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Title: Positions constructed for a female therapist in male batterers' treatment group

Year: 2012

Version:

Please cite the original version:

Päivinen, H., & Holma, J. (2012). Positions constructed for a female therapist in male batterers' treatment group. Journal of Feminist Family Therapy, 24(1), 52-74. https://doi.org/10.1080/08952833.2012.629132

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Positions constructed for a female therapist in male batterers' treatment group

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Abstract

How the gender of the therapist affects the treatment of intimately violent men has been little researched. In this study we examined the positions that batterers construct for a female therapist in batterers' group treatment. The data consisted of five videotaped therapy groups for male batterers. Three positions of a woman were constructed: woman in general; woman as spouse and woman personally as herself. These positions were often based on a constructed difference between men and women. The female therapist repositioned herself to diminish the difference constructed between the genders and to make fear of the spouse visible.

Key words: gendered positions, male batterers, intimate partner violence, female therapist, group therapy, grounded theory, gender conscious therapy, co-operation between the therapists.

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In psychotherapy research the gender of the therapist has been found a poor predictor of therapy outcome for both male and female clients (Bowman, Scogin, Floyd, & McKendree-Smith, 2001; Okiishi et al. 2006). It has been suggested that how the therapist deals with processing gender issues in the therapy session seems to be much more important than the therapist's gender itself (Blow, Timm, & Cox, 2008). Psychotherapy research has consistently demonstrated that the strength of the client-therapist alliance is significantly related to positive outcomes in therapy (Blow, Sprenkle, & Davis, 2007; Dinger, Strack, Leichsenring, Wilmers, & Schauenburg, 2008). The gender of the therapist, like other demographic characteristics, has only a minor if any effect on the alliance (Dinger et al. 2008).

If intimate partner violence is considered as a gendered issue involving attitudes and power-relations it may be assumed that the gender of the therapist has some affect on group functioning and on the alliance (Tyagi, 2006). It has been considered important to have a female leader in the group to bring a woman's perspective and experience to bear in an otherwise all-male group (Tyagi, 2006; Wilson, 1996). She can also confront the men with the impact of their behaviour better than a man (Wilson, 1996). Building an alliance with batterers in a treatment program may be difficult because the therapist's task is seen as one of confronting and challenging the men (Babcock, Canady, Graham, & Schart, 2007).

Working with batterers is considered challenging for women (Banks 2008; Dominelli, 1999; Tyagi 2006). The female therapist may encounter objectification and invisibility (Caoyette, 1999). Her comments may be accorded less value by their being generalized to all women or she may not be noticed at all: she may be rendered invisible. The men may also more readily express their negative attitudes towards women when there is a female therapist in the group (Adams & Cayouette, 2002).

The participants may interrupt, challenge or ignore the female therapist. She may be made responsible for the way the men express their feelings and a controller of sexist speech as well (Long, 1987).

The female therapist may become an object of over-protectiveness or other approach from the group participants' side (Caoyette, 1999; Deering & Gannon, 2005). This may reach even outside the group setting, which is why the female therapist has to draw clear lines for the group participants. Experiences of exceeding limits, generalizations about women and not being respected because of one's gender may cause feelings of being depreciated, insulted and objectified (Banks, 2008). However, such negative behaviour towards the female therapist is also seen as useful (Adams & Caoyette, 2002). Because it occurs in the group setting, it can be pointed out, brought into the discussion and compared to the men's negative behaviour and attitudes towards their spouses. Female therapists have been observed to encourage men to talk about their intimate relationships; however, the female therapist may also become the target of sexist expectations (Holma, Partanen, Wahlström, Laitila, & Seikkula, 2006).

It has been stressed that in treatment programs for intimately violent men, the therapist should take a strong leadership position over the group (Partanen & Wahlström, 2003; Tyagi, 2006). In particular, the female therapist is expected to assume an active role in psycho education and in the therapeutic process. In treating violence the therapist also needs to be able to shift flexibly between the psychological and moral standpoints (Partanen, 2008). Empathetic understanding of and challenging men alternate in the work of the therapist. For a female therapist especially, it may be difficult to find a balance between these positions (Caoyette, 1999). Too empathetic a female therapist may be considered weak and a too challenging one a man-hater. Representing both her gender and authority requires special skills in the case of the female therapist.

It has been argued that having a male therapist in the group is also important as he can model modern masculinity and exemplify more flexible role expectations to the men, which may facilitate the change process of the group members (Deering & Gannon 2005). For male workers, working with

male batterers requires that they acknowledge their own masculinity in order to be able to confront the men's violent behavior and bring men to take responsibility of their actions (Orme, Dominelli, & Mullender, 2000). The male therapist must be able to share leadership with a woman and to behave respectfully with a female therapist and treat her as an equal (Caoyette, 1999; Dominelli, 1999). The male therapist may face challenges in his work in situations where the group participants try to ally with him or strongly offer him and not the female therapist the role of leader. One of the greatest benefits of having a female and a male therapist in a group is that it offers a model of cooperation and sharing of leadership between the sexes (Adams & Cayouette, 2002; Austin & Dankwort, 1999; Caoyette, 1999; Tyagi, 2006; Wilson, 1996). When it works well, the model gives the group members an opportunity to observe how a man and a woman can get along with each other and share power. However all this is not easily accomplished nor is it self-evident that the men would relate what they see to their own lives (Wilson, 1996).

Discursive approach and positioning

This study lies within the tradition of researching speech in treatment groups of intimately violent men from the discursive psychological standpoint. On this view language is not taken to be simply a tool for description and a medium of communication, but as social practice, as a mode of doing things (Wood & Kroger, 2000). The discursive perspective on language differs from conventional orientations in three major ways. It sees talk and language as action, as behavior. It emphasizes talk as the event of interest in social and psychological research, meaning that the phenomena of interest are constituted in and through discourse. Thirdly, the discursive perspective emphasizes variability. Talk constructs different versions of the world and is oriented towards different functions; variability is therefore to be expected not only between persons, but within persons. Participants use variability to construct their talk for different purposes, for different audiences and on different occasions.

