emphasise the primacy of emotion (referred to here under the umbrella of the humanistic approach) assert that affective experience and expression are responsible for changes in the other two domains.

These are broad distinctions only, and present an idealised picture of the actual situation. In practice, these fundamental approaches have had expression in various models and applications. The gestalt model, for example, represents a particular application of the humanistic approach to therapeutic change. Also, various hybridisations have emerged, not only between the offshoot models but across the boundaries of the meta-theories themselves. Cognitive-behavioural therapy is a significant example of a meta-theory alliance. But even here, those who practise a principled synthesis of the two approaches contrast with those who practise components of each, while both subscribe to the cognitive-behavioural label (Plaud & Eifert, 1998). Eclecticism and integrationism have become dominant to the extent that clinical psychologists in the USA describing themselves as practising in these ways have outnumbered those subscribing to any purist approach, according to a review of surveys carried out between the early 1970s and late 1980s (Mahoney, 1991).

Modalities of Change

This increasingly complex picture is further elaborated when various treatment modalities are considered. Modalities are defined here as the particular arrangement for conducting a change process. While the one-to-one therapist-client dyad is perhaps the prototypical arrangement under which the process takes place, therapeutic community, groupwork and family therapy are examples of other modalities that have their own histories and methodologies. Groupwork, for instance, may be carried out under a variety of rubrics, including self-healing, encounter, and dynamic interpersonal learning. Each of these instances emphasises different points on the theory and therapy spectra.

Systemic Approaches

While alliance and hybridisation within and between approaches represent alternatives to the proliferation of schools of therapy and the ever-burgeoning body of knowledge informing them, ways of addressing the task of therapeutic change were sought at a higher level of abstraction also. The thinking associated with general systems theory (originally conceptualised by Von Bertalanffy, 1968) has been used to provide a means of understanding the process of change itself. Systems thinking brings attention to pattern within, for example, social systems. It is sometimes combined with other therapy models to provide a higher-level frame for understanding different points at which intervention may be targeted. Perhaps more significantly, however, systems theory has been adapted for use

as the philosophical principle for working with client systems such as families. Indeed, using this theoretical lens, the therapist has a preference for working with the significant social network, rather than the individual. This perspective has spawned family therapy as a treatment approach in its own right. From a systemic viewpoint, the domains of behaviour, cognition and affect are subsumed within the putative importance of "communication". Here, this term is used in a broad sense, as the form rather than the content of human interaction. Thus, communication itself becomes the focus of analysis, and relatedness becomes both the yardstick and beacon of change. We might consider then that, in the "contest" to identify the prime mover of change, communication takes a place on the starting line, alongside behaviour, cognition and affect.

The "Common Factors" Perspective

A contrasting approach to the theory-driven models is the research-driven initiative, often coalescing under the "what works" banner. Proponents of this transtheoretical approach view it as a response to wasteful infighting between the various theoretical orientations, and tend to consider empirical validation the defining element of their approach (Fischer, 1978; Hubble et al., 1999). Many point to forty years of research findings, conducted across the boundaries of the various theory-driven therapies, that consistently suggest "non-specific" factors in processes of change (such as therapeutic relationship), are the essential predictors of successful outcome. These non-specific factors, it is argued, are features commonly present in the application of the theory-based orientations, but are not dependent on their underlying explanations.

The Impact of Post-Structuralism

A feature of all the above approaches is the acceptance of an authority base that is external to the client system (Mahoney, 1991). That is to say, they come under the umbrella of a modernist approach to knowledge, in that these approaches justify intervention on the basis of some external justification such as the (expert) knowledge of those other than the client. Each also considers the locus of change to be separate from the person in some way. That is, the person is seen to be subject to or defined by constructs such as cognition, behaviour or emotion. This view of change processes is rejected by post-structuralist critics (see for example, Hoffman, 1986; Kramer & Bopp, 1989; Lax, 1992; Simon, 1994; White & Epston, 1989) on the basis that it is predicated on mechanistic

metaphors and models from the physical sciences that are appropriate only to non-living systems.

The post-structuralist voice in psychotherapy is generally taken up by the constructionist approach.[2] Constructionists are critical of both structuralist and functionalist elements of the modernist position (White, 1995). Structuralist notions construe people as being influenced by internally sourced forces such as repressed experiences or cognitions. The content and structure of experience are at the focus of attention of structuralism. The psychodynamic, cognitivist and humanist models tend to emanate from structuralist views. Functionalism emphasises function and adaptation in relation to an environment. Habit, behaviour and functional significance are seen as the salient factors in this analysis. Behaviourism and systems-based approaches are most notably associated with the functionalist camp. Constructionism rejects the determinism implicit in both the structural and functionalist approaches. This view is premised on the notion of people as pro-active meaning makers. Meaning is seen to be socially constructed, and is therefore capable of being *re*-constructed in the communicational space between people. Change is a matter of expanding possibilities for new action from the exploration of options for constructing sense.

2.2 Prescriptive Models of Therapy

The approaches to explaining planned personal and interpersonal change, as described above, have spawned a range of models that are prescriptive of intervention. In this section I will review each of these models. The point of this is to compare and contrast the respective explanations of two dimensions critical to change: how problems are construed, and how change is brought about. This will be followed by the identification of some common themes.

2.2.1 Psychodynamic Therapy

Assumptions about the Nature of Presenting Problems

Approaches based on orthodox psychoanalysis take the view that presenting symptoms are the outward indication of intrapsychic conflict. This situation occurs when

[2] While they have been distinguished elsewhere, the terms, "constructionism" and "constructivism" are considered synonymous for the purposes of this thesis.

the memory of painful early events are removed from conscious domains of the mind by a process of repression. Repression, however, is seen as an imperfect process and a *neurosis* becomes manifest. This is the term used to describe the experience of the individual as the disowned but powerful impulses underlying the memories attempt to reassert their conscious representation.

Theorised change process

The therapist aims to assert the power of the patient's ego (conscious identity) over the id (the source of primary impulses). Initially, however this entails having the patient fully realise the painful memories, so that insight may be gained. This is achieved, gradually, in the context of the patient-therapist relationship. In the course of conducting the relationship a process occurs which allows the patient to symbolically live out aspects of previous relationships that were the site of the psychic trauma.

2.2.2 Humanistic Therapy

Assumptions about the nature of presenting problems

Humanistic theories focus on the centrality of the human experience and the importance of psychological balance for growth. The experience and expression of emotion is seen as the unifying factor in promoting such growth. Gestalt therapy (Perls, Hefferline, & Goodman, 1951) provides an example. According to the principles of this school, a natural cycle of sensation, arousal, expression and completion occurs in the human organism, given favourable circumstances. In this way, emotions, guiding the person's action and awareness, constitute functional developmental experiences. Pathology is associated with the chronic blockage of emotional functioning by denial, suppression or interruption. That is, the cycle is left "unfinished" and a tension is created between that part of the self moving toward completion, and the part that is inhibiting the process.

Theorised change process

Treatment revolves around facilitating self-awareness along with experiential, emotional and expressive freedom and spontaneity. A critical "awakening" is hypothesised to be the catalyst that sets such a process in motion. Evocative and expressive techniques of some sort are often employed, though merely creating conducive circumstances may be sufficient. Emphasis is on the therapist creating such circumstances and the timing of techniques (Mahoney, 1991).

2.2.3 Behaviour Modification

Assumptions about the nature of presenting problems

Personal or interpersonal problems are seen to arise from maladaptive responses acquired as a result of learning processes in particular environments (Plaud & Eifert, 1998; Skinner, 1974; Spiegler & Guevremont, 1998). In this view, people are defined by what they *do*. Their actions are developed and maintained through the impact of their environment (especially their social environment) and their subsequent responding. This responding, in turn, has a determining impact on the elements of their environment, and so the behaviour is established and maintained. Habits learned from a context of inappropriate contingencies are then brought to new environments by the individual.

Theorised change process

While responses are learned they can also be unlearned in a new context, and behaviourists take a generally optimistic view of the possibilities for this. Change involves an emphasis on modifying the client's environment through externally mediated intervention. That is, the therapist aims to increase the adaptiveness of client responses by changing the current factors that are influencing those responses. Although this counter-conditioning is likely to be a gradual and incremental process it can be performed directly and without reference to past events. Change agency can also be passed over to the client as he or she learns the principles of behaviour involved, and begins to take responsibility for intervening in the connection between impactful events (stimuli) in his or her everyday life, and the various rewards and costs (contingencies) to which they are related. In this way, clients may become the managers of their own environments, thus engineering their own experience.

While essentially concerned with observable events and behaviours, most behaviourists now accept the relevance of "covert behaviours" (cognitive and affective phenomena), as components of stimulus-response chaining. This has prompted the use of a wider range of techniques that involves the *imagining* of events and their outcomes prior to physical exposure to them.

2.2.4 Cognitive (-Behavioural) Therapy

Assumptions about the nature of presenting problems

While the cognitive-behavioural therapy (CBT) approach grew out of the more orthodox form of behaviour theory, proponents tend to accord much more significance to the covert "behaviour" of thought. In this way they promote cognitive processing to the principle factor in change: the key to both disorder and recovery (Alford & Beck, 1997).

Patterns of cognition are seen as constituting a relatively stable stock of interpretative material, rather like a computer programme that constantly processes available information. New "data" is subjected to the interpretative processing of the individual's "programming" (schemas), creating meaning for him or her. The individual then responds, emotionally and behaviourally, on the basis of the interpretation. Problems occur when experience is processed in such a way as to privilege the kind of information (such as "threat") that invites a bias toward negative views of the self, the world and the future. Affect and behaviour influenced by such biased processing impacts negatively on the individual's environment. Subsequently distorted information is fed back in the psychological schemata by way of unhelpful "self-talk", consolidating negative views and expectations. In this way, maladaptive meanings are constructed and bolstered by ongoing action.

Theorised change process

Change strategies emphasise intervention in this feedback cycle by the adaptive restructuring of maladaptive (negative) personal meanings. Again, the theory suggests optimism about prospects for change as a new component is factored in to the cognition-affect-behaviour sequence. The medium for this is the client's use of reflective self-talk, or meta-cognitive control. In this way, he or she is guided into viewing beliefs about the self, the world and the future as hypotheses to be tested against everyday reality.

This process suggests a more active role for the therapist than that implied by orthodox behaviour therapy. Exploration of meaning and reflective empathy by therapists is required, as they seek to understand clients' interpretation of their world, and together they embark on a process of "collaborative empiricism" (Beck, Rush, Shaw, & Emery, 1979). Also, because the client is presumed to engage in conscious internal processing of

information prior to responding, more emphasis is placed on both her volition and capacity for active meaning making.

2.2.5 The Interpersonal Theory Model

Assumptions about the nature of presenting problems

Emerging from a rapprochement between neodynamic interpersonal theory (Carson, 1969; Sullivan, 1953) and cognitive interpersonal theory (Safran, 1990), this approach holds that problems are personality-based. Personal difficulties are seen to present as dispositional patterns of social behaviour that have become characteristic of the individual interactant over time. It is proposed that humans possess a "wired-in" drive toward relatedness, but that this can become maladaptive as a result of distortions originating from experiences in early significant relationships. These early experiences create templates for future relationships internalised by the individual as "working models". The individual develops a characteristic style of relating to others based on the working models, which become established as interpersonal schemas. Difficulties may emerge in the form of an inability to establish or maintain satisfying relationships, because of a style of relating that has developed as rigid or extreme. In attempts to maintain relationships these individuals inadvertently evoke responses from others which serve to confirm existing but dysfunctional interpersonal schemas. In this way maladaptive transactional cycles are maintained.

Theorised change process

The therapist aims to install a functional, balanced interpersonal style in which the client's needs for relatedness are balanced with appropriate individuation. This is carried out by arranging "corrective interpersonal experiences" in which the client's maladaptive expectations are disconfirmed by exposure to the otherwise covert responses of others (Kiesler, 1996). Such a process requires the creation of a socially "safe" context where boundaries are clearly established and interpersonal social experimentation can be carried out. Group psychotherapy lends itself well to this purpose, providing the sort of social microcosm in which such dynamic interpersonal learning can take place (Leszcz, 1992; Yalom, 1985).

2.2.6 Systems-Based Models

Assumptions about the nature of presenting problems

The systems-based approach conceptualises adaptive growth in human systems occurring as a function of a balanced (homeostatic) interaction of change and stability which is patterned over time. This takes place as the system moves toward its goals. In doing so it engages in exchanges of "information" with other systems. Relationships are not linear but interactional and circular.

A family system, for instance, is said to be in a dysfunctional state when it becomes "stuck" in a feedback loop. This predicament is created by outdated and faulty rules and meanings, or by an overly rigid system boundary. Alternatively, the system may risk destruction from the runaway effects of unbridled deviation from its usual pattern. Family members become blind to the dysfunctional patterns established in the family as a whole, and are likely to view the problem as being invested in a particular individual. This family member is likely to display overt "symptoms", such as an eating disorder.

Theorised change process

Because these patterns are usually not detected by the members of a dysfunctional system, the therapist risks contributing to the damaging processes by merely presenting a solution. The attempted solution is likely to be processed by the family in its typically dysfunctional way. According to the Milan approach (Palazzoli, Boscolo, Cecchin, & Prata, 1980) it is necessary to introduce new *rules* to change the habitual way the family has organised itself over time. The family therapist may intervene in a strategic way by introducing new information, or a different "script" into the system. That is, the therapist brings attention to how the members process information by, for example, posing questions that invite them to engage in conversations about the relationships between other family members. By responding to these "circular" questions, members come to see how their family currently functions as a system: that is, as an interactional whole. A hypothesis is then introduced, designed to enhance the family's curiosity in discovering how they might be misperceiving one another's actions in an habitual way.

2.2.7 The Transtheoretical Approach

Assumptions about the nature of presenting problems

The transtheoretical approach is not a body of theory as such, but a collection of assumptions based on the analyses of research into the common factors involved in successful psychotherapeutic outcomes. At the time of writing, adherents have concluded that good therapy revolves around guiding the client toward enhanced motivation for change by means of a facilitative context and a prospective posture. Therapy models are viewed as mere "potentially helpful 'lenses' to be shared as they fit the client's 'frame' and 'prescription'" (Hubble et al., 1999, p433). That is, particular techniques and procedures will only be helpful if the client perceives them to be relevant and credible.

Essentially then, and at the most general level, client problems are seen in terms of impediments to adaptation in the face of a particular predicament. It is argued that all major therapies work about equally well, and that theory should not focus on pathology but on how to facilitate change

Theorised change process

Pan-theoretical analysis of research has set out to investigate factors that predict the outcomes of therapy. This has led to inferences about the processes involved in bringing about change. Key ingredients identified are, firstly, the quality of the therapeutic relationship; secondly, the instillation of hope and positive expectancy; and thirdly, the facilitation of the client's own capacity for self-change.

The client has come to be viewed as central in promoting change, and the change agent largely as a facilitator of enabling circumstances. In this role the change agent is seen as having a number of tasks:

- creating a context in which new perspectives, behaviours and experiences can be profitably explored;
- attending to the client's strengths and competencies;
- inviting the client to accept responsibility for change;
- ensuring the availability of helpful resources;
- engaging resources in the client's environment;
- developing a positive therapeutic alliance.

Based on this approach, Prochaska and Di Clemente (1982) provide a research-driven meta-level model of change. This presents the process as a series of phases, marking the client's passage through stages of readiness to engage. Miller and Rollnick (1991) suggest techniques of motivational interviewing, designed to guide the client into the change process, and through the phases proposed by Prochaska and DiClemente.

2.2.8 Constructionist Theory

Assumptions about the nature of presenting problems

Problems occur in the context of the limitations ensuing from socially constructed meanings. However, this is not to suggest that persons have some covert stake in the continuance of problems, as modernist models of family therapy may have it. According to the constructionist view, people encounter difficulties when they become subject to dominating and limiting accounts of themselves, which they experience as subjugating. In this way they are constrained from acting in the world according to their goals for themselves.

Theorised change process

Therapists engage clients in demystifying, debunking and rendering transparent the unhelpful accounts of their actions and experience. They also assist in establishing, alternative accounts based on clients' own articulated preferences or solutions. These preferences are highlighted, elaborated, and amplified in therapy, thus facilitating new opportunities for action. This task is carried out through interactions designed to invite clients to reflect and speculate about possibilities for themselves. Recruiting significant others, symbolically or in fact, to participate in this process of meaning reconstruction is considered important.

The reflecting team is a therapeutic modality developed within the constructionist approach (Anderson, 1995). This arrangement is woven into the therapy process and involves a team of trained observers who have observed a therapy session. These observers subsequently reflect openly on the developments and possibilities they have witnessed. This discussion is conducted in the language of curiosity rather than pronouncement or advice, employing questions of a subjunctive rather than an indicative mood. That is, it is characterised by their speculations surrounding the intentions, preferences and possibilities

expressed in the interview. Importantly, the client is invited to observe this process, thus enriching further the range and quality of prospects for action.

2.3 Integrating Themes

In the foregoing descriptions I have attempted to differentiate the major theoretical orientations toward planned personal and interpersonal change. However, across the development of theory there have emerged some common threads and trends through the various approaches and models. I will endeavour to make some of these themes more explicit here.

The potency of storied explanations and templates of experience in people's lives. Variously described, but with conceptual commonalities, "cognitive schemas" or "narrative accounts" for instance, represent a relatively stable stock of guiding experiences, accumulated by and between people. Such constructions serve to direct the client system toward or away from change. Shaping the *expectations* of clients tends to be considered an important component of therapy by models incorporating this notion (see Kirsch, 1990).

The significance of expressive action or interaction in consolidating, or giving meaning, to new experience. It is generally considered important that new skills, understandings, attitudes or feelings are rehearsed, practised or given expression by the client-system, to become routinised and patterned in their lived experience. In this way they impact on elements of their environment and become established into their repertoire.

The role of relationship and context in facilitating change. Most clinically relevant client experience is seen to occur in the context of influential relationships. During assessment, close consideration is given to the natural and significant systems of the client, such as friends, family and school or work mates.

Recursive relationships in "cause and effect". Rather than just interactivity, a dynamic and *action*-oriented process is recognised, comprising mutually defining relationships between "causal" factors. In understanding the maintenance of problems in human systems, linearity has given way to circularity.

The transformation of meaning. Experience may have cognitive and emotional significance for the individual, and be expressed through action. For change to occur, transformed meaning is seen to emerge from modifications to experience, in and through these domains. (for a thorough, meta-theoretical consideration of this notion see Power & Brewin, 1997.)

The emphasis on the self as the central agent of change by means of self-regulation, self-organisation, self-efficacy, or self–control. External and deterministic notions of the *sources* of change are giving way to the idea that the locus for change lies within the power of motivated individuals, especially in concerted collaboration. Promoting a felt sense of agency and responsibility for change is seen as important.

A more holistic approach to human systems. This concerns conceptions that view the individual and larger systems as integrated and synergistic entities, where the whole is greater than the sum of the parts. This view counters a more traditional, reductionist approach.

*The change process is viewed as a collaborative enterprise, based on mutual experimentatio*n or speculation entered into by the client system and other change agent systems .

2.4 The Context and Application of Change Theories

Most of the above is based on a review of theoretical and research literature. It presupposes, on the whole, an accessible, politically benign or neutral change agent system working with a voluntary (if sometimes resistant) and participating client system. This is something of an ideal. The political realities of resource availability and problem specification intervene in the material world. The setting of the total institution (Briggs, 1994; Goffman, 1962), socio-political will, and the intention, in certain circumstances, to *impose* change all have real implications for the change process. Bennis, Benne, Chinn, & Corey (1976), for instance, identify three meta-strategies for effecting change: empirical-rational, normative-reeducative, and power-coercive. In an analysis of arrangements for bringing about change in real-world situations, consideration of the particular context of power relations should be carried out in relation to the approaches outlined above. The political context of change strategy will inevitably overlay the clinical context of change tactics.

As well as consideration of the "political" and therapeutic context, any holistic understanding of an arrangement for generating change must take into account the notion of a platform, or vehicle, for how the change constructs are applied. The content of the theory requires a means of operation, expression and action. I refer to such vehicles here as modalities. Modalities were introduced above (2.1). Aside from the single therapist-single client format, I cited alternative examples, such as group therapy, family therapy and the

reflecting team formats. Some modalities are associated more or less directly with a particular theory of change. The reflecting team, for instance, is specifically associated with constructionist theory; family therapy is associated with systems thinking, though not so strictly. In all cases, however, the associated theory has its roots in one or more of the major theoretical approaches. Mediating this relationship between modality and theory may be a particular therapy model (such as the cognitive-behavioural model) and even an a particular school or application reflecting that model (such as relapse prevention)

The therapeutic community is an example of a change modality, with a considerable history and rich methodological background. I will describe the concept and application of therapeutic community in the following section (2.5) for three purposes. The first purpose is to introduce it as a change modality in its own right. In this sense it may be seen as a meta-modality, as it may subsume others, such as the therapeutic group. The second purpose is to present this applied concept as a vehicle for the operation of major theories of change, such as behaviour therapy. The third intention is to use the practices described as an opportunity to discuss the political overlay within which change processes operate.

In these ways, I intend to demonstrate that any particular instance of a change arrangement occurs within a theoretical and political structure. This is illustrated in Figures 1 and 2. Figure 1 presents the generic change arrangement. Figure 2 represents an example of such a change arrangement. This example illustrates the implementation of a therapeutic community under a normative reeducative strategy within a prison environment. Relapse prevention (as an application of cognitive behavioural therapy) is conducted using a group format.

Figure 1: The Contexts of Change

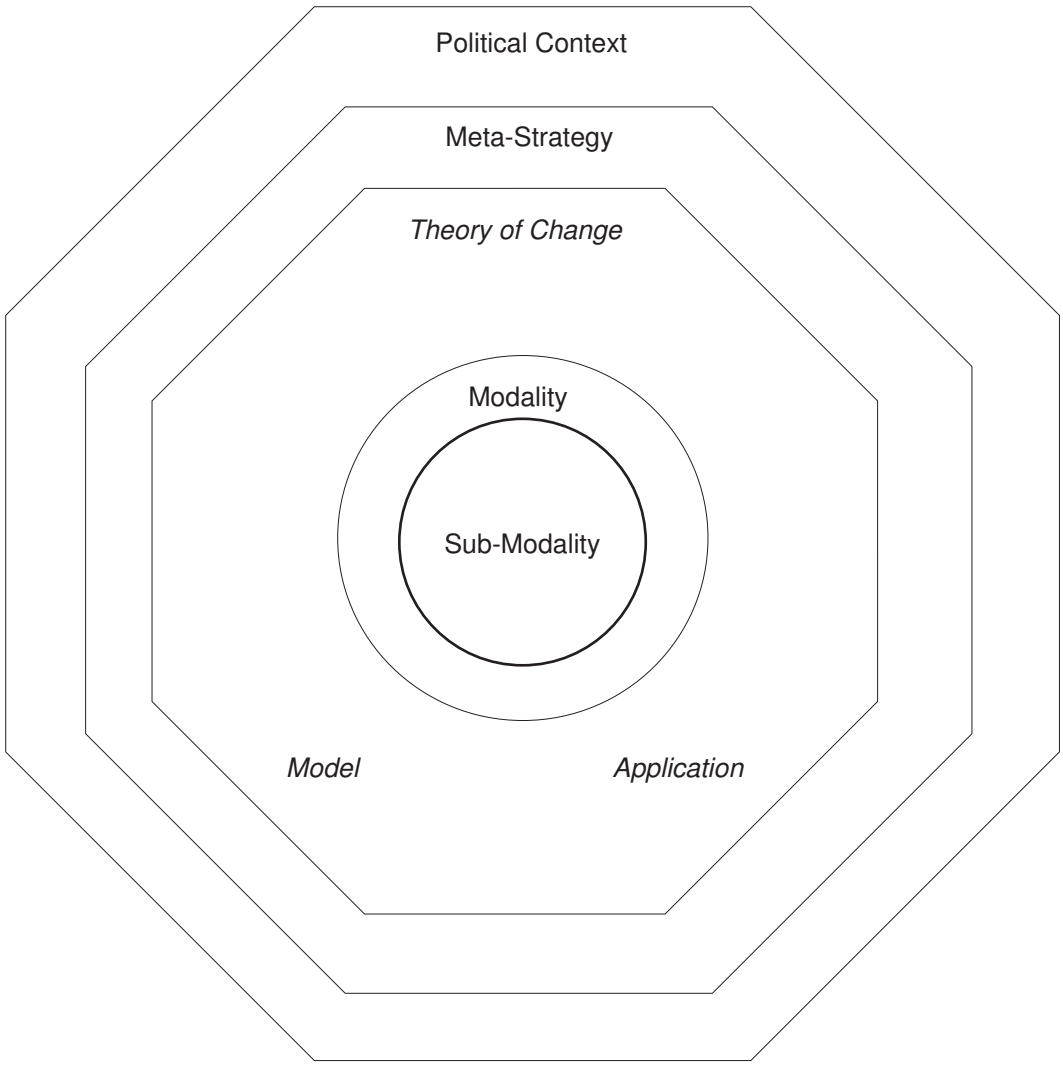
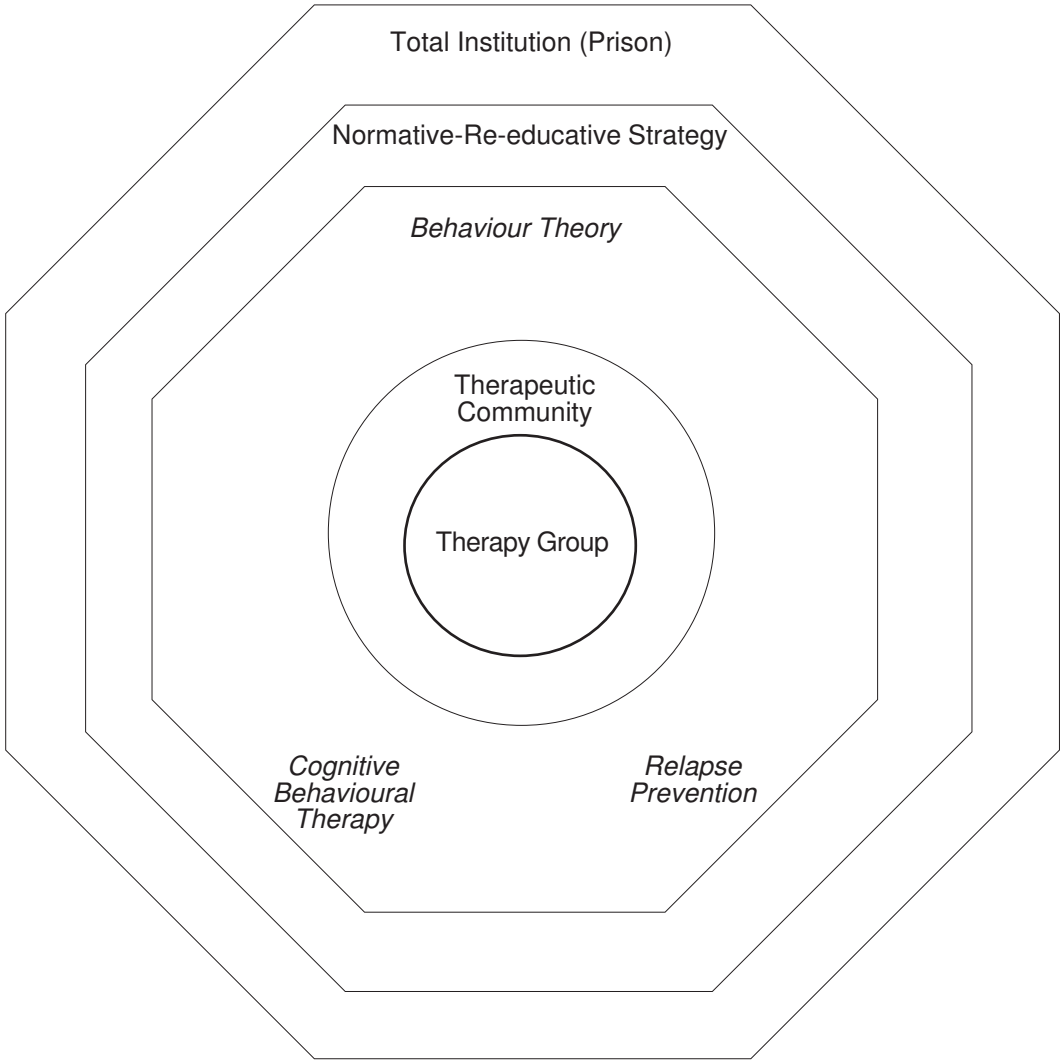


Figure 2: The Contexts of Change in a Therapeutic Community



2.5 Therapeutic Community as an Example of Change Theory in Operation

Community as Therapeutic Modality

The concept of the therapeutic community (TC) emerged from the recognition of the potential benefits gained in attending to the social-emotional climate of closed environments. It has historical foundations in attempts to intervene pro-actively in the social milieu of institutional rehabilitative contexts, such as psychiatric facilities and, later, prison settings. The TC became established as a systematic and purposive method of psycho-social treatment both within formal institutions and without (for a detailed history and explanation, see Inciardi, 1996 or Lipton, 1998). Briefly, a therapeutic community describes the establishment of a social order that applies its entire organisation to therapeutic outcomes. While the label describes a wide range of programmes and practices, the ultimate goal of those interventions based around this modality is the enhanced ability of clients to function in the outside world. This requires the development and maintenance of a social environment in which residents experience consistent and predictable practices designed to facilitate comprehensive resocialisation. This environment is characterised ideally by an active sub-culture with a pro-social value system. It is developed and maintained with the active participation of both staff and residents.

The common elements then are the provision of a communal living experience, encouraging open communication and promoting psychological and social adjustment. Success relies heavily on the immersion of the resident. All relationships are seen as potentially therapeutic, and attention is directed in all social experience, interaction and activity toward therapeutic goals. This generally involves the creation of a bounded and relatively autonomous environment, especially in prison settings, where the mainstream environment may be inimical to the means and goals of the TC.

The TC aims to provide a balance between autonomy and dependency in order to release the resident's potential for growth. While residents must have the freedom and opportunity to behave in a variety of ways, the environment must also be responsive, confronting actions that are inconsistent with therapeutic goals. In other words residents come to learn from "mistakes".

Key social features of the classical, "democratic" TC then are collaboration, democratisation, permissiveness, confrontation, and a prospective orientation (Kennard, 1983; Lees, Manning, & Rawlings, 1999; Rapoport, 1960).

There is a range of typical arrangements and procedures used by TCs to enact the principles. For example, some drug and alcohol treatment prison-based facilities in the United States, utilise a more hierarchical model and have the following components.

- An intervention committee comprises residents whose business it is to arrange peer mediation in resident conflicts.
- Confrontation of problem-related conduct is typically carried out in a community intervention forum.
- Residents are required to demonstrate awareness of immediate lapses in their pro-social behaviour by means of a public presentation. They may be held accountable for such lapses by means of a written contract. Such a contract is made public to the community by the resident.
- The community enacts rituals of graduation and other rights of passage, and members collaborate in organising and planning of social activities.

  (Baker & Price, 1995)

In these ways responsibility is devolved to residents by various means. This ensures a context of intensive social interaction in which they may experiment with and practice newly acquired personal and interpersonal skills.

There is a strong emphasis placed on team: within and between custodial staff, therapy staff and residents. Nevertheless, according to De Leon (1995), a good deal of self-responsibility is placed with the resident. He states as a clear principle that treatment is not provided as such, but is *made available* in the TC environment. It is therefore left to the individual to take up the offer, and to "fully engage in the treatment regime" (p 1610). This requirement is consistent with one of the generic themes of change theories, noted previously: that clients are considered the prime mover in and of their own change process. This includes the engagement phase of that process.

Community as Meta-Modality

The therapeutic community is a system large enough to incorporate other modalities. Indeed, these therapeutic sub-systems may be seen as integral, if not primary, to the overall enterprise. In prison-based treatment programmes addressing substance abuse or sex offending issues, for instance, the primary therapy *group* is considered the "backbone" of the change process (Baker & Price, 1995). Other sub-systems such as the therapist-client

dyad, psychodrama enactments and informal meetings of residents are also considered part of the overall therapeutic system. As such, they are understood to conform and contribute to the underlying culture and philosophy established in the milieu.

A strong treatment model is also considered essential to the functioning of a TC: transactional analysis (psychodynamic tradition), Gestalt (humanistic), and behaviour modification (behaviourist) are just a few examples of primary models underlying the operation of prison-based TCs.

Community as Interpersonal Therapy

Bell (1994) construes the TC as intervening in the client's impaired ability to connect with others. With the potential of the TC environment to establish a climate of trust, residents are able to reactivate and reconstruct these connections. Consistent with interpersonal theory, Bell describes how residents undergo the process of dynamic interpersonal learning described by Yalom (1985), Leszcz (1992) and others. Initially, the resident will typically experience threat from his immersion in the interpersonally demanding milieu, activating feelings of helplessness, related to early experiences of abandonment and victimisation. He will then resort to habitual but exacerbating responses. As he is confronted with the impact of these responses in the carefully constructed environment, so does he learn to face up to his vulnerability and to modify adaptively his interpersonal style. In this way, distorted perceptions of relationships between self and others are laid bare, and are disconfirmed within the social mesocosm of the TC. This hypothesised process mirrors that hypothesised to occur in the microcosm of psychotherapeutic groupwork.

Community as Behaviour Modifier

Behaviourists may view the TC purely as an efficient learning context. It provides a reliable and consistent environment by which behaviours are differentially reinforced and therefore shaped. The currency of the various rewards (such as job promotion), response costs (such as withdrawal of social privilege), and so on, in this case is socially based. The expectation is that by intervening in the resident's environment and manipulating the contingencies therein, adaptive behaviour will generalise to other, naturalistic, environments.

Community as Analyst

R.D. Hinshelwood (1996) uses this term in describing the fundamental (psychodynamic) conflict that is both evoked and reproduced by the impact of the community. The TC symbolises individual-versus-other dilemmas that the resident has not resolved. He is compelled to operate through the medium of others and can only pursue his aims through collaboration. The community becomes the analyst onto which the anxieties and fears of the residents are projected. Such projection interferes with the workings of the community. In this way neurosis is displayed as the problem of the group, which has to confront it *openly*.

Community as Emotional Experience

As the resident engages with the community she is likely to have developed trust. Trust is seen to facilitate strong emotional bonds within the community and ultimately *to* it. It is in the final stage of his passage through her experience of the community that she will enter into and experience this bond, establishing a felt sense of commitment. She is urged to honour this commitment by staying free of abuse (Inciardi, 1996). The permissive climate is designed to encourage the likelihood of emotional expression, thus allowing residents to complete the emotional processing considered necessary by humanist approaches to psychotherapy (Perls et al., 1951).

Community as Looking Glass

All transactions in the TC are visible and therefore available for cognitive processing by the individual resident. The TC provides continual opportunities to *observe* the modelling of rewarded adaptive behaviour and positive images of authority figures. It also provides models of peers who have invested successfully in adaptive behaviour. In this way residents are exposed to experiences providing alternative, positive information about themselves, their world, and their future.

Community as Social (Re-)Construction

In some ways the therapeutic community concept is consistent with constructionist thinking. A TC that emphasises the features of democracy and permissiveness (Rapoport, 1960) is likely to be best suited to constructionist approach. In this case the institution is likely to provide an interactional environment that is clearly and consistently distinct from the resident's usual, unhelpful context of constraints. It presents alternative forms of

discourse. The resident has the opportunity to co-construct and enact new meaning for himself around the possibilities generated in the milieu. In the various forums and arenas convened within the TC, the individual is invited to question his intentions for his life and relationships, and begin to mould preferred outcomes.

Community as Therapeutic System

Kirk and Millard (1996) set out to explain the hypothesised process of personal growth in therapeutic communities. In doing so they come to rely mainly on systems theory. According to their analysis, the change process can be seen through the information transactions between sub-systems (individual residents) and the overarching system (the residential institution). Consistent with systems thinking, this is presented as a feedback mechanism. In the TC, individual residents are subject to a constant flow of deliberate feedback. This new information is processed in a way that promotes adaptation to the prevailing systemic environment. Feedback may be change-inhibiting (morphostatic) or change-evoking (morphogenic). In a balancing process, mediated by their interaction, the extreme of either force is avoided. That is, neither stagnation, institutionalisation, or apathy on the one hand, nor the escalation of aggression or acting out on the other, are likely to prevail. However, in a process that is ultimately monitored and guided by staff input, the essentially homeostatic structure has a dynamic tendency toward adaptive change, both in the system as a whole and those who engage within it.

The "Political" Tone of the Therapeutic Milieu

There are then a wide variety of programmes and practices that sit more or less comfortably under the banner of therapeutic community. Nevertheless, there are some core features identified in theory and from research that help to define the concept. A communal living experience is established to promote open communication, with the aim of engendering intrapsychic and social adjustment. A "blend of confrontation and support" (Lipton, 1998) is prescribed to bring this about. However, the questions are begged: confrontation and support in what proportions? How are terms such as "positive persuasion" (Lipton) to be defined? To address these questions we might consider the overarching change strategy that predominates in any particular instance, and the political tenor that each denotes.

Earlier (2.4), I introduced the three models of change strategy identified by Bennis et al.(1976): empirical-rational, normative-reductive, and power-coercive. I suggested then

that any particular application of a model of change will be influenced by the context of power relations in which it is conducted. At a surface level, the therapeutic community modality appears to be congruent with the normative-reeducative model (Figure 2, above, depicts an example of such an arrangement). Ideally, the TC aims to intervene in the attitudes and values of change candidates by exposing them to alternative perspectives in a socio-cultural sub-context to which their (emotional) commitment is guided. Existing normative orientations are expected to give way to new ones, facilitating change in patterns of action and practice. This model is predicated on collaborative relationships, but motivated by self-directed influences. In practice, the greater motivation for change may come, initially at least, from sources external to those individuals from whom change is considered desirable. According to Lipton (1998), TCs present an effective and timely rehabilitative response in cases where the individual is typically unlikely to pursue such services independently. Correctional and psychiatric settings, motivated by the rehabilitative mandate, are likely to be inspired to arrange change-focused environments that emphasise the manipulation of contingencies and clear sanctions. Such settings may more closely resemble the empirical-rational strategy characteristic of radical behaviourism. They emphasise an explicit and integral morally directive bias in, for example, their promotion of themes such as "right living". These are encapsulated in argots, idiomatic catch-phrases promoted in such environments, which may be posted about the walls of the institution. Lipton quotes one such argot: "You alone can do it, but you cannot do it alone" (Lipton, p260).

In a further step removed from the "pure" therapeutic community, power-coercive themes may come more to the fore. Some applications of the model have emphasised aggressive confrontation, with the use of techniques such as "attack therapy", or the "emotional haircut", whereby individuals are vigorously confronted by a group of their peers, and their capacity to manage their own life is questioned (Miller & Rollnick, 1991). Some American substance abuse TC programmes, such as those based on Synanon model from the 1960s, have emphasised such an approach (see Early, 1996).

Thus, the therapeutic community concept lends itself not only to a variety of change theories and systems of thinking, but also to a range of power hierarchy arrangements. The "flavour" of the particular TC varies in relation to the political context in which it is established.

Conclusions

There exists a large and confusing variety of models and applications of assisted planned personal change. This complexity is partly a function of the possible combinations and permutations of theories, models and modalities. In this review, I have focused on therapeutic community as an example of modality in order to illustrate how theories and models of change may be actualised. By subjecting this single modality to the treatment of a variety of theoretical approaches, I generated a variety of possible change arrangements. It is clear that, viewed through the various theoretical lenses, the TC concept can serve a variety of therapeutic and political purposes. Or, observed in another way, the explanation for how change occurs can be *interpreted* in a number of ways using the same platform of change provision. To conclude: in considering an explanation of how change occurs, we must be aware of the thinking that informs it, the aims that it intends to achieve, and the political context in which it is applied.

I have noted in this chapter the practice of integrating theoretical approaches into single models of change (2.2.8). Moreover, a degree of rapprochement between "competing" approaches, together with some evident convergence in the understanding and methodology of change processes is also apparent. This appears to have been fuelled, at least in part, by both transtheoretical research outcomes suggesting common themes, and the influence of the post-modern world view. A particularly prominent common theme emerging is the centrality of the client system as the prime mover in its own change. Given the various circumstances under which persons come to be potential consumers of change services, a key issue for change agents concerns the provision of contexts that are most likely to promote client engagement.

By way of drawing together the recurrent themes of this chapter, and with the prospect of reviewing their application in the next, a vision of the ideal situation for promoting deliberate personal or interpersonal change is presented.

The Ideal environment for Change

We might conclude from the literature that a context most likely to maximise the opportunities for deliberate change will have the following features.

The environment will make available an adequate "workspace" (Hubble et al., 1999) to the client, for the purposes of both the contemplation of change and the rehearsal of new personal practices. It will provide the sort of climate in which trust is most likely to

flourish and emotional expression can be risked. New information is made available so that novel experiences are possible. New possibilities for action become available by the questioning of meanings and purposes. In this way a social learning laboratory is established, where those at various stages in the change process have the opportunity to test out new ideas or experiment with alternative ways of being, against the social "reality". The environment should provide situational cues to action and reinforcement of outcomes considered desirable. A spirit of confidence and faith should surround what ever methodology is on offer, inspiring a hopeful attitude toward outcomes.

