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Interaction and Therapeutic Interventions in Treatment Groups for Intimately Violent Men

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ABSTRACT

This thesis focuses on interaction and therapeutic interventions in treatment groups for intimately violent men. The aim of the studies was to describe one anti-violence group program and to examine in detail how the actual therapy work was done in this setting. The data of the studies consisted of videotaped and transcribed group therapy sessions, and the methodology employed was discourse analysis. Under scrutiny were the interaction and the talking practices of the participants, and the design and the use of different therapeutic strategies. The thesis also asks what discourses the male clients use in the context in making understandable their violent behavior and themselves.

In the first study it was asked how the male clients and the therapists negotiate and construct clienthood in the conversations. The second study dealt with the clients' problematic account of their loss of self-control. The third study concerned how reports of change were constructed and used in follow-up meetings after the group treatment process in order to consolidate the preferred outcome.

The results of the thesis show how work in the field of intimate violence seems to require specific intervention practices compared to more traditional therapeutic settings. Various discursive strategies that are specific for the work on intimate violence were found and presented. The main function of these strategies was to make clients take responsibility for their problematic behavior, and further, if possible, to pinpoint an intentional nature in their actions. The aim of specific intervention strategies was to enhance clients' agency by pointing out their ability to choose their way of acting moment by moment. What is also central is the neutrality of the strategies, the attempt to avoid attributing guilt, and the avoidance of excessive confrontation. Besides these specialized tools of interaction, the therapists also used more traditional therapeutic intervention strategies, and managing the balance between the two became the challenge for the work on violence.

Keywords: therapeutic interaction, intervention strategies, intimately violent men, discourse analysis, group treatment, process study

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LIST OF ORIGINAL PUBLICATIONS

I   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 social work and human services. Interaction, identities and practices. London and New York: Jessica Kingsley Publishers, 129-144.

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1 INTRODUCTION

This thesis deals with interaction and therapeutic interventions in treatment groups for intimately violent men. It aims at analyzing group therapy interventions directed to men who have been violent in their intimate relationships. The purpose of the study is to describe one anti-violence group program and to examine in detail how the actual therapy work is done in this setting. First and foremost under scrutiny are therapeutic strategies that are used to deal with the clients' problematic constructions about their own violence. Secondly, it also looks at the discourses the male clients produce in the group therapy context in making their violent behavior and themselves understandable to other participants and themselves. The main concern is how the participants, both the therapists and the clients, orient themselves towards and negotiate over issues of violence in this kind of context of institutional help.

It is emphasized that the purpose of the study is not to explain or to theorize about the use of intimate violence from the individual's psychological point of view or to try to understand the male clients' inner psychic realities or personalities. Thus it does not offer explanations as to why the male clients are violent as individuals *per se*, nor aim at presenting any theory concerning intimate violence. Nor is the purpose of the study to evaluate the effectiveness of the intervention. The main focus is in the interaction and talking practices and the study aims at contributing to the therapy process studies in the discourse-analytic research tradition. Understanding violence from the gender-based point of view, especially in Finnish society and from the viewpoint of Finnish men, is essential in the development and improvement of group treatment of violent men. In order to stop men's violence, it is useful to analyze and understand how men themselves understand and construct violence as a constituent of personal and social agency.

The Introduction presents first the central terminology in the study of violence. Then it defines the intimate violence as a social problem in Finland, and goes on to focus on interpretational frames in explaining the use of violence. It also presents studies concerning violent men's use of language, especially in our project, and some group interventions targeted on intimately

violent men. At the end of the Introduction the background of this thesis and central research questions are reiterated.

1.1 Significance of the terminology

It is a fact established by research that violence in a dating, marital or cohabitant relationships is a part of everyday life rather that an exceptional event (Kury, Obergfell-Fuchs & Woessner, 2004). A large number of studies tell the same story: violence against women is a global problem on a social, individual and cultural level and it is usually men who are the ones who use violence against women and other men (Krane, 1996). Intimate violence or partner violence can be defined as control used by one partner over another where means of control include varieties of physical, emotional, sexual, economical abuse or threats of it. Intimate violence is not solely a problem in heterosexual relationships, but takes places in same sex relationships as well. As Hearn (1998) writes the terminology used in conceptualizing violence is important, empirically, theoretically and politically. Terminology often indicates different understandings of the causes of violence. In the Finnish public debate the terms family or domestic violence (perheväkivalta) are often used. These terms have been criticized for hiding the common direction and the genders of offenders and victims of violence, namely men's violence against women (Ronkainen, 1998). Hearn (1998) prefers to use the term men's violence to known women, which exposes the offender and the object of violence and the familiarity between the two. In the Nordic countries the Swedish term 'kvinnomisshandel' (abuse of women) refers directly to the abuse of women. The term 'våldet mot kvinnor' (violence against women) refers to the notion of violence as based on an asymmetry of gender relations (Ronkainen, 1998). The terms gender violence and sexual violence also put intimate violence into this larger context.