Discourses make available positions for subjects to take up (Hollway, 1984). Positioning means a process in social interaction where individuals become produced over and over again in the various discursive practices in which they participate (Davies & Harré, 1990). It is nevertheless the very same person who is experiencing and displaying these different aspects of self. It is one and the same person who is positioned in different ways in conversations and who at the same time can negotiate new positions within the same discursive practices. Position can be viewed as a loose set of rights and duties that limit the possibilities of action (Harré & Moghaddam, 2003). Compared to conventional views of self, positions can be multiple and shifting. Position helps to focus on the dynamic aspects of encounters rather than on the static, formal and ritualistic aspects that the use of, for example, role would serve (Davies & Harré, 1990). Talking of positions instead of roles fits within the framework of the idea of social phenomena as socially constructed and reconstructed (Harré & van Langenhove, 1991).

In this study the concept of positioning is used to analyze interaction in the group context. Positioning can be interactive, meaning that what one person says positions another (Davies & Harré, 1990). It can also be reflexive in that one positions oneself. Positioning another person happens when that person is given a part in the discourse, whether explicit or implicit. Positioning can be intentional but also unintentional and even unconscious (Harré & van Langenhove, 1991). The current speaker in a way invites another person present in the discourse situation to take part in the story line of the discourse by taking up the offered position. In taking up an offered position, the person in question inevitably sees the world from the perspective of that position. Positions are always relational, that is positioning someone in a certain way means that someone else is thereby positioned relative to that person (Harré, & Moghaddam, 2003; Hollway, 1984). One can also refuse the position offered and reposition oneself or others. Given that individuals understand themselves as continuous and unitary, it

is clear that contradictory positions are experiences as problematic and thus to be reconciled. Nevertheless, normative expectations exist at every level of positioning (Davies & Harré, 1990).

Positioning does not solely involve the discursive production of selves as individuals, but also selves as members, representatives and mediators of groups (Tan & Moghaddam, 1999). One belongs to the world as a member of certain classes and not others, and sees the world through these positions (Davies & Harré, 1990). For example, taking up a position as a subject or an object is not equally possible for women and men in gender-differentiated discourses (Hollway, 1984). Specific positions for the categories of "woman" and "man" exist in traditional discourses. Other dimensions of social difference, such as age or race also intersect with gender to advantage or disadvantage individuals taking up certain positions. In this study special interest is paid to how gender affects the positions offered to a female therapist in a treatment group for male batterers.

Aim of the study and the research questions

This study deals with the positions that are constructed for a female therapist in male batterers' group treatment. The interest is in how gendered positions are offered: how the female therapist is invited to take up a position in the discourse at hand, and what these positions are like. Also of interest is how the female therapist reacts in these situations. Does she take up the offered position or reject it and so change the discourse? Attention is also paid to the male therapist who is also present in these discourses.

Methods

Data and participants

The data for his study are drawn from a batterers' treatment program which was established in Jyväskylä, Finland, in 1995 by the Mobile Crisis Centre in collaboration with the Jyväskylä University Psychotherapy Training and Research Centre. The model for the program has been influenced greatly by a Norwegian treatment program called Alternative to violence (ATV). The programme combines

various treatment approaches by integrating specific knowledge of violence and safety planning, a feminist perspective, and psychotherapeutic principles in the eclectic, broad sense of the concept (Holma et al., 2006; Raakil, 2002). Treatment of male perpetrators begins with an intervention and individual sessions with one of the male workers at the crisis centre. This phase lasts from one to six months. Men need to complete the individual sessions before entering the group treatment, which is organized in the Jyväskylä University Psychotherapy Training and Research Centre. There is no system of mandatory treatment in Finland and the men who come to this program do so voluntarily. The group sessions are conducted by two therapists, including female/male dyads. The group meetings are unstructured, but the group facilitators direct the discussion towards specific topics such as past and present different modes of violent behaviour, security of the victim, violence as a choice, and masculine identity (Holma et al., 2006).

The data in this study consist of videotaped group sessions arranged for five groups of male batterers according to the Jyväskylä model. The group sessions took place in Jyväskylä between spring 2000 and spring 2002. Each of the groups gathered once weekly for 15 weeks, and each session lasted one and a half hours. In total the data comprise 75 sessions, or 112.5 hours of videotaped material. Written consent for the recordings was obtained from all the participants at the beginning of the group treatment. The recorded material is securely stored at the Psychotherapy Research and Training Centre, and all members of the research team are committed to complete confidentiality. These five groups were chosen because one of the two therapists was a woman. In the groups held since then all the therapists have been men.

The groups comprised a total of 26 men, of whom two (in different groups) dropped out during the first half of the treatment. Each group contained from 3 to 7 participants. The female therapist was absent from five of the 75 sessions. The men were aged between 25 to 56 years. Over half of the men (14) were married to the woman towards whom they had acted violently. Four were living in a common

law relationship and two were dating the woman they had battered. Three men were undergoing a divorce process at the time of the group treatment and in three cases the relationship the men had been violent in had broken up. Thus most of the men were still together with the woman they had battered (the last time). All but one man were living in a family with children, either their own or children from their spouse's previous relationships.

The majority (22 men) reported that they had acted violently for longer than a year and half of them estimated that the violence had lasted longer than three years. 16 of the men described having been violent one to three times during the preceding 12-month period. Six of the men had been violent 4 to 10 times. The rest (four) described having been violent over 10 times within the last year. The police had been called for half (14) of the men when they had been behaving violently. Seven of the men were facing charges for their violence or they had been convicted of it.