The Ideal Client Response

Of course, invitations to change will prove ineffective if they are not eventually taken up. Successful clients are likely to be those who accept the *authorship and ownership* of their own processes of change. They will be open to engaging with others in an interactive way. They will also take a pro-active and inquisitive approach to both themselves and their pathways of experience, from which they may have, in previous settings, commonly felt restrained from considering.

The Ideal Therapeutic Relationship

The relationship between client systems and change agent systems will be characterised by alliance, cohesion, and the emergence of a shared vision. While the client will take on a felt sense of responsibility for outcomes, the targets and strategies for change will be confronted collaboratively.

Change in Context

In Chapter Three I consider the treatment of child sex offenders in context. By this I mean, I will explore how the press of perspective and theory combine to provide the actual arrangements under which this client group is offered change services.

CHAPTER THREE
CHANGE IN CONTEXT:
PROGRAMMES FOR OFFENDERS

Introduction

In Chapter One I explored socially generated images of and attitudes toward those who commit sexual acts with children. The investigation produced a simplistic, rather two-dimensional image of the offender: one that is pervasive in wider society, in prisons, and sometimes in treatment contexts. This image was contrasted with that drawn by the existing body of "expert" knowledge, portraying a more complex picture of a relatively heterogeneous population. Moreover, the socially derived image emerged as a particularly excoriating one, reflecting what is perhaps the most marginal of social identities. In Chapter Two I reviewed explanations of how people change and the application of change processes. I suggested that, while there is a wide range of theories, it was possible to identify some general areas of concurrence about contexts for promoting assisted personal change. I concluded that an ideal arrangement involves pro-active clients who share a confidence in the method of change, and that the change process takes place in a permissive context, characterised by openness and exploration.

I have already foreshadowed some of the implications for the rehabilitative treatment of child sexual offenders. In the current chapter I intend to explore these implications more explicitly and in greater detail, especially in the light of explanations from the literature on how offending occurs. I will go on to argue that the provision of rehabilitative services for these offenders is likely to benefit considerably by attending to features of the context in which such treatment is carried out. I will then present an overview of current provisions for treating offenders, particularly with reference to the setting in which the current research was carried out. I will conclude by presenting a rationale for research into the therapeutic engagement of those who have offended sexually against children.

3.1 Theories and Models of Child Sexual Offending

In Chapter One I traversed briefly the historical background to theorising in this area. I went on to present an overview of theoretical approaches. This was placed alongside

other views on offending and the image of the offender, in order to provide triangulating perspectives.

I intend here to present a more thorough and critical account of aetiological theories of offending, for the purposes of understanding the foundations of current treatment models and programmes.

The Epistemological Paradigms

In the endeavour to address sexual offending as a deviant and pernicious social phenomenon, a number of sciences and disciplines have attempted to provide causal explanations for it. These theories seek to account for the origins of sexually abusive behaviour and to establish how individuals become inclined to offend.

The discipline of psychology has perhaps been the most prominent and active player in this regard. It has sought to synthesise, at various times, biological, evolutionary, behavioural, psychodynamic, systemic, feminist and other perspectives to explain the onset, development and maintenance of the behaviour.

Most investigation has been carried out within the modernist tradition of positivist science, and has given rise to theories seeking to uncover the kinds of impulses or urges, that impel men toward rape or child molestation. This has involved the consideration of possible causal factors such as those emerging from childhood trauma, or biological drives. Subsequently, various deficits and excesses within offenders have been posited to explain why some individuals are prone to offend. Developments within the field of psychology, such as cognitive theory and interpersonal perspectives, have served to moderate the linearity of this starkly cause-and-effect approach by highlighting the role of meaning and context in explanations of sexual abuse.

The emergence of post-modern epistemological approaches has stimulated a more comprehensive criticism of the aetiological endeavour and the modernist scientific tradition of which it is a part (Kuhn, 1970). From this perspective, aetiological explanation in the social sciences is reproached for treating human experience and action as the culmination of events that are derived, incompatibly, from the physical sciences (Geertz, 1983; Gergen, 1988). An explanatory model of sex offending provided by Schwartz (1995b) exemplifies the approach that is the subject of such criticism. Schwartz proposes the analogy of a dam. According to the metaphor, a build-up of motivational factors (anger, lack of power, deviant arousal, and distorted attitudes) comes to overwhelm the

"floodgates" of inhibitory defences. These motivational factors are seen to be activated by any of a range of possible "releasers". It is argued by critics that models of this kind are inclined to present protagonists as mere respondents to events, giving insufficient weight to their active agency in the offence process. The relationship between action and meaning-making is ignored. Clifford Geertz presents the new theoretical challenge as one of "connecting action to its sense, rather than behaviour to its determinants" (quoted in White, 1995, p215).

In a similar vein, Alan Jenkins (1990) voices the concern that the promotion of positivist theorising with its emphasis on various forces, drives and deficits may inadvertently support the unhelpful inclination of the abuser to attribute responsibility for his actions to external or uncontrollable factors. Consequently, his view that he is a helpless spectator in the face of determining phenomena may be, in this way, reinforced. Jenkins, taking a constructionist approach, goes on to propose that explanations of offending be considered in the context of a "theory of restraint". This involves an exploration of how perceptions and constructions act to *prevent* the offender from acting responsively and respectfully toward others. Such an approach differs diametrically to those proposed by Schwartz (above) who conceives of individuals *driven* to offend and overcoming inhibitory barriers in order to do so.

While the "reservoir-and-dam" approach has tended to prevail in attempts to make aetiological sense of sex offending, recent contributions have looked to incorporate factors that account for the existential responsibility and agency of the offender. I shall go on to describe some of these.

Aetiological Approaches

In Chapter One I presented a brief overview of the wide range of factors variously hypothesised to be implicated in the aetiology of sexual offending (1.5). I also reported the prescription, by Ward and Hudson, for an integrative approach to the development of theory in this area. Having identified a three-tier hierarchy of theories, they go on to advocate for the development of an overarching strategy for theory construction (Ward & Hudson, 1998a).

In order to present a coherent picture of aetiological perspectives on offending, it will be useful, firstly, to describe these three levels of theorising (single-factor, multi-factor and micro-theory) and then to review important examples of them.

Single-Factor Theories

Ward and Hudson identify a wide range of theoretical explanations each of which presents a single discrete element, based on a particular core construct, that is proposed to influence the propensity to offend. These factors are considered to contribute incrementally to a growing understanding of phenomena associated with sexual offending. Significant examples of single-factor theories surround deviant sexual arousal, socio-cultural structure, and maladaptive beliefs of the individual. They may serve to provide an organising framework for the guidance of research, and contribute to theorising that becomes increasingly sophisticated and explanatorily rich.

One of the single-factor theories proposed to contribute to an understanding of the aetiology of sexual assault is attachment theory (Ainsworth & Bowlby, 1991; Bartholomew, 1990). Attachment theory is predicated on the cognitivist construct of internal working models of relationships, and has been applied to sex offences as a development of a broader literature (Ward, Hudson, Marshall, & Seigert, 1995; Ward, Hudson, & McCormack, 1995). This association between sexual assault and attachment theory has been justified on the basis that intimacy deficits have been widely identified as having a likely important role in offending (Marshall, 1989). It is contended that social development and the capacity to maintain intimacy is mediated by the individual's way of conceptualising personal relationships, which is itself based on early experiences of emotional bonding. In this way, one comes to have certain expectations of self and others in relationships, and responds in accordance with those expectations. In those who go on to commit sexual crimes, it is argued, experiences of disruption in early important relationships provide dysfunctional internal working models. This, in turn, negatively biases their processing of social information and, by way of cumulative interpersonal experiences, establishes and maintains an insecure style of attachment. Emotions, beliefs, goals and strategies, based on an insecure style of attachment are maladaptive and interfere with the capacity to form and maintain functional adult intimacy. This, subsequently results in a fundamental and ongoing sense of dissatisfaction, which the potential perpetrator seeks to meet in sexually inappropriate ways. The development of theory around this factor in the field of sex offending has guided research, for example, into the attachment styles exhibited by different types of offender (for example, Smallbone & Dadds, 1998), and is widely influential in the assessment and treatment of offenders in programmes around the world (Fisher & Beech, 1999; Marshall, 1999).

Despite the obvious utility of this single-factor approach to furthering expert knowledge, Ward and Hudson (Ward & Hudson, 1998a) maintain that, standing alone, such explanations have proved too narrow in focus to account satisfactorily for a phenomenon as complex as sexual offending. Single-factor approaches, they argue, need to be considered in relation to patterns of other factors in order to adequately explain an offence. They describe this as a reason for the emergence of more inclusive and complex explanatory frameworks. These broad-based theories, which, in their consideration of a range of factors working in conjunction, are proposed to provide more comprehensive, and therefore more adequate aetiological accounts. I will consider these next.

Multi-factorial Theories

In providing a broad overview of the aetiological perspective on sex offending, I will outline some of the more influential multi-factorial models, focusing particularly on explanations of offending against children.

Multi-factorial models attempt to combine a set of constructs to provide a comprehensive and unfolding account of how offending may be motivated and maintained.

Marshall and Barbaree present an "Integrated Theory of the Aetiology of Sexual Offending" (Marshall & Barbaree, 1990). This theory is built around the core premise that a central developmental task for human males is to assert inhibitory controls over an intrinsic propensity to combine sexual interest with aggression. Should childhood experiences and influences provide an inadequate platform for managing the social challenges of puberty, then the young male is at risk of attempting to affirm his masculinity by sexually aggressive means. An offence occurs when this context of vulnerability is combined with disinhibitory circumstances, such as the presence of alcohol or sexual arousal. In formulating this explanation, Marshall and Barbaree draw on a range of theories that are associated with biological, socio-cultural, developmental, and social learning theory literature.

Hall and Hirschman's (1991) quadripartite model puts a greater emphasis on situational factors than pre-dispositional ones. Here, four motivational precursors are proposed: sexual arousal, offence-facilitative thinking, emotional dyscontrol and personality factors. Of these, however, only the latter attempts to account for trait-centred variables.

Finkelhor's (1984) four-factor model of sexual offending focuses specifically on an explanation of child molestation. His four factors are presented as a set of preconditions for abuse to occur. The first of these factors concerns motivational elements, comprising an emotional congruence with children, deviant sexual arousal, and blockages to appropriate emotional needs-meeting. According to Finkelhor, any of these elements may provide the impetus for overcoming the three remaining factors that represent inhibitory barriers to offending. These barriers are represented by internal inhibitors, external inhibitors and victim resistance.

Following Ward and Hudson (1998a) then, we can see how these more comprehensive explanatory frameworks are constructed using the foundations of single-factor theories, which are incorporated and subsequently elaborated. For example, Marshall and Barbaree's (1990) model, which highlights the role of intimacy deficit, has been enriched by the developments of an understanding of that concept in relation to attachment theory (Ward, Hudson & McCormack 1995). These middle level theories themselves need to draw on data inferred abductively from research (see Ward & Hudson, 1998a). However, while single-factor and multi-factor theories may provide insight into the explanatory roots of offending from an aetiological perspective, Ward and Hudson observe that such theories are of limited value in explaining how the various elements proposed interact in ways that result in an actual offence. They suggest that this role is carried out by micro-level theories. The development of these necessary but largely overlooked fine-grain descriptive models are described as "the touchstone of all theoretical work" (p 49). Certainly, we can recognise by looking again at , say, the model provided by Finkelhor that there is little explanation of *how* the factors proposed impact in a dynamic way on individual offences. In this light the theory lacks contextual density. Finkelhor's model is also revealed, I think, to lack insight into the element of *agency.* That is to say, it fails to address adequately the matter of active offender responsibility in the commission of offending, which is the concern of those such as Jenkins (1990).

Micro-theory, then, seeks to discover functional relationships between relevant factors, as well as the active processes involved in cases of offending. It is to this level of theorising I now turn attention.

Micro-Level Theories

In describing causal factors related to offending, Ward and Hudson (1998a) draw attention to a continuum running from *distal* to *proximal*. Factors at the distal end of the continuum are those related to the range of background issues to do with genetic and developmental makeup. They are considered pre-dispositional to offending and said to influence propensity. These factors are largely the domain of single and multi-factor theories. Microtheories deal more with the proximal domain of offending: factors concerned with dynamics that impact on the context of abusive acts, and that are more descriptive in nature. These thoughts, feelings and decisions that are concerned with *how* offending is carried out, are generally accessed by qualitative research methods, and generate the data that is eventually abstracted out to the higher level theories. In this way microtheories map out the phenomena to be explained.

In their reformulations of the offence process itself (Ward & Hudson, 1998b; Ward, Louden, et al., 1995) Ward and Hudson have adapted and refined Pithers' (1990) conception of the relapse process. They have done so on the basis of findings of microtheory-oriented research into the reported experience of individuals committing offences. Here, they discovered multiple pathways by which men come to, and carry out, their offending. They subsequently proposed a link between offence pathway and the construct of self-regulatory style. By considering a goal-directed approach, this model accounts for active offender agency as a component of offending, as opposed to merely an absence of inhibitory controls or the presence of deficits. In doing so it not only supersedes aspects of earlier formulations of the offence process, but demands modification of macro-theoretical frameworks, such as the four-factor model proposed by Finkelhor. Simplistic cause-and-effect models therefore now need to take account of this richer and more dynamic formulation of offending.

Towards a Global Theory

At the core of Ward and Hudson's argument, however, is their assertion that aetiological theorising in the area of sexual offending remains at an immature stage, partly as a result of an absence of coherence in theory development. They make a plea for a collaborative and co-ordinated effort in research and theorising, involving, in a meta-theoretical endeavour, the broader recognition and incorporation of promising single-factor theories. Key components within this advocacy are the call for explicit distinction between

levels of theory, and the recognition of a proximal–distal continuum of contributing factors. In this way, multi-factor theories such as that of Hall and Hirschman (1991) are invited to better describe the interaction of factors at both proximal and distal stages. New questions are raised, such as: how does a pattern of deviant sexual arousal interact with the offender's experience in the context of the offending itself? A well-knit global framework is the ultimate goal of theory development. According to this ideal, the three levels of theory become linked, and the structure and process of theory development proceed according to the integration of the best aspects of competing theories; new research should look to knit new theoretical elements into the emerging framework.

Ward and Hudson's three-level model of theorising in the field of sexual offending is depicted in Figure 3.

3.2 Targets for Change with Offenders

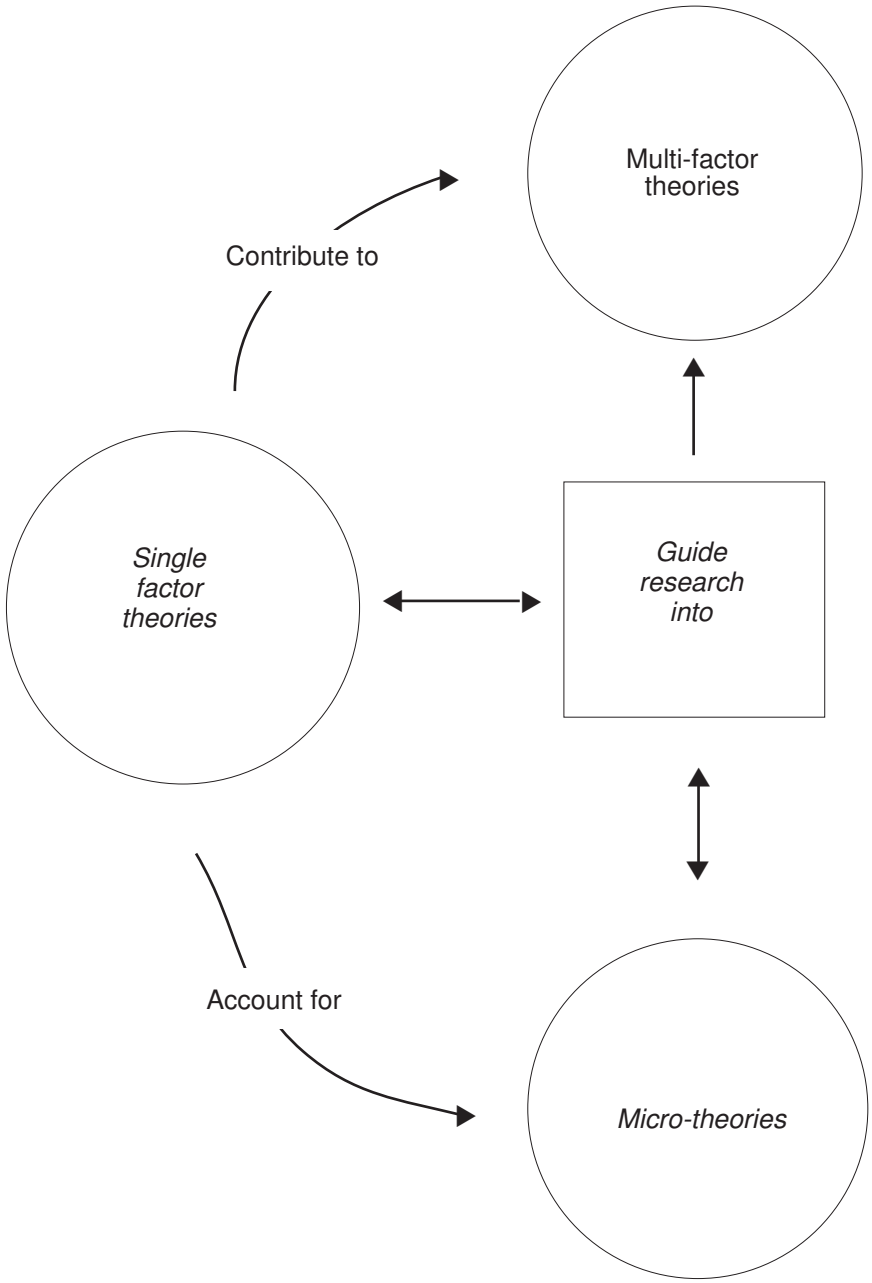
Of course, from the point of view of the prevention of sex offending the point comes when one must turn one's attention away from theories of understanding and toward theories of action (Fischer, 1978). To paraphrase Karl Marx: while we have expended much necessary effort in seeking to understand the factors and processes that culminate in sexual offending, the point is to intervene and change their course. I now turn to a consideration of approaches to offender treatment.

Recent Developments in Research and Theory, and their Implications for Rehabilitative Intervention

A feature of the incorporation of micro-theory is a focus on the direct experience of offenders. In its application to preventive intervention, attention is drawn to the offender's conduct in ways which require his acknowledgement of intention and active planning. This emphasis on the client-as-author-and-owner goes some way to accommodating criticism of constructionists such as Jenkins. While the offender may not be held responsible for the "distal" circumstances seen to give rise to his offending, he is seen as accountable for his *response* to them.

From this perspective then, the focus in clinical practice comes onto the offence process itself. For the client this entails more than just a recognition of factors germane to his offending, it invites him into the exercise of identifying his own contribution in all such factors, thus enabling a felt sense of responsibility for managing the circumstances.

Figure 3: Theory Development (Ward & Hudson, 1998a)



The relapse prevention model was adapted from the addictions field by Pithers (1990) to determine a stepped sequence of factors that results in offending. This cognitive-behavioural construct considers the interaction of attributions, decisions, experiences and actions processed by an individual in the build up to, commission and aftermath of an offence. In this way, a clear picture emerges of an habitual, cyclical and repetitive behaviour. In clinical use, clients are required to apply this template to their own pattern of offending in order to better anticipate and interrupt the "behaviour chain" (Marques, Day, Nelson, & Miner, 1989; Pithers, Martin, & Cumming, 1989). Recent research-led developments at the micro-theory level (referred to in 3.1) have led to a shift, from the notion of a unilinear behavioural chain to one of multiple pathways to offending (Ward & Hudson, 1998b; Ward, Louden, et al., 1998). The researchers have subsequently proposed an explanation for their descriptive model by reference to self-regulation theory (Ward, Hudson, & Keenan, 1998). According to this "offence process" adaptation, sexual offenders may differ from one another in their offending according to patterns of more general goals and strategies. This helps to account for the variations in offence type as well as offender type. Thus, this broadening and elaboration of the classical relapse prevention model, in addition to advancing understanding and clinical application, also assists in our understanding of the heterogeneity found among men who molest children.

It is clear then that attempts to intervene effectively with offenders, according to the line of theoretical development based on relapse prevention, should address not only a range of "determining" factors but also the dynamic pattern of intention and planning involved in a particular pathway throughout the offence process. This has precipitated the emergence and development of comprehensive direct service programmes combining multi-modal and multi-factorial aspects, under the framework of the relapse prevention model. The client of such programmes is expected to gain a thorough grasp of the patterning of particular factors that motivated and maintained his offending, and over which he can eventually demonstrate a decisive mastery.

While there is arguably a gathering consensus and convergence in respect of theory and its implications for intervention, attempts to conceptualise sexual abuse as a discrete disorder or mental illness have been all but abandoned by researchers and clinicians (Barbaree & Seto, 1997; Marshall, 1997). It is becoming clear that there is no specific "sickness" involved, and therefore there is no "cure". Rather, sexually abusive behaviour is increasingly viewed as a learned pattern of conduct, the permanent cessation of which requires lifelong management (Laws, 1998). Barbaree and Seto (1997) state that they view

child molesters “as individuals who have exhibited unacceptable behaviours to obtain rewards and satisfactions that may have been more difficult to obtain by more acceptable means” (p184). Addressing behavioural change specific to this type of offending then is seen to require attention to a range of factors that are directly amenable to the efforts of the individual. These factors include unhelpful or faulty styles of thinking, attitudes and values; sexual arousal conditioning; general lifestyle balance; mood states; and the modification of practices and skills related to interpersonal conduct.

Reducing the Risk of Reoffending: Conclusions about what needs to change

Contemporary programmes aimed at offenders tend to present an eclectic mix of components designed to address the range of deficits and excesses identified in aetiological analyses. Programmes in North America (Marshall, 1999), the United Kingdom (Mann & Thornton, 1998) Scotland (Spencer, 1998) and New Zealand (Hudson, Wales, & Ward, 1998) identify a range of treatment goals, which are diverse but increasingly commonly held. The detailed description of a proto-typical sex offender programme will be presented later in this chapter, but it will suffice here to reproduce a comprehensive list of treatment targets compiled by Marshall (Marshall, 1996). He cites: denial and minimisation, distorted perceptions, victim empathy, pro-offending attitudes, relationship style, social skills, problem solving, stress management, substance abuse, lifestyle balance, sexual knowledge, deviant sexuality and risk management.

For the client, involvement in such a programme entails confronting the fact of his abusive conduct at a level that acknowledges it as a planned course of events. Social disclosure of this information is expected. Programme requirements are also likely to involve the identification and disclosure of offence-related difficulties in a range of personal domains that his attempts to master have proved enduringly unsuccessful, and that he has habitually attempted to conceal. It is expected that he can articulate this diverse set of factors as a coherent and sequential account, one that he will ultimately disclose to others, including those with whom he is most intimate. Engagement in a programme of this scale and breadth then requires the client to make a commitment to making difficult, painful, and very broad-ranging changes in his life.

Conventional Procedures and Techniques for Effecting Change

The majority of the literature pertaining to change in sex offenders describes and prescribes the development of clinical approaches driven by empirical testing. The

overarching procedural and technical framework employed has become a largely cognitive-behavioural one. To the extent that confidence has been expressed in the effectiveness of rehabilitative programmes for child molesters (c.f. Quinsey, Rice, Harris, & Lalumiere, 1993), research outcomes have tended to support those programmes that emphasise the comprehensive application of these techniques to the range of identified offence-related factors (Marshall, 1993; Marshall, Jones, Ward, Johnston, & Barbaree, 1991; Marshall & Pithers, 1994). This is particularly the case for those cognitive-behavioural programmes incorporating a relapse prevention component (Marshall & Anderson, 2000). Thus, this treatment approach has prevailed in practice.

It is interesting to note that meta-analyses of research into non-sexual offending has inspired a similar level of confidence in cognitive-behavioural techniques (Andrews, 1995).

3.3 Treatment Context Issues: From Content to Process

With increasing consensus around the targets of change in offender programmes, and with cognitive-behavioural theory having become widely accepted as the currency of procedure and technique, the *content* of service delivery can be seen to be largely settled, at least for the time being. However, when we consider this development in the light of the more general theories and models of change reviewed in Chapter Two, it becomes clear that an important component of service provision in this area has been mostly overlooked. What is missing is an analysis of the contribution of *process*. That is, such programmes appear in general to fail to give adequate attention to a theory of *how sex offenders go about engaging with the process of change*. This oversight reflects perhaps the lack of attention in the sex offender treatment literature to some of the broader notions of planned change as a staged process, involving the client system as the primary active agent in that process. These notions stand out quite clearly in a review of that broader literature (see Chapter Two).

Very recently, questions around notions of the structure and climate of the setting in which programmes are delivered have begun to be raised in the literature specific to working with sex offenders. Fernandez and Marshall have drawn together a range of such questions under the heading of "contextual issues" (Fernandez & Marshall, 2000). They bring attention to the task of establishing how we might construct "the most facilitative environment". They take up issues such as therapist style, and the wider arena in which

therapy programmes are delivered. This latter issue is especially pertinent in total institutions, where there is protracted involvement and considerable scope to impact on the lives of residents either negatively or positively (Goffman, 1962). It is particularly applicable to prison environments, where inmates are exposed, in what is perhaps a unique way, to inappropriate attitudes and practices such as those around sexuality (Briggs, 1994).

In a focus on context, attention is shifted from the *content* of programmes to the *processes* involved; from the "what" of the approach to the "how". As Fernandez and Marshall observe, with the emphasis in the literature and in clinical settings on refining procedures and techniques, issues of context and process have remained largely unexamined (Fernandez & Marshall, 2000).

Until recently, such questions have generally received only cursory attention, and many authors have advocated a climate of intense and sustained confrontation, on the understanding that denial is a relatively intractable feature of sex offenders. As discussed in the previous chapter, the presence of reluctance and denial are now often construed as features of relational dynamics, and therefore considered amenable to intervention with less direct, interpersonally-based approaches. These factors are also very relevant to a study of process and context.

I also noted previously that the issue of facilitating motivation has emerged prominently in the general literature on planned change. This has become the subject of some attention in the field of sex offender treatment, and has been influential with respect to practice, especially in the United Kingdom (Briggs, 1994; Mann & Thornton, 1998; Morrison, 1994).

Modalities of Treatment

If cognitive-behavioural theory is considered the guiding philosophy behind sex offender treatment, and the relapse prevention model its content, then groupwork is regarded as its primary context. This modality is ubiquitous in its application to treatment (Clark & Erooga, 1994), with an established history in the field (Schwartz, 1995a). The more general literature on groupwork and group psychotherapy point to the effectiveness of the group entity as a medium (Whitaker, 1985) and as an instrument (Douglas, 1993) of change in its own right. Irvin Yalom (1985, and subsequently) has identified a range of what he originally termed "curative factors", which uniquely distinguish the clinical value of this modality. These factors have been widely cited or paraphrased elsewhere (for

example, Benson, 1987; Coulshed & Orme, 1998; Scheidlinger, 1997), establishing a developing theoretical foundation for theory, research and practice.

Among these factors, particular emphasis has been placed on the following:

- Cohesiveness. This is seen as a quality of the group, denoting bonding and connectedness between group members. It is also described as a therapeutic element, eliciting in individuals a sense of acceptance by the group as a whole. As a defining feature, it is considered a prerequisite for successful groupwork to proceed.
- The instillation of hope. In this way group membership and experience is hypothesised to inspire a prospective attitude, countering demoralisation
- Opportunities for vicarious learning.
- The operation and influence of altruism. Mutual peer assistance is promoted dynamically, through the medium of benevolence.
- An emergent sense of universality among group members. This refers to a realisation that one is not alone in one's difficulties, and that one's problem experiences are not unique.
- The social learning experience of modelling, and identification with the coping success of others.

These therapeutic principles have been applied to groupwork with sex offenders relatively uniformly. Especial significance is accorded to them in regard to creating a therapeutic climate based on trust, acceptance and inclusion; thus countering the feelings of shame, secrecy, helplessness and isolation that typically surround and maintain a milieu that is conducive to offending. It is therefore hypothesised that the well-constructed group performs as a therapeutic social microcosm for sex offenders (Yalom, 1985). It is also seen to offer the balance of support and confrontation thought to be conducive to social disclosure (Leszcz, 1992).

Outcomes from research studies conducted in this field suggest support for the therapeutic nature of uniquely group-related features (for example, Beech & Fordham, 1997; Reddon, Payne, & Starzyck, 1999). However, research into groupwork as the preferred modality for sex offender programme provision remains sparse and of limited scope. Also, articles which purport to be about groupwork with sex offenders often largely describe the content of programmes rather than the interpersonal processes at work (see,

for example Schwartz, 1995a). Thus, whereas this modality is prescribed as the conventional mode of treatment provision, its specific applicability remains largely taken for granted, or perhaps not fully recognised as a therapeutic instrument in its own right. This apparent indifference toward or ignoring of groupwork as a tool of change has been noted in other applications in corrections settings. Groupwork, emphasising the interpersonal over the intrapsychic, has traditionally been championed in social work circles. Ward (1998), in promoting the interpersonal approach, distinguishes between groupwork and work-in-groups. He cites a current trend in the so called "What Works" practice environment as an example of the latter, pointing out that while recent texts promote work in groups they "pay minimal attention to group dynamics, group process and groupwork methods and skills" (Ward, 1998, p155). Ward goes on to argue that such oversight is related to a current emphasis on statistically identified factors held to be causally linked with offending, at the expense of concern with how people go about the process of change.

A secondary modality, increasingly associated with sex offender programmes in institutional settings, is that of the therapeutic community. This was described in some detail in the previous chapter (2.5). Again, while the rhetoric is developing, and while the application to drug and alcohol field has been thoroughly examined (see Lipton, 1998), applicability to sex offenders appears to be largely accepted on faith (Baker & Price, 1995).

3.4 Blocks to Engagement and Change

I concluded Chapter Two by highlighting some of the recurring themes from theories of change. In brief, several of the themes were concerned with the importance of the confidence, commitment, and collaborative participation of the client in the change process. Clear client authorship and ownership surrounding the issues for change were cited almost universally as essential pre-requisites in the various scenarios in which change might take place. The availability of a therapeutic enclave offering opportunity for contemplation and responsiveness to new action, also emerged as a factor commonly recognised as important.

Seen in this context, a range of obstacles to change become apparent for men who are incarcerated for sexual offences involving children, and who seek assistance in undertaking a comprehensive programme of change. In Chapter One, I surveyed public

perspectives on child molestation and the social identity of those who molest. I concluded there that the costs to the individual of revealing himself as a molester are likely to be perceived as considerable. In the current chapter, I have outlined the requirements, placed before clients, considered necessary to effectively address such conduct. These include full acknowledgement of culpability for their offending, and their acceptance of responsibility for lifelong safety maintenance. In short, it is clear that confronting these tasks, especially in the hostile and intimidating context of prison culture, is likely to present a daunting and difficult prospect. Fear, mistrust, shame and alienation not only present obstacles to motivation for the level of disclosure required, but the intensity of these experiences for individuals (who have typically suffered abuse themselves) can evoke various forms of psychological disturbance likely to represent impediments to therapeutic engagement (Briere, 1989; Ward, Hudson, & Marshall, 1995) or risk to treatment outcome (Ward, Hudson, Johnston, & Marshall, 1997).

Of course, these issues will present different levels of difficulty for different men, depending on a range of factors, including the degree to which they have already contemplated and weighed risks and benefits for themselves. The point here is that, for various reasons, clients of sex offender programmes will present at various stages of readiness and with varying degrees of resilience. However, cases where both these qualities are present in quantities sufficient for a man to be fully engaged from the outset of treatment probably represent an ideal that is rarely realised. It is this observation that prompts authors to suggest that even apparently "voluntary" clients in these settings should realistically be regarded, initially at least, as involuntary (Baker & Price, 1995; Clark & Erooga, 1994). Motivation to engage fully and responsibly, therefore, is presented as a legitimate and fundamental concern of treatment programmes.

In the next section I will describe how treatment approaches have, in a range of settings, sought to respond to the challenges presented in sex offender treatment. In doing so I will focus on the environment with which I personally have most familiarity, and which was the setting of the research that I undertook.

3.5 The Kia Marama Programme: Applying Theory to Therapy

Background

How do treatment programmes respond to the challenges of promoting a process of change that will result in a reduced risk of sexual reoffending? In their *Sourcebook of*

Treatment Programmes for Sexual Offenders (Marshall, Fernandez, Hudson, & Ward, 1998) Marshall and others point out that, while there has been an international proliferation in such programmes, they "predominantly derive from the same conceptualisation of treatment…. Most of the programmes [described in this volume] are based on a cognitive-behavioural approach that is guided by a relapse prevention framework." (p 477). They also note that the style of service delivery in most of these programmes is characterised by a similar level of uniformity, and that they generally emphasise a "supportive but firm approach" (p 477). Comprehensive institution-based programmes typically employ a group-based primary modality, often in the wider context of a therapeutic community.

The effectiveness of such programmes continues to be debated, and research studies are hampered by methodological difficulties. Nevertheless, most authors express some optimism for the treatment enterprise, on the basis of reconviction studies. From a recent review of such studies, Marshall and Anderson conclude that, although preliminary, outcome data suggest that intervention based on cognitive-behavioural principles and within an RP framework has a significant effect on recidivism. This is especially so in respect of child molesters (Marshall & Anderson, 2000).

The Kia Marama programme is presented here as a prototypical example of such intervention (Hudson et al., 1998). In responding to the range of challenges associated with the engagement and treatment of this population, Kia Marama ("let there be enlightenment") demonstrates the relatively successful (Bakker, Hudson, Wales, & Riley, 1998) application of the theory, principles and procedures described in 3.1 and 3.2.

The facility was established at Rolleston Prison, near Christchurch in 1989 to provide a specialist programme of psychological treatment for incarcerated men who have offended sexually against children. It is operated by the Psychological Service Division of the New Zealand Department of Corrections.

General Features

The Unit operates as a stand-alone special-focus facility servicing a single adjacent prison wing. This arrangement, perhaps unique in the field of prison-based sex offender treatment, enhances the potential for fostering conditions necessary to operate a therapeutically directed community. The prison wing is managed to house only clients or potential clients of the programme. Being isolated from other parts of the prison, the intrusion of adverse mainstream influences can therefore be minimised, and helpful sub-

cultural norms more easily established. Additionally, violence and intimidation are strictly sanctioned by contingencies that include dismissal from the programme.

With respect to philosophy and principles, the Kia Marama programme has features in common with many prison-based models. Content is conceptualised and presented in cognitive-behavioural terms within a relapse prevention framework. The change process is guided by group psychotherapeutic principles. The programme is administered by a multi-disciplinary team, and is supplemented with the involvement of custodial staff.

Structure

The programme per se is relatively highly structured, involving closed intake groups of eight men who are guided through an eight month process of assessment and treatment, followed by reassessment. The treatment component consists of a sequence of seven broad psycho-educative modules. Primary treatment groups, facilitated in the main by a single therapist, form the essential treatment modality as well as the basis of programme organisation. Each group meets three days per week for three-hour sessions.

Networking

The therapy unit has significant links with university clinical psychology and social work programmes, promoting both recruitment and research functions. This has resulted in energetic and productive exchanges whereby findings of research conducted at the unit is fed back into the therapy programme. This responsiveness to ongoing research developments has added a dynamic element to the programme's evolution.

Treatment Approach

Since beginning operation, the approach to facilitating disclosure has shifted from an overtly confrontational style to one characterised by collaborative empiricism (Alford & Beck, 1997); motivational interviewing (Miller & Rollnick, 1991); and invitations to responsibility (Jenkins, 1990). The shift reflects a belief that a treatment strategy based on these principles is more likely to elicit higher levels of personal responsibility from clients of the programme. This approach has proved more successful in engaging participants in the high level self-examination and public disclosure that are requirements of a relapse prevention programme of this nature.

Programme Content

Following assessment procedures, each group is involved in a module designed to build motivation, develop helpful norms, and to establish a therapeutically cohesive entity. This entails a series of group self-help exercises, including successive but relatively low level disclosure, adventure-based tasks, and the production of group ground-rules and guidelines. Participants are thoroughly familiarised with the content and philosophy of the programme during this initial phase.

The second module is designed to invite and assist participants to gain detailed insight into the process and patterning of their offending. The goal is that each man will demonstrate his full understanding by means of successive "public" presentations. Each presentation incorporates the notion of a cyclical and repetitive, but stepwise, progression through fundamentally predictable stages. This involves learning a comprehensive cognitive-behavioural template ("offence chain"), based on the research-driven offence process model described earlier (3.2). Each participant is invited to map his own offence pathway onto this template, and subsequently to elaborate and refine his understanding with the collaboration of his therapist and peers. For the individual, this requires a high level of personal disclosure, and an openness to the challenge of alternative, sometimes unpalatable constructions of his intentions. There is a two–fold purpose to this procedure, which is consistent with the internal and external management principles of the relapse prevention model. In the first place, the man himself learns to recognise the phenomena that are actively associated with his offending, and for which he is solely responsible. This equips him with information enabling his interruption of the offence-generating sequence in the future. In the second place, the client's customised offence chain becomes the subject of wider promulgation, facilitating the establishment of a social network that is able to provide post-release monitoring and support. For these reasons it is important that the man's account of his offending meet three important criteria: it must be meaningful to him, it must be portable by him, and it must be understandable to others.

Thus, it is at this point that the man is expected to take on the social identity of one who has sought sexual contact with children, and the implications of life-long vigilance. This is also the stage in the programme that typically evokes the most vociferous resistance encountered in the course of the programme. Consequently, considerable therapist skill is necessary to marshal the resources of the group into framing motivation for disclosure and responsibility; for it is here that the critical change elements of authorship and ownership become established or, alternatively, declined. This phase is critical also, in that a well

conceived offence chain contains all the elements that will guide the client through the remainder of the programme and beyond. The offence process module is, for these reasons, a foundational element of this change process.

The third module involves client familiarisation with the impact of sexual abuse on victims. As the module progresses each man is invited to direct increasing empathic attention toward those he has personally victimised. A variety of media and materials are utilised during this process. The goal is that he learn an appreciation of the impact of abuse in a way that evokes both a sense of empathic concern and an affective response that will prove inhibitory to offending in the future.

A series of exercises and techniques are then taught, designed to replace sexual interest in children with appropriate sexual interest in adults. The men are required to practise these through the remainder of the programme, and to monitor their own progress. The exercises involve imaginal stimuli and their responses are reconditioned by self-administered contingencies.

There then follow a series of modules addressing those issues, personal and interpersonal, that are identified as dynamic risk-factors associated with offending. As such, they are presented as the links in the offence chain. This series occupies the greater part of the second half of the programme and involves skills training and values clarification. The acquisition of specific behavioural and cognitive skills and attitudes is essentially designed to assist the client meet his needs in more prosocial ways.

The final intervention module of the program, focusing specifically on the principles of relapse prevention, forms a natural extension of the earlier components. This module aims to link the learning and experiences undergone in the course of the programme with the demands of the world outside prison. The overall goal, as always however, is to successfully manage risk. As noted above (3.2), the relapse prevention concept proposes that there are two aspects to overall risk management: an internal one and external one.

With respect to the internal management of risk, each participant is invited, at this point, to present an updated version of his offence chain. This time, however, he is requested to incorporate into his presentation strategies and skills for “breaking” each of the chain links. In this way it is intended that his awareness of the matching of risky behaviours with coping strategies is enhanced

The external management dimension of this final module relates to the participant’s commitment to putting into action, in a social sense, the changes in attitudes and behaviour

he has taken on and rehearsed in the course of the programme. Specifically, it involves the process of extending key self-disclosures beyond the group and the Kia Marama environment, and into his natural community. The man identifies friends, family and whanau who are prepared to support him in his goal of avoiding re-offending. This critical component is the bridge between treatment and the world in which the man will live the rest of his life. He prepares a personal statement acknowledging his full acceptance of responsibility and revealing the steps he took to both commit and conceal his offending. He includes his plan for how he intends to avoid high risk situations, but also how to escape them should he fail. He also discloses behaviours others might observe that may indicate that he is behaving in risky ways in the future. This statement is presented to those responsible for his management upon release, as well as those who have agreed to assist him in his self-management process.

The approach as a whole here embodies the belief that there is no “cure”, and that the goal of treatment is to enhance self-monitoring and self-control. The emphasis upon understanding links in the offence process leads logically to the self-management skills needed to "break the chain" at the earliest possible opportunity in the sequence. Thus, this “Staying in Control” module further assists the man identify the external and internal factors that put him at risk, and to connect these to adequate coping resources.

Treatment Modalities

The primary treatment modality is the group itself. More than just a forum for the processing of programme content however, it constitutes a laboratory of interpersonal learning where therapeutic influences can be brought to bear. Furthermore, it is widely believed that the peer influence exerted in sex offender treatment groups is important in helping to provide a helpful balance between the empathic support and credible challenge considered necessary in addressing “offender denial” in all its dimensions. Given the pervasive social or emotional isolation that most offenders are thought to experience, this view has some face validity. Modelling of disclosure by other group members is also considered to be a helpful factor here. One-to-one meetings occur between resident and therapist infrequently and then usually for the purpose of facilitating the man’s engagement in his therapy group.