However, there is an ongoing debate about how justified the feminist theory of intimate violence actually is in the light of empirical data. Dutton and Nicholls (2005) reviewed numerous incidence studies reporting levels of violence by female perpetrators and they see that the gender disparity in injuries from domestic violence is less that originally portrayed. According to some studies female perpetrated abuse in intimate relationships is at least as common as male violence (Carney, Buttell & Dutton, 2007). It appears though that differences in opinions on amount, gender direction and frequency of violence are due to different methodological procedures and theoretical interpretations of the data.

The questions concerning gender disparity and the amount or frequency of violence used in intimate relationships is however not in the scope of this thesis. The fact that there are many men who are/have been violent in their intimate relationships and that there are treatment groups which are solely targeted towards male clients is the starting-point of the study. The term

intimate violence is chosen to be use here for the reason that it refers to violence that takes places in close relationships. Gender-specificity comes from the fact that all the participants in the studied groups are men and the proclaimed ideal of the group treatment is pro-feminist, and that the connection between masculinity and violence is a central focus in the working model.

1.2 Intimate violence as a social problem in Finland

Although Finland has been held as a safe country with low criminality, and as a welfare state where equality between the sexes is prominent, studies show that incidents of intimate violence is quite high (Ronkainen, 2001). A national representative victimization survey of Finnish women (Heiskanen & Piispa, 1998; Piispa, Heiskanen, Kääriäinen & Sirén, 2006) discloses that intimate violence is a significant problem in Finland. In addition to physical violence the study asked about the threat of violence and sexual violence. According to the survey performed in 2005, 43.5 per cent of the women reported having experienced at least once a man's physical or sexual violence, or the threat of it. In comparison to year 1997 there was a slight increase in women's experience of violence. In intimate relationships 20 per cent of women had experienced violence at least once. In Sweden an equivalent survey done showed that 46 per cent of women had experienced violence by a man (Lundgren, Heimer, Westerstrand & Kalliokoski, 2001). The International (Crime) Victimization Survey (Mayhew & van Dijk's, 1997) shows that in the year 1996 Finland was placed in the middle range among Western countries on sexual and other violence against women.

Other Finnish studies of intimate violence, using a variety of methodological approaches, have focused on girls' experiences of sexual violence (Honkatukia, Niemi-Kiesiläinen & Näre, 2000), women's experiences of partner violence (Husso, 2003), child witnesses of domestic violence (Eskonen, 2005), and the work of family professionals dealing with the issue of domestic violence (Keskinen, 2005). Some studies have also been made from the perpetrators' perspective (Lahti, 2001; Nyqvist, 2001).

1.3 Interpretational frames

Differences of opinions on what should be considered to be a relevant professional response to intimate violence are based on the existence of different interpretational frames of explanations. Two basic themes appear to be in focus when reviewing literature on domestic violence: first, that of making distinctions between types of violence, motives of perpetrators and contexts of

violence, and secondly, violence as an issue of control that focuses on men using violence to control their partners (Johnson & Ferraro, 2000).

Biological theories tend to locate explanation in the body and human biological processes, and may address, for example, differences in hormonal levels of testosterone so that men may be seen as naturally more aggressive (Hearn, 1998). Psychological theories on the other hand place men's violence in the mental processes or the nature of the masculine psyche (Hearn, 1998). Psychodynamic and psychoanalytic theories explain violence from the point of view of the development of the self using, for example, the concept of abusive personality (Dutton, 1995), and trace the cause for abusive behavior to early development, insecure attachment and early shaming (Fonagy, 1999).