The therapist-dyads varied in the groups. The female therapist in the first group was an employee of the Mobile Crisis Centre. The female therapist in the remaining groups was employed in the Psychotherapy Training and Research Centre. There were also two different male therapists. One attended the first three groups and the other the last two groups. Both the male therapists were employees of the Psychotherapy Training and Research Centre. All the therapists had training in trauma psychotherapy, family therapy or integrative therapy, and many years experience of working with intimate partner violence-related issues.

Method and research process

The method of analyzing the data was Grounded Theory (GT) (Glaser & Strauss, 1967; Strauss & Corbin, 1998). The original inventors of the method, Glaser and Strauss (1967), describe GT as discovering theory from data that are systematically obtained from social research. Generating a theory from the data means that most hypotheses and concepts not only develop out of the data, but are systematically polished in relation to the data during the course of the research. It can also be

considered as a way of thinking about and conceptualizing the data of interest (Strauss & Corbin, 1998). Grounded theory as an approach and a method suited the purposes of this study by providing appropriate tools for classifying the data. The operation underpinning the process is the combined collection, coding and analysis of data. This process is called the constant comparative method of analysis (Glaser & Strauss, 1967; Strauss & Corbin, 1998). In practice this means that data are constantly collected and analyzed and the results compared to those of previous analyses in order to further clarify the relationships between the variables and to render the classification more precise.

Data collection

There are contrary opinions on whether the researcher should (Payne, 2007) or should not (Glaser & Strauss, 1967) review the literature at the beginning of the research process. In this study the literature was reviewed at the beginning of the process. The analysis started by watching the group sessions, focusing on the positioning of the female therapists, i.e. how she is invited to take up positions, what these positions are like, how the female therapist reacts in these situations, and on the impact of the presence of the male therapist in these discourses. The exact criteria for determining the importance of parts of the (discussions) (discourses) were formed during this data collection process. The criteria were the following:

- *Female therapist is asked something as a woman. "As woman, what do you…?*
- *Female therapist comments on something as a woman. "I think as a woman that…"*
- *Female therapist differentiates herself or is differentiated from the other group members because of her gender.*
- *Female therapist's attendance in the group is taken up for discussion. "We have a woman sitting here!"*
- *The positions taken by the male therapist in discourses in which the female therapist was offered positions.*

In all cases the discursive context was written down.

Only the extracts considered to be significant were transcribed. As grounded theory research does not demand that the prosodic, paralinguistic or extralinguistic elements of the data be studied (Payne, 2007), speech at the word level was deemed sufficient for the analysis. However, to capture the participants' voices their speech was written down word-for-word. The transcriptions comprised 75 pages of data.

Coding and analysis

The next step was start the open coding phase according to the principles of GT (Payne, 2007; Strauss & Corbin, 1998). This was done by reading the notes repeatedly and classifying the extracts under one or more themes as these arose from the reading process. The data were coded with a word-processing program (Microsoft Word). Initially, this resulted in 35 classes, which overlapped each other in many respects, and did not strictly match the criteria.

After this open coding phase the original video sessions were watched a second time. When watching the videotaped data for the second time, the classes were studied more carefully, some new extracts were coded and overlapping classes were integrated. Sub- and upper categories were formed by paying attention to the 'goodness of fit' of the categories, which means they were not forced but applicable to the data (Glaser and Strauss, 1967). Also, when watching the tapes the second time, saturation of the data was sought, meaning that no additional data would be found to create new categories. The categories can confidentially be held to be saturated when the researcher observes similar instances over and over again.

When performing this constant comparison of the data, the concept of positioning was taken as a tool to conceptualize the phenomenon. The kinds of positions that were constructed for the female therapist and if and how she accepted the positions offered her were studied. Invitations to take up a position were examined in relation to extent to which they left the female therapist with the possibility

to reject the offered position and to reposition herself. Three categories of positioning were constructed and named. Subcategories of these core categories were formed during this constant comparison. The positions taken by the male therapist were also studied in these situations.

Results

Three core categories a woman were found. The female therapist was invited in the group discourses to represent women in general, a specific woman (in this context a spouse or a girlfriend), or herself personally. The categories are presented with illustrative extracts from the transcribed data. The extracts have been selected to best describe the category that they represent. The extracts have been drawn from different groups, sessions and group participants to best cover the data. The original extracts in Finnish are attached to appendix A. The five therapy groups have been numbered from I to V. The sessions are numbered from 1 to 15. The approximate starting time of the extracts is given in minutes and seconds after the group/session information. Thus, II/3/30:00 means the third session of group two, thirty minutes after the beginning of the session. The abbreviation FT refers to the female therapist and MT refers to the male therapist. The participants' and their spouses' as well as the therapists' names have been changed to ensure anonymity. Round brackets () are used to signal communicative elements other than speech. Notes on the researcher are given in double brackets (()).

Representative of female gender in general

One way the female therapist was positioned as a woman was as representative of the female gender in general. The female therapist was counted among the class of women in these discourses, and because of her gender she was expected to have a different viewpoint. This difference was seen as interesting or negative. Women were seen as strange and unpredictable, as different biologically, mentally, and in their needs.

Negative view on female gender: One of "you women"

In positioning the female therapist in this way the men clearly included her in the class of women. The invitation to take up this position was sometimes tacit but mostly explicit and demanding.

Extract 1 (IV/14/83:05-)

Aki: You have to make such goddesses of yourselves, damn it, that we always have to beg you for everything.

MT: This was directed at you Maija ((FT)).

FT: (laughter) Yes, clearly.

MT: So would you like to give some answer to this? (Laughing)

FT: It comes into my mind at least that I can't imagine that your wife is always forbidding you from doing things. Do you hear the other side of it?

MT: What would the other side be?

FT: Well, I wonder why it is, or how you always get the experience of, or why the situation always ends up with the other person forbidding and forbidding and forbidding. Perhaps she in other ways like. That you go and do and things. Then the other side is often left out here in the group a bit like that you don't hear it. We don't hear her side.