While Kia Marama could not properly be described at this point as a therapeutic community, many of the factors considered instrumental to the formation and maintenance of such an environment have been present in its wider context since inception. As

described, the wing is set apart physically from the rest of the institution and is socially insulated from mainstream prison influences. Thus, a safe therapeutic environment is possible, in which residents can build relationships that will foster growth and change. Energy has been invested in promoting a supportive but vigilant community of concern, with the aim of developing respectful, non-abusive relationships. A communication style emphasising the qualities of honesty, openness and directness is promoted. As well as the synergy of the primary therapy groups, a number of other forums exist to foster and maintain these sub-cultural themes in the Kia Marama community. These include a residents' committee, a roopu for Maori residents, pre-treatment "starters" groups, and the active promotion of quasi-therapeutic involvement by custodial staff.

3.6 Rationale for the Current Research Study

In a recent description of the Kia Marama programme, Hudson, Wales and Ward (1998), in discussing victim empathy training, make the observation:

> It is seldom skill deficits which underlie performance deficits; the *motivation* to use these skills or perspectives in high-risk situations is what finally counts
>
> (p 24. Emphasis added).

It is, of course, the goal of the Kia Marama community that programme graduates will never again expose themselves to such "high-risk situations" in the first place. It is believed that the most likely means of assuring this outcome is that those who have completed the programme embark on an alternative course in life, steered in the direction of more appropriate forms of reward and fulfilment. Nevertheless, and to this end, the factor of motivation is important even from the early stages of the programme: the participant will need to access considerable motivation if he is to make the necessary self-disclosures required from the outset.

Earlier in this chapter (3.4), under the heading of "Blocks to Engagement and Change", I suggested a range of possible restraints operating for an offender considering rehabilitative change. At this current point, having presented an overview of the Kia Marama programme, some of the more specific aspects of his dilemma can be made apparent, and I will explicate them here.

The programme requires that the participant undertake a comprehensive review of his lifestyle, attitudes, and ways of thinking about the world. It further requires that he take on an intensive course of psychological treatment that relates to many aspects of his person, including his sexuality. It is expected that he will discuss with others the detail of his practices around these issues, and that he is open to challenges about the adequacy of his progress. Moreover, it is required that he accept the social identity of one who has actively sought sexual contact with children. The behavioural implications of accepting this identity are seen to be critical in terms of rehabilitation, as they relate to radical boundary changes which the man must subsequently place on himself if he is to prevent relapse.

The participant contemplates the prospect of these challenges from an early stage in the programme. He also faces realisation of the magnitude and permanency of change considered necessary to seriously counter the risk of his reoffending. It will involve his retreat from habitual practices of concealing the full reality of his offending from both himself and others. It will involve making explicit the details of his abusive behaviour, and acknowledging his active intention in its commission. He is required to present much of his day-to-day conduct as being instrumental in gaining sexual intimacy with children.

In his contemplation he will likely confront the expectation of loss, alienation and isolation he associates with this kind of introspection and disclosure. Scheela and Stern, in their study of incest offenders undergoing a treatment programme concluded that these men typically experienced considerable distress associated with the therapy process (Scheela, 1992; Scheela & Stern, 1994). Thus, the participant is faced with a dilemma: to carry on as he is, and accept or ignore the implications of the prospect of reoffending; or to confront the enormity of such changes.

The response of many facing this dilemma has been long recognised and often simplistically construed as “denial”. Such denial has conventionally been considered a relatively stable, internal feature of these clients, and to be addressed through concerted refutation and aggressive confrontation. However, as discussed in the first chapter, this conceptualisation has been roundly criticised. Furthermore, the associated “treatment“ strategy has been found to be relatively unsuccessful (Lieberman, Yalom, & Miles, 1973) and potentially harmful (Annis & Chan, 1983).

An alternative way of approaching the man's response to his dilemma is to view his situation in terms of an issue of therapeutic engagement. For the treatment provider, the problem of motivation for change is paralleled by the problem of engagement with the agency of change, such as a treatment programme. The concept of engagement in this regard comes from the social work literature and is concerned with matters such as the formation of a beginning relationship of trust between client and change agent, and establishing the individual in the role of client, "willing to mutually identify and work on the identified target problem" (Ivanoff, Blythe, & Tripodi, 1994, p20).

Active involvement in the programme is ultimately the choice of the participant, who, if he is eventually to assume primary responsibility for managing his reoffending risk, must at some point arrive at that conclusion for himself. From this perspective, the problem for the therapist is how to create the circumstances where this is likely to occur. In order that the participant move to address the problems in his life seen to motivate and maintain his offending, he can remain neither an unwilling or rebellious "passenger" over the course of the programme, nor a mere conduit of programme information. Change is the goal, and as we have seen, change requires *action* (2.3). He must participate actively, both in the identification of goals pertinent to his own offending, and in the pursuit of the means of achieving them. To do so, it is critical that the man resolve his dilemma in favour of change, and that he engage with the process to that end.

Although conventional wisdom suggests that influences present in therapy groups enhance the likelihood of functional engagement in change programmes, this process has not been thoroughly tested in relation to sex offenders. We do not understand the factors at work that might facilitate this, or what makes the difference: What are the qualities of the therapy group that mediate the engagement of participants? What motivations do participants bring to this situation? How do these factors interact in the context itself to impact on the man's experience?

I sought to address these questions from the perspective of the participants themselves, during key moments of their experience of the treatment group. The point of focus became the "offence chain" disclosures, and the subsequent process of feedback and refinement. I opted to examine these particular events because they represent a critical juncture in two ways. First: from the point of view of the participant himself, it is a watershed moment in that he is invited to confront his offending publicly, comprehensively, and responsibly for the first time in the programme. At the same time he has recently become aware of the arduous, stigmatising, and lifelong nature of the task

with which he is presented. The second way in which the offence disclosure module is considered a key stage in the overall intervention is that, from the point of view of the programme, the offence pattern revealed in the case of each client forms the basis for the remainder of his treatment. It is, therefore, foundational to the process of change for these men. In these ways the offence chain module provides the opportunity to tap some of the richest and most concentrated sources of information about the man's response to the invitation to engage in treatment.

By placing a microscope over events, both intrapersonal and interpersonal, in this phase in the programme I sought to gain insight into how these men confront and perhaps overcome the considerable obstacles to therapeutic engagement. The second half of the thesis is devoted to describing how the methodological challenges surrounding this task were confronted, and to the outcomes of the resulting investigation.

PART TWO:

RESEARCHING OFFENDERS UNDERGOING THERAPY

CHAPTER FOUR
RESEARCH METHODOLOGY: APPROACH, CONSIDERATIONS & DEVELOPMENT

Introduction

I concluded the previous chapter with a description of the task of the current study. Having established that active client engagement in sex offender treatment programmes is both critical and problematic, I went on to suggest that this process has received scant attention in the literature. In the present chapter, I intend to describe how I set about investigating this issue in the circumscribed but relevant setting of the Kia Marama sex offender programme. In doing so I will detail the unfolding process of selecting, collecting and analysing data, and interpreting outcomes. The development of the method of inquiry is described largely as a series of justified decisions concerning issues of philosophy, content, ethics, procedure, and technique.

The problem that I sought to investigate is embodied in the following question:

> *How do personal and interpersonal factors influence the engagement of participants undertaking a group treatment programme for child sex offenders?*

Given the cultural abhorrence surrounding this type of offending (revealed in Chapter One), and yet the faith shown in group-based modalities for addressing it (as surveyed in Chapters Two and Three), I considered this an interesting and worthy question to explore.

4.1 Part 1: Development of the Approach & Selection of the Method

Determining the Domain of Inquiry and Gaining Access to Data

The range of factors that act to restrain the active engagement of child molesters in a process that requires a high level of personal disclosure is discussed in Chapters One and Three. Perpetrators typically resort to practices of secrecy and concealment in order to maintain the boundary between two worlds: an inner private world and an outer public one. The offender's inner world is the enclave of the meditation and planning of sexual contact with children. His outer public world, comprises his experience and management of social

domains, where an image of normality and innocence is presented. In the course of the programme, clients are required to dismantle the boundary between these worlds. This of course involves a series of personal disclosures which will expose the difficult and painful dissonance at the meeting of these two worlds. The problem for therapy is how to challenge the man in such a way as to activate open, honest and direct disclosure. The initial problem for my inquiry was one of gaining access to the man's inner world during the time that this challenge becomes manifest.

Ultimately, I was interested in finding some answers to a number of questions. How do participants experience and respond to the challenge of disclosure? What are the processes by which participants manage this kind of challenge? What is influential in the establishment of commitment to and collaboration with the process of change? What takes place during the encounter that directs the attention of participants and renders the experience salient? What is it that others do or say that generates such salience? The act of formulating these questions gave rise to a significant and productive sequence of events from which a number of things emerged. I was intrigued by the prospect of exploring such questions: of entering this inner world and witnessing phenomena, which as a clinician I had only guessed at. While my enthusiasm did not by itself provide solutions to the complex methodological problems ahead, it contributed significantly to my motivation for seeking them.

Following a series of discussions, involving supervisors, colleagues and others, including participants in the treatment programme, the methodological goal became clear:

> In order to illuminate and explore the interpersonal processes at work, I needed to observe the influences of the therapeutic milieu from the perspective of the individual facing the challenge of disclosure; preferably at the time this was occurring.

This clarity provided direction: I now knew where I wanted to go. The next task was to develop the procedures and techniques that would enable me to get there. Before I could proceed however, it became obvious that other, more philosophical problems had to be faced. I had determined the source of the information I wanted, and I was committed to developing means of accessing it; but was such information in fact obtainable? Moreover, if so, how would I know when I had found it? In other words I needed to confront the issue of determining what sort of "information", in this instance, would constitute useful

knowledge. My response to this would influence the choice of method and, hence, subsequent methodological decision-making.

Epistemological Issues

Both in the discussion of theorising (in Chapter Two) and the application of theory (in Chapter Three), I introduced some serious criticisms levelled at traditional ways of viewing knowledge. Such criticisms have come from a variety of sources but represent a related set of attitudes that have come to be known collectively as post-modernism, giving rise to the labelling of traditional approaches as modernism. These criticisms are similarly pertinent to the activity of research, as they bear on what we consider to be knowledge as well as the knowledge-generating process. I will here consider briefly the implications for social science research in general, and more fully, for the current study in particular.

According to the postmodern position (for example, Feyerabend, 1988; Gergen, 1991; Gergen, 1988; Kuhn, 1970; Merton, 1968; Polanyi, 1969), the modernist scientific tradition promotes the unreflective acceptance of a unitary fund of knowledge which, in fact, merely reflects an ideological and culturally derived position. This position, it is argued, is based on the twin pillars of empiricism and rationalism, both of which are considered to be discredited. Empirical inquiry relies on the putative certainty of direct observation. The rationalist component of the modernist tradition bases its validity on the consistent application of formal logic, seeking to establish "a scaffolding of indubitable principles…from which structures that reconstruct human phenomena can be logically generated." (Packer & Addison, 1989, p21).

Critics point to the demise of the credibility of these foundations in the wake of a developing philosophical analysis (especially influenced by Kuhn and Popper), resulting in a perceived failure of their ability to substantiate themselves. Specifically, axioms of the rationalist school have been seen to have failed their own test of verification through falsifiability (Godel in Mahoney, 1991). Similarly, the objectivist foundation of empiricism was exposed as denying "the inseparability of knower, knowing and known" (Mahoney, 1991, p46), and as suggesting, unrealistically, that the observer makes no contribution to the observed. Attacking from another flank, Feyerabend (1988) pointed out that, in formal terms, tenets of the hypothetical-deductive method preclude the possibility of creatively-driven scientific progress. Thus, an adherence to this method carried the untenable implication that discovery is ultimately not possible.

In short, the certainty and foundational authority that this approach both sought and claimed has been alternatively presented as a social construction, incapable of substantiating itself in its own terms. Furthermore, sociological, anthropological and historical analysis resulted in the accusation of "scientism" against modernist social science (Okely, 1996): the construction of a scientific-political hierarchy, attributing science with a "transcendent, supracultural view of truth and reality" (Simon, 1994, p2).

However, as Simon (1994) points out, the rejection of modernist assumptions does not logically suggest a rejection of science; there is little support for a return to premodern science, and much to commend science as a useful activity. Formal scientific investigation informed by the postmodern critique engenders inquiry that is essentially phenomenologically driven. In an attempt to avoid the imposition of (ultimately falsifiable) truths in the form of hypotheses, this approach accepts that the investigator will inevitably come to the field of inquiry laden with culturally established preconceptions. However, it is insisted that these preconceptions should not take precedence in the course of scientific inquiry, and should relate reflexively to the phenomena that is examined. In other words, phenomenologically-driven research is engaged in the business of *interpretation.* The world view that underpins this approach is informed largely by the thinking of constructionism and of hermeneutics. Constructionism holds that that the conduct of research cannot be separated from a social process: observer and observed are never independent, but are participants in an interactive relationship, generating knowledge by negotiation. Hermeneutics is concerned with the *process* of that negotiation. Maykut and Morehouse (1994) distinguish what I have referred to here as the modernist and postmodernist approaches to scientific investigation by defining them respectively as paradigmatic research and narrativist research. According to this distinction, where paradigm-based method tends to seek strict separation of variables and replicability, the narrative-based method emphasises richness and depth, or what has been referred to as the "thickening" of meaning and understanding (White, 1995). Whereas the paradigm approach assumes the realist position that there exist objective "certainties" amenable to discovery, the narrative approach relies on the persuasiveness (Henwood & Pidgeon, 1992) of richly woven interpretations, and the power of outcomes to inspire further efforts to contribute to the "hermeneutic circle of understanding" (Packer & Addison, 1989).

A charge that is often made against constructionism is that, once the universal standard of objective knowledge is lost, alternatives become susceptible to the chaos of relativism (e.g., Bunge, 1992). Alternatively, Simon views the postmodern position itself,

taken to logical extremes, as being subject to the ideological bias that it seeks to deconstruct (Simon, 1994, p3).

The Grounded Theory Method

For a number of reasons I was attracted to the narrativist perspective on research. My reasoning was both pragmatic and value-based. I was seeking to explore, and fully and faithfully represent, the experience of individuals undergoing a complex challenge. Given that I was also setting out to investigate an area only thinly served by the literature, I sought a data set that emphasised richness and density. Both of these requirements suggested the qualitatively fertile product afforded by narrativism. Furthermore, with sensibilities and values attuned to a social work perspective, I was inclined to begin from a client eye-view, and to emphasise an interactional approach to phenomena. The narrativist perspective certainly appeared more applicable here, also. However, I was equally strongly motivated to preserve a theoretical congruity with sex offender treatment theory, in order to maximise the applicability of findings to my work in the field.

The grounded theory approach (Glaser, 1978; Glaser & Strauss, 1967; Strauss & Corbin, 1990) has been evaluated as having value in satisfying the need for a method that is both phenomenologically responsive, and capable of generating theory in social science (Gilgun, 1992; Henwood & Pidgeon, 1992; Rennie, Phillips, & Quartaro, 1988; Riessman, 1994). The literature identifies three approaches to the processing of qualitative data (Barker, Pistrang, & Elliot, 1994; Maykut & Morehouse, 1994; Strauss & Corbin, 1990), based on the level of interpretation involved. The first approach, involving low level analysis, requires the ordering of data into a comprehensible account, but one which mirrors the content of the raw material. The second approach, at a medium level of interpretation, requires some selection and recombination so that the researcher's own constructions may be woven in to the data. The third level is described by Barker and others as "cross-case analysis". This strategy seeks to identify themes *across* data cases, in an effort to develop a sense of what is typical about the phenomena under study. There are also attempts to collagate such themes and characteristics in order to discover relationships and patterns therein. In this way an explanatory contribution to the field of which the phenomenon under investigation belongs becomes possible. Grounded theory research is proto-typical of the third level of strategy. It emphasises the systematic derivation of theory from qualitative data. Here, there is a working synthesis generated between inductive and deductive directions of analysis, as both are managed in a way that is mutually informative.

Perhaps it is this degree of pliability which has led to the grounded theory method being adapted to the service of both the paradigm and narrative approaches to research. Most applications of the method, however, begin with qualitative data, and work it up to more abstract and "theorisable" levels. In brief, the process involved is as follows. From the raw data, and therefore working from ground up, the researcher builds conceptual categories that are seen to retain a faithful and meaningful match to the accumulating data. At the same time, the developing categories are semantically linked in a gradual and "grounded" transition from description to explanation. The subsequent selection of data is driven by this emerging narrative. Cases from the phenomenon under investigation are constantly compared to evolve a dense network of theoretical concepts. Constructs such as the "core category" and "saturation" offer positive indications of sufficiency of data collection and analysis, along with a sense of clarity of outcome.

Since Glaser and Strauss' "discovery" of the grounded theory (GT) method, it has found application in a wide range of disciplines and professions, and a large body of literature now exists across fields including sociology, anthropology, social work, education, psychology, and nursing. It has also been adapted for use in various specialised situations (see for example, Elliot, 1989; Gale & Newfield, 1992). It is an especially useful approach where there is need:

- for theory generation as opposed to theory verification (Gilgun, 1992);
- to investigate situations that involve a large or complex corpus of data;
- for a precision instrument to explore sensitive or "concealed" issues, such as the experiences of underclasses or oppressed groups.

As Rennie and others point out though, such freedom to explore does not come without a price (Rennie, Phillips & Quartaro, 1988). They identify three general areas of potential weakness to the method: subjectivity; the use of verbal report as data; and the question of generalisability of findings. Rennie et al. respond systematically to each of these accusations, concluding that the matters are not fully resolved, but arguing that any shortfall is a "legitimate price to pay" for the benefits that the method enables. Implicit In Rennie's discussion however, are indirect references to the wider philosophical debate surrounding the method. This debate relates to the earlier points made in this chapter concerning the contention between the paradigm and narrative approaches. One reading of

GT is to construe it as a method that is philosophically underpinned by a set of related convictions. These convictions might be itemised as reflecting acceptance of:

- the primacy of theory formation over theory verification;
- the unavoidable and *useful* influence of the researcher's interaction with the subject(s) of the study;
- the veracity and legitimacy of verbal report;
- the inherent persuasiveness of the particular methodological process
- intimacy with the data, over externally imposed criteria of adequacy.

This is indeed the approach of those researchers who, in employing a grounded theory method, favour the narrative approach to explanation (for example, Burnette, 1994; Charmaz, 1990). However, other authors employing grounded theory (including Elliot, 1989; Strauss & Corbin, 1990) assume the realist stance of the paradigm approach. What this debate distils to perhaps is one concerning the form of the study and difference in emphasis. Because GT calls for a combination of inductive and deductive processes, it becomes possible to guide the emphasis in favour of one direction over the other. Some emphasise congruence with theory, while others are guided more by the data. Riessman (1994) illuminates this debate, identifying a "discovery epistemology" in the works of Corbin and others, which is underpinned by a realist ontology and "a positivistic explication of grounded theory"(p2). Staying with Riessman, this stance assumes externally verifiable and unitary truths; a stance associated with the paradigm position. The alternative philosophic approach to GT maintains that the task of this methodology is an interpretive, constructional one, assuming, as does Mary Catherine Bateson, that "for what we search does not exist until we find it" (quoted in Riessman, p2). This latter view places emphasis on the need for explication of the researcher's value stance from the outset of the investigation.

The position taken in relation to these matters has an important bearing on how one goes about GT research and the reporting of outcomes. For instance, the researcher basing her explanatory approach on a realist position is likely to direct the research, either implicitly or explicitly, toward congruence with the existing paradigm. The authority of the paradigm is likely to be taken for granted, and therefore unreflected upon and unquestioned. An interpretive approach, by contrast, is likely to generate findings that are

expressed, explicitly and unapologetically, as a partisan standpoint, loyal to the meanings negotiated in the field of inquiry.

The factors that influenced the navigation of my own path through these possibilities were, as mentioned previously, the combination of pragmatic and value-based considerations. The decision to adopt a qualitative approach, based on grounded theory was a relatively straightforward one. It related to a number of practical reasons. In the first place, I was entering a relatively uncharted domain of investigation. Consequently, there was little existing theory to test, even had I wished to take the positivist path. "Theory generation" appeared a logical way to go about such research; my task suggested a process of elaboration rather than elimination. The second reason for taking this approach concerned the wealth and the complexity of data I expected to generate. The focus of my inquiry was to be the individual's experience of therapeutic engagement in an interpersonal process involving a high level of personal disclosure. I was therefore expecting to tap into a feedback loop comprising the qualitative response of individuals to social information, presumably in fraught circumstances. GT seemed an appropriate choice here, with the capacity it affords for rendering large amounts of unordered processual data into an ordered but narratively-based "product". My interest was in process rather than causation; I intended to capture action occurring in the here-and-now, not before or after the event. The third practical reason for using a GT-based methodology was to do with the nature of the population I was researching, and in the context and at the time the inquiry was to be conducted. The project called for the investigation of a sharply defined population, involving an idiosyncratic meaning and belief system, in particularly searching and sensitising circumstances. The gradual exposition and construction of explanation by way of description seemed appropriate here also.

Given that I had decided to employ grounded theory, I was faced next with clarifying the philosophic posture that would guide my particular approach to the collection and processing of data within the broad GT methodology.[3] I needed to consider my dual role as researcher and group therapist: how I might be perceived; and my familiarity with the residents of Kia Marama, both in relation to their status as clients of the treatment programme and as potential research participants. I had also to consider the relationship of

[3] Some of this decision-making was again mediated by the pragmatic considerations of the circumstances under which the inquiry was conducted, and I will discuss these constraints in relation the development of the research process itself textref.

my approach to the ontological dilemma. How was I to present the data? As realist discovery or as interpretation? To revert to the navigational metaphor, I decided on a mid-way course through the possibilities; one that is accommodated comfortably by the flexibility inherent in GT.

Gilgun (1994) reminds us that social work sensibilities guide us toward beginning with the participants' construction of their circumstances: starting from where the client is. As a practitioner, I was also drawn to the "organic, dynamic and phenomenological experience" (Gilgun, p.11) of direct practice, and anxious to preserve in the research the texture and authenticity of that experience. Furthermore, I was persuaded of the value of my immersion in the therapy culture I was investigating. I therefore chose to view my familiarity with the residents and their environment as an asset, rather than a liability in understanding the situation to be changed. Adopting the stance of the "empirical phenomenologist" (following Giorgi in Rennie, 1992), as the researcher, I took the position of primary analyst and "interpreter" of data. Nevertheless, at the same time as taking up this constructionist-interpretive stance, I was eager that the outcomes of my study would have a practical application in the field. With this in mind, I proceeded on the assumption that there was something to usefully "discover" about how clients go about the business of engagement in the Kia Marama treatment programme. To this extent at least I was accepting of the realist position.

Despite the ideal of retaining complete fidelity to the data, to believe one enters a situation free of preconception is, as others have pointed out (such as Rennie et al., 1988), not realistic. It is recognised by proponents of the narrativist view that "the researcher is a mediator of the phenomenon under investigation" (Rennie et al., p141). Given that perfect neutrality is considered unachievable, the prescribed response of the researcher is to make his preconceptions as explicit as possible. In the case of the current study, I entered the field of investigation with a set of assumptions that were informed by my approach as a practitioner conducting the Kia Marama therapy programme. In other words, I was reasonably accepting of the paradigm within which I worked as a group therapist with sex offenders, in so far as I equated engagement with the interactional process of the group to be of therapeutic significance.

To summarise the above then, I established an initial position as a researcher that was informed by the following.

- I concluded that it was important to declare an explicit value stance, informed my approach to data, which was arrived at reflectively.
- I accepted that the research was at least partly driven by moral imperatives implicit within the programme, and an active need to engage participants.
- I therefore adopted a pragmatic accommodation that would likely generate understandings rich and grounded in the data, while at the same time congruent with a particular discourse context (colleagues, the Kia Marama community, the child sex offender literature).
- Interpretive analysis of data would then be sensitised by meanings derived from that discourse
- The organising framework informing data collection was based on notions of "engagement" and the "offence chain" that I have defined previously (in Chapter Two and Chapter Three respectively)
- I made the pragmatic and moral assumptions: that adult-child sexual contact constitutes harmful conduct; that perpetrators are both entirely responsible for their conduct and capable of change; and that self-disclosure around this issue constitutes therapeutic action and interaction
- The sensitising framework was to be based around empirical phenomenology, but with the realist assumption that there exists discoverable knowledge with respect to therapeutic engagement.
- I brought to the inquiry the perspectives of multiple roles: researcher, therapy team member (seeking to know more about the process of engagement), and Kia Marama community member.

4.2 Part 2: Applying the Method to the Situation

Conducting research is an inexact enterprise. Gaining access to information, reproducing it, and making sense of it are all stages that lend themselves to contamination or interpretive inconsistency. Methods used in this process inevitably involve compromise, and therefore shaping the *trustworthiness* of the research is warranted (Stiles, 1993).

Neither is research a straightforward, linear process. Procedures and conceptualisations are followed through, only to be found wanting by subsequent experience. To document every step in such a process, along with each change of direction would exhaust the limits of this chapter. Although somewhat edited here, it is my intention that the following account is sufficient to evaluate the cogency and replicability of the method (as recommended by Rennie, et al., 1988; and Strauss & Corbin, 1990).

4.2.1 Procedure

The following represents the components of the data collection phase as it was initially carried out. Finer points are described in more detail in the sections that follow. The extensions made to this procedure on the basis of emergent findings are described in Chapter Six (6.1).

1. Treatment intake groups targeted for inclusion in the research were approached by the researcher and invited to take part in the study at either of two levels. Information relating to each of the two levels was also made available in written form (see Appendixes 1 and 2). Agreeing to the first level amounted to primary participation. Essentially this involved being videotaped during a group therapy session and then being interviewed with respect to one's experiences of that session. Second level participation only required agreeing to inclusion in the video-recording for the purpose of providing the context against which interviews with primary participants would take place. However, in order for anyone volunteering for primary participation to be able to actually take part in the study, it was of course essential that *all* of his fellow group members agreed to secondary participation. Consent forms relating to each of the two levels are appended (Appendixes 3 and 4)
2. Where such consent was gained, each primary participant was video-taped in the context of a group therapy session dedicated to eliciting details of the pattern of offending ("offence chain") for that participant.
3. Following this encounter, the participant was asked to carry out a series of tasks. The central aspect of these tasks was to nominate and record features of the three most personally salient events from that session. These salient events were defined in terms of discrete episodes, maximally engaging the attention of the participant at the time the event occurred, as he appraised it. Data

triangulating this appraisal was available from accounts of the session recorded onto dictaphone by the participant immediately following the session. These events and certain contextual information were recorded by the participant on a form designed for this purpose (see Appendix 5)

4. Before the next group therapy session the participant joined the researcher in the room where the session had taken place. Here, he was asked to view the video-recording on a television monitor and to identify the three episodes he had nominated.

5. Once located on the video-tape by the participant, the identified material was indexed according to the counter on the tape recorder so that it could be readily found.

6. The participant was encouraged to imagine himself, as vividly as possible, back in the session itself. To facilitate this, as well as his emotionally-based impressions of the situation, a personalised "picture" was elicited across a range of senses (sights, sounds and smells), based on the man's recall. The identified episodes were then re-screened on the TV monitor the presence of both participant and researcher.

7. Once the participant was oriented thus, the sections of video were replayed. Each of the contextualised episodes was started and stopped at frequent intervals in order for the man to articulate his subjective experiences throughout that part of the encounter. He was encouraged to expand, amplify and elaborate on these experiences throughout the episode. An interview guide was developed to assist in this process (see Appendix 6). Reference was made throughout to events in the recorded material as they became apparent.

8. This interview was audio-recorded, transcribed and placed alongside other data for grounded theory analysis.

4.2.2 Preliminary Steps

I sought, and gained, approval for the study from the University of Canterbury's Ethics Committee. On a less formal basis, I discussed the ethical matters surrounding the project with academic colleagues, custodial staff, programme clients, therapy team members, and the cultural consultant to the therapy unit. Most of these consultants made suggestions not only for improving the viability of a project intending to conduct research

in the prison environment, but as to how I might attune myself more sensitively to the events I expected to encounter in the collection of data. For example, the cultural consultant described the tendency of Maori people to adopt a particular stance in relation to the disclosure of distressing personal information, reflecting attempts to seek comfort around familiar social and psychological roles. His description was to prove somewhat prophetic, in terms of research outcomes for participants generally.

Establishing the domain of enquiry and developing the methodological approach that I have described also involved a good deal of consultation. Debate surrounding the philosophic aspects of method was at times contentious.

A watershed moment and precipitating event in the shaping and development of the project came with the decision to pause the seemingly interminable preparation, in order to collect some preliminary data. The outcomes from this had the desired impact of highlighting redundancies in the procedure, but moreover, provided both compelling information and encouraging feedback on the method's viability.

4.2.3 Informal Documentation

If the completed qualitative research project can be likened to a body of related parts, then the raw data may be seen as the individual bones of that body. By this analogy, the interim and informal documentation, the diverse set of journal entries, memos, operational notes and diagrams may be seen as the tendons and ligaments that serve to tie in and link the corpus together.

Authors of qualitative research methods regularly describe documentation as an integral part of the research process (noted by Maykut & Morehouse, 1994, p68). Typically, such authors prescribe the task as one that goes on throughout the entire project, from early conceptualisation to completion process (Glaser, 1978; Maykut & Morehouse, 1994; Strauss & Corbin, 1990). In the current project I recorded the minutes of discussions with those I consulted, personal insights, impressions, reflections, ideas and hunches, where and when they occurred. I also include in this set, what Glaser, Strauss and others refer to as *memoing*: "written records of analysis related to the formulation of theory" (Strauss & Corbin, 1990, p197).

This work-in-progress documentation was woven into the process of data recording, coding and filing. I followed each interview with field notes, which were combined with

interview transcriptions. Field notes comprised notes on context along with anything offered by interviewees that was, for one reason or another, not audially recorded.

As the aggregate data expanded in both bulk and complexity, and note-taking burgeoned proportionately, I began using graphic images in order to attempt to capture the thematic and processual nature of emerging descriptions. Particularly useful with regard to combining categories was the notion of the "mind map" (Svantesson, 1990) (or "concept map", Maykut & Morehouse, 1994). As the project grew, so did the importance of reproducing large-scale visual analogues mapping the unfolding of the model. I found that a combination of physically cutting and pasting onto large sheets of paper around the walls of my office, and the constant production and reproduction enabled by an electronic whiteboard most helpful in "getting my head around" the maturing explanations. These activities also allowed me to manipulate large amounts of information, as well as providing the opportunity to ponder ideas at leisure, and in "one take". In this way, the emerging model was amenable to constant review and comparison.

I generally reproduced informal documentation for inclusion in a ring-binder journal, taking care to date it and reference it to data sources.

4.2.4 Participant Selection and Recruitment

The target population for this study, child sex offenders undergoing treatment, is by Barker, Pistrang & Elliot's (1994) definition, a narrowly defined and therefore homogeneous one (p176). Thus, the ratio of irrelevant variation or "statistical noise" (Barker et al., 1994, op. cit.) was always likely to be a minimal one. More significantly for this study, such homogeneity among research participants can potentially yield a high level of data provision. Fortunately for the study's viability, given my professional role, I was in an ideal position to gain access to such data from a sample of this population.

While depth of understanding is the major concern of qualitative research, it is generally accepted that broad variation in the sampling of data sources is important to bring out the complexity that exists within human social experience (Lincoln & Guba, 1985; Taylor & Bogdan, 1984). A difficulty with the project under development was the narrow window of opportunity for the selection of a sample and the collection of data. The point in the programme where participants experience the challenge that I have described occurs for each intake of eight men just once in the eight months of its course. This limited time-in-context was a pressing factor in a number of ways, but particularly in that it had

implications for the practicability of introducing variation among the sample of individuals approached for participation. Again, however, the relative homogeneity of the population under investigation lessened the level of concern here. Moreover, sample variation in qualitative research can be seen as a quality that applies not just between individuals but also to a range of other dimensions, both "within" individuals and across settings. While the scope for sampling across individuals was limited, the access to a range of data with respect to each participating individual was potentially excellent. Because of the nature of prison life, residents are limited to movement within a circumscribed range of domains in a small geographical area. Residents involved in the programme are also intensely immersed in the experience of therapy at this time. From a research point of view this gives rise to a potentially high degree of amenability and possibilities for sampling across the phenomena being researched. I also had good potential access to the range of persons with whom residents were likely to come into contact over the critical period. Furthermore, a narrative style of research emphasises reflexive development over pre-determined structures. Here, again, there was excellent potential for directing and managing the sampling process across time, place and person. Strauss and Corbin (1990), describe their version of this "emergent and sequential" sampling (Lincoln & Guba, 1985) as "theoretical sampling"; I shall describe the unfolding of this process with respect to the second part of the study.

Of course, at this early stage of the research, the seemingly optimistic picture was merely hypothetical, and the various "potentials" mentioned above were yet to be realised. First there were ethical and practical issues, and matters surrounding the sensitivity of such investigation to be addressed. Interacting with individuals at this fraught juncture was likely to be experienced as intrusive and invasive. These clients are also quite rightly recognised as being in a relatively powerless and vulnerable situation by virtue of their incarcerated status. As described in Chapter One, given the cultural status of child sex offenders, the broader social milieu invites the objectification and subjugation of such marginalised and low status individuals. This is especially true within the context of a total institution, where surveillance and internalisation are constantly operating (Goffman, 1962). In this situation the researcher is especially susceptible to the temptations of "scientism": a practice where research may be "sacrificed to a false notion of objectivity" (Okely, 1996, p27). Therefore, in the recruitment of participants to this project, special care was warranted in ensuring fully informed and empowered consent. Conversely, I was also concerned that, being so empowered, these candidates (whom we might presume to be typically circumspect and mistrustful in this situation) were more likely to opt out of

participation. The information and consent forms were designed to address these various concerns (see Appendixes 1 through 4).

In the case of each treatment group that I approached, I negotiated with the primary therapist that I meet separately with the men, in order to speak to these documents and explain the rationale for my study. Because of the group-based, interpersonal nature of the study and the subsequent method design, for each group, *all* the men would need to be involved as participants in the research to an extent. This necessitated both a group approach to recruitment, and a two-tier information and consent process. In the first tier all the men were invited to take part to a limited extent. In the second tier, each individual was invited to take a much more intensive part. In the result, all of the 24 men approached eventually agreed to the limited involvement and all participated in the research. For three men, this level of involvement was contingent on their not appearing within video-shot. 16 of the 24 signed up for the more intensive primary participation.

All participants were incarcerated offenders convicted of one or more sexual crimes against persons under the age of 16. Prior to their inclusion in this study, each had volunteered for inclusion in the Kia Marama programme, a separate wing of Rolleston Prison. During the period the study was conducted treatment intakes were commencing every one to two months. Inmates accepted for treatment were transferred to Rolleston Prison from regional prisons. Of the 16 primary participants, their ages ranged from 23 to 65 with a mean age of 40.2. The convictions of this group involved indecent assault, unlawful sexual connection and sexual violation. 14 were of European ethnicity, and two were Maori. Length of sentence ranged from 24 to 72 months, with the mean being 40.3. Number of victims ranged between one and eight, with a mean 2.75. Five of the primary participant group had psychiatric histories.

4.2.5 Data Collection

Scientific Posture

In the narrative approach to explanation, meaning is considered in close relation to context. The researcher seeks to understand persons in relation to the setting in which action and interaction take place. Researcher familiarity with this "natural" setting is valued rather than avoided (Bronfenbrenner in Maykut & Morehouse, 1994; Rennie, 1992). Also, as I have described (4.1), this perspective considers objectivity to be unobtainable: "The implicit guiding assumptions are that in human science there is no

objective reality awaiting discovery and that human affairs are to be understood in terms of reasons rather than their causes" (Rennie, 1992, p241). In my approach to the practical matter of approaching clients of the programme with a view to seeking their participation in the research, I chose to present myself partly in the role of a member of the therapy team. Moreover, I approached them as fellow members of the Kia Marama community: a community of concern whose common purpose and *raison d'être* is reducing reoffending. My familiarity with the men and the programme was, anyway, evident to all. Most of the prospective participants had previously encountered me as members of the pre-treatment familiarisation groups which I conducted. I was clear about, and comfortable with, utilising this alliance as a means of recruiting research participants and appealing to the shared goal of advancing the interests of the programme. I was also prepared to call on my "practice wisdom" as an experienced practitioner in this setting, with respect to both accessing information from consenting participants and a capacity to empathise with their situations. I was therefore able to approach the men on the basis of inviting them to contribute to a project with potential benefits for the efficiency and effectiveness of the programme.

Articulated Experience

Various cognitive assessment paradigms are referred to in the psychological literature (Davison, Robins, & Johnson, 1983; Eckhardt, Barbour, & Davison, 1998; Safran & Greenberg, 1982). They generally involve eliciting vivid reconstructions of imagined or recalled experiences. The terms "think aloud", "thought listing" and "articulated thoughts" have been associated with such approaches.

These techniques are considered appropriate to research contributing to theory around cognitive processes and structures. Theorising of this order represents, according to the hierarchy proposed by Rennie and Toukmanian, a high level of reduction with respect to human functioning (1992a). Given that I intended to approach data at a "level of the person" (a low reduction level in the Rennie and Toukmanian hierarchy) I was more interested in a technique that would capture the interactional nature of human conduct and experience, and take into account the "phenomenology of agency" (Rennie & Toukmanian, p238). In this way, I intended to acknowledge the actor as both subject and purveyor of beliefs, values, needs and desires. Given this holistic intent, the articulated thoughts approach was adapted to what came to be referred as "articulated experience". Essentially, this involved inviting the participant to respond to the video material as if he were again present in the therapy session. On this occasion, however, it was requested that he give full

and explicit expression to his responses. Preparation and warming up to this process was by way of having the participant take time to imaginally re-familiarise with the situation, using the fullest range of his senses. In the event this preparation was to give rise to an often vivid and intense re-experiencing for participants. The articulation of these experiences was, in each case, subsequently recorded on audio-tape and transcribed alongside fieldnotes. In this way participants, in apparently reactivating "here and now" experiences, were providing richly dimensioned recall of them. Once this level of response was achieved, my task as I saw it was to track the process by which an event comes to be imbued with salience for the participant. In this way I hoped to contribute to an overarching goal in facilitating change: that of understanding the situation to be changed. This involved a lower order, more specific, level of inquiry surrounding the nature of the information that is selected out by the participant as salient, how he makes sense of it, and how he responds to new information.

Given this broad agenda, I was anxious not to limit or foreclose the responding of participants by my expectations of their experience at any particular time. Therefore the interview guide developed (Appendix 6) was relatively flexible and sought not to dictate the process. I believed more valuable data would emerge from allowing participants to speak freely and associatively, rather than confining them to a structure. Once an episode had been located on video-tape, the participant was invited to pause the transmission at points of high emotional arousal or significant personal meaning. I also sought cues to such arousal by monitoring the responses of the participant, either as it occurred in the interview at hand, or as indicated on the videotaped recording. Often these points of increased arousal would be marked with the man's heightened animation, body movements or utterances (such as might be considered "minimal encouragers" in more conventional dialogue). I considered these instances as markers at which to intervene and request further articulation. I also tracked the responses of both the therapist and other group members as they were manifested in the recording. In this way I was able to explore with the participant the features and dimensions of the events that arrested their attention, and the qualities of the interaction that guided their response. Where articulation was limited I often intoned with questions such as, "what do you feel like doing here?" I probed their responses to situations and persons in situ and directed low level reflective empathy toward such reactions. I also sought their evaluation of the episodes as a whole, but learned not to foreclose on their elaboration too early. Interestingly, during these articulated experience interviews, participants often spoke in the present tense about the events from the previous

day, as if those events were occurring at the time of the interview. Sometimes during the screenings they expressed emotion that had evidently been felt at the time of the session but not expressed then. This was relevant to the collection of data as it provided an additional source of cues and means of accessing salient experience. I ensured that explicit reference was made to events on the tape at the time of the interview in order to form points of identifying reference during data analysis.

4.2.6 Triangulation and Special Considerations

Sandra Mathison (1988) concludes that there are two ways of interpreting the concept of triangulation in research. The first way is that it refers to a set of procedures that act as checks and balances on the validity of explanations. In this way, triangulating devices contribute to the overall trustworthiness of the research. Another way to view triangulation is as a means of adding additional perspectives, "thickeners", to the emerging explanation or account. In this second view the researcher, in emphasising the complexity of human affairs, seeks to incorporate "different images of understanding" (Smith and Kleine, quoted in Mathison, p13). Consistent with my overall approach of combining paradigm and narrative approaches in this study, I utilised triangulating devices for both purposes. I will illustrate here the dual use of the triangulation devices employed in the procedure.

Among other items, each primary participant was issued with a small portable audiotape recorder and a brief questionnaire (refer to Appendix 5). Immediately following the session he was instructed to record onto the tape-recorder a narrative summary of the events of the relevant section of the session dedicated to his offence chain. The questionnaire involved his nominating the salient events along with some impressions of those events. As corroboratory triangulation, this device allowed checking between the taped narrative and the questionnaire to determine whether the nominated events featured on the tape. It was assumed that this would provide a sufficient check that the nominated events did actually represent events sufficiently salient to survive for recall.
Further, however, the narrative and questionnaire content in tandem provided a phenomenologically-driven record of events that was both salient to the participant and complementary to the articulated experience interview.

Similarly, a review of video-taped episodes involving the participant's therapist not only registered the level of correspondence between therapist and client evaluations, but

more importantly introduced depth to an overall understanding of the situation by bringing the perspective of the therapist to what was occurring.