Studies concerning personality traits and various typologies of the intimately violent men seem to be inconsistent. Schuerger and Reigle (1988) studied personality and background data of 250 men enrolled in group treatment for wife abuse and they found no typology of violent men in terms of pathology or general personality. In brief, they concluded that all kinds of men are found among the batterers. However, Holtzworth-Munroe and Stuart (1994) proposed a tripartite typology of men who batter their wives, and this finding was supported by Waltz, Babcock, Jacobson and Gottman (2000). There is nowadays a growing interest to divide violent men into different subtypes (Chiffriller, Hennessy & Zappone, 2006; Lawson, Weber, Beckner, Robinson, Marsh & Cool, 2003). Systemic theories posit circular causality and view the problem of violence as a relationship issue from the point of view of interactive dynamics between the partners (Douglas, 1991; Gelles & Cornell, 1985). Social learning and cognitive-behavioral theories address the meaning of the social environment and focus on particular forms of learning and socialization (Kashani, Daniel, Dandoy & Holcomb, 1992). Reactive theories, for example stress theory (Strauss, Gelles & Steinmetz, 1980), see factors like unemployment, low income, alcohol etc. as related to the use of violence. The reactive theories may be psychological or sociological in their focus. From a feminist perspective intimate violence is a problem of male domination and control of women and thus program interventions should focus on challenging men's sexist beliefs regarding women (Pence & Paymer, 1993). This perspective sees the problem of violence from a wider socio-political point of view. Integrative approaches emphasize combining different approaches (Goldner, 1999).

Finally Critical Studies on Men (CSM) comprises feminist, pro-feminist, critical, and power-based material and discursive analyses (Hearn, 2001). One essential study area of CSM is men's violence to women and the use of violence is understood in the context of social patterns of gendered power relations. This means that the use of men's violence is part of men's use of power, violence and control. This explicit focus on men as moral, political and theoretical constructions places violence in the social category of men and when analyzing violence against women the social construction of masculinity also becomes an object of the study. Despite the statistical fact of men's violence towards

women, gender neutrality seems to be an inherent element in public debate and research on violence, in Finland and globally.

1.4 Violent men's use of language

Studies concerning violent men's use of language appeared during the nineties (Cavanagh, Dobash, Dobash & Lewis, 2001; Hearn, 1998; Hydén & McCarthy, 1994; Wetherell & Potter, 1989). Adams, Towns and Gavey (1995) studied the rhetoric of violent men and how they use the rhetoric devices of language to legitimize their violent behavior against women and how violent men constructed violent situations they participated in. Auburn, Drake and Willig (1995) examined how rapists explained their violent behavior against women. Scully and Marolla (1993) reported on the construction of alternative masculine identities as a dialog against hegemonic masculinity discourse. Edley and Wetherell in 1997 researched how abusive men aim at constructing non-violent self-images, and minimize and rationalize others' negative views of them. Goodrum, Umberson and Anderson (2001) studied the shifting of responsibility to the victim and the justification of violence, and Stamp and Sabourin, (1995) how they deny the use of violence. None of the researchers examining violent men's use of language have used (group) therapy conversations as a data.

Research at the University of Jyväskylä on treatment groups for intimately violent men has focused on language use especially in the group format, and from the discourse analytic, narrative and dialogical point of view. It has been shown that the male clients have a strong inclination to position themselves as victims (Partanen & Wahlström, 2003), and account for their violent behavior as a loss of self-control (Partanen, Wahlström & Holma, 2006). Different explaining discourses used by violent men have been identified (Ajo & Grönroos, 2005). Kapanen (2005) studied how the male clients talked about women, Partanen (2005) distinctions made by men concerning violence against men or women, and Alasaarela (2005) the formation of group identity in the treatment program. Nevala-Jaakonmaa (2006) analyzed how the male clients justified the use of violence against children. These studies confirm findings from other studies that men aim at constructing non-violent self-images, in which they minimize, rationalize, justify, deny and project and blame other for the use of violence.

1.5 Group interventions targeted to intimately violent men

The programs for intimately violent men are one form of intervention in the prevention of violence against women and these kinds of group treatments are nowadays the most common form of intervention. This is partly due to the fact that family or couple therapies are considered to be unsuitable as interventions

since they do not take into account the imbalance of power in intimate relationships. Many of the programs targeted on intimately violent men can be defined as educational therapeutic groups (Rothman, Butchart & Cerdá, 2003). The programs were developed in the late 1970's and early 1980's in the United States and they are now found in North America, Australia, Canada, and many European Countries (Hearn, 1998). Services for intimately violent men in Nordic countries started in Norway and in Sweden in the 1980's (Raakil, 2002).