Aki: I could do some homework for the last session. I could carry a recorder in my pocket and do some homework I'd have this kind of a little plan with the lads, I could even negotiate for a while.

In extract 1 Aki accuses the women of being goddesses with whom one has to plead for everything. Before the extract Aki had explained that he would like to travel with his friends but his wife refuses to allow him to go. Aki uses the pronoun *"you"* (plural in Finnish) when he talks about women. Aki's outburst makes a strong reference to a quarrel at home before the group session; however, he uses the plural "you". The male therapist takes part in discourse and by explicitly directing the accusation toward the female therapist invites her to take up the offered position as a representative of women in

general. The female therapist tries especially to bring up the wife's point of view, but Aki maintains his stance.

Explicit positioning happened when the men were annoyed either about events at home or about a discussion with the female therapist during the session. Levelling explicit accusations was not common in the group discourses. Positioning the therapist as a representative of women in general was usually constructed more sensitively and indirectly than by talking about "you women".

Strange and different gender biologically, mentally and in their needs

Women were seen as behaving unpredictably and unintelligibly because of their biology, especially because of their menstruation and hormonal changes. The female therapist became positioned in a positive way as a specialist on this topic because of her gender.

Extract 2 (I/6/64:30-)

MT: Do you think it's hard to understand women? (Laughing)

Janne: A bit like that.

MT: Strange things happen in a woman elsewhere too. (Laughing)

FT: Yeah, yeah (laughter) do women explain?

MT: It hasn't been possible to bring this up in the group in this way before.

FT: Do women take advantage of their periods? Do you get that impression?

Vesa: Dunno, many things are so incomprehensible. Women are so individual - one behaves oddly, another doesn't.

MT: Does this incomprehensibility create a distance? I would feel like that at least.

Vesa: Well yes, then relations tighten up.

Janne could not understand his girl friend's behaviour. She had later explained her behaviour as due to her having her period. In extract 2 the male therapist joins in with the construction of women as acting strangely to make Vesa's point of view explicit. When the female therapist takes part in this discourse

the male therapist notices the novelty of the situation. He invites the female therapist to join the discourse. The female therapist is offered a special position also by the group members in this discourse. Vesa individualizes the differences between women, but the male therapist continues by making a personal statement. The female therapist then starts to explain about the premenstrual syndrome. Both therapists take a personal position in this discourse. Vesa explains his violence by reference to his spouse's odd behaviour, which causes tension between them.

Extract 3 (I/6/85:10-)

FT When it comes to the men's menstrual cycle, observe yourselves now. Don't you experience any hormonal changes, not the same as we women have but, for example, being on edge. Our female hormonal functioning is a bit like over-advertised, I think.

(Silence)

MT: Do you think that it gives motives for many things?

FT: Well, yes.

(Silence)

FT: And then I thought I'd give you some relief from the nightmares that you have here too.

MT: Yes, and if someone is cross, there may be some other reason too.

Later in the same session the female therapist takes up the position offered as a biological woman, as one of "us". She uses the pronoun "you" (plural in Finnish) in addressing the men and adds herself to the group of women by speaking about "we". By making the men think about their own hormonal changes the female therapist is trying to lessen the gap between men and women. In this biological discourse the difference has increased. The group members did not take up the position offered them and kept silent. The male therapist was the only one to comment and support the idea put forward by the female therapist. The male therapist supports his co-worker's view here. Both therapists attempt to

change the men's image of women as unpredictable and hard to understand. In the subsequent group sessions the topic was raised again but only one of the men started to notice hormonal changes in himself as well. However, this narrowed the gender gap compared to what it had been at the beginning of this discussion. Menstruation and women's hormonal changes during the course of a month were not discussed elsewhere in the data to the extent they were discussed in this group.

Men also constructed women as thinking differently than men. "Women's logic" was how the men designated women's peculiar way of thinking. The men referred to women's logic when their spouse had said or done something that they could not understand. When talking about women's logic some of the men started to apologize to the female therapist for what they had said. The same thing happened with the men's generalizing about women. The men started constructing a position for the female therapist as a watchdog for sexist speech in the group.

Extract 4 (V/2/79:20-)

Jaakko: So like the one who causes the violence, actually that person himself is afraid in that situation and this fear then causes fear in the other as well and, and then that person provokes back so that both are afraid and one uses violence and the other her mouth in that situation. So that's women's logic (shows nagging with his hand). Sorry ((Looking at the FT with laughter)).

FT: An apology was called for (laughing). I'm fed up with hearing these stories about women's logic.

Jaakko: No, I didn't really mean that, but well somehow a man's logic is more the logic of action, you have to give vent to your feelings somewhere. When you realize that you take second place verbally, at least I do.

FT: Do you feel like that?

Jaakko: That I got totally jerked in that situation. And it starts to make me furious that damn it I have the means, I'm not gonna take second place to women, again I'm being jerked, that what is this. Doesn't a man have right to be angry?

MT: Is there a difference between being angry and being violent?

Jaakko: Yes of course there is. You can be angry and you should be but you mustn't cross the line to being violent in your behaviour.

MT: So the answer to the question whether a man may be angry is yes.

Jaakko: Yes, yes but you mustn't lift your hand against anyone. For example I should have said yesterday that now I'm really pissed off 'cause of what you said. That I'm angry, but I couldn't say that.

In group five one of the men has proposed that a man's spouse provokes a man into behaving violently. Extract 4 shows how Jaakko takes this idea further and suggests a man reacts physically with violence and a woman with her words. This is what Jaakko designates women's logic. He realizes that this demeans women and apologises for using this expression to the female therapist whom he positions as representing the female gender. Here the female therapist reacts by conceding that an apology was in order and by doing so accepts the position offered as a representative of the female gender and as a woman personally. After that the conversation turns to power issues and the male therapist points out the difference between feeling angry and being violent. Because the female therapist's presence halts Jaakko's attempts to justify violence, he has to start giving reasons for his statements.