The task of identifying the significance of *interactions* occurring within the group milieu presented itself as a complex one. The notion of attempting to track, enumerate and evaluate discreet elements of communication as the participant selected out and responded to such exchanges was considered neither viable nor necessarily faithful to the experience of the participant. It was therefore decided to appoint the primary participant himself as the chief editorial guide in this process. This decision to "trust" the participant's report raised concerns around contamination and bias, related to the notion of "response demand". According to this argument, participants may be tempted to respond to the task on the basis of their perceptions of researcher expectations, rather than as an accurate reflection of their experience at the time of the treatment session. The counter-argument of constructionism is that any intervention will inevitably impact on the outcome of research. This will occur, irrespective of whether the direction of the "bias" is toward or away from presumed notions of an objectively determined and "neutral' reality. Regardless of the relative merits of this debate, I concluded that the process and circumstances of the articulated experience technique, as described, was likely to elicit relatively uncensored "stream of consciousness" responding, involving in-the-moment responses to specific instants in therapy. My experiences of conducting this process proved consistent with this expectation. Participants uniformly provided detailed and surprisingly candid responses, countering the hypothesis that they would generally present themselves in a favourable, co-operative light.

Additionally, given that during the interview the video-recording was in constant and contiguous use, I was able to bring to bear triangulating information from the video-recorded interaction itself. In this way participant claims as to what occurred behaviourally were immediately verifiable from the recording.

4.2.7 Analysis

A grounded theory approach was the main organising principle for analysis. The wealth of data from the diverse sources was integrated, matched, and combined into analysable categories. Strauss and Corbin's (1990) monograph was used as the first point of reference for procedure, though other sources of qualitative description were also influential, as are described below.

As with the other phases of the research, I approached analysis as a dynamic construction process. This is consistent with the application of the GT method to data, where analysis proceeds alongside collection. The two procedures cross-pollinate, contributing to an emergent explanation, which may eventually contribute to broader theory. Analysis begins with the raw data, which is divided according to units of meaning and subsequently grouped into categories. These categories are named according to the semantic content of each, and relationships are sought between the labelled categories. The categories however are regularly checked against the data to ensure a "grounded" match. Gaps in the emerging information also provide a guide to decisions for subsequent data collection. Categories themselves may become telescoped together if they fail to add anything distinct from one another.

In the case of the current study, interview transcripts were collected one batch at a time as the successive treatment groups passed through the relevant stage in the programme. On each occasion that this occurred the transcripts were placed alongside other sources of data and "fractured" (Strauss & Corbin, 1990) into units (or "chunks") of meaning. Initially, these chunks were derived from a line-by-line analysis, being divided according to the smallest possible sequence of text that still retained individual meaning. That is, at this stage, these chunks comprised units of meaning at the lowest level of abstraction. Each unit was labelled with a note that related to its semantic quality. As this proceeded the units were condensed into higher level clusters to capture categories of similar meaning. For the time being, these categories were labelled descriptively in order to retain the flavour of the original text from which they were derived.

An electronic whiteboard was used in order to experiment with the collation of categories. This was followed by some preliminary attempts to plot potential relationships between them, employing "concept mapping" techniques (Maykut & Morehouse, 1994). Data continued to be assigned to categories as each data source was analysed. Often the same unit of meaning was placed under a number of category headings.

In conducting this process, the first finding of note was that there were a relatively small number of commonly significant themes emergent from the initial aggregation and combinatorial processes. On the whole, these reflected goals and responses of participants to the challenge of disclosure (see 5.2).

The first two data collection phases gave sufficient breadth of data to allow more abstract combinations of data categories. Gradual data collection facilitated an ongoing

sequence of alternately compressing the data down and opening it up in a process that Maykut and Morehouse (1994) compare with the operation of a piano accordion. In this way hypothesised relationships between data categories can be trialed at a conceptual level (compression), then the categories are re-opened (rarefaction) in order to test against the data itself.

These procedures revealed how participants in the study navigated a pathway through the challenge of the offence chain session according to their expectations and experience of it. The central principle to this process became clearly established. Participants determined how to manage the session, based on their intentions and choices: what one man referred to as "getting it right". This principle was tested and confirmed as a central category to which all others related, and which was axiomatic to the emerging account of how engagement occurred. This super-category is referred to in the GT literature as the "core" category. Once this was exposed, the process could be described in terms of a flowing, sequential account of what was going on when participants confronted this situation. Each of the primary participants' narrative accounts could then be plotted according to:

- their experience of and response to confronting the challenge of disclosure;
- the characteristics of their orienting assumptions and expectations;
- the development of a style of managing their disclosures;
- their responses to feedback, including covert reactions;
- the impact and consequences of the resulting interaction.

These findings and the resulting "Disclosure Orientation Model" are described in more detail in Chapter Five.

4.2.8 Extending the Boundaries of the Inquiry

Eventually, following this method, no new categories around the disclosure management sequence were being formed and no further refinement was occurring. That is, all newly culled units of meaning were codable into existing categories. A useful account of how participants responded to and managed self-disclosure during this key therapy session was well underway. However, by this time an unexamined but important dimension to the developing model was becoming apparent. Several men had made

reference to salient experiences relating to their offence chain session, subsequent to and *outside* of the formal therapy context. While I interviewed spontaneously in response to these revelations, it became clear that in order to respond adequately to the research task, a formal and systematic extension of the inquiry was warranted.

Thus, guided in this way by the emerging data, a procedure was devised for investigating the engagement experiences of men *between* group sessions. It relied upon the introduction of a further interview, conducted prior to both the following group therapy session and the primary research interview. This brief additional interview was audio-taped. The contents of this tape were subsequently reviewed by the researcher, and the out-of-group events to which the participant referred were noted. These notes were then used at the outset of the primary interview session as a series of prompts to more detailed exploration of salient events occurring outside of the formal therapy group meeting. The grounded theory analysis used in conjunction with the in-session material was also applied to the material derived from out-of-group experiences.

This process eventually generated a second model (the Out-of-Group Engagement Model) consisting of a sequence of linked engagement-related events occurring between sessions. The model suggests that, for most men, the period between sessions involves their reflecting on salient experiences from the therapy session. Sometimes, as a result of their pondering, others are consulted, potentially motivating further processing of these experiences. Interestingly, the extent to which participants engage in this between-session reprocessing appears functionally linked to the core category of disclosure orientation. This descriptive model is explained in detail in the following chapter.

4.2.9 Other Studies

In the course of researching methodological approaches for this study I discovered two areas of inquiry particularly relevant in terms of relating topic to method.

Scheela and Stern (Scheela, 1992; Scheela & Stern, 1994) report the use of a grounded theory method to explore the experience of incest offenders undergoing a multi-modal community-based treatment programme in Minnesota. They describe a largely realist (paradigm) approach to their research, following procedures advocated by Strauss and Corbin (1990). The researchers sought to explore how clients perceive and respond to the programme as a whole, as they confront their abusive behaviour and progress through

treatment. This involved the use of transcripts from direct interviews with participants, and generated a theoretical framework derived from the offender's perspective.

Process research in psychotherapy has generated a body of literature of its own (see Rennie & Toukmanian, 1992b). Grounded theory features as a typical and often central component of the methodology in this area. However, while some researchers favour a paradigmatic approach, pursuing an objective and unitary perspective (such as "comprehensive process analysis" Abramson & Mizrahi, 1994; Elliot, 1989), others lean toward narrative interpretation (such as Rennie, 1992). The objects of psychotherapy process research are the study of processes that promote therapeutic change, and the experience of those processes from the perspectives of participants. Video-taped material from clinical sessions is often a feature of the methodology. Distinct from the current study however, the focus appears to be on the business of assessing and evaluating the therapeutic *worth* of events in psychotherapy.

While there are both methodological and topical similarities between these and the current study, there some unique differences. Both areas of research just described appear to accept therapeutic engagement as a given; that engagement is implicit in participation. The current study, by contrast, focuses specifically on the matter of engagement. Also, where the use of video-taped material from clinical sessions is described in the process research literature, it appears to be as a prompt in pursuit of the assessment of the therapeutic value of events. In the present study it is rather a medium for facilitating the re-creation of therapeutic experience, by eliciting the context and circumstances.

Summary & Conclusions

I have presented in this chapter the development of processes and procedures used to illuminate, investigate and describe therapeutic engagement in the Kia Marama context.

A grounded theory methodology was settled on, emphasising the development of new understandings in this area, rather than the testing of existing ones. Within the GT paradigm, constructionist and realist approaches were combined in the overall unfolding of the project. On the one hand, I put to use my familiarity with the Kia Marama context in order to access data, and relied on the groundedness of the data itself to shape the sense of findings. I also placed faith on my developing familiarity with the emerging data, together with the contextual experience and wisdom of colleagues and supervisors at a local level. On the other hand, however, I related the emergent findings to my existing understandings

and assumptions as a practitioner in the field. In these ways I intended that the findings would reflect grounded outcomes while making meaningful and congruent contributions to knowledge in this area.

In the gathering of data, I sought to get as close as possible to the participants' understandings of the interpersonal processes involved, and arranged to remove as many obstacles as possible to direct experience of the disclosure encounter itself.

In exploring participants' experience, it became clear that the expectations that men brought to the situation fashioned the course of their engagement. Taking a lead from the data itself, I was guided beyond the context of formal therapy to alternative settings in order to track the engagement process through its course. I was able to trace the path that each participant took, as it related to the particular orientation to which he was inclined. The outcome was a narrativised model, depicting the different pathways adopted by men who approach this critical phase of offence mapping.

Overall, the method proved useful in gaining access to the areas of information required for the study. The resulting descriptive models made sense in terms of coherence, and were approved by participants as an accurate reflection of their experiences.

As the study unfolded it became clear that to fulfil the aims of the research a second phase was necessary. Chapter Five largely describes outcomes from the first phase of the study and Chapter Six the outcomes from the second phase. Descriptive models generated from the data are used in both cases.

CHAPTER FIVE
THE DISCLOSURE ORIENTATION MODEL

Introduction

In this chapter I shall present, in detail, the results of the first phase of the research: those dealing with the approach of participants to offence process disclosure and their experiences in the context of the relevant group session.

The course of this process, which culminated in the emergence of the "Disclosure Orientation Model", began with the data and proceeded inductively according to the grounded theory procedures described in the previous chapter. This chapter is structured so as to present the model near the beginning, thus reversing the actual course of the research process. This is done in the interests of clarity. Excerpts from the transcripts of experiences reported by research participants (representing, en masse, the bulk of the data) are then provided as illustrative of the various categories within the model. These excerpts are selected on the basis of their representativeness within the various data categories.

Chapter Six will detail the findings of the second phase: the out-of-group experiences of participants.

5.1 Participant Compliance and Outcome Validation

Of the 16 primary participants, 13 completed the narrative recall task (a triangulating procedure: see 4.2.1). In each of the three cases where this task was not completed, the men described the disorienting or overloading experience of the session as the decisive reason for failing to comply. In all 16 cases the participants went on to complete the remaining requirements of the procedure. The 45 incidents recorded by participants as salient on report forms featured in these narrative records without exception. These incidents were subsequently located successfully on the video recordings with exceptions in just three cases. Thus, validity and compliance were considered adequate

5.2 Early Themes to Emerge from the Data

Initial stages of the data analysis revealed a number of issues common to most participants as they face the disclosure process, reflecting the fraught nature of the

experience itself. These emergent themes are outlined below, illustrated with passages from the interview transcripts.[4]

5.2.1 Psychological Overload

This encounter is almost universally reported as both poignant and demanding. Typically, it is experienced as punishing.

> It's a bit like an interrogation; it's like being overloaded. It seems like you are getting questions from every direction, but there isn't really that many people speaking. So between J and the therapist I was getting beaten: like a bat and ball; like punch drunk.

> In many cases participants are affected to the point of feeling overwhelmed. This experience is associated with an apparent inability to process information competently.

> I think this is where I was losing it at one stage. I felt so rotten, so dried up, wanting to get out and wanting it all to stop. I had done enough.

> [Therapist] talks about how I had to relate it to the event. It was hard to relate it to the event as well.… I got hot, but nothing else - I couldn't think of anything else, it blinded me. I couldn't think of anything else.

> At that particular stage, I turned introspective. As I said before, I didn't realise that W had gone on. I heard, but I didn't take it in. W did go on and say that, but it didn't go in.

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[4] While some of the transcripts excerpts used throughout this text lack clarity in a literal sense, they appeared to reflect the impact of the incident on the articulation of the speaker. It was therefore felt useful to include them, partly in order to help demonstrate the intense nature of these experiences for respondents. Where the speaker resorts to jargon terms, or conventions specific to this context, these have often been replaced in the text for the sake of clarity.

> By the time the [offence] chain was out, there was so many confusions in the chain, which caused a lot of the members of the group to have questions to ask about. I was faced with questions and being nervous. Question after question was different and placed around the chain. Instead of focusing on the one question, I had too many questions in my mind to answer.

> I was trying to think at the same time; the words going a million miles in my brain….

5.2.2 The need to present an understandable self

Pervasive through the data is a desire to publicly account for oneself in a way that either evokes sympathy in others or at least renders one recognisable or understandable to them.

> L understands exactly how I felt at the time. I know that I have a lot more to bring out [about myself]. L says that, and that that's good. I feel relieved then, because he has noticed that.

> It's their recognition of something, but I can't think what that something is. I've been trying to explain the feeling. I recognise the feeling, or I recognise there is a feeling there, and finally perhaps, someone else knows I've got the feeling I'm trying to [express]!

5.2.3 Concern about alienation

Being disbelieved; thought of as unlikeable; perceived as the worst offender; or of being isolated from the support of others are commonly expressed fears. They relate to concern about potential rejection by the audience as a result of making disclosures. In response, scanning for and monitoring the reactions of others tends to be carried out to a greater or lesser extent.

> When [Therapist] is asking me about my intentions when I went into the room, my words, feelings - just going into a wee ball. I felt disbelieved, I felt withdrawn from everything - from the group. My sorts of feelings - the disbelief from the other guys in the group.

> I was aware of negative thoughts, negative vibes, dead calm. Dead quiet. I was shitting. It was the quietness that got me. It was very quiet. Lack of response. I wanted proper feedback and I felt [Therapist] wasn't giving it to me.

> D - he knows what I done, you're not letting him [having his say], what is the point? - you're not believing me!

> I wanted to know what they were thinking - any one of them, other than J; I was wanting their assurance that they understood what I was saying. I know a few to this day, that I didn't get myself across properly, and I felt as if I was lying. I felt as if they were thinking I was lying. I wasn't communicating properly.

5.2.4 Connectedness

Where there is the perception of having gained the trust or collaboration of others in the therapy group it is commonly related to the recognition of layers of similarity or complementarity with them. This gives rise to an optimistic sense of interpersonal connectedness.

> W's feedback is very strong, very strong. I don't know whether it's his [older] age. I respect him, I do respect him for who he is. And I suppose - his situation. I've gone through and thought about it. I feel trust. It's like a connection, in sorta one way. He's been there, he's been around. I sense I know this guy, I feel I know this guy. We have things in common. He doesn't like getting close to no one. He told me about hisself - that stuck to me. He came in the other day and last night and said, "What are you doing? This is getting better isn't it?" He doesn't trust, but he trusts me - to come and talk to me.

> OK, as an individual, I've got my own point of view, my own kind of thinking, and my own way of doing things; as part of the group I get a feed from round the group and my ideas expand, I feed the group, and so on. I am *this* big [gesturing] as an individual, and *that* much bigger [expanding the gesture] as part of the group.

> It certainly is a novel situation. If I'm in a group, usually everything is going on around me, I'm not part of it - I'm there, but I'm not part of it. I'm *part* of this group. I'm involved because of the common denominator, the common reason for being there….Comradeship, camaraderie, it's there - we are a group. Rather than individuals - I feel: all for one, and one for all!

5.2.5 "Getting it right"

A strongly felt and relatively inflexible concern with producing "correct" responses in a particular way was reported universally. What "right" means, however, varies widely across participants.

> I thought he was writing down the points that he considered I was getting wrong. Rather than give a wrong answer, say nothing! Well maybe not say *nothing*…. I was giving [Therapist] answers, and wondering if that was the right answer.

> It was mainly about things that I can't recall. Bits and pieces come back, and they target those areas: at the time I wasn't fully clear in my mind what I was saying. To them it lead to mistrust, that what I was saying wasn't really right.

> [Therapist] turns back to the board here, and I've got a sense of relief for me that he has gone to the board to address the board and put whatever I had answered him on the board. And to think about it - how he had put it on the board for the group to see. A relief that I've come out with the right answer

> I was trying to think of something that I could say in a proper way that needs to come out.

> The only negative aspect would be: "Oh Jesus! I've done it again, I haven't put across a good job".

5.3 Developing the Analysis

Clearly then, as they seek to navigate a passage through this encounter participants perceive both opportunity and threat. The prevalence of these themes over the range of

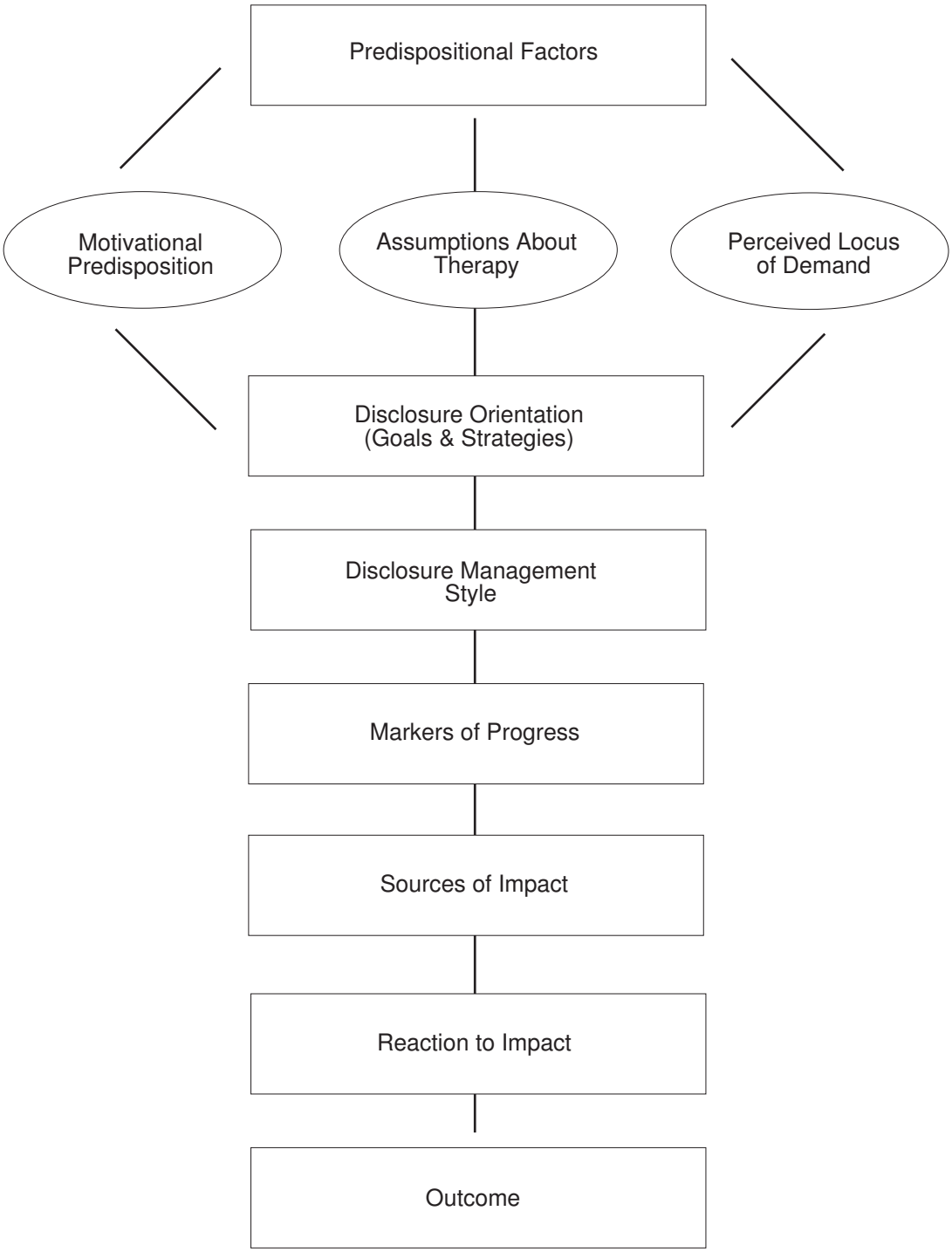
respondents indicates that they represent important nodal points with regard to functional therapeutic engagement. And while the positive experiences associated with connectedness, for example, may provide incentive to actively participate in a therapeutic alliance, other themes appear to portend formidable obstacles in a process that relies on open, direct and honest self-disclosure.

While these relatively "raw", rudimentary categories were of interest and relevance to the study, the analysis at this stage was in its early stages. The research task was to develop a refined understanding of these themes, to make sense of their influence on therapeutic engagement and to discover dynamics operating in this situation that account for their incidence and their course. The techniques of grounded theory analysis (described in detail in Chapter Four) provided the systematic means by which to distinguish and refine categories of phenomena generated from the qualitative data. These techniques also led to the discoveries concerning relationships between the categories. This process assisted in the development of a descriptive model which provides insight into factors, both intrapersonal and interpersonal, impacting on therapeutic engagement.

The intermediate stage of this model development is represented by Figure 4, below. This illustrates the essentially dynamic process by which participants were seen to confront the various challenges and opportunities they perceived in the process of disclosure. Essentially, according to this model, orientation to the task of disclosure appeared to be founded on certain predisposition factors comprising motivational, assumptive and perceptional elements. Subsequently, participants adopted particular goals and strategies for achieving them. These goals and strategies manifested in distinctive response styles. The salience and impact of events during the disclosure session and their progress through it tended to relate to what each participant attended to, directing him either toward or away from engagement with the therapeutic processes.

This sequence will be described in greater detail next, followed by a detailed description of the four disclosure approaches that represent different passages through it. These approaches are each related to the central notion of *disclosure orientation*.

Figure 4: Disclosure Model



5.4 The Disclosure Model

The generic disclosure model is first outlined here, and then described in detail and illustrated with examples.

Disclosure Orientation

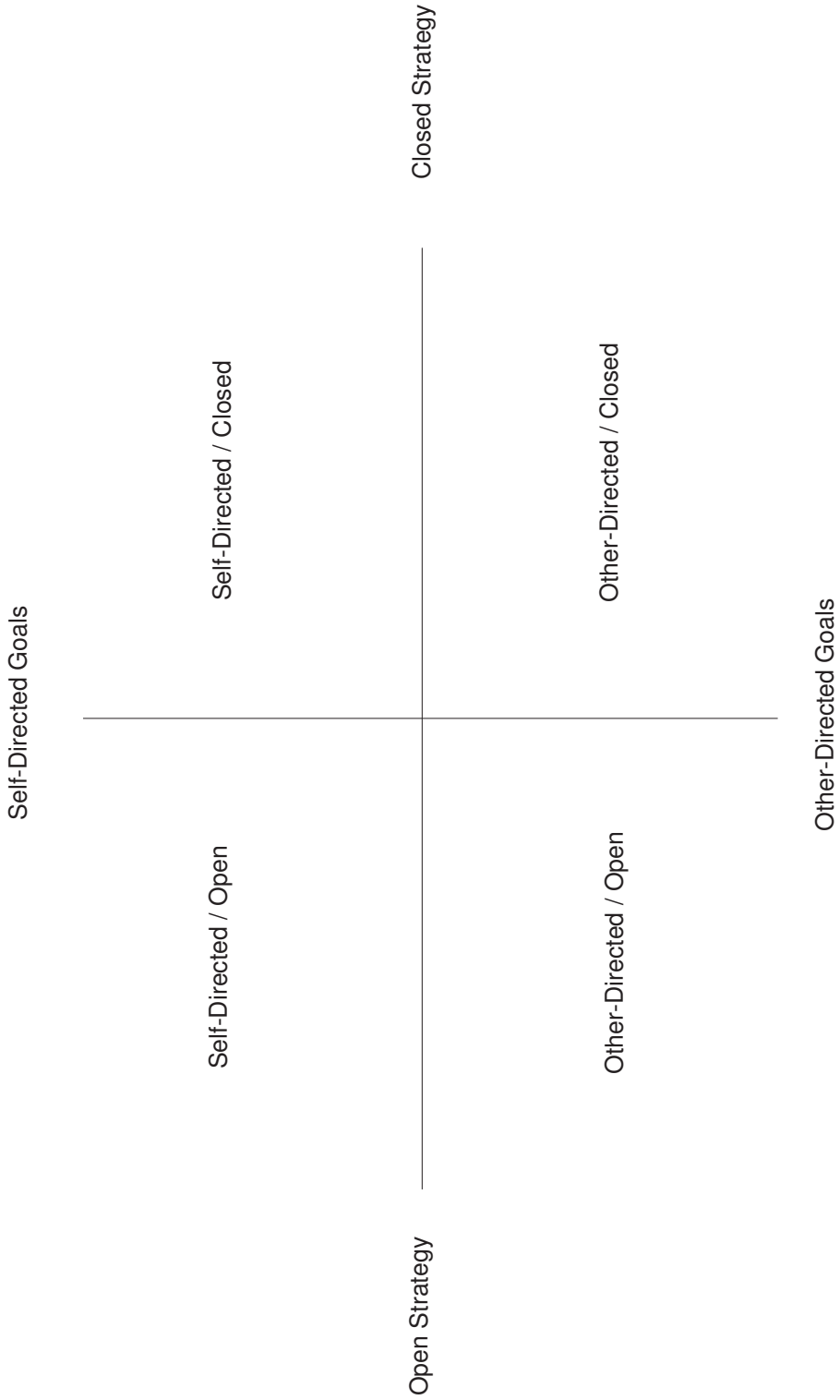
According to this model, the key to better understanding the impact of participant experience during the disclosure session lies in one of the general themes identified above (5.2). The need to *get it right* emerged as the common imperative underlying the core category for the study (the concept of a core category is explained in 4.1). It transpired that "getting it right" represents different goals (and different strategies for achieving those goals) for different participants.

As described above (5.2.1-5), to the participants as a whole, the encounter presents a range of challenges. However, each individual responds to these challenges by taking up a discernible disclosure orientation, depending on the priorities he establishes for the encounter. The disclosure orientation concept denotes *intention.* It can be viewed as a stance adopted by the man, characterising his approach. However, it also influences *how* he goes about managing the encounter.

Naturally, the degree and kind of challenge that self-disclosure represents differs from individual to individual. This stance then can be seen as arising out of the way in which he views the type and magnitude of the challenge. It comprises two distinct factors: his goals for the session, and the strategies he employs to meet those goals. Client *goals* in this context are influenced principally by whether the individual emphasises the importance of others or of self with regard to matters of personal validation. Where he looks to others for such validation he can be said to be **other-directed**; where the man emphasises a self-validating approach he is seen as **self-directed**. This self/other continuum intersects with the second dimension: that of the disclosure strategy continuum. This continuum relates to the client's *strategies* for managing the challenges that the session represents. The two extremities are viewed as **open strategy** and **closed strategy**. Where some clients favour an openness to the exchange of information during the session, others adopt a controlled response to revealing and/or accepting accounts, enquiries, advice, ideas, hypotheses, suggestions, and other forms of information. The particular approaches to disclosure that emerge from these permutations of goals and strategies are then: self-directed/open strategy; other-directed/open strategy; self-directed/closed

strategy; and other-directed/closed strategy. The two axes of goals and strategy, and the four disclosure orientations that they generate are depicted as an orthogonal relationship in Figure 5.

Figure 5: Disclosure Goals by Disclosure Strategies



Predispositional Factors

While it is interesting to speculate upon more general factors that might influence a client's goals and strategies in this context, the data throws up a combination of attitudinal, conceptual and interpersonal variables which have a direct bearing. Disclosure orientation appears to flow out of the combination of various predispositional factors which summarise how he views the prospect of this requirement of the therapy programme. These factors emerged from the data categories labelled: **motivational predisposition**; **assumptions about therapy**; and **perceived locus of demand**.

The first of these, the participant's motivational inclination, pertains to his formation of attitude as he contemplates change by therapeutic means. This was represented in the data by approaches dimensionalised between, conservative and liberal, relating respectively to whether he views the prospect as a threatening one or, at the opposite end of the continuum, as providing opportunity. A third position, labelled here as ambivalent, was also represented in the data.

The second predispositional domain, assumptions about therapy, concerns the way in which the man construes the nature of the therapeutic process. This perceptual factor is dimensionalised between a controlling view and an collaborative one.

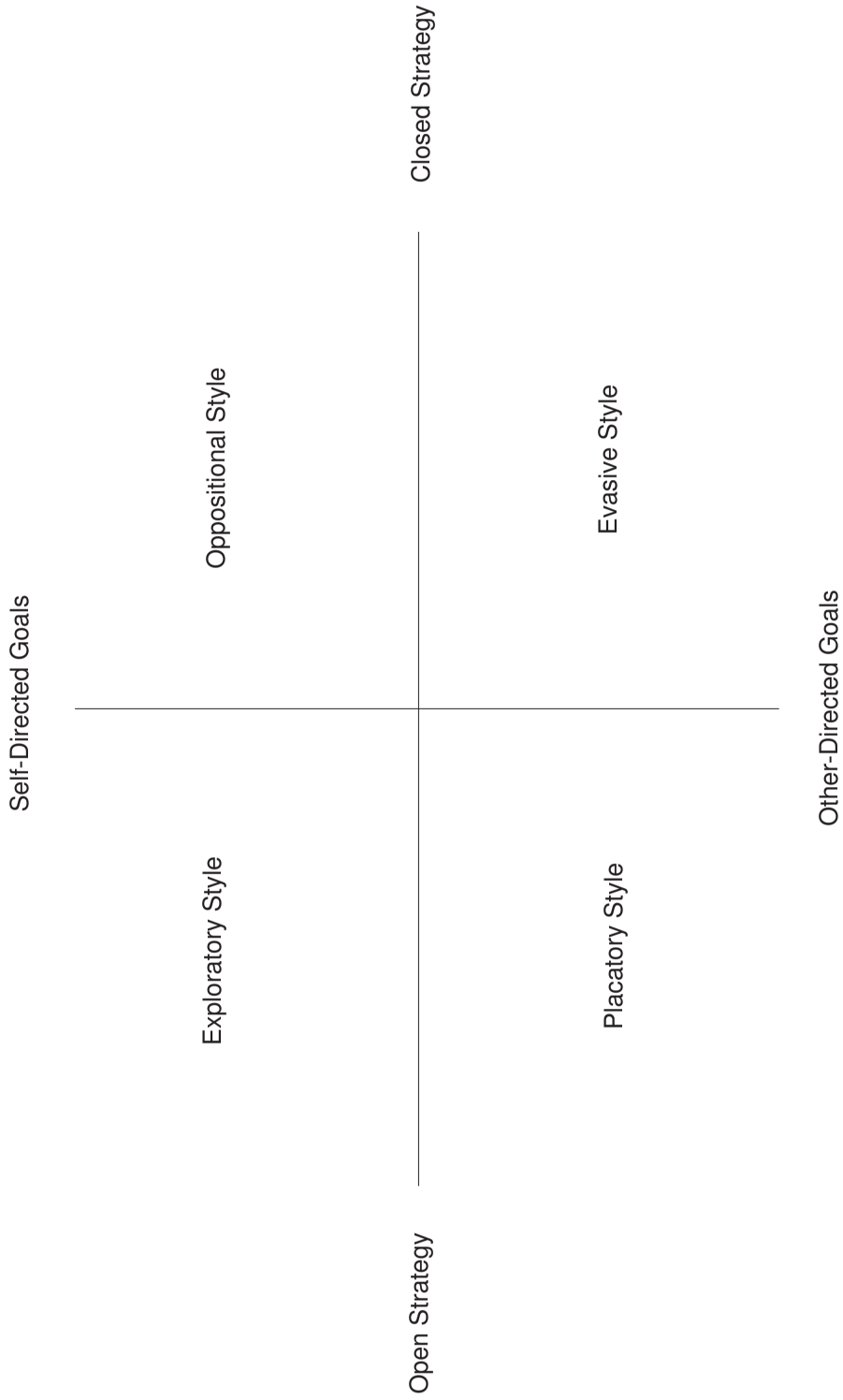
The third source of the client's disclosure orientation surround his perceptions of the locus of demand**.** He may perceive influence to engage in the process either as being externally driven (as a desire to respond principally to the expectations of others) or as internally driven (as emanating principally from intrapersonal need).

Disclosure Management

These predispositional factors in combination are closely associated with the client's disclosure orientation. In this way they have a direct bearing on the way in which, in a behavioural sense, he navigates a course through the session. There emerge then four discrete pathways of disclosure management arising directly from the four permutations of goals and strategy pairings. The constraints operating on the course of their disclosure again reflect the intensity of this experience for the men involved, as they seek to balance their need to provide an explanation for their behaviour and themselves (whether this is driven by an "internal" need to make sense of their offending or an "external" one to be acceptable to others) with the perceived demands of the immediate environment. Irrespective of the particular goals and strategies involved then, their predicament

engenders a compelling sense of the need to "get it right." Depending on the particular disclosure orientation, getting it right can imply anything from finessing one's way through the encounter with a minimal level of exposure to harmful self-revelation, to grasping the nettle of disclosure and therefore maximising opportunities to elicit helpful feedback from other participants in the encounter. Providing "correct" responses in the "right" way then is a common concern of the men in this situation, whether their purpose is to oppose, evade, placate or explore. The direct relationship between disclosure orientation and disclosure management style is depicted in Figure 6.

Figure 6: Disclosure Orientation and Disclosure Management



Markers of Progress

As the session proceeds, the client identifies markers of progress, as he seeks to stay oriented on his own pathway to "getting it right". That is, he gives attention to the particular criteria for progress associated with his disclosure orientation. In this way, a feedback loop operates as the man continually seeks to modify his responses to emergent information. Under pressure, attentional resources may be deployed almost exclusively in the service of avoiding perceived harm to self, particularly for those who are inclined toward oppositional (adversarial), evasive (self-protective) or placatory (deferential) disclosure management styles. In such circumstances, attention to information relating to the intentionally therapeutic *content* of the session may be minimal.

Source of Impact

The man's pattern of perceptual attending during the encounter naturally influences what is salient for him; that is, those phenomena that generate impact. This phenomena varies over *who* (and *why*), *what* and *how* factors. For example, some participants are inclined to believe that their needs are best met by seeking to maintain a defence of their initial account of their offence process (self-directed/closed strategy). These men may perceive as impactful, in a positive sense, the efforts of others who align themselves with that position, in opposition to those who seek to refute it.

Reaction and Outcome

During the course of the session, when information or an event impacts on a participant in a salient way he experiences a reaction to that event. The "polarity" of this reaction (that is, whether it is perceived by him positively or negatively) will tend to reflect the disclosure orientation to which he is inclined. In this way some participants become increasingly entrenched in their disclosure position, and this is reflected in the outcomes of salient events in the disclosure encounter.

For some participants the outcome of the experience will tend to depend on the quality of the information or event itself. If an event is experienced as disorienting, for example, the participant is likely to move toward a "*re*-orienting" outcome. Re-orientation in this sense, connotes an inclination to reinterpret information, provoking movement away from an initial disclosure orientation. Those clients who have systematically pre-planned a contingency strategy for avoiding social exposure (a characteristic feature of those who

incline to an other-directed/closed strategy) may be significantly affected by the occurrence of unanticipated events during the encounter. However, should the information merely serve to confirm the man's pre-existing orientation by providing, according to his understanding, evidence that is supportive of it, then he is likely to continue to pursue his original pathway in relation to engagement.

Summary

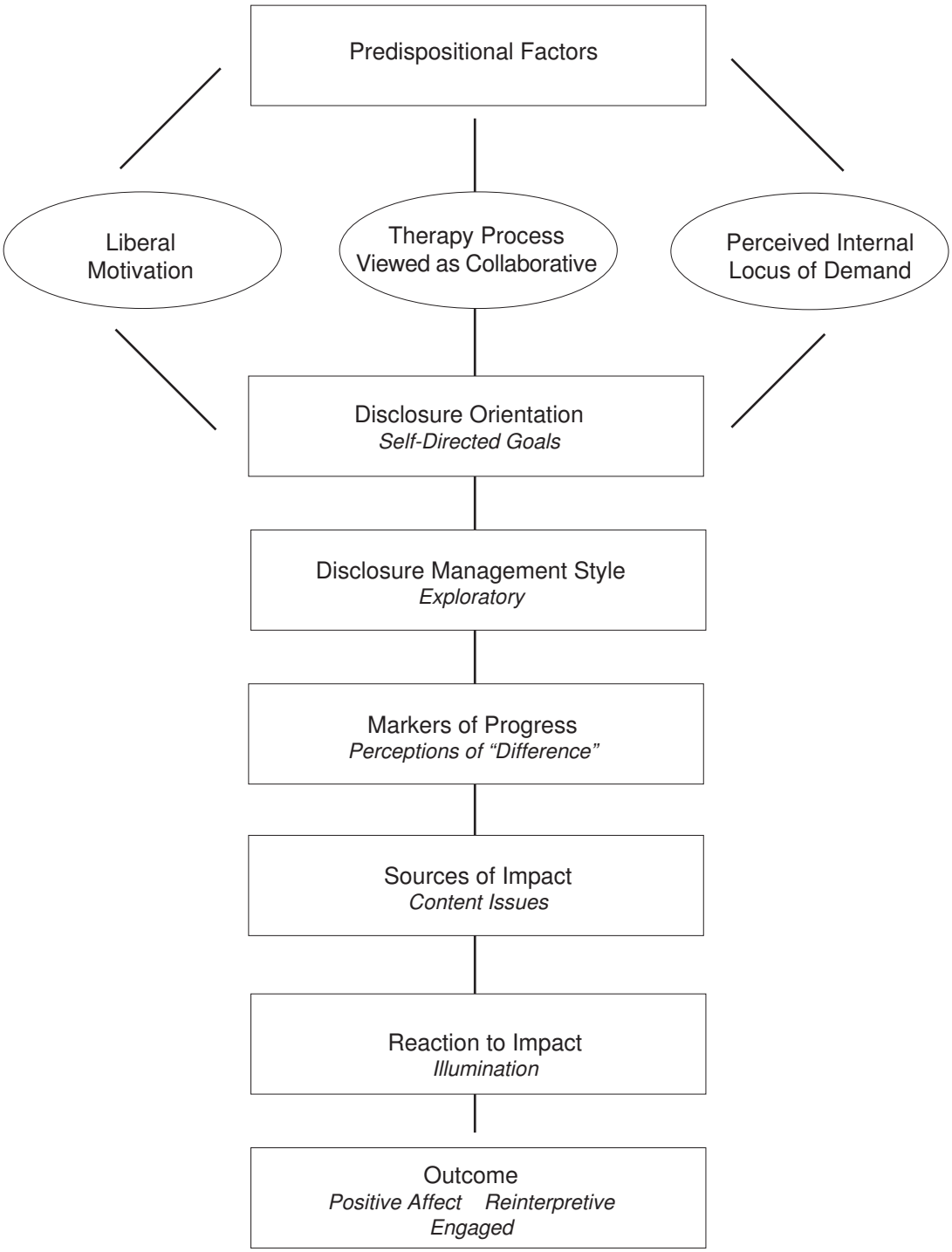
We learned from previous chapters that these clients typically lack a sense of basic security and have a deeply-rooted mistrust of human relationships. When the men in this study were presented with the prospect of revealing comprehensive information about the processes by which they carried out sexual offences against children they experienced considerable anxious anticipation. The nature of such arousal varied according to the individual's conception of and attitudes toward his role in the encounter. His overall approach to the process, as derived from this conception, can be seen to constitute his particular disclosure orientation. This stance directs his style of managing the encounter, in turn influencing to what he attends and how it impacts upon him.

The next section describes in detail and illustrates the four pathways revealed in the model.

5.5 The Four Disclosure Orientations

A diagrammatic overview of the four distinct orientations is presented here. This will be followed, in each case, by a more detailed description of the dynamic aspects of the model, presented step by step. By way of illustration, for each of these steps I have selected examples from the interview transcripts.

Figure 7: Disclosure Orientation " A " Self Directed/Open Strategy



5.5.1 Disclosure Orientation "A": Self-Directed/Open Strategy

Some participants emphasise the achievement of self-validated outcomes from the encounter. That is to say, they are inclined to set goals that are concerned with prioritising their own needs directly, as opposed to deferring to the expectations they may perceive from others during the course of the encounter. A proportion of these participants combine this propensity with a strategy of pro-active openness to exchange: a free flow of assertions, questions, observations and other forms of information. This combination results in Disclosure Orientation "A", characterised by both a relative openness around disclosure and an inclination to interpret information in ways that promote self-discovery.

> I was able to do that because part of being in that group is telling about yourself, and being able to tell *them* about yourself. That was what I had to do and that's what I did, because it was just a part of being in the group, part of doing the therapy.

> After W had said, "I'm lost"; I said, "good!" At that particular stage, I turned introspective….I was introspective, in as much as I was thinking, this was an opportunity of developing - in my own mind - that particular part of it. In this case, I made a contradictory statement, compared with what I should be feeling. I have to realise that "good" was wrong, I recognise that. But why I said "good" was because I could see an opportunity to enlarge on what I had just done. On this occasion, it is someone who is lost; the group can get together now with me, with W to fill in the gaps, get something to work on. The people can put a little piece of information here and there to fill in the gaps. W's lost, I'm lost; but others can have a brainstorm.

These participants tend to exhibit a liberal **motivational predisposition** toward the therapeutic encounter, where opportunity is uppermost and where the discomfort associated with disclosure is tolerated.