In Finland work with intimately violence men started in the 1990's and various anti-violence programs and projects have increased in number since then (e.g. Keisala, 2006; Säävälä, Pohjoisvirta, Keinänen & Salonen, 2006). Changes in the legislation in Finland have influenced the development. In 1995 domestic violence became a crime in Finland whereby responsibility for initiating legal procedures lies with the prosecution, and it is no longer a private matter. The new understandings of the relationship between gender and violence have also affected the development of treatment modalities. The programs have been influenced by international programs and they show a wide range in their philosophies, theoretical orientations, and practical methods. Most of the programs utilize cognitive-behavioral or psycho-educational philosophy, but the approaches vary from psychoanalytic to structural and pro-feminist viewpoints. The programs that are based on more traditional therapeutic theories often explain intimate violence as a problem, for example, of couple interaction, men's traumatization, alcohol use or biology. The pro-feminist viewpoint has criticized these traditional psychological viewpoints. Pro-feminist orientation sees partner violence as an abuse of power aimed at maintaining patriarchal structures at all levels of society. The aim in these programs is to educate men to identify different modes of violence and change their oppressive beliefs and attitudes. Taking responsibility for one's behavior is the focal point of the treatment agenda. What seems to be a fundamental question in the programs is to what extent men are directed to see their responsibility and intentionality, and also the effects of their violence on women and children (Hearn, 1998).

An important issue concerns whether the programs have been organized on voluntary rather than court-mandated bases, or to what extent the clients are referred by professionals, or are self-referred. In this respect the variations between the programs are broad. For example, in the UK anti-violence programs have been organized more on voluntary rather than court-mandated bases (Hearn, 1998). In Finland the men's groups work on a voluntary basis also. The differences in length and methods between the programs are wide, ranging from 15 to 52 weeks (Rothman, Butchart & Cerdá, 2003), and the program funding also varies from state funding to financial support from different organizations.

Evaluating the effectiveness of programs for violent men is an essential and complicated issue (e.g. Babcock, Green & Robie, 2004; Hamberger & Hastings, 1993; Rosenfeld, 1992; Silvergleid & Mankowski, 2006). Evaluation studies have mainly relied on the clients' and victims' self-reporting measures

and various objective scales to indicate change (Heckert & Gondolf, 2000a; 2000b). Some evaluation studies indicate that programs are at least modestly successful at preventing further abuse (Rothman, Butchart & Cerdá, 2003). Dobash, Dobash, Cavanagh and Lewis' (1999) study on abuser programs show that the abuser programs have an impact on subsequent violent behavior and that 50 per cent to 80 per cent of program participants remain non-violent for up to a year or more after finishing treatment. However, some studies have found no major change and there have been many doubts on the results of the abuser programs (Hearn, 2004). It appears that the existing research on the effectiveness of the programs has many limitations and there are inconsistencies in the findings regarding the interventions (Gondolf, 1997; 2002). One main concern has been the reliability of the reports on outcome. More specific research is needed, and, for example, in Finland this kind of systematic program effectiveness research is substantially lacking.

1.6 Background and aim of the thesis, and central research questions

Violence towards women is a widespread social problem that affects all of us, and has serious and wide-ranging effects on the physical and mental health, and general well being of the population. Preventing intimate violence has proved extremely difficult. Group treatment programs are the most often used mode of interventions targeted at men who have used violence in the close relationships. They range in their philosophy, theoretical orientations, and practical methods. Results from research on outcome from treatment groups have been very varied. Some studies have found no major change while others conclude that the programs do have an impact on violent behavior. Research on processes, therapeutic interventions and interaction is very scarce. The result to date is that it is difficult to specify what such programs should contain, how the effects should be assessed, and what facilitates change in the effective intervention programs.

This thesis aims at contributing to the studies of male treatment programs from the tradition of discourse orientated therapy process research. It describes one Finnish anti-violence group program with a pro-feminist orientation, and examines in detail how the actual therapy work is done in this setting. Under scrutiny are the interaction and the design and the use of different therapeutic strategies, and the main interest is in talking practices of the group participants. The thesis also asks what discourses the male clients use in the context in making understandable their violent behavior and themselves.