Sensitivity towards the female therapist was not always a rule in the group discussions. The female therapist also reacted to the men's comments herself without a specific invitation to represent her gender. As the data show, differences between men and women were often introduced into the discussion.

Extract 5 (III/6/50:30-)

Eero: ((Eero has read that men and women are built differently)) A man has basic needs that should be satisfied - respect from the wife, sex and so on. A woman has different needs, such as tenderness, a desire to nurture.

FT: At least I say as a woman that it sounds very sexist to think like that. That someone would deny that I for example have similar sexual needs to some man, or different sexual needs. It sounds very sexist to divide men and women according to different needs.

Eero: I don't, I've read somewhere, not that, that all women should be categorized under the same label. Everyone is an individual.

MT: I'd like to steer the discussion into the direction, whether you as men have different standards from those surrounding you? Do the expectations of being the head of the family and so on come from outside?

Eero: It's not difficult to say that I do cleaning at home. It came into my mind when you said the head of the family. One of women's basic needs it to experience security.

FT: I see, and men don't have this?

Eero: Yes they have but it creates security for women if the man is the head of the family, like in balance. In the end the man takes responsibility of the decisions that are made together. That creates security for his wife and children.

MT: Last time we spoke about insecurity in a relationship. It went quite differently. You were afraid of losing your spouses.

In extract 5 the female therapist reacts to Eero's statement about gender differences in sexual needs. The female therapist positions herself as a representative of the class of women and judges Eero's comment as sexist. She takes a personal position and denies differences in sexual needs between the genders. This confuses Eero and he tries to be conciliatory. The male therapist tries to go back to discussing cultural standards but Eero sticks to his argument and starts to argue for different needs

concerning security. The male therapist shifts the discussion from general level to the personal level on the topic of security and reminds the men that previously they have been talking about feeling insecure and fear of losing their partner.

Representative of the spouses

The female therapist assumed the spouses' point of view in discussions of gender differences. She was directly invited to represent the point of view of the men's spouses: i.e. wives and girlfriends. This was done especially when there was a reference to spouses' feeling of fear.

Extract 6 (V/1/74:30-)

MT**:** Is Liisa ((spouse)) afraid of you nowadays? ((FT tries to say something here too))

Jarno: What if I ask her (points at FT with his hand). Would you be afraid of me, of what you've been listening to now, what I've been telling you.

FT: Yes I'd be afraid, I was just about to say that it must have been quite a scary situation for Liisa the kind of, when you described that, that you've pulled her up by her hair and called her names in a certain way. What you said look at yourself now slut, it must have been quite a humiliating and scary situation.

Jarno: Yeah, certainly it doesn't go away in a couple of months.

When talking about fear in group five, the male therapist asks Jarno whether his girlfriend is still afraid of him. Jarno passes the question to the female therapist and asks her whether she personally would be afraid of him after hearing about his violence. In this example Jarno is explicitly offering the female therapist a position as a fearful girlfriend. The female therapist accepts the position and offers the spouses' perspective.

Representing herself personally

The female therapist was a positioned as weak, "a potential" man hater, and was invited to give her point of view not only as a representative of women in general or as a specific woman, but also as a

person in the group meetings. The men constructed their discourses in such a way that the female therapist was strongly offered gendered positions she would have to take up personally as a woman. Erotic or sexualized positions were also strongly constructed for the female therapist in the groups for male batterers.

Weak or a man-hater

At times the men regarded the female therapist's gender sensitively and protectively. It was seen possible that discussing a topic like intimate partner violence might harm her personal life.

Extract 7 (II/10/95:00-)

FT: I'm really interested in that do you think that you don't need to worry about Matti ((MT)) even though he always hears the same things as I do, and you have to be worried about me?

Kalle: You are weaker.

FT: In what way am I weaker?

Kalle: In your strength, in a way, I don't know.

FT: If I'm physically.

Kalle: Then you can be mentally stronger, okay I admit that.

FT: If I'm physically weaker does it mean that I'm also mentally weaker?

Kalle: No no.

MT: It came into my mind that they are afraid that you'll start to hate men.

(Lots of overlapping speech)

FT: Apparently this was the right interpretation as everyone woke up.

The female therapist brings up her curiosity as to why the men are not afraid the group discussions might harm the male therapist too instead of only her. She does not accept being positioned as a weak person and contests the generalization. The male therapist suggests that the men might be afraid that

the female therapist will start to hate men, become a man-hater. Later in the session the female therapist repositioned herself as a professional, not solely as a representative of female gender in the group.

Extract 8 (II/10/95:00-)

FT: May I say here at the end. That when as a woman one listens to violence it cannot leave you unaffected, or anyone. Of course it's a tough topic. Anyhow I consider myself a professional, who can think about these things in her mind. It's pleasing and good that you're worried about me as a woman, because then I can assume you're worried about other women as well and don't want to be violent towards them. If through me you can think how it might feel.

The female therapist is pleased that the men are worried about her as a woman as it can be inferred from this that they are concerned about other women as well and do not want to hurt them.

Sexual partner or object

The female therapist was also positioned as a possible sexual partner. This occurred not only on the level of speech but also physically and it reached outside the group setting too. Sexualized positions were constructed in every group but the first. The men talked about charming women and referred to the female therapist as an example of such a focus of conquest, but also as a possible dating partner.

Extract 9 (II/9/67:36-)

Pasi ((to FT)): I should ask you, since we've been here, that if we were a little younger and handsome, would you dare to start dating any of us?

FT: Well that's a good question.

Kalle: But we are still handsome, right.

FT: It's a good question really. Sometimes when one listens to those stories of yours, one can understand why for example Kaija ((Pasi's spouse)) has been afraid or, Kalle, your ex girlfriend. I would think about whether I would dare.