> When people talk about trust, they are bringing out - you are risking something. I'm taking a risk with him, of being open and honest, because he will help us to extinguish bad things that I have done: be able to give the right advice

> Basically, that is what you are there for: to get it all out. Ya, at that time I didn't want to say any more. I felt like getting on to something else, changing the subject. Since that day, I have been thinking about it. What stopped me from changing the subject [was], as I say, that is why I am there. Even though it is hard, it is something I have got to do, I want to do.

> If they help you, you can help them, everybody is in it together.

> The initial thought is to go on the defensive. But then I thought - I thought, I'm here to deal with it, not to hide it. That is where the feelings went. It was like an accusation, but it was there to help me. I didn't see it really as a threat, even though I felt like it. But I didn't see it like someone coming up to me with a knife or something. It was there to help. I accepted that help; I wanted to, to deal with my offending, to find out why I'm offending.

The **therapy process** is viewed primarily as a collaborative one, where full and mutually active involvement is required to tap into synergistic resources.

> We are there to deal with the problem, and to hide from everyone in there is not addressing the offending. That is basically why we are here. To be laid back or disruptive in therapy, it disrupts everyone else. It's better to get it out and then the others can help you.

> In this case everyone knows what is expected of each other. Everybody is working towards the same goal, namely to help each other: to uplift, working towards a common goal. We all know that everyone knows that everyone will be in the hot seat... all working in the same team towards a common goal. OK, as an individual, I've got my own point of view, my own kind of thinking, and my own way of doing things; as part of the group I get a feed from round the group and my ideas expand, I feed the group, and so on. I am *this* big [gesturing]as an individual, and *that* much bigger [expansive gesture]as part of the group

> The fact that being a group, and being a number of people, that are working together, there is aiding and abetting each other to get more ideas. It's just a feeling I get that the group is better as a whole than just the parts. It's like a

> magnetic force linking all the people together. The group will work together to get it.

The **locus of demand** experienced by these men is one that is internally based, reflecting self-set priorities. Others are typically seen as the means by which internally-motivated goals are pursued.

> He is not judgmental. The acceptance, the helping, the feeling that he is there to help. His manner, his tone, the whole idea of therapy, it's not so much him, but why I'm there – it's what it represents.

Sometimes this internally-based stance may result in the rejection of information, but generally not without a degree of reflection or consideration.

> Before I committed the crime [the sexual offence] - even though I did a burglary within the crime, the focus went off the crime. I got a bit of criticism by other members, they say that, "you did it that way; why would you do it that way if there was a light was on?" They were saying that they wouldn't do it that way. So it was more or less forgetting about the offence and focusing on something irrelevant. That brought in other problems I think. Problems that alcohol has on my life. I have committed other crimes. I found out they wanted to know more about how I did the other crimes. It was irrelevant, it meant nothing, it was not helpful.

Men who display features associated with this open/self disclosure orientation tend to adopt a **disclosure management** style that is essentially exploratory and enquiring in outlook. This stance impels them toward a sense of self-enlightenment. Those who emphasise this exploratory style of disclosure management appear to set out in a mode marked by curiosity, apparently motivated to make discoveries about themselves.

> I've got to find out what the block is. That has made me feel. It has made me more inquisitive about that and to follow it up.… I must find out why I'm doing this - increase my inquisitiveness about myself.

The processing of feedback in this case is mediated by a divergent style of reflection, as these men endeavour to make sense of their situation. Along the journey they seek to integrate new knowledge with existing understandings, or to replace such understandings in a search for greater clarity or accuracy. There may be an attendant acceptance of some

emotional pain or struggle ("grasping the nettle") in order to achieve this. However, a sense of exhilaration, excitement or adventure is often prominent.

> He has picked up the contradiction, whereas I haven't….Ah! - so that's where that came from! There is a greater realisation. Why did I sound scared? .In my mind I suddenly went, "why does he wonder?" He wonders that I'm wanting to feel that emotion again because that's a good emotion, but I'm having a strong feeling, I don't like strong feelings, I'd like them off. Perhaps that is what he is referring to!….I didn't resent him doing this; it wasn't negative, it was positive in this case. [pause] I was - puzzled, if you like - how does this effect me? what can I gain from it? It was definitely positive. It drew my attention to it, it brought out an incident: something I could write down. Again, undefined, but *why* does he pose it? What part of me is pulling up this contradiction? What is it that I need to find out about myself, here and now?

Full, and on-task, participation is expected of others, relatively free of collusion, pity or misplaced sympathy.

> I was listening to them, I was trying to get them to do their bit. I was expecting them to answer; [now] *I'm* in the hot seat; I expect them to take my place. I want them to make me behave the way I expected *them* to behave.

> He is talking about me falling into a snare. It was like, because he was talking about himself, he is falling into a snare. Hey, I never fall into a snare! I did what I did because I did it all. It wasn't, "whoops! I'm here, I'm offending", but that is what he seems to be getting at. Like, he was trying to get me on his side, about the idea of falling into this snare.

> Then, after this bit it goes on, and he actually goes off on a story about himself, as though he feels he has to make up time - to make it seem as if he was listening. And even [Therapist] said, "hey, we are not talking about you, we are talking about J." And I was getting really angry, annoyed, that I had been pouring out my guts and he couldn't be bothered - wasn't listening. He couldn't be bothered listening!

> The other thing that stood out for me here was just mainly I suppose the way people were giving sympathy. They saw that I had had such a hard life, they

> were trying to say, "oh sorry you have been through so much". The picture I got is perhaps, that they could see that [others] could be to blame for my offending. In which, no it wasn't; it was me that did my offending, not my past. I felt like saying, "hey that's not relevant to what's going on here, because it wasn't because of that that I offended."

As well as enlightenment, an urge to unburden oneself may be apparent.

> If you have just the therapist, you are still carrying it around, you are walking around with it, it is dragging you down. Once you get all the shit out, then you feel a lot freer.

> It is hard; it's an obstacle. But it is worth getting over, because it helps you have a feeling of release: it is finished, the bubble is broken, the secrecy is gone.

For these participants **progress is marked** by their perception of *difference.* That is to say, they actively seek indicators of discrimination between current understanding and new understanding, contributing to a dawning or evolving sense of illumination and clarity about themselves and their offending.

> I thought, "good, here's an opportunity to fill in the gaps to find out what's missing; so I know what to look at". Because of statements like that, shows there is a gap, shows I've put something not quite complete, and this is an opportunity to get it right… I could see an opportunity to enlarge on what I had just done.

This sense of discovery is often accompanied by feelings of exhilaration associated with the perception of a dynamic and collaborative process.

> It's a recognition of something, but I can't think what that something is. I have been trying to explain the feeling, I recognise the feeling, or I recognise there is a feeling there and *finally* perhaps, someone else knows I've got the feeling I'm trying to [express]!

Phenomena identified as **sources of impact** by individuals favouring this orientation are discerned by features of <u>content</u>. This distinguishes the approach from that of others

who may be more likely to attend to matters of form, such as emotional tone, or friendliness.

> I think the criticism was a positive criticism, about not explaining myself, being clear; and that was through nervousness, I think. I wasn't clear. It is just something look to, that I have to improve on.

> That situation didn't [relate to] me because his offending, from what we have talked about, had been different. C had more in common, yet C didn't begin to go on about "we" and "us" - I found that uncomfortable.

A content-focus draws one's attention to those exhibiting personal qualities which substantiate the validity of their contribution, such as genuineness, authoritiveness, relevance, and reliability.

> The questions keeping coming helped things. When…he asked: "Oh, what happened here"; or: "What did happen there?", it jogged my memory, helped me think of other things, keeping me on track.

The identity of other interactors is a relevant issue with respect to impact in at least one other way here. The degree to which fellow participants reveal similar or congruent experiences reflects their potential to shed light on one's own situation, or helps to inspire mutual trust.

> D went about that in a helpful way. He realised my situation, I think he worked it out, and he compared to when he became dependent - he brought a lot of his views, more or less.

> We get on well, we talk a lot about what has happened with our offending, they are sort of similar, in some aspects. And it was good to talk to him, and I always listen to what he has to say.

> [The fact that the group is present] - that is hard, but I think it works a lot better than being with just a therapist. 'Cause with a therapist you are still hiding it, because he is the only one: that is still hiding it. With the group there, it is like going out in public - telling people

> He is experienced in what he was saying, because he has been through this experience himself. He seems like an experienced sort of person. His age, he's got a fair experience of life. C, also: I think he had a fair idea and understanding where I was going, how I was. As he said yesterday, he had thought similar to what I was and what was reacting [*sic*] me. It came across: "that is me; there are similarities with us."

The **reaction** to salient events of participants who take up this orientation revolves around the notion of illumination. This term is used here to describe the accretion of information in an additive and integrative way, giving rise to a sense of gaining knowledge, or insight.

> I picked [myself] up the second time, as my attention had been brought to the fact that I'd used the term, and my self-conscious picked it up just like that. So it brought to my consciousness immediately afterward - it had been illuminated

> I thought, "good", here is an opportunity for someone to point out the gaps [in my understanding]; but I didn't know what it was. I thought "good here's an opportunity to fill in the gaps to find out what's missing...so I know what to look at...".

This results in a sense of empowerment and in feelings of satisfaction and/or cathartic release.

> It's different here because I am being made to [express my feelings], if you like, and also they want me to. It's a novelty - a positive novelty - that they want me to. It's good, because I can recognise now - my partner has been trying to get me to do this for two and a half years!

> It made sense of my chain. I felt a form of relief that someone understands; it makes you feel better, there's no negativity there...as you see, I was very nervous.

> What made it stand out for me: I wasn't the only one. It gave me a sense of relief. But OK, I have done this, but I wasn't the only one, I'm not as bad as I made out that I was.

Outcomes of the salient experiences for these participants, when placed on dimensions of cognition, affect, and behaviour, fall into re-interpretative, positive, and engaged categories, respectively. These dimensions are illustrated below.

One's thinking undergoes a shift to integrate or accommodate new understandings:

> …it affected my feelings. Not so much as how it affected my feelings, so much as how I *reacted* to my feelings. It [brought] the realisation that I have probably been blocking off the feelings.

> I started thinking that way - differently - when I got questioned about why there was no sex in the relationship. And that led up to my past history, and it brought back some memories there.

> D talking about independence and the misunderstanding: that changed the way I thought - a better view on what independence is, or what he did think it was. It was a better understanding than what I had.

> The talking about the offence and the other parts of the crime, this changed how I thought about things. I think it was more or less being ashamed of it, because when I did the crime, there was a lot of things going on. There were people there at the time they could have helped me. I'm ashamed that I didn't take the help before I did it.

> All this made me go easier on myself: OK someone is understanding, he has not judged me at all. I was judging myself more than they were. With the expectance [sic] of support, I went easier on myself, I felt a lot better about myself. It helps you to see things a lot clearer, so you can sort them out, get a better perspective on what the problem is.

> [That experience] changed the way I thought about my wife. I was always blaming her for the problems, and I can see it was my problem. And the way I felt was, I was a cunt for doing all this stuff to her. If I didn't have all these problems then we would have had a good relationship. I felt empathy for my wife, and perhaps if our relationship had have been good, I wouldn't've offended.

The emotional outcome for these participants is at the positive end of this dimension, and typically involves elation or relief:

> There was relief that the whole thing was out: the offending.

> That is why we - the group - are there, that is the purpose for being there. It is a good tool for talking. Once it is up there - it is hard doing it, but once it is up there, you talk a lot more freely. Well, I did. You have got it out, it is a sense of release, and relief that is there and you can deal with it.

The outcome in terms of the participant's behaviour suggest active and ongoing engagement with the therapy process:

> There is a feeling of anticipation of enlightening, of disclosure; not at this particular time, but in the future, when I'll be able to fill in the gaps.

> When D was talking to me about independence, it brought home the fact that I had the courage to speak out, and to accept either a negative or positive answer from people. From being nervous to: I can speak out and express my feelings or points. D encouraged me to explain myself - in more detail - he gave me more confidence to speak out.

> I found that bringing up things that don't seem relevant [during] the group, brings up more questions that are relevant after the group. I was able to talk to them - to C - about the burglary more clearly. Things that seemed irrelevant during the group became more relevant afterwards

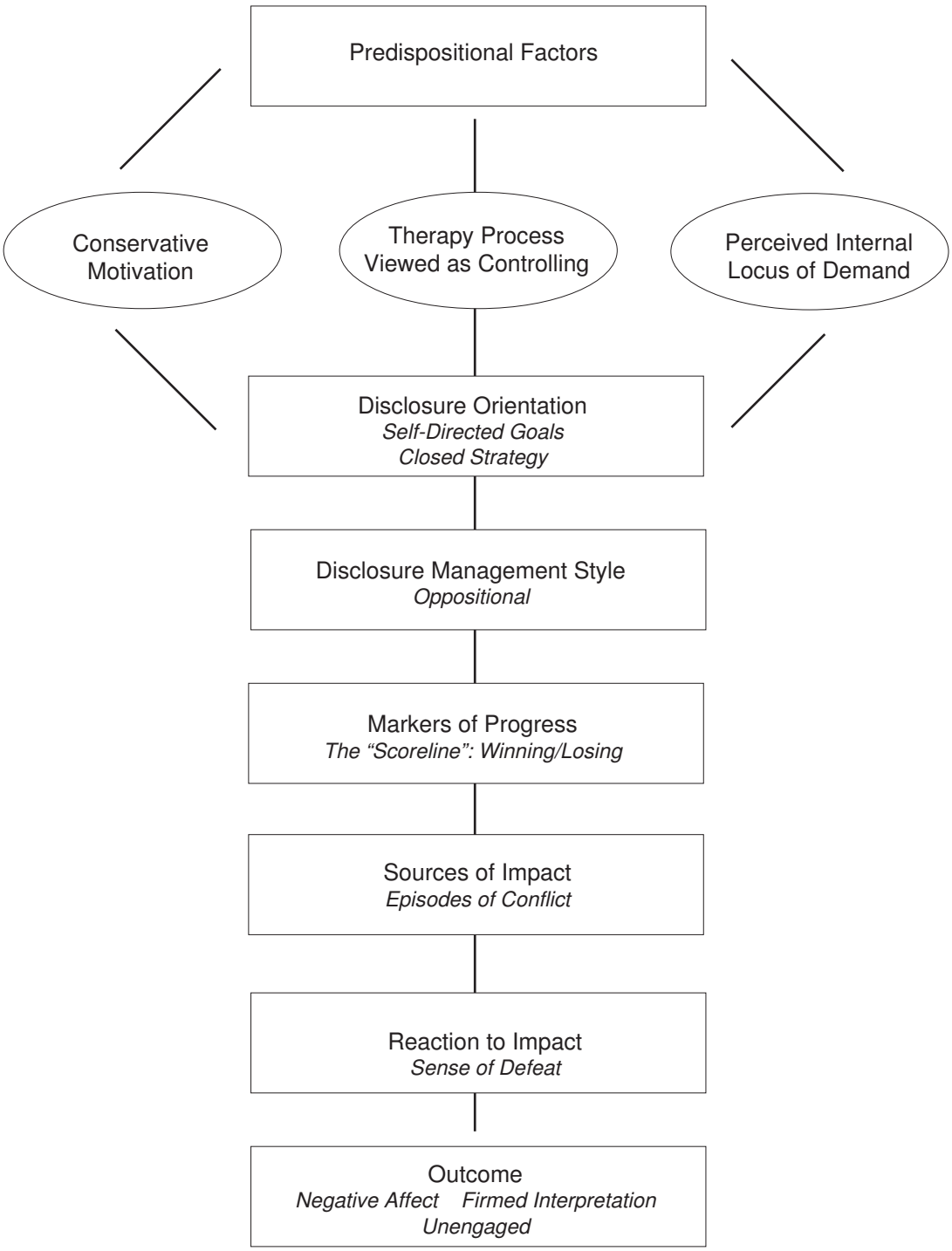
> Once you have done the chain, it is a lot easier to talk about after the chain. Once you have got it all out, you can talk about it a bit more freely rather than hide it all. Because you have got to say something.

At a meta-level, these participants are seen to maintain a disclosure orientation that is marked by a strategy of openness, based on self-validating goals:

> On the outside I would have hidden it, I wouldn't have said nothing [sic], I would have bullshitted. So it was like an instant decision. Thoughts went through my head, but it was an instant: "let him help me, 'cos that is why I'm there".

In summary, participants who emphasise this orientation approach disclosure with a self-validating agenda and the intention of openness. They seek to manage the encounter with a spirit of enquiry, and a reflective and considered attitude to feedback. Emerging issues are met with a curiosity-driven proactive stance, as they endeavour to build on or to modify their pre-existing understandings. While they are primarily concerned with discovery, they are nevertheless at times wary of the potential for painful experience such as rejection by others. But while they may feel some ambivalence toward revealing themselves, they value the prospect of unburdening, and savour a sense of cathartic release in doing so. Those events that represent the opportunity for integrating new information are the most salient for these participants; they are associated with a positive sense of stimulation, giving rise to a resolve to maintain engagement.

Figure 8: Disclosure Orientation " B ": Self-Directed/Closed strategy



5.5.2 Disclosure Orientation "B": Self-Directed/Closed strategy

This disclosure orientation contrasts with the previous one in that it denotes an intention to pursue a policy of *resistance* to re-interpretative or confrontive input generated in the disclosure forum. It is similar to Disclosure Orientation "A", however, to the extent that self-directed validation is still to the fore.

> I felt that he's not believing me; this is not me up there on the [white-] board.…He was trying to make it the truth, something that it wasn't. He was twisting it all around, changing the outcome of it.…I think it was a lot of bullshit - constructing something that's not there.

> The fact that he is challenging something that you hold to be true. Well, I always admit if I'm wrong - and that is one of the things that I've learned early in life. It just went against the grain.

Predispositionally, these participants are likely to exhibit conservative **motivation** toward the prospect of change. Invitations to engage in a critical analysis of one's account are viewed at best with disdain, and at worst as a form of hostility.

> He appeared to me, trying to make a link between my childhood and my offending, which I reject. I chose to offend - nothing to do with the way I was brought up. In fact, quite the opposite.…And this jolly session was a real waste of time for me. I couldn't be bothered with it; I have other work that I would sooner be doing this afternoon.

> I seen [Therapist] trying to help explain the way my chain was, and I thought I explained it really good. And when he started adding things to it, I was like getting wound up. Ya, I do that…I tend to get wound up, but he was going the wrong way.

The **therapy process** is presumed to be a controlling technology. Intervention is typically considered a form of manipulation and is consequently viewed with suspicion. The therapy forum is perceived as having an adversarial tone, and a power struggle is anticipated.

> I was expecting a lot of conflict.

> It's like going back to court, it's like you've been in trouble all your life….It was like being hypnotised.

> He's [Therapist] trying to teach us the right way. I hate teachers!

> I suppose that is what his job is, to try and see if he can change your mind, or have another thought about it. Perhaps seeking me to become uneasy about the situation, that I might say something I might not have said something previously, or to try to get me angry; I'm not quite sure…. He is trying to make you feel uncomfortable; he is trying to get you to say something, that possibly might not have intended to say. Well, it doesn't affect me that way!

Where this approach prevails, participants operate according to an internal **locus of demand.** In this case, this serves to lock the individual into a reluctance to consider external points of view:

> Here I am, giving it my best shot, being quite up front about it, and he's trying to shoot me down in flames! There is no point in me not coming clean, what have I got to gain or lose by it? - nothing! Hell's teeth! It has done all the damage, I have to rebuild my whole life situation again, now!….He, perhaps, doesn't know me all that well, and therefore he is entitled to that criticism, perhaps. If he knew me better, then he probably wouldn't have said that.

In **managing** the encounter, these participants rely primarily on an approach marked by opposition. They seek to promote, and rigidly maintain, initial positions and propositions, actively avoiding or resisting alternative constructions. A position is taken, fortifications are erected, and a defence is mounted.

> I was listening, I was really focused but I didn't want to be there. I wanted to block it….I thought, "if [Therapist] gets on there, I'm going to start crying": I get ready to defend myself. I'd be going, "where the hell are you? You just went off the track, you are going your own way. You are trying to drive your own way, but you're not taking me". He's trying to twist my words around.

> The way I went about it was to follow the box diagram and fill in the little boxes in the diagram with what I thought were the most appropriate answers to fill them, and he was saying I got it wrong, but I thought, "no, I got it right."

> [Therapist] was saying that I was making a whole lot of choices. This was getting me hot. I didn't put that up onto my chain, I left it blank. I had no planning and I said I had no feeling; but [Therapist] is saying that I *did* make choices, pointing at the board, and telling me I did!

The interpersonal approach in the course of the encounter is one marked by self-sufficiency and even competitiveness. Consideration of feedback is subjected to convergent processes. In this way, alternative constructions of the accounts of these participants, which may be offered by others, tend to be refocused to the original.

> If somebody is going on to me a bit like that, I'll probably sit and listen to them but I'll probably give them a comment after. [*pause*] In fact, I *have* given him a comment after that.

> What he is trying to do is say, "because this happened in your life and because that happened in your life, it has caused you to do this". My reaction to that: - and I told him straight - I knew how I offended and why I offended, and I knew how I felt at the time and straight after it, it is all on the chain there, it's all there.

Markers of progress, for these men, relate to events that indicate changes in the "score" in what is seen as a competitive encounter. This includes the identification of allies and adversaries. Ultimately however, the scoreline is a binary measure of whether one's position is held or is compromised, won or lost.

> That was M talking about his drinking and blanking out and losing time. I think: "here is someone like myself - me! M - he knows what I done. You're not letting him have his say! What is the point - you're not believing me!"

> There, E, I thought, was getting on my wavelength. I thought I was with the mother not the [victim] - and here is someone who has an idea of what really did happen….I had in mind that some of them were agreeing, eventually,

> with [Therapist]'s point of view. I think they all had ended up with [Therapist]'s point of view.

> All that hard work that I put into it, it was a waste of time. It was a mockery of what I had done. I had built something up, and it had been knocked down.

Sources of Impact, in this case, centre on episodes of conflict in the encounter. Those challenges, and the persons posing them, that bear on the apparent veracity of the account presented, are prominent in the experience of these men in this context.

> This is where he is challenging me again. I have told him the whole lot, but he is still trying to think there is more there. This is annoying, when you have told him everything, and there is no more, I wonder what he is thinking. It is like blood out of a stone.

> ….I liked what C was saying then, I'd realised what the problem is: the planning. What [Therapist] was trying to tell me was that my HRS was rubbish. He [C] was liking the problems, the planning; how I put them together….C was saying he thought the planning and build-up - he thought they were really complete.

These participants are sensitive to the perception of challenge to the integrity of their presentations. When an aspect of their account is subjected to analysis, it tends to be the fact of the deviation from their original version that is attended to and addressed, rather than its inherent content.

> J was talking about his experiences, and he was opening words with "I find it hard to believe…". And he has a pen in his hand. At that moment I was pretty hot and riled….

> I feel kind of defensive: C is leaning forward, he is pointing his pen, and I want to say, "shut up." I am feeling this guy has too much to say.

> [Therapist] was questioning me about my victim, my [sexual] intentions toward my victim, suggesting that I had a sexual intent; and I'm being stirred up and not being believed.

Reaction to such skirmishes depends on the man's evaluation of which contention has prevailed. Given the dichotomous way in which the encounter is viewed, this equates to a sense of being either believed or disbelieved; understood or not understood.

> I'm thinking, "are you sure you are listening, reacting?" He doesn't understand my experience here. He doesn't know my thinking, he hasn't understood what I meant.…Riling me again because I'm not bloody believed.…I felt condemned by [Therapist] - Ya, he's not believing my side, he's only believing his own.

> I'm not feeling good right there. I don't know what the hell [Therapist] is taking about, [he's got] no idea about my thinking; it's only his story. He's only one-sided, he's not seeing my point of view, not seeing anyone's point of view; he's got set ways, set mind.

> He is calling me a liar, indirectly. It's damned annoying.…The worst thing is the disbelief.

> When [Therapist] says to me, "how did you turn it into a sexual assault?" I got very defensive. My arms were crossed, I was just trying to holding myself in - hold myself together. I felt quite aggressive, defensive.…and I'm being stirred up and not being believed.

When the group therapy milieu encounters an individual approach that is, like the "oppositional" one described here, characterised by inertia, impasse is perhaps an unsurprising (though, I argue in Chapter Seven, not inevitable) **outcome.** This meeting of the "irresistible force" and the "immovable object" yields, even in the most optimistic construction, a failure to promote functional engagement.

> It's not worried me too much - but it might worry others - that you feel a bit distanced from each other. You see, what others may like might be quite off-putting to me.…Talking about these things, it might have been useful for other people, and for [Therapist] perhaps to understand, but I already knew these things.…Let's face it: I always knew everything that was on there as well. There is nothing new on there.

> That all just left me with a mixture of feelings - That I've been riled up from the start pushing shit up hill all the time. It didn't change how I thought about things

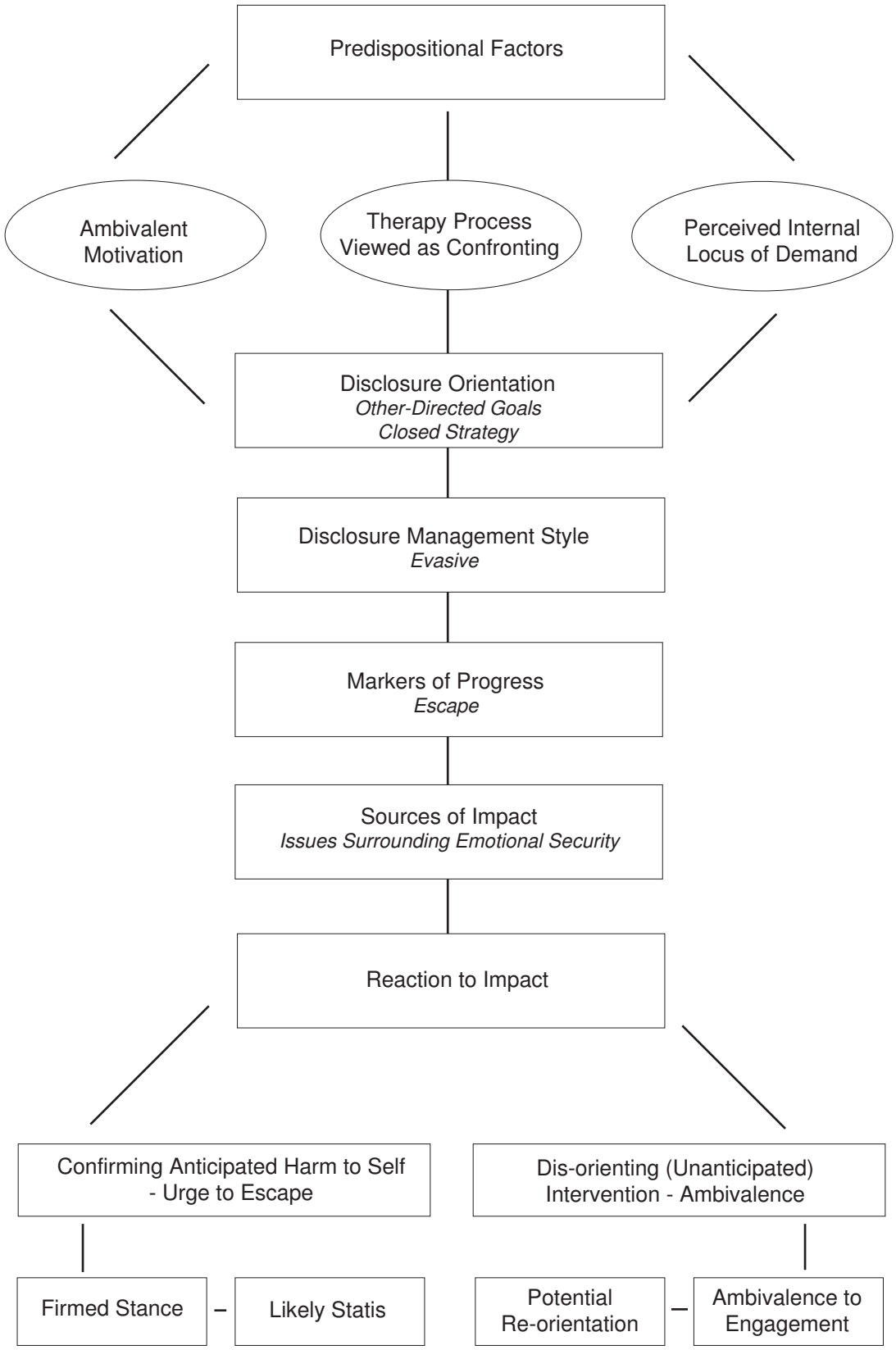
> I came through it and I thought, "this is [Therapist] again going on about all the choices" - and there was no choices there! They lock you in, and that sort of thing. I can't relate to it.

> Worse than this, the outcome may be that intransigence is actively entrenched.

> I am taking in what [Therapist] is saying, but it is not making any difference to my thinking. He is saying there is still more, or suggesting there is. As far a I am concerned, that makes me a bit anti, and saying to myself, "righto, on [Offence] Chain 'Two' you are probably going to get the same story because there is nothing more to put in there."

To summarise: those participants who come to the encounter emphasising a self-directed approach combined with a closed disclosure strategy exhibit a concern with promoting the status quo. Generally, they habitually and explicitly oppose feedback that is contradictory of their opening position, typically viewing it as personal attack. By adopting this oppositional style of managing the situation, they seek to prevent the admittance of alternative constructions of their account, and may actively counter them. In this way, their experience of the session comes to be dominated by the feeling of being under siege, to which they may respond by further entrenching their position. From the playing out of such interaction, these men are likely to emerge with their understanding of themselves and their behaviour unchanged. At the meta-level, at the conclusion of this encounter, this disclosure orientation is likely to remain intact.

Figure 9: Disclosure Orientation " C ": Other-Directed/Closed Strategy



5.5.3 Disclosure Orientation "C": Other-Directed/Closed Strategy

The core features of those participants who largely display this orientation are their fear of negative evaluation by others, and their inclination to adopt a strategy of concealment or deception. Research participants adopting this mode tended to cite a concern with social exposure and subsequent emotional harm as the justification for this response to the encounter.

> All those years of fighting to put it behind me. It's been in there somewhere, but I've trained myself all those years to cover it up, in case someone found out - being exposed, made public. I've hidden these things for all these years. Even from myself.… But my mind is going over and over and over about [year]. I'm [age] now, a lot of my life has happened since then, and I have hidden this away for so long. When I got out of borstal and came back home it wasn't discussed.... Here it [the offence] is being exposed for everybody; stuff even I've hidden from myself. It is bloody terrifying.

> Sometimes it hurts to bring up something that you did wrong. Talking to someone about it, you get the opinion that the person that you told is going to have a low esteem - think badly of you. That's why I was nervous of bringing it out.

> At that stage I had been talking to J regarding my wife, and I was actually waiting for [Therapist] to jump in and say, "could we relate it to your offending?" I was hoping he wouldn't

> That was hurtful to try and bring it [the offence planning] out, because that was my innermost feelings. They were intimate, private, private feelings. That and the masturbation bit; those two were the most difficult to speak about.

The **motivational predisposition** here is ambivalent. The men who adopt this orientation appear to be both drawn to the benefits of disclosure and repelled by the fear of experiencing distress.

> I think I was hoping for a miracle: that I would understand [my offence chain] without being uncomfortable. But unfortunately they don't go together. I knew that; I was aware of that. I wanted to understand it, but I was pulled both ways, I didn't want the discomfort and the personal hurt of talking about it.

> [Therapist] is explaining about my offending here; he is sort of looking down. I thought he felt, "this is not the right answer". He's asking me a question, and I am not directly answering it. It means to me that sooner or later I am going to have to talk about what I don't want to talk about. I am going to have to face it sooner or later. [Therapist] knows I'm not talking about what I should be talking about. This leaves me feeling worried and scared because he is not going to give up. It's what I want, but it's hard to go about doing it: where to start.

The **assumption** about therapy is that the vulnerable, subordinate self will be confronted by an authority-based and compelling forces. The disclosure encounter here is seen as a forum of challenge. An analogy that appeared more than once in the data was that of school teacher (therapist) and pupil, apparently representing for the participant a learning situation; but one that is not necessarily entirely voluntarily entered into.

> I know he is my teacher, I have to listen to what he says, and then answer as best as I can. It was higher with [Therapist] than other guys - he is the therapist, he is the authority for the whole group; he's been there, he's done it, he has the know-how and the knowledge.

The invitation to engage in disclosure tends to be perceived, ultimately at least, as irresistible.

> Right here I see [Therapist] as doing his job, doing exactly what he is supposed to do. I felt that, deep down - I have always been aware, that [Therapist] would get to the bottom of it eventually…. I couldn't [achieve this] on my own. With [Therapist] if you try and veer off, he puts you straight back on; he is direct. With the rest of the group, they will check you.

The **locus of demand** is seen as being external to the self. There is a strong sense of being subject to irresistible influences. These influences are perceived as threatening

because they represent the forces of insistence and compliance around the disclosure of sensitive matters.

> I now have to put that section on the chain, and I don't like it.

> The most terrifying thing in here in this room with these people - the worst thing about it - is how they feel about me.

The approach that these clients take to **disclosure management** is a self-protective one, based on evasion. In attempting to balance the competing demands for personal disclosure on one hand, and the avoidance of negative exposure on the other, they endeavour to supply responses that will provide the minimal amount of actual information they consider will appear to meet perceived requirements for compliance.

> I was starting to get - it was getting towards the end of the session, and I was starting to get saturated with it. And I felt we had gone over and over and over this topic, and I was starting to look for a way out of this topic. I was trying to think of a way I could answer it and get on with it in a way that it wouldn't give him something else to dig for. I wanted to answer the question, but I didn't want to leave it open to give him the opportunity to go off on another tangent relating to it.

> [Therapist] opened the topic up to the others, I thought, "thank Christ". They were still talking about me, but it has taken the pressure off me. It may be true what they say, but I don't have to answer their questions. [Therapist] would ask for feedback but not for questions, so I wouldn't be put on the spot.

Tactically, these participants resort to a range of subterfuges designed to evade or avoid the disclosure of information that is considered "personal". Such information is seen as exposing shame-inducing aspects of themselves.

> I thought at that time - making that statement - it would have sounded like: because I didn't ejaculate I didn't get fulfilment out of my actions. And it would have made it sound like less of a crime.

> I was tired: I feel as if at that stage there I was trying to justify; I was making it sound less than what it really was.… I was trying to make it sound as if it was not as bad as what it really was.… I was looking for the answers; I was tying to think of answers [Therapist] would accept as suitable answers.

These subterfuges include deflection, attempts to influence the use of session time, and side-tracking:

> "Now was I…?" I told [Therapist]: "yes, I was", just to get off the hook. I attempted to say that to move things along. I was keen to give him the answers he wanted to hear, to move on.… I didn't want to get stuck on this stuff

> I feel if I am quiet they will move onto something else.

> I was trying to side-track; not off the topic, or off J's question, but I knew J's question may be away from the track

In their attempts to minimise their exposure to shame, some of the men resort to brevity or truncation in their responses.

> [To relieve the discomfort] I was tempted to get back to short, brief answers; try not to elaborate.

In order to counter the threat of being caught off-guard, and consequently supply "incriminating" responses, some engage in pre-session preparation and rehearsal, or seek to second-guess challenges during the session itself.

> I had it in my mind that everybody was waiting for my answer because I left fantasy out of the chain. I left it out on purpose because I didn't want to talk about it.

> …I was trying to mind-read, of what the guys were going to think of me. And what I thought was, "they're not going to believe this." I'm focused straight on [Therapist] right here - trying to read [Therapist], but struggling.

Impression management is used to disguise distress, or other emotional responses which may threaten to reveal the real self.

> The number of things I am getting angry about is accumulating [but] I hid things very well. I'm a great person for reading people. I took courses in body language. I've leaned back from him, I have my legs crossed away from him, I'm chewing on my pen.

> [Therapist] was sitting there asking about the impact on victims. I was mainly concentrating on what [Therapist] was saying - avoiding the other guys.

> …it was coming up like a gusher. I was trying to keep it down because men don't cry.

Vigilance and active anticipation are practised to pre-empt and neutralise challenges.

> I'm thinking: "now I've got to get this answer out; I've got to get a quick response to this one". A quick response there [from me] - as soon as the question was asked: Bang! Jump in! That's a question that I've always got an answer for - people talking about homosexuality, gays, queers. The feeling of having to explain my sexuality at this point; and answering a question before it has been asked; getting in ahead; trying to take the pressure off. I'm thinking that I've got to take the pressure off me before they start really putting the dirt in. Look at which way the questions are running; anticipate them; get the answer out of the way so that nobody keeps that type of question flowing.

Markers of progress for participants who are inclined to this orientation revolve around their success in escaping painful issues (personal/shame-inducing/often sexually related but not exclusively so) and, especially, the scrutiny of such issues by others. The passage of time, focus on others, and the termination of questions all point to success or failure in increasing the degree of separation between such issues and themselves.

> I would know when I got it right when he would stop asking me.

> The discomfort was [Therapist] coming back to the fantasies about children.… And I am not going to get away with it; he is not going to give up.

> It makes me feel uncomfortable because I know he will be asking questions and they may be questions I don't want to answer…and just a bit earlier they hit on about masturbation. That is another subject I don't like talking about, and I thought, "hell, I hope we don't get back to that again".… He got back onto the fantasies and I thought, "how in the hell did we get back onto that!". We had covered that earlier on, and it had come back up. And when he got down to write I knew he was going to write about fantasies in that block. I was just hoping that he would get past that.

> I was quite happy there because J started talking about his, and that took the heat away. J is renowned for rambling on a bit.…It was a relief because he was going to relate a story of his own. I thought if J goes on long enough we won't get back onto this topic.

The **sources of impact** here tend to be content-based. Unsurprisingly, content of salience to these participants is that which highlights the potentially embarrassing or shame-inducing matters discussed above. Typically, this centres on the participant's sexuality, and particularly, the deviant aspects of his sexuality

> It's what I shouldn't have been doing. The two images and the idea of sexual attraction: [Therapist] is trying to pair the two things together. He's up with my line of thought. Not a nice thought. [*pause*] Not a nice thought, thinking of the young girl.

> I turn around to look at [Therapist] there: J had asked a question; I turned around to look at [Therapist]. I was waiting for him to relate it back to my offending. It is difficult to talk about because of the feelings it brought me back to. I felt if you had fantasies about children it was disgusting, dirty.

> The question that I all along was dreading, that he was starting to relate the stuff about pornography, masturbation and fantasy to my victim. Up 'till now I thought the pornography was irrelevant; now I was scared he was going to tie it together with the victim.

During the session, the emergence (or even the potential emergence) of matters of this kind tends to dominate and guide the attention of the participant. This preoccupation serves to subordinate awareness of other phenomena

> The group has got on to the scene now. He brought the adult females on to the scene; the other guys [*group members*] must be getting interested now. This is the point where I started to realise that the other guys were around.

> C had already asked me the question: he asked me, "so you hadn't fantasised about it before that incident?" And I didn't answer the question because I was too busy watching what [Therapist] was writing on the whiteboard

> When he put that on the board there - being a virgin at the age of 26 - and after all the stories they told me, I was thinking, "oh bloody hell." I wasn't concerned about C, because he's male-orientated, there is no threat there. But it was J, the hetero guys; what was on their minds, the guys who have a reputation for being lusty sort of guys? But then it might not be true. A, I don't know, he could be telling stories. It's self-talk; I don't know…what they are telling themselves about me.

> I wasn't feeling the best here: [Therapist] was starting to pressurise me. I think this is where he is pressuring me about answers. I didn't have the answers. I felt the answers I was giving weren't good enough. It reminds me of other situations when people were hassling me. Not being able to give the answers, not being able to answer back, I got hassled at [previous prison]. I was treated as a total shitbag. Having been focused on [Therapist] for that period of time, I'm wondering here: "Is he going to hassle me? What are his questions about? Is it about what's on the board?" I don't know what to expect - something aggressive. I was listening, I was aware; but I wasn't concentrating.

Significantly, there appeared in this set of data, subsumed within the source-of-impact category, a sub-category of salient phenomena that serves to *displace* such intense focus. This category comprises those content-related matters that highlight issues that the participant had *failed to anticipate.*

> But as I said, what I was thinking about then was I'd turned her into what I had made her turn into. What had stopped me thinking about that before was the fact her words were stuck in my mind. In this situation, talking to [Therapist] and the other men, it was as if I took a step back, and looked at it from a distance, from a different angle. I wasn't seeing it through my eyes I was seeing it through an outsider's eyes.

> I am nodding there. I have just thought that E is right off beam. But E had triggered a point, in my opinion, although he had explained it all wrong; right then he had a point that I agreed with as far as setting a limit with [the victim] was concerned. Yes, I was starting to see [the point] of all this all of a sudden. I had one reason why I thought I hadn't used masturbation, and I was just starting to see…E was making another point: it was starting to see that I was setting a limit [*facilitating the offending*].

The **reaction** of these participants to events of salience depends on which of these two kinds of events they encounter.

For events that are consistent with the man's fearful expectations he is likely to respond with anger or distress. A sense of being shamefully exposed, or in some way confined or trapped, is dominant.

> I am starting to get angry now. [Therapist] is talking to me as though I had sexual fantasies about this young girl beforehand; he hasn't gone to the background of where I'd been….

> What strikes me about this part is that [Therapist] was trying to get me to go back to things. And I was desperate. They might think that I'm dirt, filth, - "he doesn't act like this in the wing, and here he is coming out with this." [They could see] this is the other side of me.