2   THE JYVÄSKYLÄ MODEL [1]

In Jyväskylä a local multi-professional co-operation in preventing and treating domestic violence started in 1995. A program for intimately violent men was created in the crisis centre called 'Mobile' in collaboration with the Psychotherapy Training and Research Centre of the University of Jyväskylä. The work at the Alternativ til våld -center (ATV) (Raakil, 2002) in Oslo, Norway, has had a great impact in the development of the Jyväskylä model. The title of the men's therapy group was also translated from their own title, which in English is Alternative to Violence and in Finnish Vaihtoehto Väkivallalle. The basic aim of the multi-professional co-operation in Jyväskylä was, and still is, to inform and educate different agencies and to organize, and offer services for them regarding the use of violence in intimate relationships. The co-operating network also includes police authorities besides social and welfare agencies. It also consists of separate treatment programs for victims and offenders of violence. The men's program is free of charge and they come to the group on voluntary basis. The group program is funded by the Finnish Slot Machine Association (Raha-automaattiyhdistys).

From 1996 - 2002 the groups have been closed which meant that the group treatment consisted of fifteen (15) sessions of 1,5 hours' duration once a week. From the fall of 2001 an open-ended group started for men who wanted to continue group treatment after fifteen sessions, and nowadays it is the only mode of intervention. The number in the open-ended group is replenished regularly by men who have finished individual treatment in the Mobile centre. The men are required to commit to at least fifteen sessions when beginning the group intervention.

Women partners of the men starting the group are also regularly met by the psychotherapy clinic worker. They are interviewed in a semi-structured interview about the violence they have met with. They fill in an Abusive and Controlling Behaviour Inventory (ACBI) (Davies, Holmes, Lundy & Urquhart,

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[1]   This description is based on an earlier published version by Holma, Partanen, Wahlström, Laitila, and Seikkula 2006.

1995) and are informed of the purposes and methods of the men's group intervention. This is to minimize the risk of the man's misuse of the intervention and to get information about the men's violence before the treatment and feedback about men's behavior at home between the group sessions. Follow-up interviews over two years are arranged for both the male clients and their partners.

The group sessions are conducted by two therapists who are trained mental health professionals. The group size has varied from three to seven male participants. Therapists have been working as male-male pairs and in five groups also as female-male pairs.

2.1 Selection of the male clients to the group treatment

Usually the male clients are referred to the Mobile crisis centre by a network participant (for example, police, social, and health care authorities), or a crisis worker contacts the man after a woman has searched for help from Mobile. Nowadays, more and more men also themselves contact Mobile. The ground rule is that men are never contacted without permission of the woman and careful evaluation of the issue of security for the women and children.

The treatment of male perpetrators begins with an immediate intervention and individual sessions in Mobile with one of the male workers, and usually it lasts from one to six months. The individual treatment phase is aimed at defining and describing violent acts in detail, finding ways of avoiding abusive behavior, and taking responsibility for the violence. Entering group treatment is possible only after the individual treatment sessions and after the interview at the Psychotherapy Clinic. The group leaders select candidates for the group and selection is based on individual semi-structured interviews. Most of the men do not come to the interview after individual sessions.

The purpose of the interview is to evaluate the man's motivation and desire for change, and to collect detailed information about clients, their partners, family and violent behavior. To ensure the group process it requires that the client sees his violent behavior as controversial and unjustified action. If the client gives inappropriate explanations for his violent behavior, it is recommended that he go on with the individual counseling. Other limiting factors for attending the group are severe mental or abuse problems. These are evaluated by clinically experienced group leaders in the interview situation. The client also has to sign a non-violence contract and commitment to fifteen (15) group therapy sessions. The contract also includes removing all kinds of weapons from the home.

2.2 Main principles of the Finnish Alternative to Violence program

The principles of the program are neutral in respect to different interpretational frames of the causes of intimate violence. The principles have been developed in the course of working with the perpetrators and victims. As has been stated previously, the Norwegian model (Raakil, 2002) has influenced the development of the program, as has co-operation with other experts in the field both abroad and in Finland. The group leaders have a background in family therapy training. The treatment model is not committed to any traditional mode of psychotherapy but has features both from psycho-educational and pro-feminist models. The constructionist-narrative approach (i.e. Morgan, 2004) in therapy has had an impact in focusing on the sense of agency, narrated identity and socially constructed and shared stories. The group sessions are not structured thematically, but the basic aim is to focus on violence and the responsibility of the client.