Kalle: Fairly well said.

MT: So it's not so sure at all that you would dare?

FT: I'm not sure, I would surely think that.

Kalle: But you have education, right. You could train the man**.** (Laughing)

FT: Is that what you think?

Kalle: Yeah but it's a good question really.

FT: I would think about whether I'd dare.

Esa: I have a friend who has just left her ex-husband because he's been violent.

The female therapist was positioned as a possible dating partner. The female therapist responds by putting herself in the men's spouses' position and raises the issue of fear and then falls back on her personal position by saying that she would be afraid. The male therapist highlights the issue of fear in his comment. Kalle's solution is that he offers the female therapist a position different from that occupied by the kind of women who would be afraid because of her education. This positioning enables him subsequently to position the female therapist as a possible dating partner.

The female therapist also became a target for a physical approach and the exercise of charm. One of the men asked if he could hug the female therapist at the end of the session. After another group the female therapist was given a bucket of flowers which can be interpreted as attempting to charm her as a woman, as the male therapist was not approached in this way.

One of the men in group five approached the female therapist outside the group sessions by means of a sms message. This approach was taken up for discussion in the group.

Extract 10 (V/9/61:00-)

Jaakko: I can tell you, I sent Maija ((FT)) an sms. What do you think about it?

FT: Can you tell us what the message contained?

Jaakko: I asked if we could meet outside the group that it would be nice to chat. And Maija answered that it's inappropriate. I thought you would either answer or not.

FT: What was the idea behind that?

Jaakko: That we could chat and so on.

MT: Was that the whole message?

FT: There was also the bit that if I'm like single, so it was also aimed at me personally as a woman**.** So it had a somewhat different content than you are telling us now.

Jaakko: Well, it was.

MT: For me it would have meant that if you had met, someone's coming to the group, possibly Maija's would have been impossible.

FT: Would have changed from an equal leader to a dating partner. What were you thinking when you broke this kind of a basic rule?

Jaakko: Weakness, as it's been so tough.

FT: From my point of view it included belittling as a group leader as I was approached as a woman. I work here, so it was offensive to me personally.

Jaakko: I apologize and can quit the group if need be.

MT: It's not about that, what's interesting is how handling this now affects things, and what would have happened if the date had occurred.

The female therapist brought up the topic. Jaakko did not disclose the whole sms message. The female therapist explains that she was positioned as a possible dating partner by Jaakko's message. She explained that she felt undervalued and offended. She rejects the offered position by repositioning

herself as an employee. The male therapist supports his co-worker in her re-positioning and setting boundaries for the group sessions.

Discussion

It has been argued that because intimate partner violence is a gendered issue the gender of the therapist may play a part in its treatment (Tyagi, 2006). In this paper this was studied qualitatively by paying attention to the positions constructed for a female therapist in groups for male batterers. The results support this view, although this positioning had both positive and negative aspects.

The gendered positions offered to the female therapist were based primarily on constructed gender differences. These specific positions are available in traditional gendered discourses (Hollway, 1984). The female therapist was positioned to represent biologically, logically and in its needs a different gender. This is in accordance with the findings of Kapanen (2005; Holma et al, 2006) that batterers see women negatively in many ways, especially at the beginning of group treatment. Kapanen found that batterers construct women as different from men, as oddly behaving and hard to understand. The female therapist was positioned as such a woman in this study. The female therapist was considered weaker than men, who were constructed as strong. Difference on the personal level was also constructed when the female therapist was sexualized in the group sessions or even outside them. These results are in accordance with the view that man and masculinity are constructed on the basis of difference to the female gender (Boonzeier & De la Rey, 2004; Skeggs, 1993) or difference to an 'Other' (de Beauvoir, 1970). Constructing women as different and impossible to understand is also one way of justifying violence against them (Holma et al., 2006). Sexualisation in therapeutic relationships has been studied as transference, especially within psychoanalytic approaches (Deering & Gannon, 2005; Gornick, L. K., 1986; Koo, 2001; Potash, 1998; Russ, 1993). Men may feel unaccustomed to self-disclosure and to feel in control they may objectify their female therapist and relate to her as a girlfriend or a lover.

Being positioned as different, as an ‘Other’ and according to the constructions the batterers had of women presented a challenge for the female therapist. The female therapist had to try to balance between the different expectations and conflicting positions constructed for her. *S*ometimes the positions offered also changed very quickly. The variety of positions offered to her as a woman was also an advantage to the female therapist. When offered gendered positions, the female therapist was able to reject them by re-positioning herself. This shows that positions are dynamic and allow persons to move between them (Davies & Harré, 1990). She was able to re-position herself in the discourses and change a storyline that sought to create a difference between men and women and that re-produced the men’s constructions of women. The therapists’ goal seemed to be to challenge the differences constructed between the genders and generate attitudinal change towards women. When invited to represent women in general or herself personally the female therapist often took the spouses’ perspective to render visible the fear the violence had caused. When the men engaged in sexist discourse the female therapist positioned herself as a representative of women in general, as a spouse or as a person. She also repositioned herself as a professional group facilitator to remind the group members that she was not present solely as a representative of the class of women, thus reminding the group of the rules.

Re-positioning is a useful and functional means for a female therapist in seeking to change the discourses and attitudes of male batterers and narrow the difference constructed between the genders and render visible the fear experienced by spouses. It has been stated that maintaining stereotypical images of men and women that correspond to the values of hegemonic masculinity is in part to legitimize the position of power that men hold in society (Adams, Towns, & Gavey, 1995). Change towards more positive attitudes to women has been connected with striving at a nonviolent relationship with one’s partner (Schmidt et al. 2007). Kapanen (2005; Holma et al, 2006) describes the more positive constructions of women that emerge towards the end of batterers’ group treatment.