> I felt like clobbering J because I didn't want to talk about [deviant sexual] fantasies. I don't like talking about fantasies - thank you very much for bringing it up J! Yes, I was pissed off with J.

This experience is typically accompanied by an urge to escape the situation, sometimes physically.

> …and the gut feeling was I was starting to boil a bit, get frustrated, angry, uncomfortable, squirmy and anxious….When this happens to me I want to be anywhere else but in the room.

> I had had enough talking about the awful past, I wanted to be finished and get out of there.

> This is where I felt - man I've got to get out of here, I need time out,

> In fact I had told them a lie there: I said that I had had [deviant] masturbatory fantasies, because it pleased him and then he'd leave me alone. I told him that when I fantasise about [victim] it was in bed with [partner] and that was the only time that I fantasised. I said [it], to get him off my back; to shut him up, just so he would leave me alone.

On the other hand, where these men are exposed to salient but previously *unanticipated* perspectives they tend to experience puzzlement or ambivalence. This may be experienced positively or negatively:

> I felt like I was pulled in two directions here, part of me wanted to talk about my chain and my experiences and part of me was very uncomfortable with it.

> It changed the way I thought about myself and what I did in some ways; it's put me down in the gutter further. Before, I brushed it under the mat - I'm that kind of person; but now I am faced with it.

> Before I am trying to avoid discomfort, but now here is something that means something to you. It could be uncomfortable, but it's meaningful. I could see the point of it. Yes, I could relate to it in a small way.

Accordingly, **outcomes** for these men are similarly dichotomised. Where expectations of the encounter were confirmed, attitudes to engagement with the process of change remain static, or become more negatively weighted.

> [I was] relieved that the whole thing was going to come to an end and they hadn't really got to me, to make me feel any worse than I already was.

> It gets to the stage that I would not answer him, because nobody believes you, so what is the point. It's a fucking mess at that point. It seems as if I am lying to them, to my back teeth. I felt as if it didn't matter what I said, these guys are not going to believe me. I was helpless.

Alternatively, those events that involve the contradiction of expectation around salient matters are likely to provoke consideration of the new perspective, and reconsideration of their initial position.

> I was thinking - what I was thinking, at that specific time right there, at that moment - the same thing that I am thinking right now. [*pause*] It is what I have made this girl [*pause*] turn into. [*long pause, becoming tearful*] Terrible. Hard to talk about now too, because everything she did and said was because of what happened, what I had done to her – what I'd made her say and do. I was realising that then

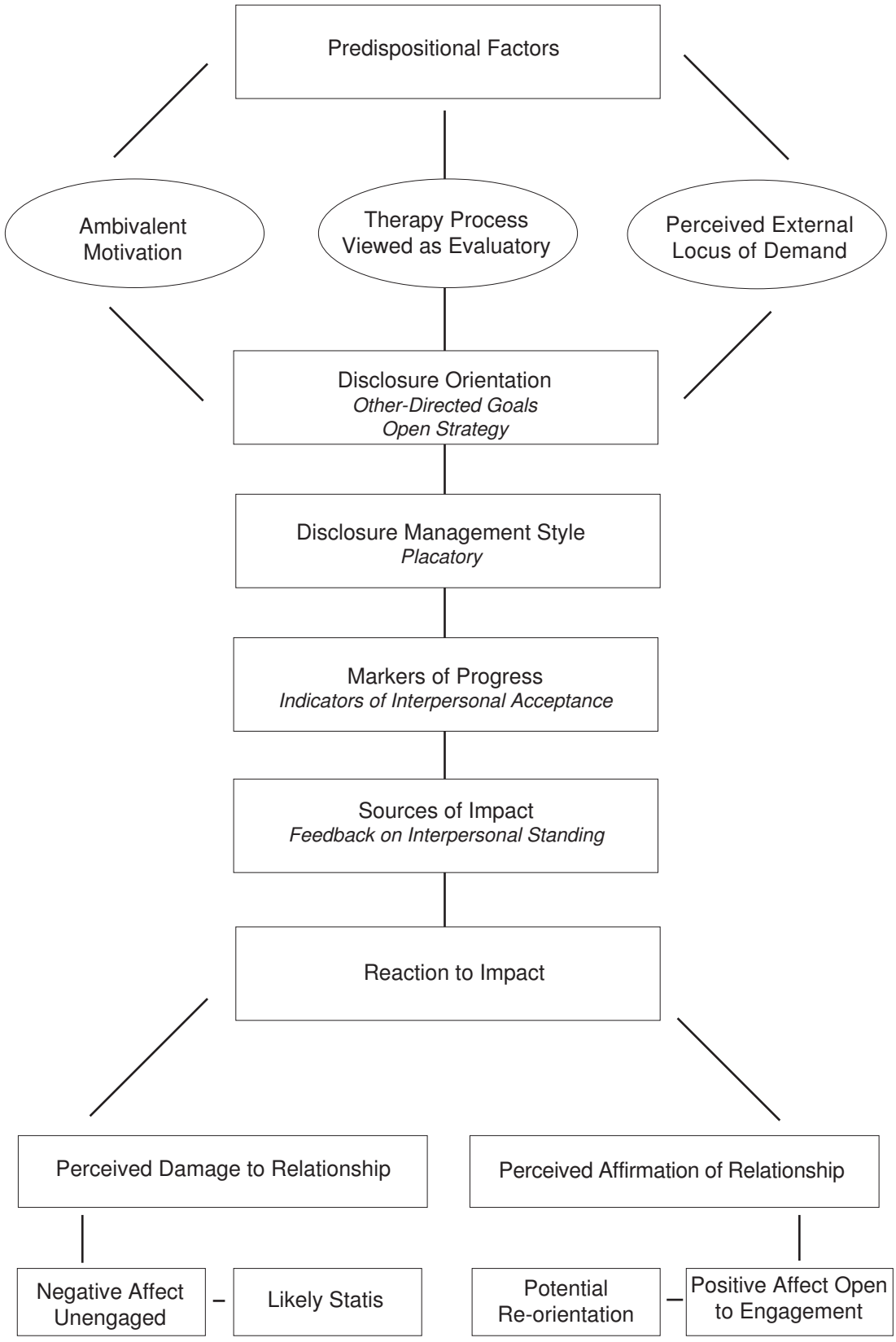
> This [episode] changed my thinking. Before I thought [the use of pornography] was irrelevant and no connection, now I doubt that. I am starting to question - starting to look at the idea, starting to think about it. Think, perhaps there is - I don't know what it is yet, but I'm starting to think there must, might be a connection there [with offending].

> …there is a struggle here, it is uncomfortable, but there may be some truth in it. It's worth pursuing even though it's hard; it's a real mixture of feelings. You see, most of the other stuff, all the way along - the fantasies and that - I've thought: OK, maybe it did have something to do with it; but this bit here, it was totally new to me - the fact that I did have to stop and think about it. And I hadn't even thought about it before, as far as trying to sweep it away. It was totally new, but hell, there might be something in it. There is a feeling of

> discomfort and a bit of anger because I had just come out of a good - sort of a better spot: to be whammed back, dropped in again.

For men whose approach to the encounter is characterised by an other-directed/closed strategy disclosure orientation, there prevails a pervasive sense of personal fragility surrounding the continual threat of exposure. The therapy session is construed as an ordeal, and emotional survival is considered paramount. Typically, the individual attempts to conceal both the apprehension surrounding these matters and the vigilance it engenders. These participants are anxious to avoid any explicit association between themselves and any of a broad range of personal, particularly sexual, matters. That is to say, they appear covertly eager to maintain as much distance as possible from factors related to qualities that are potentially stigmatising. At the same time they are likely to experience a degree of ambivalence toward the encounter, on account of the desire to access benefits of therapy, or to avoid further psychological harm by means of appearing non-compliant. In order to manage their predicament, a range of evasive tactics designed to manipulate the group's focus is employed by some of these participants. These tactics are likely to involve some pre-session preparation, including the prediction of challenges and rehearsal of responses to them. Nevertheless, those who gravitate toward such strategies also tend to experience the encounter as especially demanding, and an urge to physically escape from the situation often arises. Salient events occurring within the session may serve either to confirm or disconfirm the fears of the participant, depending on whether the event falls within his schema of expectable experience. At a meta-level of understanding then, salient events can be categorised as *pro-orienting* (confirming expectations) or *dis-orienting* (disconfirming expectations). Because events belonging to the latter category are outside of the set of anticipated contingencies, they appear to precipitate a temporary inability to process information according to pre-existing conceptualisations and expectations. Such events, therefore, appear to have implications for the possibility of *re-orienting* the participant. That is, such disorienting events may provoke puzzlement and deepen ambivalence. These are qualities of the inquisitive perspective, characteristic of Disclosure Orientation "A" (self-directed/open), which is an approach more directly related to therapeutic engagement.

Figure 10: Disclosure Orientation " D ": Other-Directed/Open Strategy



5.5.4 Disclosure Orientation "D": Other-Directed/Open Strategy

Those participants who emphasise this approach to the disclosure encounter exhibit a concern with maximising opportunities to secure the support of others. This involves the intention to present to their "audience" in a positive or sympathetic light. To this end their participation often conveys apparently commendable levels of self-disclosure. They are vigilantly aware of the presence of others and conscious of the fact that they are continuously displaying an impression. The need to manage this impression is an immediate priority and tends to over-ride self-directed concern.

> They had some questions that I had to answer, because they might think I was hiding, and that I wasn't actually telling the truth on the chain. And I would be lying to myself: that is something that you have to keep down, and try not to remember it.

The importance of "telling the truth", from this perspective, lies in the imperative of presenting oneself in a compliant light. In this way one may avoid social reprobation.

> It is a bit about getting out the truth. Because it is important to get out the truth – yeah - and it is important to be honest with the group. If you are not honest, they pick up the same things [Therapist] picks up. You know, if you are telling the truth or telling a lie, [Therapist] will pick it up and so will the group.

"Getting it right", in this instance, is about meeting expectations of others present:

> I wasn't worried about that - more worried about what was up on the board, and worrying if it was right - if it was put down right in the right place. And saying it right. I just read out what was put down there, and what was down there - was it right? What I was thinking about there at the time. And if [Therapist] put it on the board, that meant it was right. Yeah, when it was up there, it was right. If [Therapist] didn't put it on the board, it means I must have done something wrong with the answer that was down there.

> I was worried about them thinking I hadn't told the truth; but I was more worried about them thinking that I'd done something really bad

> The most important thing about getting it on the board is seeing it there and seeing the group; seeing what the group thought about it at the end, when it was all up. I just wanted the group to think about what I had done, what their opinions were going to be. I wanted to know if I was telling the truth; that they knew I was telling the truth, and they knew that it was the truth. It was important that they thought I was telling the truth.

As with disclosure orientation "B", this orientation is associated with an ambivalent **motivational inclination.** In this case however, the urge to meet explicit expectations of honesty and directness conflict with the need to create a sympathetic image.

> Wanting to talk about what you are actually doing - the offending - I didn't think I could actually say that; I was wondering what the group was thinking about me .

The **therapeutic process** is assumed to be analogous to an evaluatory exercise, as if taking place before a judge and a jury of one's peers. A court-like interrogative process is also anticipated.

> I don't know if they should judge you or not judge you; the courts have judged me guilty of the crime. This is like the lawyer asking the questions. Like, if I was asked the questions in court, I would have told them exactly the same. This here is like the court, 'cause there you have to tell the truth, and the rest of the group are sort of like a jury and [Therapist] is like a Judge. They make up their minds and ask the questions.

> Before W's reply, after J's, I was feeling - how should I say - I was going to get torn apart. Criticism - which was to be expected I guess.

> He is our guide and our therapist and we have to [communicate] through him to guide us through our feedback and our problems

The perceived **locus of demand** is an external one.

> J doesn't judge me, he just points out the fact that what I should have done. I wouldn't mind being judged by him, he has a lot of things he wants to tell me, but he doesn't judge me. And that's bad in some ways, because you want to be judged by your peers: judged on what I say in the group about the chain; judged, say, like whether you are a good guy or a bad guy. So you really want to know what J really thinks. Ya, what he and the group really think about me.

> I wanted to know from them; I wanted to know what was really on their minds

> To come through with this much honesty - which I was; I felt I was; to have that said by someone else in the group, it meant a lot to me.

The style of **disclosure management** is, like the previous orientation, dominated by the principle of impression management. But the emphasis in the current context is more on aligning oneself with others than on insulation from emotional harm.

> Concentrating on getting it on the board, 'cause I seen the other ones doing theirs, putting it on the board, and wondered what it would be like if mine was up there, and what the other group was thinking about it.

> They were just asking, and I was trying to be honest. Get it out with the group, get it out of myself. I have a lot of things that I had done in the past; and all I needed were the right questions, and give the right answer, because I had been brought up to tell the truth, and be honest.

The key tactic and the discriminable principle of disclosure management in this case is that of placation, rather than evasion:

> If they thought I weren't telling the truth, then I would have to explain it to the group another way, until they believed in what I actually put - said on the board. They would have known if it was not the truth, they would have said. So it was important that it was right.

In this endeavour to satisfy the perceived demands of others the *form* of responding is as important as the content of the response. Though, rather than wishing to appear

nonchalant and unaffected (as in the case of Disclosure Orientation "C"), there is an intention to convince that one is being actively open, direct and honest.

> …it was very important that I got this explained out correctly to the group, because it was probably one of my bad parts of my offending.…And it was good because he wanted an explanation, and I am there to give explanations. And I have psyched myself up before, after seeing all these others go through the group, that I wanted to be able to be free and easy and get it all out.… I can see I'm scratching my arm, sitting forward; [Therapist] is sitting back. I sat forward, which I did quite a bit, to prove that I am taking interest in what is going on.

A sense of urgency is regularly presented to convey the impression of honest spontaneity, and to relieve tension.

> I was engrossed in the question put to me and getting a suitable explanation out correctly. And probably a little bit apprehensive that I wasn't going to get it out properly and get them to understand. I was worried that if it didn't come out properly that I would be looked down upon. I think that offending against young children is worse than offending against ones that are a bit older.…

> Ah - I was all churned up; all bottled up to present this. This is why I felt - ah - what caused interruptions was that I wanted to get it out of my system as soon as possible, to get it across.… Being a nervous person, I wanted to get it all off my chest.

> I was aware at the time, that other people were looking at [Therapist], and I was also expecting the eyes to be on me until I came up with an answer. It felt like the full focus was going to be on me. I was totally engrossed in finding an answer. I was focusing on giving [Therapist] a completely right and true answer

Markers of progress for this orientation are those events and perceptions that suggest to the participant that he has gained a measure of interpersonal acceptance. This may be indicated by favourable appraisal, or feedback that is seen to be emotionally supportive, affirming, reassuring or sympathetic.

> Talking with the group is good, because they tell you what they think of you. It makes you feel better about yourself. When you are telling the group about things, you feel low down and disappointed: what they think of me and where I went wrong.

This personal acceptance is especially valued when it is associated with those who are considered powerful or authoritive.

> I was aware [Therapist] was turning round and writing. You would briefly look at the board and see what he wrote up in the therapy notes - it was affirming to me.

> He said, “I appreciate that, I really do,” - like being my dad. He has taken it on board, he really appreciates it.

> It’s a body-language thing. As they went around the group after each statement, I looked to [Therapist] for - not a reassurance, but a kind of - reassurance. Ya, it is a kind of reassurance!

> He said [that] I am caring and loving. That felt good!…. That was a good booster. My first impression of him [*group member*], was that he was going to be running our group. That there, he sat alongside with us, not wanting to let anyone get close to him. I think that I am getting close to him. It helps you to feel positive toward him, and trust what he is saying, listen to what he is saying: good and bad.

Interpersonal information that is seen to have a bearing on the legitimacy of their proffered accounts of themselves is also monitored vigilantly for indicators of acceptance or rejection.

> It was accepted by [Therapist]; he would have said if he hadn’t accepted it. [Therapist] turns back to the board there, and I’ve got a sense of relief for me that he has gone to the board to address the board and put whatever I had answered him on the board. And think about it - of how he had put it on the board for the group to see. A relief that I’ve come out with the right answer. [Had I got it wrong,] I would have felt put down because my thinking was wrong. I led [Therapist] to believe that - I led him to believe that I was just

> thinking it was all right to do that what I did. I was quite relieved that I got away with that answer, and explained to the group that I have changed over the last ten years.

> I felt quite relieved that L was understanding my life from the rest of the group. This is each person talking back just before we finished - L's feedback. And it was good that he brought that subject up.… As I say I felt relieved that he was understanding. [I was] hoping that the others were understanding as well. I turn around to look at [Therapist] here: just to probably to get [Therapist]'s reaction to L's statement

> …and seeing if he is going to jot something on the board. I am just sitting there waiting to see if [Therapist]'s going to do something. He might be going to write something down [on the whiteboard] regarding my earlier life. Yes, he might be putting something down into my "Problem Area." [personal difficulties hypothesised to be motivating factors in offending] It is very important that I get that out.

Those events that provide information on interpersonal standing are the key **sources of impact** for these participants. The group is seen as a mirror in which their presentation is reflected and their social acceptability measured.

> I were worried he was going to ask me that, and how I was going to answer that, and what the group was going to think - think that I was just a dirty old man. That would be bad because I should not have done it. But I thought the group might think that I put my penis in.

Where the responses of others are observed, elements of form tend to be attended to at the expense of content. For instance, the identity of the respondent, or the manner of his response is noticed, sometimes at the expense of the literal intent of his message. And it is the voice and manner of authority that impresses these participants most of all.

> I noticed he was looking at me directly and expecting an answer - like he wanted a truthful answer. It was his direct approach to me, and the way he was asking me - his tone of voice it was assertive. He was looking directly at me and expecting a straight reply.

> W comes through here the strongest of all the members, he's the most outspoken. It's like he's the leader, and I felt that what he said meant; he meant what he said. I took more notice of what W said. He's not like me, he's very assertive, he's very strong. He's just this authority figure.

> W and A would have more impact than M. M is a bit like me, very shy and reserved. You wouldn't get the same feedback from him. So he would be more closed. M wouldn't have the same impact as W and A.… It's not that I disbelieve him - he's a bit furtive, he's a bit like me. And I don't feel like I'm going to get the same feedback from someone like me.

In therapeutic terms, a shift to content-based attention is clearly desirable here. As described above (5.5.3), for the other-directed/closed orientation (orientation "C"), therapeutic leverage appeared to be stimulated by intervention that is both unanticipated and incongruent with the participant's expectations. The same appears to apply to those who are drawn to an other-directed/open orientation (orientation "D"). Unlike orientation "C", however, in this case it is again elements of the *form* of the event, rather than its substance, which appear to promote therapeutic engagement. That is, those persons and presentations who are impressive to the participant tend to make the difference in focusing him onto therapeutically salient content. This tends to occur, then, when the approach of these persons challenges the participant's expectations.

> It was something to do with the way [Therapist] asked the question - it got the old brain rattled. It made me think a bit more. It wasn't the question, it was the way it was actually put. When [Therapist] asked me the question again, that is when I came up with a different answer. When he asked me another question to the question that was written down, that is when it came up. It was a question I wouldn't ask myself, I wouldn't think of it.

> …the point where I decided I was going to talk about it -what tipped me over the balance was… it was just a point of him [Therapist] dragging it out of me. He put me in it, so I could visualise myself in the shower. He pointed out the fact that I had an erection in the shower. I could relate to that, relive being back in the shower, reliving that moment.

> It was out of the blue, and it gave me a bit of a surprise. Jolted a bit that I couldn't remember when I was doing my chain. I weren't expecting it; it was a bit like when he said I was a bit of a bully. Surprise. Made me think.

> W was saying about my tough image, got to be in control. I stopped and thought here: "He's right!" That got me thinking. W's statement about being in control, I agreed with him. He is coming across good.

Reaction to events of significance is dependent on whether the participant perceives that the exchange has resulted in damage (or threat of damage) to relationships.

> …to find the right words - It was hard work. [pause] Hard work.… And I knew then that I was being told off, and I didn't feel very good. And I thought he really is serious, and he's going to ask me a really serious question, which he did. And it felt like a naughty boy in school. As though I had done something wrong and I was expecting to be punished for it.

Often, where therapeutic engagement is apparently promoted, it is viewed by the participant as secondary to the impact on his interpersonal relationships. That is, engagement takes a decidedly dependent or passive form.

> Yeah, it was the way he said the question. He made me think, how - what I put on my chain, and what I think about my wife and kids; and it made me think that I might have been a bit of a bully and why she didn't leave me. It gave me a lot to think about. Just the way he comes out with it: that gets you to listen to him. He just leads into it, he comes out and asks the question. Before you know it, you are saying something.

> …it struck me, I was taken aback. I was being honest, and that was the feedback I got. It made me feel good. It meant I was able to get it out of my system - clear it away.… To come through with this much honesty - which I was; I felt I was; to have that said by someone else in the group, it meant a lot to me. It meant I was being up-front and clear and honest with my feelings. To me, personally, I was sort of - ah - relieved.

> At this stage I was back in the shower, with her. I was re-enacting that. It was awful actually. Was that me that did that?. I couldn't believe that I was the one that was doing it, or saying it.…

> It gave me a lot to think about. Just the way he comes out with it. That gets you to listen to him. He just leads into it, he comes out and asks the question, before you know it you are saying something.

However, those instances in which the participant perceives feedback from others which he interprets to be interpersonally affirming are associated with a sense of relief and increased self-confidence. With some alleviation of the constraining factors associated with the maintenance of impression management, this appears to facilitate the re-deployment of attentional resources in the session. This raises, interestingly, the possibility of an **outcome** of self-directed curiosity, and the promotion of more functional engagement in the change process.

> …it changed my attitude about talking about my offending. I could be more up front, and I felt a lot more comfortable, it encouraged me.

> I could say this in this situation because I have group trust. I thought I could open up. Before I started the group I didn't think I could; I didn't know how far I would be going with it. In a group situation I have that trust.

> Talking about this uncomfortable thing - feeling responsible for it - changed the way I see myself. Ya, I've always been reserved like a child. I felt I had more control in what I did. In assertiveness I felt more - a little bit stronger, outward spoken. And ultimately it was helping. It was hard doing it, but once I'd done it.…

Where, on the other hand, the participant perceives continued threat from unfavourable evaluation by others, he is likely to remain reluctant to commit himself to self-disclosure.

> There was one thing in my offending I didn't talk about, but it wasn't that bad. [*pause*] Well, it was bad in a way, but it wouldn't have to come out in the group.

> I was thinking there that if I told the truth, the whole truth - like what when I took my clothes off; what I actually [did] do. Did I do more than what I had written down there on paper? - and so forth. And it just clicked in my in my mind: "If I did…" - and I thought, "No! This was exactly what I wrote down, so I will go with that."

A typical response to the perception of negative appraisal is to attempt to repair perceived damage or smooth over any conflict. Open and honest disclosure is an unlikely outcome in this instance also.

> He was looking directly at me and expecting a straight reply. [But] I probably had a feeling that I was still being a bad boy; and a feeling of being a nobody, and getting myself into trouble. I've had that feeling all the time. I was aware at the time, that other people were looking at [Therapist], and I was also expecting the eyes to be on me until I came up with an answer. It felt like the full focus was going to be on me. I was totally engrossed in finding an answer. I was focusing on giving [Therapist] a completely right and true answer because I wanted to. I had to go through my mind and find the right words. It was a little bit stressful to find the right words.… I wanted to avoid his direct eye contact while I sought an answer.

In summary, there exist similarities between this disclosure orientation and Disclosure Orientation "C". For instance, while in fact both approaches are concerned with the goal of satisfying the expectations of others, participants of either orientation may, in certain circumstances attempt to convey an *impression* of being self-directed. However, the distinguishing feature of action associated with disclosure orientation "D" is the concern with securing emotional support. The goal here is to have oneself acknowledged, heard, affirmed; in short, to be acceptable to others. In contrast to the strategy associated with the previous orientation (which emphasises reactive attempts to stymie information) here there is a proactive emphasis on creating a favourable impression. Of course, to accept fully the identity of a child molester is viewed as inviting threat to positive evaluation. However, social survival tends to be valued above the intra-personal risks associated with personal disclosure, and there is a risk that these men may accede to alternative accounts of themselves or their behaviour purely for the purpose of avoiding rejection. Personalities and relatedness are important catalysts to therapeutic engagement here, as favourable conditions are created when the experience of social approval is paired with therapeutically

relevant disclosure. At a meta-level then, *re*-orientation becomes more likely when this *dis*-orienting association occurs.

Summary & Conclusions from Part 1 Findings

Having observed the role of disclosure orientation on the behaviour of participants in therapy, it is timely to summarise this concept and return to the broad question of how we might intervene to maximise the likelihood of early and secure therapeutic engagement.

Functional engagement in this context, it was assumed, occurs when the participant discloses information of a type that facilitates open exchange pertinent to an understanding his offending.

In exploring how participants manage the invitation to engage in offence disclosure there emerged an apparently universal felt need to respond according to their perceptions of rather strict and narrowly defined standards. While this requirement took on different meanings for different participants, it became evident during the course of more refined analysis that "getting it right" surrounds the imperative of securing personal *acceptability*, whether in the mind of self or other. We also discovered that some participants emphasise internally-sourced criteria of acceptability, where progress toward self-discovery both drives and satisfies this desire. In this instance, when exposed to alternative perspectives, the individual takes up a stance of self-directed curiosity, motivating relatively uninhibited and active enquiry. However, the quest to attain acceptability, for the majority of participants, is more often at the *expense* of this open and direct approach to self-disclosure. Anxiety around revealing themselves to this degree arises as they anticipate changing the strategies with which they have habitually sought to secure social acceptability.

Being challenged to be involved in a process where this level of communication is required precipitates responses that are unfavourable to functional engagement. Here, suspicion drives hostility, fear drives defensiveness, and neediness drives unconditional compliance. For many, exposure to alternative accounts of themselves and their behaviour is predominantly experienced as threatening. These men tend to direct their attention toward information that speaks to them of risk.

The way in which social information in the therapy group is interpreted then has implications for the therapeutic task of facilitating self-disclosure. How to manage feedback in such a way as to offer the possibility of personal or interpersonal acceptability

through disclosure? More specifically, the question surrounding those disclosure orientations that emphasise the *constraint* of inquiry is how to free up or otherwise to motivate curiosity. In short, how might feedback be viewed not as threat but as opportunity? How might perceived risk be translated into opportunity? How might apparent hostility be reinterpreted as support? Commonly, men spoke of feeling isolated from a sense of how their account of themselves or their offending was being evaluated by others; and that they lacked sufficient means for gauging responses. Subsequently, considerable attention was given over to deliberating this. Further, apparent clues to the connections between feedback and engagement were emerging from the responses of participants to *unanticipated* feedback. Some participants identified salient events that, in some seminal way, contradicted their expectations. The immediate impact of this dissonance was to confound their often pre-planned strategies of evasion, accommodation, or resistance. Thus exposed to previously unconsidered perspectives, those men inclined toward more rigid disclosure orientations became subject to "dis-orienting" information and therefore apparently more amenable to "re-orientation" toward a self-directed/open style.

Extending the Field of Enquiry

While the experience of what is termed here *dis-orientation* was directly reported by these men, disclosure *re-orientation* was merely a possibility inferred from their nascent curiosity. Also, any such likelihood of enhanced opportunity for engagement appeared to be overshadowed at the time by the demand on their attentional resources of concerns of low therapeutic relevance. However, during the course of the interviews, data emerged which was to have a significant impact on the direction of the research. Several men, whilst reporting their recall of salient events, made unprompted reference to experiences related to the therapy encounter, but that occurred following that encounter and outside of the formal therapy setting. That is to say, the experiences to which they referred took place in the period between the therapy encounter and the research interview, and in regular prison domains. Their reporting of these experiences related to the participants' further consideration of the events they had identified as salient. This often took place in the light of the reality-testing that they felt was unavailable to them during the formal session.

> Not much happened during the session, apart from I felt anger and sadness, and a lot of pressure on myself. The impact came later, because when I was with the group I thought my chain was clear; by the time I finished it I was lost, and I got more help on my chain after my group from the guys outside….I made more progress that night than I did for the whole morning.

Given the evident relevance to the therapy encounter of these experiences, and implications for overall therapeutic engagement, it was decided that, for subsequent interviews, the scope of the enquiry would be extended to the period between formal therapy sessions. This phase of the study is the subject of the second part of the findings.

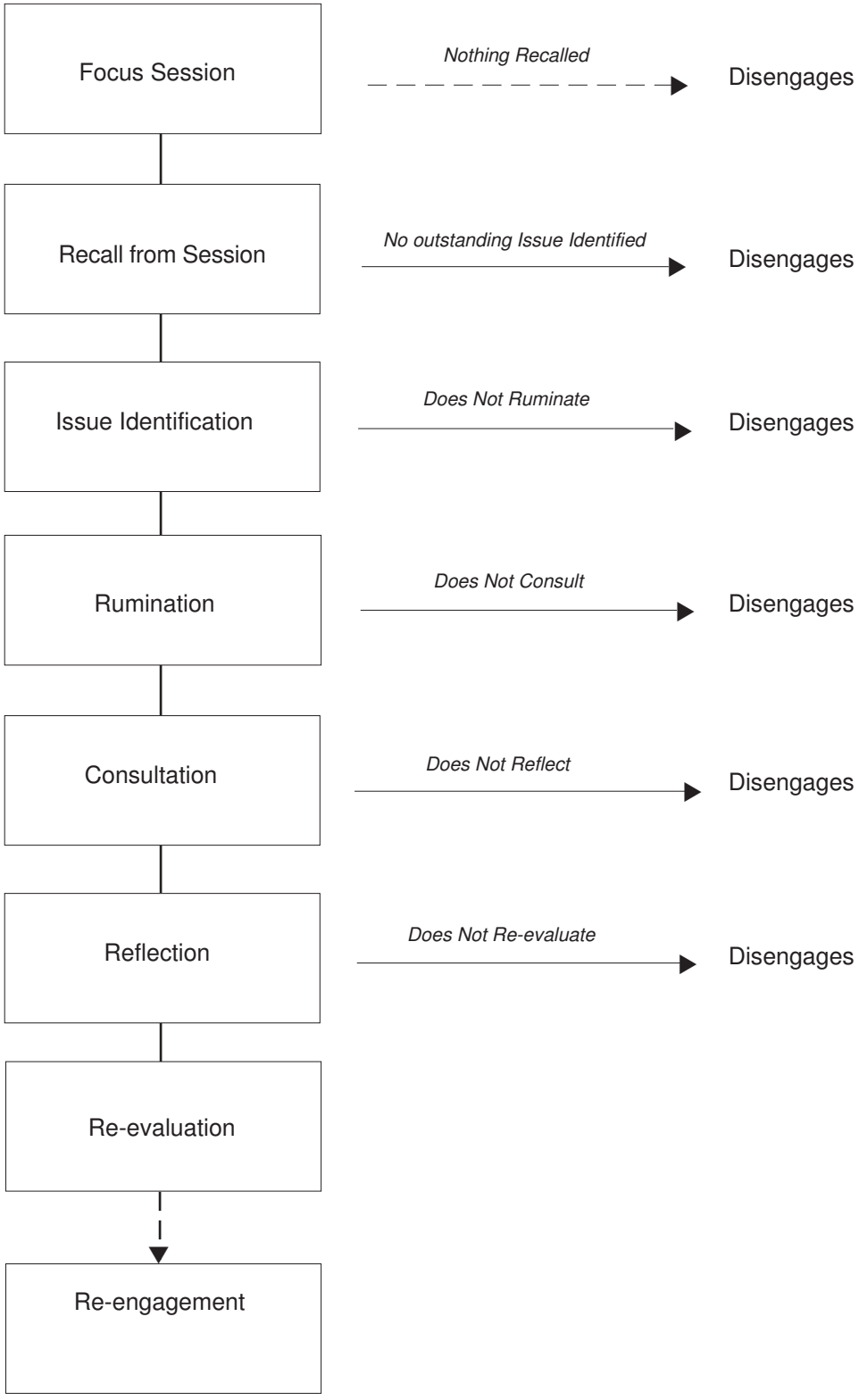
CHAPTER SIX
OUT-OF-GROUP EXPERIENCES

Introduction

This second phase of the study was designed to explore treatment-related experiences of men occurring between formal sessions. It represents an extension of the study as originally conceived, but flowed out of the first phase (described in the previous chapter). The addition to the data-gathering procedure is described below (6.1). Similarly to the structure of the previous chapter, the descriptive model which eventually emerged from this second phase of the study will be presented initially and then illustrated with representative excerpts from the transcripts.

Findings from this part of the study suggest that, between formal therapy sessions, clients of the programme make significant movement either towards or away from engagement in the therapy process. The model developed to depict the factors involved in this process is presented in Figure 11. This comprises a six-stage sequence, with each emergent stage giving rise to the next. At each stage there is the possibility of the man exiting from the process of ongoing engagement, at least temporarily. Advancing from one stage to the next in the sequence entails some active initiation on behalf of the client. Passage *through* each stage involves the reprocessing of material that is experienced by the man as salient and recalled from the therapy session. Such reprocessing, we might assume, presents the opportunity for therapeutic change as the individual seeks to make sense of events or experiences from the group session.

Figure 11: Out-of-Group Engagement Model



This sequence is described below in more detail and in terms of the descriptive model. As with the reporting of the disclosure orientation model in the previous chapter**,** it is illustrated with transcript excerpts from follow-up interviews.

6.1 Background to Phase Two of the Study

The interviews were initially designed to explore research participants' experiences of engagement in the therapy sessions. However, in the course of these, a number of men drew attention to the significance for them of the post-session period. They referred to the impact of interpersonal encounters, and to subsequent processing that had given rise to changed perceptions around material addressed in the group session. For some men, the changes they described had led to a firming of their initial responses to the therapy encounter; for others it had resulted in marked changes in their thinking. It was decided at this point that, in subsequent approaches, men would be requested to participate in interviews exploring the period between sessions, in addition to the investigation of their *in-vivo* experiences. It was felt that any realistic and comprehensive understanding of therapeutic engagement in this context would need to take the out-of-session experience into account.

To this end, on the day following the index session participants were asked to reveal any thinking directly related to events of that session, and to recount the content of that thinking. They were also asked to disclose:

- whether, and to whom, they had spoken about events in the therapy session;
- the circumstances in which such discussion was held;
- salient characteristics of confidants;
- content of the interaction and its meaning for them;
- the outcome of such discussion and their responses.

6.2 Overview of the Model

As in the previous phase of the study (the within-session analysis) participants revealed a number of common areas of interest or concern to them. However, they went about addressing these issues differently. For instance, all participants indicated, to some degree, a desire for understanding of themselves and their situation by others. But while some sought such understanding in order to elicit personal support or sympathy, others

were more concerned with engaging others in this way for the purposes of gaining insight or guidance. In this first phase of the study, the particular approach of the individual to these and other concerns was found to be related to the construct of disclosure orientation. Disclosure orientation appears to be similarly predictive of the approach of clients during the out-of-group phase also.

As well as factors of potentially *universal* importance to men undergoing this experience then, analysis revealed ways of understanding the *differences* between them. These differences can be explained by the disclosure orientation construct.

6.3 Stages in the Model

Stage 1: Recall from Session.

Logically, for a client to consider material from the session that material must be recalled or brought to his attention in some way. From the abundant social and environmental information to which the man is exposed at the time, some of it survives for recall and may be subsequently prioritised as salient experience.

Some men drew attention to experiences during the therapy session that interfered with their capacity to make useful sense of feedback from others. These experiences constituted, temporarily at least, impediments to taking on relevant information from the session. Their intensity resulted in confusion for these men and the impoverishment of their cognitive processing. Some indicated that, following the session, they felt too distressed or disoriented to be able to complete the recall task for the study.

> I didn't get to say anything on the [recall] tape. I was really upset and angry, I felt as if I didn't come across very well. I had to - I felt as if I was being misunderstood. I think I was being misunderstood in what I was saying. It was anger, frustration and deep depression - deep, deep depression. I didn't know whether I was coming or going.

While not reflected in the data from this study, it is logically possible that for some clients no significant experience is recalled from the session. This represents, theoretically at least, the first possibility for departure from an ongoing process of engagement. Because this is a theoretical possibility only at this stage, it is represented by a dotted line in the diagram (Figure 11).

The content from the session that survives for recall becomes available for reprocessing. The client is in a position to review his perceptions of this material and its implications for him.

Stage 2: Issue Identification.

"Issues" are defined here as matters perceived by the man to require attention of some sort. He is therefore motivated to address the tension therein.

> What has been on my mind was a lot about my wife, about myself; how I had treated her, how she treated me.

In the study, those issues privileged for recall and subsequently addressed by the individual were categorised into three domains: content discrepancy; unresolved conflict; and unfinished business in respect of other persons. Combinations of these domains were also observed.

> …I thought most about the questions and answers. Particularly about me being a bully. And that stuck in my mind. I [originally] thought I was more over-bearing, seeing as I was the oldest. There were three of them when I was young. Well, I didn't get on well with my father, he more kept to himself than he did with me. I tried to make it up with my son and my daughter

Where this tension is not present in respect of recalled material then no issue is identified, and the client is likely to opt out of the engagement process at this stage.

> Nothing stands out for me about the session yesterday.

> He [Therapist] was going back to where I had a - when I was molested as a kid. He expects me to be able to tell him how I felt when I was seven or eight, or however old I was. I couldn't even tell you exactly how old I was; how can I think back that far? - No idea! I put it back onto him, I said ten years ago, what did you get for *your* birthday - end of story! After the session, I didn't think any more of that. No. Closed the book; put it behind me - end of the day!

Stage 3: Rumination

This stage refers to the individual's inclination to allocate cognitive resources to the issues he has identified, and his emotional response to the process and the outcome. That is to say, it involves his independent engagement in teasing out those issues, and his pondering, puzzling or even agonising about them.

> [pause] When I think now about the session, I felt as if what was said was putting a lot of blame on [victim]. I was putting the blame on her. I thought, "I admitted that; I confessed it in court." But I feel that I'm trying to say that, because she came into my bed, that it justified me from then on. I feel that is the impression I am giving. Because it seems that unbelievable that I did it. When I think about it - it doesn't seem right.

The three important dimensions within the content of the man's ruminating are affect function, interpersonal goals and the disclosed strategies that he employs for addressing the issue. Affect function refers to the apparent role of revealed emotion. For some men their feelings around the identified issue serve as a form of escape from tension (a *release* factor); for others it is associated with a desensitising function, potentially facilitating further engagement (*relief* factor). The other two dimensions of rumination content (goals and strategies) appear to be significantly relevant to the core category of disclosure orientation.

At some stage in this process however, depending it seems on the direction and dimensions of his ruminations, the man may foreclose on the issue, and put it aside.

> I was starting to think about it last night. I ran it through what I was feeling, I wrote some down but - what the hell! - I threw it in the rubbish tin. I just thought: "No!".

This latter outcome marks a third potential point of departure from an uninterrupted process of engagement.

Stage 4: Consultation

This stage is likely to be reached by clients whose motivation is inspired by self-enquiry, affiliation with others, an urge to be understood by others, or some combination of these factors. A matter of personal significance is referred to others. This marks a key point

in the process of engagement as the identified issue passes from being merely the subject of individual rumination and becomes amenable to intersubjective scrutiny. In other words, it passes from the personal to the interpersonal.

> I needed to clarify things, it helps talking about your problems - for feedback. You get a better picture of the situation, rather than milling it over by yourself, and possibly your thoughts might be wrong, and the feedback helps you understand.

At this stage clients are motivated to seek out the most propitious or expedient combination of persons and conditions (timing, location, and readiness) relevant to the needs established and revealed in their individual deliberation (Stage 3 "rumination"). In these ways, consultation can be seen to take place in a distinguishing *context.*

> Yesterday, it was hard to listen to people. Today, it was - I was listening to R. He was listening to me, he was telling me. I was telling him how I felt, that how [Victim] came to into my bed the very first time. And he brought to my attention what happened before that.…

> The next morning I talked to S, that clarified things for me. I spoke to him. That was amazing. My opinion of him was that he was a fuck-wit and a loud-mouth, he was an adult child in his actions and the way he behaves; and yet here was a *man*.

There are striking and important commonalities across these contexts in which clients seek consultation. Important factors are:

- Reciprocity: a faith in mutual self-help

> Apart from more confidence, It made me more open and honest talking about my offending - more comfortable. It was the fact that they were pretty open and honest with me about saying things and I thought I would be the same.

- Interpersonal congruence: a recognition of complementary qualities in certain others.

> I actually thought that, um, I feel that they want to help me and I want to help them. That is the main thing, we want to help each other, I think us three more or less work together quite a bit and we talk about things quite good.

- The provision of personal support and respectful, reflective discussion.

> I talked to some of the other guys, in terms of what I was angry about - these things that [Therapist] cut me off. That changed when I talked to the other guys, especially when I talked to J - that was good. Then I talked to C. I talked to him about the abuse side and that brought in the [offence] chain as well.

- Personally safe environments.

> I felt confused about [my] father. When I went and started talking with D…we were the only two left in the dining room. I went over and sat next to him, then we began talking about - 'cause he said sorry about fronting me up about the feelings about my father. He obviously saw that there were angry feelings, and that he was sorry that he had brought them up. And it was mainly just to talk about - hey - they were going to come up at some stage, and better sooner than later. So he knew how things were going down for me.

It is typical for clients to approach a *range* of other group members who offer, in combination, both intellectual reflections on identified discrepancies in their understanding as well as emotional support to assist them in facing up to disclosure.