2.2.1 Focus on talking

The therapeutic work is based on the notion that speaking and acting are not separate phenomena. What often happens is that when something is discussed, a new option might be created enabling action after the discussion. The main principle followed in the group is that the leaders actively encourage the participants to describe their feelings and thoughts, and try to find words for the experiences that the men have gone through. The group leaders aim at using the same kind of language and metaphors as the participants use. The group leaders also stress certain words and descriptions with a view to intensify and exaggerate the questionable incidents. It is done in order to find words for experiences and descriptions for difficult feelings which the men may be afraid of or horrified by, or do not want to connect themselves with. An example of this is feelings of omnipotence and pleasure in the use of violence.

2.2.2 Focus on security

There is always a risk that violence continues, increases, or even gives the man a false sense of security during the program. That is why the safety and security of women and children must be the primary issues in all intimate violence programs. It means that women and children must be identified also as clients. Therapists must gather information about the women and the children, their situation, violence against children etc. All the participants are informed that the threat of violence surpasses confidentiality. According to the criminal law in Finland there is an obligation to report a threat of violence to the police and to the object of the threat. Similarly according to the child protection laws there is an obligation to make a report to child care officials when the development of a

child is known to be in danger. Despite the agreement on non-violence, the group prepares itself beforehand for dealing with possible acts of violence during the group treatment. In the intervention model it is regarded as important that the man continues to attend the group even if he acts violently during the period. This arrangement also confirms that one should not forget that there is the possibility of relapsing in the future and opens up the possibility of seeing oneself as potentially violent throughout one's life.

2.2.3 Focus on violence

The principle of focusing on violent behavior is adhered to throughout the program. The use of violence is reviewed in very detail: what the client did, whom he hit, where and with what, how it felt physically and mentally, what the consequences were (or could have been) etc. It is also important to talk about different kinds of violence in addition to physical (psychological, sexual, economic etc.) with the aim of extending the conception of what constitutes an act of violence. During the sessions the Abusive and Controlling Behaviour Inventory (ACBI) (Davies, Holmes, Lundy & Urquhart, 1995) is used to recognize different forms of violence. The rating scale helps to concretize different modes of violence. Also the female partners fill the ACBI -inventory in their interviews, and they are asked to show in the inventory the way that they consider their partner should answer about his violence. It seems that the real extent of violence usually comes as a surprise, both to the women and the men. As mentioned earlier, the group sessions are not structured and any topic may be discussed in the group. However, the basic principle is that all the topics that are discussed are related to violent behavior.

2.2.4 Focus on choices

Often the men try to find justifications for their use of violence, and one of the dangers is the creation of a victim-blaming atmosphere. The basic principle is that the clients are always kept responsible for the violence. Violence means dominating others through the use of various violence acts or threats of it; it is not seen as a sign of disease or, for example, a way of showing feelings. One salient way of showing men's responsibility for their actions is to focus on choices, and this is done, for example, by concentrating on the last minutes before the violent act occurred in a very detail manner. Analyzing the situation often brings out the multitude of choices that were in fact available. The possibility to see one's behavior as a series of choices makes it possible to find alternative ways of behaving. Close examination of a client's behavior often reveals it to have been under his control in many ways with the violent behavior as the result of having elected at the time to make various choices. There is also the aim of finding other incidents with a high risk of violence attached to them but when violence was in fact avoided. Analyzing these situations moment by moment helps the perpetrator realize in what ways it was possible to act differently and to make non-violent choices.