The results of this study are in line with the literature on the challenges that face the work of a female therapist in male batterers' groups. Caoyette (1999), Potash (1998) and Tyagi (2006) have noticed that a female therapist has to uphold the boundaries set for the group members as they are likely to try to break them. In this study the female therapist was especially vulnerable to sexualized positioning and possible rule-breaking. Because of her gender, finding a balance between an empathetic and a challenging approach may also be difficult, as she is easily judged as either weak or a man-hater (Caoyette, 1999). Invitations to defensive positions were the most challenging in this respect.

The male therapist took different positions in the discourses where his co-worker was variously positioned as a woman. He took part in the position construction by explicitly directing the men's invitations to the female therapist and asking her to respond as invited. He invited his co-worker to take up a special position by initiating discussion about her being in the group. The male therapist often brought up her gender as an issue in the group sessions. On the other hand, the male therapist supported the female therapist in difficult situations. For example, he showed his agreement with his co-worker or tried to lead the conversation away from a general level towards the situations in the men's own lives, often in heated discussions. The male therapist was also able to use the positions offered to his colleague. He could bring up the female therapist's dual position as a leader and a woman. He was able to discuss and emphasize the positions taken up by the female therapist that reduced the gender gap. Gendered positioning led to co-operation between the therapists. It was noticeable in this data that a good relationship and cooperation between the therapists is very important in leading male batterers' groups, as has also been noted in earlier research (Adams & Cayouette, 2002; Austin & Dankwort, 1999; Caoyette, 1999; Dominelli, 1999; Tyagi, 2006; Wilson, 1996).

For a practising female therapist it may be challenging to cope with the expectations she is confronted with, especially if she is working alone. The positions offered her can negatively affect a female therapist's empathetic understanding. She may adopt a too challenging position, which widens

the gender gap and promotes even more rigid attitudes towards women. Understanding the phenomenon of intimate partner violence can make it easier to tolerate the men's behavior in the therapy situation (Banks, 2008). Therefore therapists, both female and male, should be given enough education and support by their organization, and taking into account the relationship between co-workers, especially their personal gender attitudes and how these affect on their co-operation.

To enable the reader to gain familiarity with the application of the theory and to judge the reliability of the study, the research process is described in detail and the results of the study are represented with illustrative and authentic extracts from the data. This kind of thick description was used to gain transferability. In this way the voices of the participants and not only that of the researcher are heard. The limitations of this study include the lack of research triangulation and possible researcher subjectivity, which is a known characteristic of qualitative investigations. It must also be borne in mind that qualitative research aims at understanding and representing social phenomena, not making generalizations. Nevertheless, it can be assumed that the results from five different groups can also be transferred to processes in other batterers' programmes. While the lack of researcher and method triangulation can be seen as a weakness of this study. Credibility and dependability of the analysis was improved by keeping research diary and peer debriefing. The trustworthiness of the results was also strengthened by prolonged engagement with the analysis and persistent observation of the data.

In this study the concepts of woman and man have been used dichotomously, as the men in the groups use them. It is worth emphasizing women and men are not all the same. Other demographic characteristics, like race, age or status may also affect the interactions in groups like these. There were differences between and within the groups. Some men, more than some others, invited the female therapist to take up a position as a woman. Also, some positions were more prevalent in certain groups. However, this study did not set out to compare the men or groups. Further research is needed to explore how, for example, one man's constructions of the female therapist changed during the group process

and how the re-positioning of the female therapist functioned in that process. This proposed study might yield new understanding about the treatment process and the position of a female therapist in it. The change in the positions offered may reflect the change observed in the man's attitudes towards women and the development of his new masculine identity.

The therapists' experience and actions would also merit further study. Leading a batterers' group is unproblematic for neither a female nor a male therapist. It would be important to know more about the role played by the gender of therapists in batterers' group treatment so that it could be used to assist and not hinder treatment. Studying the processes from the point of view both of male and female therapists could give useful information on how to support them and develop their work. This study supports the model of having a female leader in male batterers' group treatments.

References

Adams D., & Cayouette S. (2002). Emerge: A group education model for abusers. In E. Aldarondo & F. Mederos (Eds.), *Programs for men who batter: Intervention and prevention strategies in a diverse society* (pp. 1-25). New York: Civic Research.

Adams, P. J., Towns, A., & Gavey, N. (1995). Dominance and entitlement: The rhetoric men use to discuss their violence towards women. *Discourse and Society, 6,* 387-406.

Austin, B. A., & Dankwort, J. (1999). Standards for batterer programs: A review and analysis. *Journal of Interpersonal Violence, 14,* 152-168.

Babcock, J. C., Canady, B. E., Graham, K., & Schart, L. (2007). The evolution of battering interventions: From the dark ages into the scientific age. In J. Hamel & T. L. Nicholls (Eds.), *Family interventions in domestic violence* (pp. 215-244). New York: Springer.

Banks, G.L. (2008). *Taking the bait: Countertransference among female clinicians who work with men who batter.* Smith College School for Social Work Northampton, Massachusetts.

de Beauvoir, S. (1970). *The second sex.* New York: Random House, Vintage Books.

Blow, A. J., Timm, T. M., & Cox, R. (2008). The role of the therapist in therapeutic change: Does therapist gender matter? *Journal of Feminist Family Therapy, 20,* 66-86.

Blow, A. J., Sprenkle, D. H., & Davis, S. D. (2007). Is who delivers the treatment more important than the treatment itself? The role of the therapist in common factors. *Journal of Marital and Family Therapy, 33,* 298-317.

Boonzaier, F., & de la Rey, C. (2004). Woman abuse: The construction of gender in women and men's narratives of violence. *South African Journal of Psychology, 34,* 443-463.

Bowman, D., Scogin, F., Floyd, M., & McKendree-Smith, N. (2001). Psychotherapy length of stay and outcome: A meta-analysis of the effect of therapist sex. *Psychotherapy, 38,* 142-148.