> I would say, that J is more of an intellectual than G is. G is good to be with but he is not as intellectual as J is. G was more supportive as a friend.

In contrast to such commonalities, there are telling distinctions across the particular functions and qualities of consultants sought by clients. Interestingly, the functions and qualities looked for appear to vary in relation to the particular disclosure orientation of the consultee. A response from one man whose approach was characterised by an other-directed/open strategy disclosure orientation indicates a concern with repairing perceived damage to a relationship and smoothing over conflict.

> I spent just a couple of minutes talking to him, the older guy. He just told me that what I had put down on the chain wasn't what I had told him, and it came out in group. He said I was dishonest, and [that] I should have told him that. I wasn't thinking about that sort of question at the time, while I was doing my chain….He said that he was disappointed in me because I didn't tell him what I had told [Therapist], what I had put on the chain. I was a bit upset when he said that he was disappointed in me. I should have told him….

This disclosure orientation and the associated placatory disclosure management style also influenced the consulting approach of this next man:

> M comes through here the strongest of all the members; he's the most outspoken. It's like he's the leader, and I felt that what he said meant - he meant what he said. I took more notice of what M said. He's not like me, he's very assertive, he's very strong. He's just this authority figure.

Those whose approach is characterised by an other-directed/closed strategy (evasive style) are also inclined to consult. Similarly to what was found from investigation of their in-group experiences, "dis-orienting" encounters are possible for these men outside of the formal group context. The quality of the engagement appears more robust than those who are more influenced by an other-directed/open strategy (placatory style).

> I mentioned it to him, just briefly, and we stood there and spoke of it, and in every detail of what I was talking about on Thursday. He asked me a simple question, that nobody else asked me, "and what happened previous to that?" Even I didn't think of just playing and play-fighting, [I said] "but that has got nothing to do with it." He said, "yes it has, because that meant, that gave you the knowledge that it would be safe to come into bed with you". Well he went from a fuck-wit to somebody that showed about compassion. He patted me on the shoulder and just said, "hang in there mate".

Alternatively, some who have ruminated on an issue choose not engage in consultation with others, and foreclose on the process of engagement at this stage.

> I don't find it helpful to me in any way to talk about those things at all….

Merely passing on information to others, in the absence of an exchange that amounts to feedback, is *not* seen to constitute consultation in this context.

Stage 5: Reflection

The term "reflection" in this context is taken to mean the consideration of issues in the light of external feedback. That is to say, the client is now in a position to address identified issues following consultation with others.

> Not much happened during the session, apart from I felt anger and sadness and a lot of pressure on myself. The impact came later, because when I was with the group I thought my chain was clear, by the time I finished it I was lost and I got more help on my chain after my group from the guys outside.

The reflection may concern the client's grasp of his offending:

> Then I opened up to him and spoke to him. That was when it was possible, and that is when he put this question to me. It made me think of what happened previous to that at the time. That was never asked, I had been thinking that was relevant. I hadn't been thinking that play-fighting was me grooming her.

The reflection may centre on a review of his self or his approach to his goals:

> [I also thought about] some questions more about me and my background, that sort of thing.

> All this made me go easier on myself: OK someone is understanding, he has not judged me at all. *I* was judging myself more than they were. With the expectance [sic] of support, I went easier on myself, I felt a lot better about myself. It helps you to see things a lot clearer, so you can sort them out, get a better perspective on what the problem is.

While, as a result of consultation, the client may go on to modify his position in relation to the issues he may, alternatively, hold to an original position.

> It didn't make me feel better in myself, or worse in myself; any way at all.

Such a conclusion represents the next exit point from the process of ongoing engagement.

Stage 6: Re-evaluation

Having identified unresolved matters from the session, ruminated upon them and consulted with others followed by a period of reflection, the client may then look to re-evaluate his situation. This re-evaluation can be across any of three broad domains:

- his own perception of himself;
- his conception of his offence process
- action plans for the future.

The re-evaluation may combine one or more of these domains. The following transcript excerpt illustrates the first and third domains.

> It took a release. You weren't being judge on yourself, there was acceptance and so if they accept you, then you can accept yourself. Once you got rid of all the bullshit instead of trying to hide it and all the rest of the shit that goes with it, then you can look at it a lot clearer, you can see the problem a lot clearer, and hopefully you would do something about it.

Foreclosure at this stage is indicated by the client's satisfaction with his goal-attainment, therefore precluding the need to pursue identified issues further. For example, the man may have met core interpersonal goals merely by securing or retaining the emotional support of others.

> I thought about it, after he mentioned it. It was just the question. He would ask me a question and I would give him an answer….The good thing is it's good to get it out of the system. It has been there for a long time, you have to tell somebody, otherwise it will come back to haunt you.

The simple placatory and unburdening intentions of the man in the above example have been satisfied and, we would presume, engagement with the therapy process no longer serves his purpose.

Re-engagement

This is a theoretical stage. For those who have passed through the stages outlined above, without exiting at any stage, it is inferred that they are optimally motivated to participate in the next stage of the formal group therapy process. That is they are, theoretically at least, sufficiently prepared to present a modified account of their offending,

with the expectation of deepening their understanding and enhancing their confidence in the steps they can take to promote adaptive change.

Summary & Conclusions

As it became evident from the data that participants' "out-of-group" experiences represented an important component of their engagement in therapy, these experiences became the subject of investigation.

During the first phase of the study it was found that most participants experienced aspects of the formal group therapy environment in ways which were constraining or otherwise limiting to their capacity to benefit from it. Once free of these elements most men sought to avail themselves of the type of information that they perceived was unavailable to them during the session. For many, such information was sought to minimise the distress they experienced, having been exposed to such potentially damning revelations. Social "reality testing" was an important methodology for many in this quest. For a large proportion of men then, information was pursued in respect of their social evaluation in the light of their personal disclosures, as they sought to determine and limit the "damage" to their selves or their relationships.

Typically, men discovered from their consultations with others that the vilification that they anticipated had not been realised. Or, that liberated from the need to put such a high proportion of their attentional resources into self-monitoring, they allowed these resources to be redirected into the blossoming of curiosity about themselves and relatively unimpeded inquiry into the latent processes involved in their offending. At this point the blinkers created by their fears, could be removed and they could consider and reflect upon alternative perspectives that subsequently became available to them.

The way in which they went about this, and the degree and extent of ongoing engagement, was integrated into the descriptive model presented in this chapter. Essentially, the pattern revealed was found to reflect predominant disclosure orientations , which emerged from the first phase of the research (5.5).

For those who exhibited a self-directed/open orientation (as observed in an *exploratory* disclosure management style), full advantage is taken of the possibilities for reprocessing opportunities to consider and reflect upon their experiences in therapy, as described by the model.

By contrast, men who relied mostly on a self-directed/closed orientation (and therefore an oppositional style of disclosure management) exit early from this process.

Men who traverse the formal session employing an other-directed/closed (*evasive)* approach are likely to gain new insights, following a process of reality testing involving other men whom they had chosen to consult. Such insight may derive from often radical challenges to beliefs and attitudes, apparently jolting their preconceptions and availing them of new ones on which to reflect.

Those who were most likely to be characterised by an other-directed/open (*placatory*) style are observed to exit the process of ongoing engagement once interpersonal support is seen to be reconfirmed, or that damage-limitation has been carried out as best they can manage.

In short, the difficult and painful business of relating to the matters raised by the disclosure encounter are often eased during out-of-group reprocessing. Depending on the approach of the client, this may be as the result of the intellectual and emotional distance from the intensive nature of the experience in group, or by means of reassurance or exposure to previously unconsidered perspectives. Whether these experiences and encounters result in progress toward therapeutic engagement may depend on the qualities of the various facets of the out-of-group environment.

CHAPTER SEVEN
DISCUSSION

Introduction

During the course of this thesis I have discussed a range of impediments to the therapeutic engagement of child sex offenders in a prison-based rehabilitation programme. This brought to light the importance of self-disclosure both as a critical step in the process of engagement and as a central source of difficulty for these men. I went on to introduce a methodology that was designed to investigate the experiences of men enrolled in the Kia Marama programme at a critical point in their engagement: offence process disclosure.

Those who participated in this study revealed a great deal about their experiences around self-disclosure and engagement. We are reminded thereby that not only is therapeutic engagement an integral factor in the process of change but that, as a stage in that process, it precedes meaningful intervention. More specifically, it emerged that therapeutic engagement in this context involves as much about what different clients bring to the encounter as it does about the means of intervention.

In this chapter my primary intention is to attempt to make wider sense of the findings of this research. In order to do this I shall propose the notion of *crisis,* both as a construct with utility for bringing meaning to client experience in these circumstances, and as a way of accounting for events that are of significance to understanding therapeutic engagement. I shall go on to propose means by which the various manifestations of crisis in these circumstances may be managed constructively to direct therapeutic intention.

In the course of this discussion I shall make reference to a range of areas of application and limitation. Specifically, I shall begin by discussing therapeutic engagement in relation to the twin constructs of disclosure orientation and disclosure management, as defined within this study. Here, I shall introduce the notion of crisis as a means of understanding the experience and behaviour of clients in these circumstances. Implications for programme delivery to child sex offenders will then be discussed as well as relevance to other, broader applications of therapeutic change. Next, the relationship of the findings to the general literature will be considered, followed by a review of the study's limitations. I shall also discuss avenues for extending the research within this area, along with the

application of the methodology to other contexts. Finally, I will endeavour to draw some general conclusions from the study as a whole.

7.1 Therapeutic Engagement

Disclosure Orientation and Disclosure Management Style

Grounded theory analysis of the data generated in this study suggests that these participants approached engagement according to a number of factors: their attitudes and expectations toward the programme; their responses toward others; and their purposes and strategies with respect to therapeutic change. Four distinct approaches were identified. These approaches are briefly reviewed here, primarily for the purpose of distinguishing helpful from unhelpful influences in promoting therapeutic engagement.

The first of the approaches to managing disclosure was characterised by discovery-driven intentions and a reflective openness. Participants who exhibited a clear commitment to such an investigative orientation actively sought collaboration with others, and demonstrated a considered response to feedback. The disclosure management style in this case was referred to as *exploratory*.

A second identified grouping of participants adopted a primarily *oppositional* focus. Their tendency was to view the situation as an adversarial encounter, in response to which they adopted a defensive or combative posture. Thus oriented, these participants were inclined to describe their overall experience of the session in terms of embattlement. Not surprisingly, they remained generally unengaged.

Some participants exhibited a preoccupying vulnerability to emotional harm, and sought to minimise their exposure to the scrutiny of others. The management style in this case was labelled *evasive*. They continually attempted to avoid negative evaluation throughout the session, either by actively resorting to strategies of subterfuge, or by adopting a more passive stance of avoidance. At the peak of their discomfort, some of these men were apparently consumed by an urge to physically or symbolically escape from their predicament. Nevertheless, encounters with events radically dissonant with their expectations appeared to harbour potential for engaging these men.

The last of these disclosure orientations involved a primary concern with securing the support of others. While typically maintaining an outwardly responsive and engaged approach, participants inclined toward this mode of managing the disclosure encounter

consistently revealed that their guiding intention was to convey an *impression* of openness. Such prioritising often over-rode attention to the explicit content of the session. This *placatory* style appears to be a response to a need to appear compliant. However, the data suggested that authentic engagement in these men became possible when, following some personal revelation, expectations of alienation were disconfirmed by expressions of support and acceptance from others.

It is important to note that these categories represent approaches to engagement adopted by a participants at a particular time, according to their perception of the response that will best meet their needs at that time. It is not suggested that the data related to any one individual will correspond perfectly with a particular disclosure orientation. Rather, it is the case that individuals involved in the study tended, initially at least, to take up a particular orientation, in which they may or may not have become increasingly entrenched.

Participant Concerns in Therapy

Attitudes and postures brought to therapy by participants clearly influenced the course of their engagement in the disclosure process. It was also clear that, for many, this fore structuring was significantly motivated by fear, reflecting concerns about emotional harm. Fears of being isolated or discriminably exposed were common. In cases where these concerns were prominent, men often reverted to practices that ran counter to functional engagement. These men typically experienced the session as excessively demanding. Sometimes this resulted in their sense of being overwhelmed, leaving insufficient resources during the session for the man to process programme content-related material effectively. At times, a sense of helplessness was evident in these situations. More commonly however, there was recourse to evasion, opposition or appeasement: strategies that were similarly unfavourable to engagement.

Nevertheless, even these participants revealed a degree of ambivalence in their motivation. Most expressed recognition that their predicament represented opportunity as well as threat. There was a sense of the possibility of joining with others in adversity; glimmers of optimism that one's identity as an offender could become known to others without the onset of disaster; that one's behaviour could be understandable if not acceptable, allowing one to retain social membership. This ambivalence became more manifest in the second tier of the research. It became evident here that the majority of participants actively sought audience with their peers in informal settings in attempts to resolve matters arising from the formal group therapy session.

Participant Approach and Therapeutic Engagement

Those participants who engaged most directly during the group session were those most clearly aligned with the exploratory approach toward managing self-disclosure. These men were more likely to demonstrate qualities of flexibility in thinking, as well as reflectiveness and curiosity about themselves and their propensity to offend. They also exhibited an orientation toward others that was essentially collaborative, and they expressed positive sentiments around mutuality within their therapy group. These participants typically spoke in terms of "leaping off the edge" or "grasping the nettle" of disclosure than some of their more reluctant peers. Notable features among those who revealed goals and strategies that were largely inimical to engagement were narrowed and rigid thinking, antagonistic escalation, concern with personal vulnerability, and a tendency to focus unreflectively on perceived demands of others.

A Conceptual Mechanism for Change

Sex offender treatment programmes are concerned ultimately with the facilitation of change. It follows then that client *engagement* with effective change processes is critical to programme provision. The data-driven model generated in this study provided some optimism that participants' approach to engagement is malleable. Certainly, those participants who emphasised evasive or placatory disclosure management styles appeared capable of moving to a more engagement-focused orientation. The key to this shift in orientation appears, from these data, to lie in the client's experience of contradicted or disconfirmed expectations, along with their receiving information that is supportive of an alternative construction of their experiences.

7.2 Disclosure Orientation as the Management of a "Crisis of Belonging"

Before considering the implications of these findings, I will consider the experience of these clients in a more general conceptual context, in order to provide an account that is more explanatory.

As described, when these clients are challenged to explore their patterns of sexually abusive behaviour in a group context, they typically experience considerable stress and subsequently resort to a range of coping responses. These coping responses extend from "grasping the nettle" of personal disclosure, to avoidance and hostility. In order to make

sense of these responses, it is proposed here that the encounter is viewed as the precipitation of a crisis.

Client Experience of Disclosure

The Kia Marama programme is largely based around relapse prevention principles, which in turn relate to an integrated etiological understanding of child sexual offending (see1.5).

The cognitive-behavioural perspective holds that the man who has sought sexual contact with children has done so partly in response to his experience of neediness resulting from an inability to resolve personal difficulties. Once offending has commenced, goes the explanation, he resorts to a secondary range of adaptations in order to prevent the discovery of his offending. It is argued that, in order to minimise the risk of reoffending, he must replace offence-precipitating and offence-maintaining responses with more adaptive ones, resulting in a more satisfying and fulfilling life.

During group-based relapse prevention interventions, the client is introduced to this pattern of motivating and maintaining factors and encouraged to view his own pattern of offending in their light. In order for him to take on the role of the chief protagonist in preventing his own reoffending, he is required to identify himself as the principle actor in all of these factors, and to plot them as a sequence of linked steps to offending. Subsequently, he is expected to present a refined version of this account to his treatment group, in which he publicly explores, familiarises and identifies with his particular offence process. This account is subject to a process of examination and refinement by the group.

This is a critical juncture. Effectively, the man is challenged to present himself to his peers, openly, honestly and directly; as one who has deliberately and actively sought to create opportunities in which to gain sexual contact with children. This represents to him a course of action that is in diametric opposition to the way he has managed his social response to his offending in the past. Moreover, it confronts him with the challenge of managing the disclosure of deeply personal and potentially socially damning information, which is then subject to public scrutiny. For a member of this population this is likely to recapitulate circumstances that are centrally related to his offending, and gives rise to the maladaptive modes of responding associated with both his background of difficulties and his abusive behaviour. This precipitates a crisis that has both intrapsychic and interpersonal dimensions.

Intrapsychic dimensions of the Crisis

It is commonly noted that at the core of the dysfunctions related to the abusive conduct of offenders is an impaired ability to form and maintain appropriate and functional relationships. Associated with this is the observation that, almost universally, offenders are themselves survivors of childhood abuse: physical, emotional, or sexual. Memories of such experiences are thought to be subject to activation in later life by encounters that appear to recapitulate the traumas faced in childhood.[5] Such phenomena are often cited as being implicated in or, more directly, as direct precipitants ("triggers") to sexual offending. According to this explanation the habitual but ultimately maladaptive coping responses learned in childhood, when activated, generate considerable personal and social disruption, resulting in a compounding of difficulties. Furthermore, according to these models, abuse survivors adapted in this way tend to actively anticipate the threats predicted by their characteristic ways of viewing themselves in the world. New "information" is therefore funnelled into pre-existing models of relationships.

Such "template" models of understanding the impact of early abuse, when applied to the circumstances under investigation in this study, may help make sense of the experience and responses of the participants. Viewed in this way, the group disclosure/confrontation encounter presents the client with experiences that are conceptually related to early abuse, giving rise to expectations of vulnerability, abandonment, shame, defectiveness, and so on. This in turn motivates the habitual but faulty coping strategies exhibited by the men in the study, and these constitute impediments to engagement. Such responses are likely to be functionally related to offending, and are therefore significant, not only to engagement but to treatment overall.

Interpersonal Dimensions of the Crisis

As discussed in Chapter One (1.4) Goffman (1963) makes a distinction among persons whose identity is "spoiled", between those with who are already "discredited", and those who are "discreditable". According to Goffman, those who remain discreditable share a need to manage and control information around the stigma that threatens their identity. Elsewhere (Goffman, 1971), he catalogues various strategies, such as might be

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[5] Constructs such as maladaptive (cognitive) schema development (Beck, Freeman, & Associates, 1991; Young & Swift, 1988; Young, 1990), based on information processing models (Baldwin, 1992; Markus & Zajonc, 1985) have been proposed to account for these processes.

adopted by those who are discreditable, for the purposes of impression management. For clients who present at Kia Marama and are subsequently faced with the task of disclosure, the possibilities for continuing to implement such strategies successfully are severely limited. Nevertheless, while publicly discredited on the strength of their convictions and incarceration, there remains a wealth of potentially discrediting detail (related to such issues as their intentionality, the extent and degree of their offending, and so on) that still impinges on social perceptions of their personhood. It is widely documented that those convicted of such offences typically resort to denial, minimising, and a tendency to locate blame for the abuse with others (Abel, et al., 1984; Happel & Auffrey, 1995; Salter, 1988).

Breakwell (1986), in setting out to examine "how people seek to cope with experiences which they find threatening to their identity" (p.1), describes various coping strategies, at both intrapsychic and interpersonal levels. These descriptions are instructive in respect of client responses revealed in the present study. They suggest that the experience of the disclosure encounter is closely related to perceived threats to identity. Breakwell defines such threat as "when the processes of identity…are, for some reason, unable to comply with the principles of continuity, distinctiveness and self-esteem, which habitually guide their operation" (Breakwell, pp. 46-47).

Specifically, she describes interpersonal threat-coping strategies as isolation, negativism, passing, and compliance. Isolation, as she defines it, is essentially a strategy of inaction, employed to prevent exposure to discrediting facts, thus reducing the chances of having to confront the "rejection, pity, or aggression appended to the stigma" (Breakwell, 1986, p109). Isolation, then, is the interpersonal variant of the tactic of denial. Negativism is defined as a more active strategy involving hostility toward those who constitute the threat. Passing is the strategy of deceit: the act of passing for someone else. For example, it may involve avoiding identifiable membership of the social category of child sex offender by means of "social camouflage" or concealment. The final interpersonal threat coping mechanism described by Breakwell is that of compliance. She uses this term in its passive sense. Goffman refers to it as "playing the (ascribed) role", or, accepting behavioural ascriptions in order to win social approval. Breakwell shows how compliance strategies are associated with the notion of *learned helplessness.*

Three of these interpersonal coping strategies were clearly represented in the data from the present study. Moreover, their use closely corresponded with the categories of disclosure orientation and disclosure management style. Hence, these strategies can be seen to represent the interpersonal expression of disclosure styles. As such they reflect the

responses of participants as they struggle to adapt to the social consequences of their predicament.

The relationship between the disclosure constructs and interpersonal coping strategies is depicted in Table 1. This table excludes Breakwell's strategy of isolation, but introduces a strategy also seen in the data termed here "confronting". We might conclude that offenders favouring the strategy of isolation express their inclination by declining treatment, thus accounting for the absence of this category from the data. "Confronting", however, was evident from the data and describes conduct which reflects "facing up" to the experiences that might be construed as threatening. This strategy was observed to be employed by those emphasising an exploratory disclosure management style.

Table 1: Hypothesised Relationship Between Constructs

Disclosure Orientation	Disclosure Management Style	Interpersonal Coping Strategy
Open/other	Placatory	Compliance
Closed/other	Evasive	Passing
Closed/self	Oppositional	Negativism
Open/self	Exploratory	Confronting

A Crisis of Belonging

The experiences and coping responses described in the literature on spoiled identity and adjustment cited above have some clear parallels with the phenomena that emerged from the data in the study. By applying the theory from these sources we might assume that, in many ways, the descriptions of Goffman and Breakwell probably reflect the experiences of offenders prior to the detection of their offending and prior to the therapy experience. In the context of the intensity and protracted intimacy of group therapy,

however, the experience of threatened identity or social "discrediting" is likely to be present at an escalated level, especially during offence disclosure. Thus, the client confronts crisis. The social nature of the crisis (given extreme public attitudes toward this sort of offence) surrounds *stigma:* the fear of shame, alienation, isolation. In the face of this, he is likely to resort to habitual ways of attempting to manage his predicament, to avoid this stigma. However, this now takes place under conditions of critical scrutiny, heightening the intensity of his efforts. Systematically revealing his deviant intentions and conduct in a peer context then can be seen to confront the client with exactly the sort of challenges he has habitually and vociferously sought to avoid, through practices of concealment and "passing". This situation then can be seen to *recapitulate* a crisis, both in terms of his personal sense of integrity and his enduring ambivalence around relationships with others. The fact of discovery places the client in a social category that forces him outside parameters of normality and acceptance. He is evicted from social membership, and becomes what Goffman (1963) calls the "stranger".

This is a crisis of *belonging* because the issues raised for the man are inextricably related to his social-emotional connectedness with others. It recapitulates issues of intimacy such as trust, control, interdependence. It involves associated experiences such as worthlessness, abandonment and incompetence: factors which are commonly implicated in the precipitation of sexual offending. In this way, habitual maladaptive coping responses are triggered.

Ironically perhaps, the very context that gives rise to this crisis may also present an opportunity for its resolution. Janoff-Bullman (1992) notes that the experience of psychological trauma, with its association with events outside of the normal bounds of human experience, is likely to provoke in the person an impulse to engage in normalising reconnection with others. In trauma debriefing work a forum is convened following the "critical incident" to assist the attendees in making intersubjective sense of their experience (Everly, Flannery, & Mitchell, 2000; Mitchell & Everly, 1993). In sharing their perspectives and experiences the survivors create a normalising and understandable comprehension of them. Participants in the offender treatment programme are seen to have committed acts that place them on the margins, or outside of human acceptability. That is a very uncomfortable position to occupy, and one that is likely to motivate attempts to escape it. In the study the participants, almost without exception, were observed to invest considerable effort in seeking to become understandable to others (first part of the study) and to share the "excluding" experience with them (second part of the study). This may be

seen as an attempt to gain re-acceptance and re-integration through consensual validation; it may be seen as an attempt to counter a sense of detachment, following the disruption to their sense of continuity and self-esteem. In these ways therefore such actions may be viewed as an attempt to re-establish a sense of belonging. Viktor Frankl (1978) suggests that a search for meaning tends to follow a stressful event. The threat of social extinction is countered by seeking others with whom to re-establish a sense of meaningfulness. If one is understandable, then one can belong; if one belongs then one has achieved a sense of essential meaningfulness.

The Experience of Ambivalence

And so the client is "forced" to confront the marginality of his social existence. While disclosure in these circumstances presents a potentially difficult and painful prospect, there are also some attractive aspects to it. He is invited to met the challenge in a relatively benign environment. His audience comprises those with whom he has had the opportunity to build some sense of trust and, in the case of his fellow offenders, a level of interdependence. Group members and the therapist also conform to membership of what Goffman (1963) would refer to respectively as the "own" and the "wise" with respect to the nature of his stigma. Goffman also refers to the dual nature of his relationship of the stigmatised to his "own". While he may fear and loathe the consequences of the public display of the stigma by others, the perpetrator of sexual abuse may come to value their experiences and the understanding they offer. "His social and psychological identification with these offenders holds him to what repels him" (Goffman, p108). Such ambivalence was expressed by participants in the present study, irrespective of disclosure orientation, suggesting that it is a general feature of the experience of these men in this context.

Favouring therapeutic engagement, in addition to these "pull" factors there are also "push" factors toward disclosure. Living with the management of the stigma can have its own considerable stresses. "The person who passes must live a lie. This has psychological implications" (Breakwell, 1986, p117). While, prior to discovery, he may not live with the consequences of discovery and exposure, the offender lives with the *fear* of them. Similarly, those offenders who practice the strategy of isolation face the impact on their lives of social withdrawal: "Lacking the salutary feedback of daily social intercourse with others, the self-isolate can become suspicious, depressed, hostile, anxious, bewildered" (Goffman, 1963, p13). Again, responses that expressed this sort of tension were present in these data, and distributed across the four disclosure orientations.

> The initial thought is to go on the defensive. But then I thought - I thought, I'm here to deal with it, not to hide it. That is where the feelings went. It was like an accusation, but it was there to help me. I didn't see it really as a threat, even though I felt like it. But I didn't see it like someone coming up to me with a knife or something. It was there to help. I accepted that help; I wanted to, to deal with my offending, to find out why I'm offending.

> It certainly is a novel situation. If I'm in a group, usually everything is going on around me, I'm not part of it - I'm there, but I'm not part of it. I'm *part* of this group. I'm involved because of the common denominator, the common reason for being there….Comradeship, camaraderie, it's there - we are a group. Rather than individuals - I feel: all for one, and one for all!

> [Therapist] is explaining about my offending here; he is sort of looking down. I thought he felt, "this is not the right answer". He's asking me a question, and I am not directly answering it. It means to me that sooner or later I am going to have to talk about what I don't want to talk about. I am going to have to face it sooner or later. [Therapist] knows I'm not talking about what I should be talking about. This leaves me feeling worried and scared because he is not going to give up. It's what I want, but it's hard to go about doing it: where to start.

Inherent in the context of the disclosure encounter then is an *ambivalence* toward the task: ambivalence around the wish to confront and the wish to escape; ambivalence around the wish to belong and the wish to avoid. The nature and extent of such equivocation varies, and may be accounted for in terms of the particular strategies and expectations, brought to the situation by the client, and distinguishable as components of disclosure orientation. That is, disclosure orientation appears to account for the different ways in which such ambivalence is handled. This ambivalence, and the attentional resources that it draws upon, in some ways acts as a hindrance to successful therapeutic engagement. By its very nature, of course, ambivalence also suggests the possibility of its opposite: commitment. Working successfully with ambivalence may, as Miller and Rollnick (1991) suggest, be critical in promoting engagement.

This crisis of belonging generates both threats to therapeutic engagement, and the opportunities for its promotion. These possibilities will be considered separately.

7.3 Cognitive Disruption as a Threat to Engagement

> One of the ironies of abuse-focused therapy is its requirement that the client approach a state he or she has spent much of life avoiding: integrated awareness of the present and the past, of previously split-off or compartmentalised internal experience.
>
> (Briere, 1992, p87)

Briere, in the above quote, is referring to the intrapsychic coping strategies of sexual abuse survivors, and attempts in therapy to replace maladaptive strategies. An irony of conducting relapse prevention-focused therapy with sexual abuse perpetrators is that, while the client is not primarily attending to a task of "healing", he does confront issues parallel to that described by Briere. As described above (under 7.2), in addition to employing intrapsychic strategies to avoid confronting the personal impact of their abusive behaviour, offenders also engage in interpersonal practices designed to manage the social consequences of their spoiled identity. That is, in addition to dissociation, denial, and avoidance, they resort to isolation, negativism, passing, and compliance. A further layer of irony in the treatment of sex offenders then is that the client's style of response to the challenges of self-disclosure in relapse prevention-focused interventions (both inferred from theory and observed in these data) may be seminal to the formulation of his treatment goals. Disclosure challenges him with the very "threats" that are likely to have precipitated his offending. As related above (under 7.2), the client's habitual maladaptive responses to such threat are elicited in the course of the disclosure encounter. He is subsequently confronted with the social consequences of his response, recapitulating the crisis of belonging. Elsewhere (Briere, 1989), Briere himself states that group therapy for abuse survivors, while best meeting the therapeutic goals of decreasing isolation, stigmatisation, the development of interpersonal trust and so on, is likely to provoke disruptive and distressing post-traumatic phenomena. In the course of relapse prevention-focused therapy there is no particular intention to elicit such responses and they may not appear with the same intensity. Nevertheless, the present study reveals that similar activation occurs and has the potential to interfere with participants' capacity to functionally engage in therapeutic processes.

There are then two engagement-related domains of unhelpful responding involved: the intrapsychic and the interpersonal. In the intrapsychic domain, activation may either give rise to a "narrowing" of thinking processes, or impose a degree of emotional and cognitive demand that directs away attentional resources required for the equally

demanding tasks associated with understating his offence process. In the interpersonal domain, the experience of threat may activate perceptions of helplessness or hopelessness, and incite a recourse to various means of avoiding harm. The study reveals such responses as evasion, helpless capitulation and retaliation. In all these ways, the client distances from functional therapeutic engagement.

For the sake of clarity here, blocks to intrapsychic and interpersonal engagement will be addressed separately.

Blocks to Intrapsychic Engagement

In Chapter One I argued that, in an otherwise relatively heterogeneous population, a central characteristic of those who sexually molest children is their difficulties within interpersonal relationships. This is associated particularly with a fear-driven reluctance to share deeply with others. We might predict then that, for many clients, the disclosure encounter is liable to elicit cognitive responses that are anxiety- or helplessness-related. Inferences from information processing theory (Markus & Zajonc, 1985) suggests that these responses may interfere with the ability to attend to and process information. According to this, once a schema is activated, observations about the social environment are processed, directed and narrowed according to the content of that schema. In other words, an attentional bias is at work, filtering and funnelling information according to what "fits" the internal logic of the schema. If only a limited cognitive resource is available at any one time then, when applied to the limitless information available in the social environment, a process of selection will occur. Here, the concept of what Taylor and Thompson (1982) refer to as "stimulus salience" becomes important. Stimulus salience "refers to the phenomenon that when one's attention is differentially directed to one portion of the environment rather than to others, the information contained in that portion will receive disproportionate weighting in subsequent judgements" (Taylor & Thompson, p175). In the circumstances under investigation, what we discovered was that participants regularly perceived threat in the group therapy environment and doubted, or even assessed as hopeless, their ability to tolerate perceived consequences of that threat. This depleted their "attentional budget" and compromised their ability to attend to substantive aspects of the session.

There exists a considerable literature on the cognitive structures and processes associated both with depression (for example, Beck, Rush, Shaw, & Emery, 1979; Peterson, Maier, & Seligman, 1993), and anxiety-related disorders (MacLeod, 1991;

Matthews & Mackintosh, 1998; Taylor & Rachman, 1994). While the details of these hypothesised processes remain contentious, there appears to be general consensus around the idea of a tendency among those vulnerable to mood disorders to select out and to distort certain categories of information available to them. In the case of depressogenic processes, this is seen to revolve around the matching of stored negative information about the self, the world and the future. Subsequent attributions made by the individual create a perception of problem insurmountability, and a resulting sense of hopelessness. For those vulnerable to anxiety, the process at work seems to be related to a tendency to select out, overpredict and overestimate danger in the environment, while simultaneously underpredicting safety and coping resources. This is seen to result in avoidance or escape-seeking. Again, these impulses are clearly evident in the data collected in the research, and can be categorised according to particular disclosure management strategies.

> It gets to the stage that I would not answer him, because nobody believes you, so what is the point. It's a fucking mess at that point. It seems as if I am lying to them, to my back teeth. I felt as if it didn't matter what I said, these guys are not going to believe me. I was helpless

> …and the gut feeling was I was starting to boil a bit, get frustrated, angry, uncomfortable, squirmy and anxious.…When this happens to me I want to be anywhere else but in the room.

Given the disproportionate tendency within this population toward difficulties associated with both depressive and anxiety-related problems, along with the stress of the particular circumstances, these modes of functioning are likely to be common in the specific context examined in the study.

Two other intrapsychic processes reported in the cognitive literature that are of relevance to the current study are dissociation and cognitive deconstruction. Dissociation is defined as a response to distress resulting in a temporary disintegration of thoughts, feelings and actions so that the individual's usual ability to process information is disrupted (American Psychiatric Association, 1994; Briere, 1992; Hilgard, 1977; West, 1967). Experiences commonly associated with this phenomenon are psychological disengagement, numbing, disconnection and detachment. Cognitive deconstruction (Baumeister, 1990) is a construct that has already been implicated in child sexual offending process (Ward, Hudson, & Marshall, 1995a). According to the theory, individuals may

attempt to escape negative self-evaluation by means of a process that involves a narrowing and compromising of conscious awareness in the immediate situation. In the study, reference was made by participants on a number of occasions to experiences of cognitive and emotional confusion, indecision and ambivalence.

> I wasn't feeling the best here: [Therapist] was starting to pressurise me. I think this is where he is pressuring me about answers. I didn't have the answers. I felt the answers I was giving weren't good enough. It reminds me of other situations when people were hassling me. Not being able to give the answers, not being able to answer back, I got hassled at [previous prison]. I was treated as a total shitbag. Having been focused on [Therapist] for that period of time, I'm wondering here: "Is he going to hassle me? What are his questions about? Is it about what's on the board?" I don't know what to expect - something aggressive. I was listening, I was aware; but I wasn't concentrating.

Such experiences were linked, on more than one occasion, to impulses to escape, evade or avoid.

> I think this is where I was losing it at one stage. I felt so rotten, so dried up, wanting to get out and wanting it all to stop. I had done enough.

Cognitive disruption was also apparent in the difficulty encountered by participants in articulating their experiences. The accounts reported by otherwise compliant participants of their failure to complete relatively straightforward research tasks following the conclusion of the session lends further weight to the impact of cognitive interference.

Blocks to Interpersonal Engagement

In discussing blocks to interpersonal engagement I am referring to those perceptions of experiences described by participants that appeared to give rise to responses of opposition, evasion, or placation (described and illustrated extensively in 5.5) and corresponding interpersonal coping strategies of negativism, passing and compliance (see Table 1). Those responses are considered unfavourable to functional engagement. In other words, on being confronted inescapably with the identity of a child molester, participants exhibited, initially at least, what appeared to be habitual styles of responding.

7.4 Crisis as Opportunity

> I was really upset and angry, I felt as if I didn't come across very well. I had to [pause], I felt as if I was being misunderstood; I think I was being misunderstood in what I was saying.

> It was anger, frustration and deep depression. Deep, deep depression. I didn't know whether I was coming or going…. There were a thousand and one emotions going - all of these emotions going on.

Crisis Defined

"Crisis" is a term that holds a compelling appeal for authors from across the human services field, describing any of a range of situations. It is, however, a term elusive of clear and singular definition. The particular experiences articulated and described by the participants in the study (such as those quoted directly above), are redolent of the chaos, disorientation, distress, and marginalisation that have been associated with both the professional and the popular usage of the term (McNamee, 1992). It is used above in relation to the individual's experience of threatened identity, as described by Breakwell (1986): the response to the perception of risk to one's sense of continuity, self-esteem, and one's relationship to others. This usage calls forth the notion of *boundary:* another concept often associated with crisis, especially in the family therapy literature (Minuchin, 1974; Minuchin & Fishman, 1981).

For social workers, models that encompass understanding at the level of problem-person-situation are considered especially useful. Consequently, systems-based models have been embraced to conceptualise crisis intervention. Here, there is a need to consider the predicament as one which occurs between persons rather than merely within an individual. The work of Caplan (1964) is seminal in the development of a unified model on which many others are based. Caplan proposes that crisis is best understood as disturbance to the homeostatic equilibrium of a system.

Even further removed from reductionist conceptions of crisis, however, is the constructionist perspective. This goes beyond the homeostatic model by proposing that crisis is a shared account of certain events, constructed within the practices (conventions) of a particular discourse. It is not seen as an event happening *to* or *within* persons; nor even as an objectively occurring state. Rather, it is viewed as a socially created phenomenon,

where resolution is brought about by a redefinition of the situation in which the crisis is experienced. Thus, in this view, the notion of attempting to determine some essentialist definition of a particular situation is abandoned (McNamee, 1992).

Irrespective of the model of understanding however, crisis theorists appear agreed that a situation of crisis, while likely involving elements of distress and disruption, offers an excellent opportunity for change. For Caplan (1964), the period of disequilibrium equates to therapeutic potential, as the client system is more amenable to intervention at this point. Therapeutic effort is maximised because forces of stability and change are at their most finely balanced. At an individual level, clients as described in this research, when exposed to techniques designed to elicit offence disclosure, typically equivocated between resisting and fully engaging with this process. To help make sense of this we might reconsider models of crisis. The information-processing model suggests that cognitive schemas function as interpretive frameworks. As such, they not only tend to guide integration of information according to the individual's pre-existing understandings but, under conditions where they are exposed to highly incongruent but also highly salient information, schemas themselves become susceptible to revision (Hastie, 1981). From a constructionist point of view, both identity and the crisis situation are opened up to *re*construction because, in the definitional climate created by a discourse of crisis, the client begins attending to alternative explanations of the situation (McNamee, 1992).

Crisis as a State of Limbo

A further commonly held assumption surrounding crisis is that it represents an intermediate state that is *part of the process* of change. From the discussion above, crisis might be defined as a stage that marks the transitional interlude between two states of certainty. The notion that persons' lives are, eventually, inevitably restored to some new stabilised order is common throughout the literature (for example, Caplan, 1964). Using a phenomenologically-driven narrative approach to lives undergoing disruption, Gay Becker (1997) sets out to examine "the process by which people attempt to create continuity after an unexpected disruption in life" (p4). One of her major discoveries is the significance of "liminality" in this process. A period of limbo intervenes, following disruption and before a sense of order is restored. In seeking to make sense of her findings, Becker makes reference to anthropological studies:

> In his classic work The Rites of Passage, Arnold Van Gennep identified three stages in life crisis and other rites of passage: separation, merger or transition, and reincorporation. During transition, a person enters as "one kind of person" and emerges altered in some essential way. Victor Turner, who developed the notions of liminality and being in between in his work on ritual, observed that liminal people are at *a threshold outside of the boundaries of society*: they have "been declassified but have not yet been reclassified: they have died in their old status and are not yet reborn in a new one".
>
> (Becker, 1997, p119. Emphasis added)

The concept of social marginalisation is one that emerged clearly in the examination of perspectives on child molesters in Chapter One. Here, it is proposed as a way of understanding the personal journey of one whose life is severely disrupted, on the way to some new formulation of his or her place in the world.

Crisis and Change

Becker goes on to describe her understanding of how such people proceed in "a slow and painful process of re-establishing a sense of future and a sense of order". Consistent with those authors (mentioned above) who have considered crisis from a therapeutic perspective she asserts that, in managing this transition, it is important those on this journey come to understand that the period of disorder and disaffection is a temporary one, and that they need to place boundaries around it in order to better endure the sense of disruption. To create order out of the chaos of crisis, therapy represents the lens for revisioning, a bastion of hope, and a touchstone of faith. This is essentially about client reordering experience by construing events in another frame. These themes of client authorship, faith in intervention, and positive expectancy, echo prominent conclusions in the discussion of theories of change in Chapter Two (2.3).

Another significant element of change in therapy emerging from Chapter Two is the provision of a social "workspace" in which persons are freed up to confront change (2.3). Those who have offended sexually against children, and who are undertaking therapy are often in the process of undergoing a massive renegotiation of personhood. Given, also, that discrediting information about them is becoming increasingly public, a large scale and widespread revision of their social lives is necessary. To use Goffman's (1963) idiom, they have lost membership of a valuable group and must contemplate marginalisation and their membership of a new group. The use of the Kia Marama environment as a therapeutic workspace for this purpose will be discussed below.

Harnessing Opportunity

If we accept that the crisis of belonging experienced by child sex offenders undergoing a group programme represents an opportunity for therapeutic change, then how is such an opportunity best exploited? The beneficial potential of the situation, obscured as it may be by a sense of helplessness, fear, or embattlement, can be lost to clients caught up in the immediacy of their predicament. The challenge is to assist clients unhitch from these constraints to engagement. As I have described, such constraints ensue from the clients' persistent and focused attention to harm percepts linked to a sense of threat to self, relationship and identity. How then are we to transform the expectation of threat, to an experience of mutual support; the perception of risk, to participation in a collaborative enterprise? How are perceptions of accusation and attack to become reframed as helpful information?