This work requires group leaders to be able to find and point out even the slightest achievements and to express appreciation of even minor details. At the same time it requires that the making of choices and responsibility is emphasized, so that by pointing out achievements also support is being given to the belief that violence is intentional and does not happen accidentally. Concentrating on choices signifies also that violence makes sense to the offender and provides some benefit to men. From this standpoint it may be dangerous only to educate men to be non-violent if they feel they are losing their sense of agency: practical coping strategies need to be found at the same time. The danger may be that they get depressed or even more violent, and less controlled. The minimum goal is to offer at least one alternative way of acting, and this method is called 'time-out'. Its objective is to create a space to invent new tactics and to analyze thoughts in order to achieve a more constructive outcome. It means that the client is advised to leave a situation where a man knows based on his earlier experiences that he is at risk of using violence. It is important to discuss the meaning of time-out beforehand in the group, since it has been noticed that for some men 'walking away from the situation' is regarded as cowardice or timidity. The counselor can explain how this method is useful in his relationship with his partner and for his own self-protection. It is also important to discuss the positive effects that behavior changes have on the client's family and its constituent members, his environment and himself. Sometimes other people's reactions are not only positive, and in such a case the client needs the support of the group to continue to attend the intervention.

2.2.5 Focus on feelings of guilt

At the same time as the violence makes sense to the offender, it does nonetheless break the social norm 'do-not-hit-a-woman'. In many cases it therefore provokes feelings of guilt and the need for explanations. The intolerability of guilt often leads to explanations in which the responsibility is given up, and there are obviously various explanations, for example, alcohol. The act of discussing violence brings forth new memories of violent behavior and unpleasant feelings of guilt. It might be speculated that detailed recollection of the violent incidents provokes guilt, but at the same time, the guilt possibly becomes tolerable by being more openly expressed. The basic idea is to process the feelings of guilt at the same time as the acts of violence are analyzed. We see this process of making the guilt more visible and tolerable as facilitating the men to take responsibility for their actions. One useful aspect of group work is that the men have to deal with their violent behavior and guilt every week in the sessions when recounting their violent acts.

2.2.6 Masculine identity

Masculine identity is also seen as a relevant topic by the group leaders: how is the client seen as a man by women, friends, children and work mates. It appears that domestic violence is often connected to strong expectations about different

roles, and many expectations are marked by stereotyping, inflexibility, and limited roles. Comparing experiences and diversification of images might lead to a better understanding of meanings connected with them. Also the way the man sees himself when he acts violently is of great importance: his feelings of responsibility for violence will develop, and this might change the way the man sees himself. It is often very difficult for a person to incorporate violence as a part of the picture of himself, and related to the fact that many of these men have difficulty enduring feelings of weakness and helplessness. Experience from the work with the groups shows, for example, how being ill and being taken care of is a difficult and annoying situation. Dealing with one's own weakness and confronting it has sometimes been successful in the group with the help of distant experiences and metaphors, such as violent childhood experiences. Group discussions about being weak or helpless, or feeling empathy, are connected to the aim of constructing a new kind of masculine identity. It is based on the idea of a socially constructed identity through discursive practices. The group treatment might enable a new arena offering a social context for discussions and negotiations of manhood and selves.

2.2.7 Group context

The group treatment mode is seen important because it offers a social context for a new kind of discussion of manhood and selves. One of the benefits of group work is that sharing explanations and listening to those of others help understand the issue. The clients have to contrast their own explanations with those of the other participants. Change in the understanding of one's own behavior is often apparent also to other participants. Sharing experiences and listening to others are the main factors, which help the clients. The group leaders need to be sensitive towards the clients as individuals, since the men's ability to analyze is extremely varied.

3   METHODOLOGY

3.1 The discursive viewpoint

In this thesis interaction and therapeutic conversations are approached from the discursive perspective (Potter, 1996; 2003; Potter & Wetherell, 1987), and it applies the theory and methods of discourse analysis and partly conversation analysis targeting to details of interaction, text and talk. Discourse analysis is a rather new approach in the fields of psychology and interaction research, but there is a growing body of interaction studies, which are interested in counseling and psychotherapy as conversation (e.g. Antaki, Leudar & Barnes, 2005; Gale, 1991; Kurri, 2005; Kurri & Wahlström, 2001; 2003; 2007; Peräkylä, 2004; Silverman, 1997; Vehviläinen, 2003; Wahlström, 1992). This thesis brings the tradition of discursive therapeutic process studies into the field of intimate violence.