Caoyette, S. (1999). Safety issues for women co-facilitating groups for violent men. In J. Wild (Ed.), *Working with men for change* (pp. 153-165). London: Routledge.

Davies, B., & Harré, R. (1990). Positioning: The discursive production of selves. *Journal of the Theory of Social Behaviour, 20,* 43-63.

Deering, C. G., & Gannon, E. J. (2005). Gender and psychotherapy with traditional men. *American Journal of Psychotherapy, 59,* 351-360.

Dinger, U., Stack, M., Leichsenring, F., Wilmers, F., & Schauenburg, H. (2008). Therapist effects on outcome and alliance in inpatient psychotherapy. *Journal of Clinical Psychology, 64,* 344-354.

Dominelli, L. (1999). Working with men from a feminist perspective. In. J. Wild (Ed.), *Working with men for change* (pp. 17-38). London: Routledge.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory. Strategies for qualitative research.* Chicago: Aldine Publishing Company.

Gornick, L. K. (1986). Developing a new narrative: The woman therapist and the male patient. *Psychoanalytic Psychology, 5,* 299-325.

Harré, R., & Moghaddam F. (2003). Introduction: The self and others in traditional psychology and in positioning theory. In R. Harré, & F. Moghaddam (Eds.), *The self and others: Positioning individuals and groups in personal, political, and cultural contexts* (pp. 1-11). Westport: Praeger.

Harré R., & van Langenhove, L. (1991). Varieties of positioning. *Journal of the Theory of Social Behaviour, 21,* 393-407.

Holma, J., Partanen, T., Wahlström, J., Laitila, A., & Seikkula, J. (2006). Narratives and discourses in groups for male batterers. In M. Libshitz (Ed.), *Domestic violence and its reverberations* (pp. 59-83). New York: Nova Science.

Hollway, W. (1984). Gender difference and the production of subjectivity. In: J. Henriques, W. Hollway, C. Urwin, C. Venn, & V. Walkerdine (Eds.), *Changing the subject: Psychology, social regulation and subjectivity* (pp. 227-263). London: Routledge.

Kapanen, K. (2005). Naiskuvat miesten puheessa. In J. M. Holma & J. Wahlström (Eds.), *Iskuryhmä. Miesten puhetta Vaihtoehto väkivallalle –ryhmissä* (pp. 71-89). Helsinki: Helsinki University Press.

Koo, M. B. (2001). Erotized transference in the male patient–female therapist dyad. *The Journal of Psychotherapy Practice and Research, 10,* 28–36.

Long, D. (1987). Working with men who batter. In M. Scher, M. Stevens, G. Good, & G. A. Eichenfield (Eds.), *Handbook of counselling and psychotherapy with men* (pp. 305-320), Thousand Oaks, CA: Sage.

Okiishi, J. C., Lambert, M. J., Eggett, D., Nielsen, L., Dayton, D. D., & Vermeersch, D. A. (2006). An analysis of therapist treatment effects: Toward providing feedback to individual therapists on their clients' psychotherapy outcome. *Journal of Clinical Psychology, 62,* 1157-1172.

Orme, J., Dominelli, L., & Mullender, A. (2000). Working with violent men from a feminist social work perspective. *International Social Work. 43,* 89-105.

Partanen, T. (2008). *Interaction and therapeutic interventions in treatment groups for intimately violent men.* Jyväskylä Studies in Education, Psychology and Social Work, 332. Jyväskylä: Jyväskylä University Printing House.

Partanen, T., & Wahlström, J. (2003). The dilemma of victim positioning in group therapy for male perpetrators of domestic violence. In C. Hall, K. Juhila, N. Parton & T. Pösö (Eds.), *Constructing clienthood in socialwork and human services. Interaction, identities and practices* (pp. 129-144). London and NewYork: Jessica Kingsley.

Payne, S. (2007). Grounded theory. In E. Lyons, & A. Coyle (Eds.), *Analysing Qualitative Data in Psychology* (pp. 65-86). London: Sage.

Potash, M. S. (1998). When women treat men: Female therapists / male patients. In W. S. Pollack & R. F: Levant (Eds.), *New Psychotherapy for Men* (pp. 282- 307). New York: John Wiley.

Raakil, M. (2002). A Norwegian integrative model for the treatment of men who batter. *Family Violence & Sexual Assault Bulletin, 18,* 8-14.

Russ, H. (1993). Erotic transference through countertransference: The female therapist and the male patient. *Psychoanalytic Psychology, 10,* 393-406.

Skeggs, B. (1993). Theorizing masculinity. In P. Ahokas, M. Lahti, & M. Sihvonen (Eds.), *Mieheyden tiellä. Maskuliinisuus ja kulttuuri* (pp. 13-35). Jyväskylä: Jyväskylän yliopiston Nykykulttuurin tutkimusyksikkö.

Schmidt, M., Kolodinsky, J., Carsten, G., Schmidt, F., Larson, M., & MacLachlan, C. (2007). Short term change in attitude and motivating factors to change abusive behaviour of male batterers after participating in group intervention program based on feminist and cognitive-behavioural approach. *Journal of Family Violence, 22,* 91-100.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.

Tan, S., & F. M. Moghaddam (1999). Positioning in intergroup relations. In R. Harré, & L. van Langenhove (Eds.), *Positioning Theory* (pp. 178-194). Oxford, UK: Blackwell.

Tyagi, S. V. (2006). Female counselors and male perpetrators of violence against women. *Women & Therapy, 29,* 23-44.

Wilson, M. (1996). The CHANGE men's programme. In K. Cavanagh, & V. Cree, (Eds.), *Working with men. Feminism and Social work* (pp. 28-44). London: Routledge.

Wood, L. A., & Kroger, R. O. (2000). *Doing discourse analysis. Methods for studying action in talk and text.* Thousand Oaks, CA: Sage.