Moreover, how do we facilitate a transition from helplessness to hopefulness; from defensiveness to curiosity; from evasion to collaboration, from opposition to exploration? The wishes of clients to persuade others of their worth, to gain empathic understanding, to be validated and accepted are understandable, perhaps even inevitable. Nevertheless, as service providers, we proceed on the assumption that these clients have presented themselves to the programme for the purpose of minimising the risk of their reoffending. That being so, to the extent that introspective concerns persist as a preoccupying focus, they constitute impediments to engagement. Findings from the current study, viewed in the light of broader theory, suggest some ways to proceed.

From Crisis to Progress

In his seminal consideration of total institutions, Goffman (1962) classifies such organisations as psychiatric hospitals and prisons by their goals and functions. For instance, he identifies some institutions having the primary goal of inmate welfare, while others are directed toward community protection. These he discusses in relation to their functions of separation and incarceration, respectively. Yet others are categorised according to the purpose of learning and transformation, and are seen to be characterised by the function of providing an isolated and insulated retreat for that purpose. While, at the time of writing about this latter category, Goffman had in mind cloistered institutions, such as convents and monasteries, we can perhaps accurately and usefully apply this latter classification to an ideal situation that might pertain at a prison focus unit such as Kia Marama. While not denying the traditional functions of protection and punishment, such a

facility can legitimately be seen to justify itself on these other, more instrumental grounds. As a "social hybrid" of residential community and formal organisation (Goffman, p12), Kia Marama possesses certain total institution features which may be considered conducive to providing qualities of temporary insulation and singleness of purpose. These qualities are consistent with the focused "workspace" condition identified as an important prerequisite of personal change in Chapter Two (2.3). The task then remains to promote the therapeutic ideal by developing the potential. Already, as described in Chapter Three, there are in place at Kia Marama, such features as pre-treatment task-orientation. Qualities and features such as these were described in the context of progress toward establishing a *therapeutic community* (3.5). Additional benefits may ensue from having a therapeutic "free space". One such potential benefit is the planned development of a pro-therapeutic culture, capable of providing not only a moratorium for reflection and reconsideration, but also opportunities to experiment with new ways of being, away from the stimuli associated with familiar contexts and settings. At the heart of the therapeutic environment is the primary treatment group (acting as a social *microcosm* within the *mesocosm* of the wider prison unit). The group presents the client with a means of transition; a medium to encourage and assist him reintegrate with the public world, realistic about the requirements around managing reoffending risk. The experience of the group offers the opportunity for practising personal disclosure in a "safe" context, and has implications for broader social reconnection. The group can offer a form of social membership, thus neutralising, at least temporarily, the power of the stigma.

Inferring from an information processing model, in the context of the crisis new ways are required to access and process the information that the therapy environment generates. A constructionist model emphasises shifting the client away from the restraints of the dominant discursive context and toward alternative means of interpreting his situation. Discourses that generate only binary opposite identities around sexual deviancy ("normal" or "monster") must be opened up to accommodate a new possibility for identity: a person mindful and attentive of the risks, but with a strength of self founded on the skills and capacities for managing those risks. The "community of concern" in which this transition occurs then must also be a community of curiosity and exploration, capable of tolerating the ambiguity among its members undergoing this process. In the transitional state of its members it can become a temporary, yet significant "primary" group.

The next section will reflect on how the models developed from the current research may shed light on interpersonal mechanisms for promoting change in this setting. Implications for the development of this context of change will also be considered.

7.5 Promoting Engagement: Programme Delivery Implications

General Factors in the Environment that Influence Engagement

Findings from this research suggested that some treatment context events uniformly constituted impediments to engagement, irrespective of the particular disclosure orientation of participants. Generally, courses of action or incidents that established a focus on matters of personal vulnerability or sensitivity appeared counter-productive. Undue emphasis on the detail of abusive events or persistent and unproductive attempts to elicit a history of personal sexual practices, for instance, regularly appeared to trigger a search for escape or elicit a defensive response. The same was true of events that invited a narrowed cognitive focus. For example, questioning that emphasised a convergent approach, successively shaping an expectation of specific detail, served to confine responses, and to establish a search in the individual for the "correct" response. For those who exhibited a *placatory* disclosure management style for example, such questioning provoked a quest for a response that would most closely meet the expectations of the questioner. For those presenting an *evasive* style, attending to self-directed goals, the avoidance of feelings such as shame and embarrassment became paramount. While the task of co-formulating a comprehensive and grounded offence chain obviously involves a certain amount of "digging", therapists should be aware of features of their clients' disclosure management style and monitor the quality of their responding.

As well as impediments to engagement the data also revealed kinds of events that appear to facilitate therapeutic engagement. Foremost among these perhaps was the discovery of the importance of *inclusionary* feedback. Participants were often inhibited or distracted by concerns surrounding the integrity of their personhood. In making disclosures about their offending, and by virtue of the marginality conferred by their abusive intentions and practices, they had felt disqualified from social membership. They typically sought signs of reassurance that they had retained personal acceptability following full disclosure. When such confirmation was perceived participants, freed from these immediate interpersonal concerns, appeared more at liberty to engage in offence process-related disclosure. One man who took part in the research, during an interview spoke candidly and

with relative ease about subject matter that was, from the video-taped material of himself in the group session, evidently "difficult" for him at the time. When asked how he accounted for this discrepancy, he replied that he had learned in speaking with other group members following the session that, despite the content of his disclosures, they continued to support and accept him.

Of course a relative absence of inhibition in disclosure does not in itself, promote engagement: while apparently necessary, it is not sufficient. The inclination to adopt an *exploratory* disclosure mode appears to be born of the development of a diverse curiosity about self, pursued in a spirit of collaboration with others. Again, this was assisted by peer mediation and mutual reflection. Where the formal treatment environment did not adequately address these pre-requisites, participants almost invariably went in search of them in the informal environment.

Where the style of confrontation was perceived as aggressive it appeared instrumental in distancing participants from therapeutic engagement. Reading threat, participants tended to revert to their characteristic mode of distancing. Depending on the disclosure management style of the participant, clients were inclined to retaliate, unconditionally comply with the perceived expectation, defend, side-step, or became otherwise avoidant.

Specific Factors in the Environment that Influence Engagement

There was some suggestion from a disclosure orientation-based analysis of the data that "resistant" orientations were amenable to re-orientation. While those who were inclined to adopt an oppositional stance appeared somewhat entrenched, regardless of the approach taken, those who were more regularly engaged in evasive or placatory practices became more content-focused and reflective during the session following certain dis-orienting experiences.

Specifically, dis-orientation was seen to occur for those practising an evasive disclosure management style in response to decisive contradiction of their expectations of the disclosure encounter. That is, they encountered an experience which redirected the way in which they viewed their situation overall, not just some aspect of it. Anticipating harm, these participants were inclined to undertake considerable preparation and rehearsal prior to the session. Unpredicted interpretations of their circumstances appeared to disrupt their careful orientation-driven preparation. It was this disorienting crisis that cleared the way for alternative constructions of their situation. As well as crisis intervention theory,

Watzlawick's (1978) notion of "second order change" may go some way to providing a key to understanding this influence. Watzlawick highlighted a distinction between straightforward instructional or directive injunctions (such as, "do more") from the sort of metaphorical reframing that inspires a conceptual shift. Such experiences might be expected to provoke comments along the lines of: "I hadn't seen it like that before", or, "that shocked me into realising…". One of the men in the study referred to a reconsideration of what he had until then viewed exclusively as affectionate play with a victim. Another resident (outside the formal therapy setting and previously dismissed as incompetent by the man) re-framed his actions as unrecognised "grooming" of his victim, prompting reinterpretation of the meaning of his actions. (6.3).

Dis-orientation for those predisposed toward a placatory style was effected when enduring beliefs around abandonment and rejection were decisively disconfirmed. For instance, when disclosure of behaviour or thinking considered relevant but stigmatising was met not with rejection but with affirmation and encouragement, participants expressed surprise and joy. This encouraged further self-disclosure.

Data such as these suggest that a clinical approach communicating acceptance and respect for the whole person should be maintained within a climate of lowered intensity around personal disclosure. They lend support to the argument of Fernandez and Marshall (2000) that treatment providers should pay serious attention to such contextual matters

7.6 Implications for General Clinical approach

In reviewing the research findings it seems appropriate to consider how they might be relevant to programmes such as Kia Marama.

The promotion of an overall climate of interpersonal openness appears warranted. This should apply not only to those presenting sensitive information, but to the social response to disclosure. That is, openness should extend to transparency in the response of others and to feedback that encourages broader, more diverse considerations. Where such transparency is unavailable, clients appear motivated to invest energy and resources unproductively into monitoring others' evaluation of them. Enhanced transparency may assist in neutralising mistrust and withdrawal, and encourage self-disclosure in relevant domains.

Open speculation on the values and intentions of the discloser toward his task would also seem to be helpful. It is not suggested that this be carried out in a personally

evaluative way but in a way that provides the opening up of possibilities for clients to revise their actions in relation to preferred intentions. These would be offered to the client in terms of reflections and alternatives rather than pronouncements, so that the client is freed to match his intentions with broader goals and values.

This proposed acknowledgement and honouring empowers clients to identify their sense of agency and personal accountability. In this way we may counter any inclination toward passivity or apathy, and promote personal responsibility for risk- management.

In order to establish a climate of mutual curiosity, a context of safety needs to be established and manifestly demonstrated. For clients to participate in open and direct disclosure, and to attend to challenging feedback, a forum for personal acceptance should be established. This would be reflected in the general sub-culture of the therapeutic milieu of the prison unit as a whole, as should the notion of strengthening the environment as a community of concern around the issue of child sex offending.

7.7 Implications for Specific Clinical Approach

The findings of the study serve to remind us of the importance of attending to what the client brings to the therapy encounter. Emphasis should be given to assessing and responding to client goals as *inferred* from his particular disclosure orientation and as *evident* from his disclosure management style adaptation.

This has implications for the overall management of the disclosure session. One area for modification here is that of input balance. Diffusing participant input involves an increased level of group member contribution proportional to that of the therapist. Balance in this sense also is relevant to the level of intensity in the session, which often currently seems overwhelming of clients' capacity to process relevant information.

These research findings also have implications for effective therapeutic response to the particular disclosure orientation/disclosure management style categories. For instance, some participants in the study exhibited an *other-directed/closed strategy* orientation, manifesting in an *evasive* disclosure management style. The data suggested that for these men, schema-disconfirming responses, presented in ways that are orthoganally distinct from their expectations, may have a better chance of facilitating engagement, by disrupting unhelpfully rigid thinking. Creative and ethical strategies for effecting this in relation to particular cases could be devised in the consultative arena of professional supervision.

Treatment modality

Findings lend support for a groupwork approach. A well-run group (3.3) represents a safe, open and responsive social context, offering feedback to the individual in controlled circumstances, and able to respond to the particular needs of each individual's disclosure orientation. That is to say, groupwork has the potential to provide the qualities and features suggested by the research as promoting engagement. These data illustrated the key role of the group in shaping participant responses, and the provision of personal acceptance as a foundation to disclosure.

Reflecting Teams

As described in Chapter Two (2.2.9), reflecting team practice involves the client becoming audience to a team of observers who discuss their reflections on developments occurring for the client in the session. In the context of group-based relapse prevention work with sex offenders, reflecting team principles offer a promising approach for the provision of a number of identified features and qualities associated in the study with successful engagement. There is potential to employ this concept for the purposes of enhancing social "reality-testing", group cohesion and collaboration. It also offers an ideal forum to promote the "exploratory" function, noted as a key feature of engagement-oriented clients. Among those who promote the reflecting team concept, Michael White (1995) refers to the notion of engendering a climate of "wondering" and speculation in the development of support for accounts which offer alternatives to entrenched and rigid perspectives.

This concept, adapted to this situation, offers the prospect of social transparency. This may assist in countering impediments to engagement such as attendance to threat and anticipation of malice. It also may provide a source of the "dis-orienting" injunctions described above (7.6).

In this way the crisis of belonging may be contained, and the apparent danger to a client's identity can emerge, re-framed, as an opportunity for identity reconstruction. This procedure could be woven into conventional therapy practices of disclosure and reflection

Treatment group membership and Responsivity

It is conceivable that future research will reveal disclosure orientation and the associated construct, disclosure management style to be predictable from assessment procedures. Should this prove to be the case, planning for the composition of treatment

groups may be considered in relation to the range and combination of these qualities. Such planned membership may positively influence group climate, considered important in group therapy (Beech & Fordham, 1997; Yalom, 1985).

7.8 Implications for Treatment Context

Therapeutic Community

Therapeutic community is a psycho-social treatment modality for facilitating change in individuals. In Chapter Two, I described the rationale, principles and application of therapeutic community in some detail (2.5). Applying this concept to the Kia Marama setting involves the purposive use of the institution's organisation and community for therapeutic purposes. Overall, the research undertaken strengthens claims for the extension of therapeutic community at Kia Marama.

Therapeutic Community as a Form of Therapy Operating at the Level of Context

Change does not occur in a vacuum. The onus is on providers to take an active role in establishing the most conducive and effective context for change in the prison environment (notwithstanding constraining factors such as safe and humane containment). In the case of Kia Marama, this concerns the establishment of a context for the most efficient provision of a group-based cognitive behavioural intervention. The findings of this research direct attention to the provision of elements that will enhance the likelihood that residents will engage proactively with the treatment programme. The features that were found to influence therapeutic engagement have been described (Chapter 5). Therapeutic community has implications for the structure of Kia Marama as a whole, and it is with regard to this wider context I wish to integrate the findings.

The second tier of the research project ("out-of-group experience") indicated that participants actively sought out other residents in order to reconcile their experience of the therapy session with the responses of their peers. They approached others, depending on their needs at the time. As a group, these needs appeared two-fold. For some, the purpose of consulting was to achieve a sense of reassuring attachment to a reference group, as an emotional response to the crisis or the disorienting impact of their experiences. For others, their liaisons represented attempts to collect a triangulating view of their experience, be that toward insight or resolving confusion. Often participants had both goals in mind. The

study revealed that this peer-mediated social reflection and the processing that followed was generally beneficial to therapeutic engagement.

Such findings warrant an extension of the investigation in this area. A more active approach to promoting these or similar encounters may be indicated as a result. This does not necessarily presuppose a more hands-on approach from either therapy team or custodial staff, but perhaps merely the enhancement of opportunities for such informal gatherings. To ignore the reality of them or to dismiss their importance may be to expose the integrity of the therapeutic milieu unnecessarily to threats from collusion, intimidation, and secrecy, that are ever-present in a prison environment. An interventionist strategy might incorporate a planned expansion of the therapeutic milieu beyond the formal therapy context, with a systematic contribution of the custodial setting to the therapeutic sub-culture

Naturally intervention implies not only the provision of freedoms for residents to engage in "extra-curricular" association, but it behoves programme providers to ensure that the environment is one that has a clear and pervasive therapeutic foundation. This involves the establishment of a strong base sub-culture of pro-therapeutic norms around respect and responsible conduct. Once this is in place, residents are availed of an appropriate setting in which they are free to operate experimentally within those norms. This arrangement approximates an environment characterised by the principles of the normative–reeducative change strategy described in Chapter Two (2.4 and 2.5).

The formation and maintenance of this kind of therapeutic community requires the commitment to therapeutic goals of all parties involved in the management of residents. The detail of such a planned environment is beyond the scope of the present study but the matter is discussed by Singer (1996).

7.9 Wider Relevance of the Study

Aside from the clear implications for the Kia Marama context, the study may be seen to have broader application in the human services. Those with an interest in the therapeutic engagement of sex offenders in comprehensive group-based programmes may well be persuaded that the findings are relevant to settings with which they are familiar. The majority of current programmes probably fit this description and are likely to have a range of features in common with Kia Marama.

There is congruence, I think, between the subject of this investigation and a range of other situations where involuntary clients are involved, or where engagement is problematic. Indeed, it could be argued that client "reluctance" is merely a sliding scale, and that there is always a degree of ambivalence involved when one's personal resources are, by implication, considered insufficient, and assistance is deemed necessary or suitable. Groups ranging across correctional services clientele (offending related to violence, driving and drug and alcohol misuse), those seeking marital counselling and professionals presenting for supervision could all be identified on the same dimension here. There is, therefore, at least a conceptual relevance to these situations of disclosure orientation and styles of managing disclosure. As providers of services we are reminded by this study of the importance of giving consideration to covert client goals, which may remain initially undisclosed for a variety of reasons, as well as inferences about the strategies by which they may be pursued.

With its exploration of a group setting, the present research is especially relevant where others are audience to therapeutic intervention. Impression management or strategies to avoid social exposure, along with the associated issues of guilt, shame, or embarrassment become especially pertinent where this situation pertains.

7.10 Implications for theory

Attachment Theory

I have proposed the notion of a crisis of belonging to describe the situation whereby the Kia Marama client is confronted with the prospect of comprehensive self-disclosure around his pattern of offending. This crisis, I argue, may comprise two components: the arousal of distress responses related to early life experiences; and the impact of facing openly the identity-threatening implications of presenting as a child molester. The former component is associated with "template" explanations, variously explained in theory as the activation of early maladaptive schemas or the re emergence of prevailing and dominating narratives about one's life and relationships. The latter component concerns learned, repetitive and habitual practices surrounding the concealment of one's identity as an offender. Aetiological explanations of offending bring together these two components as distal and proximal features that help account for predisposition, precipitation, and the continuance of offending. The disclosure orientation model is proposed as a means of describing the different ways that individuals go about managing the resulting crisis. This

model incorporates the expectations and assumptions that participants bring to the disclosure encounter. These have to do partly with beliefs and attitudes imported to this arena about self and other, and partly with the management of information. The four identified disclosure styles are predicated on both the client's inclination regarding openness, and whether his conduct is directed primarily toward demand originating with himself or with others. These variables in turn have implications for the qualities of trust, interdependence, interpersonal style, attitude toward control, and the possibility of change.

In Chapter Three, Attachment theory (Ainsworth & Bowlby, 1991; Bartholomew, 1990) was proposed as a framework for research and theory in the area of sexual offending (Smallbone & Dadds, 1998; Ward, Hudson, Marshall, & Seigert, 1995). Briefly, attachment theory argues that the drive toward intimacy is a fundamental human motive. The individual's striving to meet this need interacts with the availability of intimacy–satisfying propensities in the environment. The outcome of this exchange in early life results in the development of "internal working models" of relationships which mediate the individual's attempts to satisfy the intimacy need. The underpinnings of the attachment model are found in neodynamic and cognitive-interpersonal theory (see 2.2). Simply put, the particular resultant interpersonal style exhibited by a particular individual is said to reflect these early experiences of attachment, and are subsequently strengthened throughout life by a process of self-fulfilling expectations. Ward, Hudson, & McCormack (1995) cite Bartholomew's conceptualisation of four distinct attachment styles, which relate to the individual's view of self and view of others, and whether these views are negative or positive. The four styles generated by this model are seen to predict characteristic and enduring practices around emotional relationships. Table 2, below, depicts this model.

Table 2: Attachment Model (Bartholomew, 1990)

	Positive View of Self	**Negative View of Self**
Positive View of Other	Secure	Preoccupied
Negative View of Other	Dismissing	Fearful

(Reproduced from Ward, Hudson & McCormack, 1995, p2.5).

These strategies for conducting emotional relationships are hypothesised by Ward et al. (1995) to account for the various means by which adult relationships succeed or fail, and may be predictive of the kind of sexual offending perpetrated. Of particular interest to this study, is the correspondence between attachment style and disclosure management style. Specifically, the anxious/ambivalent attachment styles as described by Ainsworth and Bowlby (1991) are characteristically seen in those participants who were observed to exhibit placatory or evasive disclosure management features. These correspond quite convincingly with Bartholomew's subsequent breakdown of the anxious/ambivalent category into preoccupied and fearful styles (as depicted in Table 1) respectively. For instance, the placatory disclosure management style is characterised by other-directedness and capitulatory attempts to meet the expectations of others. These features are consistent with the expectations of someone whose sense of personal unworthiness in relation to others motivates focused approval seeking. This pattern is construed by Ainsworth as a preoccupied attachment style.

The proposed association between these two theoretical frameworks is lent further credibility when both are viewed in the context of the disclosure encounter experienced by clients undertaking the Kia Marama programme. Here, men are faced with the expectation of sharing deeply personal material with a group of peers with whom a working relationship of trust is reasonably established. The dynamics of this relationship are conceptually similar to intimacy. It is predictable then that the template-driven practices of relationship are activated here, intensifying "maladaptive" attempts to manage relationships through the exchange of information.

Viewing the theoretical frameworks in this context also brings to mind Breakwell's notion of threatened identities (7.2), and the various interpersonal and intrapsychic strategies adopted by those whose personal identity faces discredit. As describe in 7.2, there is a promising theoretical association here between these strategies and disclosure management styles. For instance, it seems reasonable to suppose that the client who emphasises evasive strategies in the disclosure encounter is likely to have practised the coping strategy of "passing" prior to the discovery of his offending.

A table combining these hypothesised relationships is presented below (Table 3). This table represents an extrapolation of Table 1 (7.2) to associate disclosure constructs and interpersonal coping strategies with attachment styles. This hypothesised set of relationships may be worthy of further investigation.

Table 3: Hypothesised Relationship Between Constructs

Disclosure Orientation	Disclosure Management Style	Attachment Style	Interpersonal Coping Strategy
Open/Other	Placatory	Preoccupied	Compliance
Closed/Other	Evasive	Fearful	Passing
Closed/Self	Oppositional	Dismissing	Negativism
Open/Self	Exploratory	Secure	Confrontive

Relationship to other Themes in the Literature

A number of approaches to the task of promoting personal and interpersonal change refer to the importance of managing ambivalence. I have made reference to two such approaches in Chapter Two. Motivational Interviewing (Miller & Rollnick, 1991, referred to in previous chapters) is a technique developed from the transtheoretical literature for inviting clients to recognise their problematic behaviour and to take on the necessary commitment for changing it. Emphasis is given to "heightening" client ambivalence in this respect, thus motivating inquisitiveness and reflectiveness and facilitating the development

of goals for change. Similarly, Alan Jenkins (1990) commends the strategy of issuing "irresistible invitations" to abuse perpetrators. Following a constructionist model, this involves clients in explorations of their preferences, purposes and intentions and the development of action plans in order to bring about new outcomes in their lives.

A third treatment of ambivalence, not previously considered in this context, appears in the literature on interrogation. While the links, between establishing engagement and securing a confession, may be tenuous in some respects, authors in this area give attention to the importance of providing a facilitative environment and climate. That is, these authors, prescribe establishing a context where the perceived benefits of self-disclosure are seen by the subject to outweigh the perceived costs (Gorden, 1987; Gudjonsson, 1992; Inbau, Reid, & Buckley, 1986).

Further investigation of the use of these techniques in relation to promoting engagement, and especially the impact on disclosure orientation, is warranted.

7.11 Limitations of the Research

Having selected an area for research poorly served in the literature, a feature of this study was its concern with the development of theory. Hence the strategy was one of "discovery-based" investigation as opposed to hypothesis-testing. I took a phenomenological approach to the selection and collection of data, and an interpretive approach to its analysis (Chapter Four presents a detailed rationale for this narrativist regime). Nevertheless, the study remains vulnerable to criticism surrounding its reliance on the reconciliation of paradigms originating from competing epistemological and ontological principles. That is to say, the conventional means of generating and interpreting knowledge in the area to which this study is applied is generally based on principles from the paradigm of empiricism and rationalism. For instance, a partisan "insider-based" mode of interpretation may be viewed by the narrativist approach as contributing to the trustworthiness of the project. From the standpoint of the empirical-rationalist approach, it is likely to be perceived as detracting from this quality. It has been argued that, for such reasons, the philosophical assumptions of methodological approaches are irreconcilable (see Rennie & Toukmanian, 1992). In persisting, throughout the course of this study, with the application of these findings to existing broader constructs and frameworks in the field of sex offender treatment, I have resisted the notion that there are no lines of connection between the modernist and post-modernist worlds.

A less equivocal criticism however, may be levelled at an area of incompleteness in the second tier of the study. Whilst saturation of the conceptual categories was more than achieved for the investigation of the "in-group" data (first tier), insufficient data was available to demonstrate this for the "out-of-group" material. The model based on this part of the project must therefore be considered, at this stage at least, to be less robust.

I have argued (4.1) that my familiarity, as the researcher, with the context in which the study was carried out, together with my close involvement with data collection and analysis, were features contributing to the internal validity of outcomes. In this way I maintain that such features reinforce the trustworthiness of the study. However, a question mark remains over the generalisability of the findings. The models presented (Disclosure Orientation and Out-of-Group Engagement) rely heavily on the integrity of the data categories whence they were derived. These categories depend, in turn, on the fidelity of the coding and assignment of the units of meaning culled from the raw data itself. Given that the bulk of this work was carried out by myself, a useful contribution to establishing the external validity of the outcomes may have been provided by, for instance, having others independently carry out the task of coding the data. In the absence of such reliability checking, the models remain tentative and of provisional applicability to other settings. As such they await further research attention.

The study was carried out in the one prison-based location with a relatively small number of participants. We must assume that offenders who are represented (that is, those who are detected, convicted, incarcerated and volunteer for treatment) comprise only a narrow cross-section of the offender population. Applicability of the findings to those falling outside of this category is, as yet, unproved.

7.12 Implications for Further Research

The Utility of the Disclosure Orientation Construct

Beyond replications of this study, two main avenues for extending research around disclosure orientation are suggested here. The first is that concerning the durability and stability of the client's disclosure management style as he progresses through treatment. The second avenue relates to the investigation of relationships between this construct and other substantive areas in the field of sex offender treatment.

With respect to the former pathway, there is important work ahead in determining the influence of such factors as therapist intervention or management of the therapeutic climate

in modifying the approaches of individuals toward disclosure. Maximising opportunities for interpersonal reflection, optimising therapeutic intensity, and establishing inquisitiveness in a climate of exploration all have promise in respect of intervention. Assuming disclosure orientation can be reliably detected, perhaps the next investigative task is to measure its presence in individuals during other components over the course of a relapse prevention programme. The extent of change in disclosure management style may be detected in latter stages of the offence disclosure module as well as subsequent modules. Conversely, the client's orientation may be affected by exposure to these latter interventions. For example, the experiences of clients in victim empathy training may result in changes to their approach to disclosure. Elements of the orientation of the client may persist in skill acquisition components of the programme. Thinking more broadly, there was some suggestion from the findings of this research that disclosure orientation can predict transference of therapeutic engagement outside of the formal therapeutic environment (see Chapter Six), and this may have implications for treatment generalisation. Techniques designed specifically to enhance engagement in change such as motivational interviewing may prove useful in an identifiable way in shifting disclosure orientation.

The second pathway suggested as warranting further research around disclosure orientation is that of its relationship to other established and relevant constructs. Should the construct prove robust, some useful areas for investigation in this regard are correspondence of disclosure orientation to other identified offender variables, personality features, aspects of interpersonal style, and ultimately, of course, its relationship to treatment outcome indicators. Client profiles derived from multi-axial inventories such as the Millon Clinical Multiaxial Inventory (Millon, Millon, & Davis, 1994), along with individual measures of social competency, would be useful as psychometric points of comparison in guiding further research. Table 3 summarises aspects of interpersonal style, such as attachment behaviour, especially with respect to attitudes and social conduct in therapeutic contexts, that may prove to be valuable associated factors in sharpening the picture of client approaches to engagement in treatment. With regard to the matter of treatment outcome, it may be possible to identify a relationship between disclosure orientation and factors associated with risk of reoffending, such as offence history. Following the completion of treatment, before-and-after comparisons identifying disclosure orientation features could prove useful in determining the impact of treatment on reoffending risk.

Use of Video for Therapy Reprocessing

In the course of carrying out the research, a methodological procedure was used that had an unanticipated impact on participants, with promising therapeutic utility. Participants were requested to review their experiences during index offence chain sessions by way of studying video recordings, while simultaneously articulating their responses. Thorough priming for this task was facilitated by the researcher. It was in this context of this procedure that other benefits became apparent. During and after the "re-viewing", several participants commented that during the "live" experience of the session their functional engagement in the encounter was compromised by distraction created by harm avoidance and impression management priorities. They claimed that, in viewing the video material, an enhanced potential for engaging and processing therapy experiences, deepened insight, and increased opportunity for reflection was created. Four of the men requested further viewing of the video material, for these stated reasons, away from the research context. The notable increase in animation and energy observed in the men while viewing the material is supportive of these claims.

The implication for clinical work here is the suggestion that the dense experience of the disclosure encounter can be assimilated more profitably in a less threatening setting. Investigating the possibilities around the use of video for therapeutic reprocessing, involving, say, a before and after design, is relatively straightforward to arrange, and warrants further consideration on the strength of experiences with the current study.

Utility of Method

The "articulated experience" procedure referred to above is described in detail in Chapter Four. Its purpose in the study was to generate data that, while retaining the quality of phenomenological immediacy, also reflects the high density and richness of lived experience. In this way it was intended to recreate covert experience and to reveal purposes and intentions undisclosed at the time of the event. Other applications of this procedure, of plausible interest to social work and human service provision research, are moments of peak transformational experience such as those hypothesised to occur in adventure therapy work. Another category of application comprises those situations where neither the impact of critical events nor responses to them are likely to be directly observable. Many events occurring in arrangements such as family group conferences, family therapy, and couples counselling would be relevant here.

Conclusions

I set out in this study with the intention of investigating how child sex offenders undergoing the prison-based programme of rehabilitation at Kia Marama become functionally engaged in a therapeutic process that they experience as both demanding and threatening. From a personal perspective, approaching therapy groups as a researcher offered me the tantalising and privileging prospect of being able to gain close proximity with the clients' experience: one which, in my role as "the therapist", was difficult to attain.

The study was focused on a point in the programme where the client's predicament is perhaps at its most intense. The frame of action examined concerns his experience of being confronted with the responsibility for his abusive actions. This is believed to be a necessary early step in managing future risk. Consistent with other similar intervention programmes, this phase (the offence process module) is foundational to the remainder of the programme in two ways. In the first place, it forms the basis for client goal-setting for the remainder of the programme. Secondly, it is intended to provide the platform of motivation from which to confront the challenges ahead.

Findings from the study suggest that the quality of client engagement at this point in the programme is influenced considerably by the expectations and attitudes the client brings to it. In short, faced with the challenge of identifying, openly and responsibly, as an adult who has intentionally sought sexual contact with children, participants in this research tended to experience crisis. Essentially, the crisis surrounds social identity. It entails the threat or the reality of spoiled identity, both in terms of his personal sense of integrity and his enduring ambivalence around social and emotional attachment. The encounter recapitulates experiences that may be centrally related to his offending and gives rise to associated modes of adaptation.

In many cases in the study, participants' preoccupation with these concerns interfered with their capacity to profit from their experiences in therapy at the time. Often, they deliberately sought to minimise their exposure to anticipated condemnation by reverting to various defensive strategies.

Three distinct "resistant" disclosure orientations were identified, each associated with a particular style of observed response. The first of these is an overtly "oppositional" style. While associated with denial and minimisation, and commonly predicted in the literature, this style may represent the dominant approach for only a proportion of those

men in treatment who, at a key point in therapy, actively avoid open and direct self-disclosure. “Placatory” and “evasive” styles of disclosure management emerged as more covert, and perhaps less readily identifiable, means of resisting engagement.

Nevertheless, some were inclined at this early stage in the programme to confront their abusive behaviour more directly. Rather than denial, evasion or placation these men exhibited an investigative posture toward their offending and the factors that had motivated and maintained it. In the course of struggling with their predicament, they appeared to be more attracted than others by the prospect of shedding the burden of an abusive lifestyle.

The variety of approaches to disclosure reflects the ambivalence among participants in general. On the one hand they perceive threat to self, but on the other hand they recognise an opportunity for social affiliation supported by a relatively safe environment. The resulting dilemma appears to represent the essence of the crisis for these men.

It is unusual for these clients to be described as highly motivated. As represented in this study, however, they were typically observed to be highly and uniformly motivated in relation to their attachment with others, either by avoiding rejection or by seeking acceptance. Goals and strategies promoting concealment were employed to avoid both self-vilification and anticipated condemnation. The wish to escape the social and psychological consequences of identification as a child sex offender may account for much of the reluctance around self-disclosure. Consequently, client “resistance” can be seen in terms of both intrapsychic and interpersonal survival.

This phase in therapy is plainly a critical crossroad in terms of promoting change. The client’s experience of being highly marginalised is recapitulated. He reflexively reverts to established practices of avoidance, which are inimical to therapeutic engagement. Yet it is also at this juncture that the transformational possibility of therapy becomes apparent. He is presented with a therapeutic workspace where self and relationship can be reviewed and revised. Faced with this crisis of both threat and opportunity, where both disaster and relief are competing possibilities, the resulting ambivalence might be exploited to therapeutic ends. The client enters a state of limbo: a phase of disorientation, which may be resolved in a reorientation of his approach toward engagement.

Interestingly, these data suggested that resolution to this crisis was assisted as much from outside of the formal group environment as within it. Often overwhelmed by the task of managing their responses to the intense experience within the therapy session,

participants in the study typically sought clarity and support beyond it. This provided opportunities for (re-) processing of their experiences alone and together with others. The data suggest that the dense nature of their experiences within the disclosure encounter can be unpacked more profitably in a less intensive, less threatening environment than that of the formal context, and assist in securing therapeutic engagement.

The task for treatment providers is to establish a context that is most likely to attract clients to commit to open and direct self-disclosure. In this regard there are two broad implications of these research outcomes. As therapists we must attune more sensitively to client phenomenology in relation to the experience of disclosure. Thus, we can respond more effectively to promote engagement. Also, we must provide opportunities for mutual, peer-mediated reflection in a relatively benign environment. In this way, we might enhance the maintenance and membership of a genuine community of concern, and thus contribute to a pro-therapeutic milieu in which clients are compellingly invited to participate.

Strategies to create a social-therapeutic environment that both overcomes resistant attitudes and practises, and encourages honest self-disclosure need to acknowledge the often covert goals and strategies of disclosure management. Clients should be encouraged, rather than punished, for making explicit their own orientation to disclosure. In the prison setting, the creation of a circumscribed setting that is perceived as safe for self-disclosure appears to offer a helpful first step in this. Once established, being insulated temporarily from both the outside world and mainstream prison hostility, individuals are freer to reveal the factors which motivated and maintained their offending.

Ironically perhaps for members of this most marginalised of social groups, the need for interpersonal connectedness appears undiminished. What we have typically labelled as resistance or absence of motivation for treatment might more usefully be viewed as attempts to avoid alienation. Seen in this light, their approaches to treatment as expressed by their orientation to disclosure become more understandable.

The challenge of engaging these men in a rehabilitative programme is in recognising their need for social attachment, and in linking that need therapeutically with the goal of living a responsible, respectful and non-abusive lifestyle.

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APPENDICES

Appendix 1

INFORMATION SHEET FOR GENERAL GROUP MEMBERS

"Treatment Group Research Project"

You are invited to participate in the research project, "Treatment Group Interaction". The aim of this project is to explore the ways in which members of Kia Marama treatment groups behave toward each other in order to help them make changes.

Your participation in this project will be limited to a maximum of eight treatment group sessions being videotaped.

Each video-recording will be looked at in detail, but only with regard to the interactions of the group member involved. That group member, giving his specific and separate consent, will complete an audio recording and a questionnaire dealing with how he found the session. That member will also be interviewed briefly about his experience.

There are no risks foreseen in taking part in this project. Nevertheless it is your right to withdraw from participating in the project at any time during its course. Participating in this project will count neither for nor against you in any prison matter.

These data gathered remain completely anonymous and confidential. This is ensured by only using code numbers, with the principal researcher, Andrew Frost, being the only person with access to the master list.

The project is being carried out by Andrew Frost. He can be contacted at the Special Treatment Unit, Kia Marama and will be pleased to discuss any concerns you may have about participation in the project. You are welcome also to consult the supervisors of the research, Associate Professor Ken Daniels and Dr Steve Hudson at the University of Canterbury (phone 366 7001). The project has been approved by the Human Ethics Committee of the University of Canterbury.

Appendix 2

INFORMATION SHEET FOR INDIVIDUAL PARTICIPATION

"Treatment Group Research Project"

You are invited to participate in the research project, "Treatment Group Interaction". The aim of this project is to explore the ways in which members of Kia Marama treatment groups behave toward each other in order to help them make changes.

Your participation in this project will involve the recording on video tape a single treatment session, primarily devoted to your treatment needs. You will then look at selected parts of the tape and describe your thoughts and feelings about what was going on during those moments. You will also be asked to record briefly the main things that you remember from the session and to fill in a form about how you found parts of the session.

There are no risks foreseen in taking part in this project. Nevertheless it is your right to withdraw from participating in the project at any time during its course. Participating in this project will count neither for nor against you in any prison matter.

These data gathered remain completely anonymous and confidential. This is ensured by only using code numbers, with the principal researcher, Andrew Frost, being the only person with access to the master list.

The project is being carried out by Andrew Frost. He can be contacted at the Special Treatment Unit, Kia Marama and will be pleased to discuss any concerns you may have about participation in the project. You are welcome also to consult the supervisors of the research, Associate Professor Ken Daniels and Dr Steve Hudson at the University of Canterbury (phone 366 7001). The project has been approved by the Human Ethics Committee of the University of Canterbury.

Appendix 3

CONSENT TO TAKE PART IN A RESEARCH PROJECT

We understand this study, "Treatment Group Interaction", will look at ways in which members of Kia Marama treatment groups interact in order to achieve treatment progress. This will involve looking at several different treatment groups and various ways in which the members interact.

We understand there are no risks associated with taking part in this research. Any information that is collected will remain confidential, it will not be available to any other organisation. No individual information will be identified. Taking part in this study is strictly voluntary. We understand that any one of us is free to withdraw from participating in this research at any time without penalty to him.

We, the undersigned members of [group name], have read and understood the "Information Sheet". We consent to [up to eight] specific sessions being video-taped on the understanding that it is viewed for the sole purpose of reviewing the nature of interactions between participants. We will be informed prior to all such times a video-recording is made. We are aware that the recordings will be wiped subsequent to its use for this purpose.

SIGNED

PARTICIPANT: _____

PARTICIPANT: _____

PARTICIPANT: _____

PARTICIPANT: _____

PARTICIPANT: _____

PARTICIPANT: _____

PARTICIPANT: _____

PARTICIPANT: _____ **DATE:** _____

RESEARCHER: _____ **DATE:** _____

Appendix 4

CONSENT TO TAKE PART IN A RESEARCH PROJECT

I understand this study, "Treatment Group Interaction", will look at ways in which members of Kia Marama treatment groups interact in order to achieve treatment progress. This will involve looking at several different treatment groups and the various ways in which the members interact.

I understand there are no risks associated with taking part in this research. Any information that is collected will remain confidential; it will not be available to any other organisation. No individual information will be identified. Taking part in this study is strictly voluntary. I understand I am free to withdraw from participating in this research at any time without penalty to me.

I, _____, have read and understood the "Information Sheet", have had my questions answered to my satisfaction and I agree to take part in this study. I am aware that I will be required to describe my experiences of a single treatment group session. I will do this by filling in a questionnaire, by completing an audiotape recording and by answering some questions in an interview, all of which will take approximately 90 minutes.

SIGNED

PARTICIPANT: _____ **DATE:** _____

RESEARCHER: _____ **DATE:** _____

Appendix 5

(Instruction sheet no. 1)

AFTER-GROUP TASK

Please carry out this task as soon as possible after the group session is over.

Record onto tape what you remember from today's group in the part of the session that came *after* the break.

1) Switch the recorder on to "record" by pressing PLAY and RECORD together - red light should glow.
2) Carry out a brief "test" - rewind and check it's OK.
3) Switch to "record" again and speak into the microphone, describing as much as you can remember about what happened in group after the break today.

Notes

- Don't worry about making a "good speech" - just say what you remember as you remember it.
- Feel free to stop and start the recording as you go.
- When you've finished as much as you can remember, please switch off and hand in the machine with the tape to Colleen the next day.

(Instruction sheet no. 2)

EVENING TASK

Please complete this task at some time after lunch. Write down in the space (under "A" below) briefly and in your own words, a situation in group today (after the teabreak) when something really stuck in your mind, got you thinking, or brought up strong feelings for you.

Include:

- what was happening at that time
- who was involved
- what it was like for you

A) _____

_____

_____

What it was about that particular situation, do you think, that made it important to you?

_____

_____

_____

Please turn the page

EVENING TASK (CONTINUED)

Now please repeat this process for two *more* situations which struck you in the way described above, under "B" and "C" below.

Include:

- what was happening at that time
- who was involved
- what it was like for you

B) _____

_____

_____

_____

_____

What it was about that particular situation, do you think, that made it important to you?

_____

_____

_____

_____

_____

_____

Please turn the page

EVENING TASK (CONTINUED)

Include:

- what was happening at that time
- who was involved
- what it was like for you

C) _____

_____

_____

_____

_____

_____

What it was about that particular situation, do you think, that made it important to you?

_____

_____

_____

_____

_____

_____

Thank you for your participation in this project

Appendix 6

Basic Interview Guide

Once the participant was oriented to the articulated experience task, the video was stop/started, and he was asked to "think aloud" in the freeze-frames. The following prompts were used as necessary and appropriate.

General

- What are you noticing there/what's going on?
- What are you thinking here/what's on your mind at this point?
- How did that leave you feeling?
- What did that mean to you?

Elaboration

- Tell me more about that/what else?
- What is that leading you to think about there?
- How did you see that/what did you make of it?
- What is significant about that to you?
- What did you want to do/what was your intention?