Discourse and discourse analysis take a variety of meanings in the social sciences. Discourse is looked upon here as action-oriented, situated and constructed (Potter, 2004), rather than from the foucauldian understanding of discourse as expressing existing power-knowledge relations. Action-orientation means that the concept of discourse is treated close to the conversation analytic tradition; it is put together in interaction to perform actions. Secondly, discourse is situated; meaning that interaction is taking place in certain settings and making the context highly relevant. Thirdly, variation in discourse is constructed through choices of words, metaphorical expressions, grammatical structures, and rhetorical devices, and is connected to the construction of meaning systems and multiple versions of realities. This thesis looks at discourse both as interaction and construction of meanings.

The discursive research on intimate violence makes the connection between speech and action, and hence violent acts are related to cultural presentations of violence. The discourses of violence become in the focal point in the constructions of society, acts and identities (O'Connor, 1995). It is assumed that the language used in social interaction and communication can be

chosen, and it can be used to accept or condemn violence, or both. Violence is understood as being historically, socially and culturally constructed and as shaping the personal circumstances and possible future courses of action available to women and men, and also to institutions in relation to violence (Hearn, 1998).

A focal starting point in this thesis is that intimate violence can be approached from the viewpoint of culturally constructed identity work (Gergen, 1985; 1994). My thinking originates from an idea that the production of identity is not an individual's spontaneous and free process (Edley & Wetherell, 1997), but identities are constructed in various mundane multiform conversations (McKinley & Dunnet, 1998). The modes of speaking in society and institutional structures define the ways within which identities can be constructed. Social structures are coercive to such an extent that to be acceptable a person must operate within their terms (Davies & Harré, 1990). An individual and individuality emerge through the processes of social interaction and are constituted and reconstituted through various discursive practices in which they engage. Identity is here understood as a discursive achievement, in contrast to realist oriented, modern psychological formulations of identity.

In therapy meetings participants describe actual/imagined events, articulating subjective experiences and feelings and reflecting and interpreting actions and experiences (Angus & Hardtke, 1994). This enables different varieties of told life stories and identity narrations to emerge. Individuals make a strong attempt to structure their experiences to consistent story form (Wahlström, 1992). Thus the core of therapeutic work can be seen to be a change in transformation in personal meaning-making. As the use of words is the tool in re-structuring personal meanings and narratives affording change, the facilitating of discursive practices becomes the essence of therapeutic interventions.

Individuals experience a disturbed sense of agency when they are in a conflictual position in their own social territory and when their actions are not in accord with their surrounding or their own expectations or understanding (Wahlström, 2006). The use of violence obviously situates a client in a conflictual position, since the use of violence is not in accord with acceptable expectations of the society, and usually not even of themselves. This can be understood as a problem of agency presenting profound conflict between an act and a context. This is especially so in the context of close relationships where the act of violence is directed towards an emotionally significant other. This thesis looks at how group meetings for intimately violent men provide an arena for negotiating and re-structuring conflicted accounts and self-presentations.

3.2 Data

The data used in the study comprises of videotaped group therapy sessions, which were transcribed to text files. The transcription symbols employed were derived from the system developed by Gail Jefferson (2004). The total data corpus of the study consists of ten (10) treatment groups and seven (7) follow-up sessions, i.e. all in all 157 sessions. Each group treatment program includes fifteen (15) weekly sessions of one-and-half hours' duration and one follow-up session (also one-and-half hours' duration) held one year after the completion of the group intervention. The groups utilized in this study were from the years 1996 - 2000 and they were all closed groups. Eight groups had two male therapists, but in the last two groups (fall and spring 2000) the other therapist was female. I was the female therapist in four groups from the spring of 2000 until the fall of 2001.

3.3 Participants

In the years 1996 - 2000 all together fifty-three (53) men started in ten (10) studied groups. Of these six (6) men dropped out at the beginning of the group (having 1-3 sessions and dropping out before the fourth session). Six (6) men stopped the group in the middle of the process. All in all there was twelve (12) who dropped out. Out of fifty-three group starters forty-one (41) clients completed the group treatment.

Due to some inaccuracies in the registration, especially in the early state of the project, the demographic variables of the participants cannot be exactly presented here. Information forms lack systematic information about the group participants concerning their age, relationship, and social status and so on. What can be said about the clients is that the group participants were very heterogeneous in their age and social status. The range of age variation among the clients went from nineteen up to the age of retirement. All of the men had or had had an intimate relationship with a woman and they were dating, cohabiting, or married. The relationships varied from ones of only a few months' duration to long-lasting commitments. The clients' social status was also heterogeneous, varying from blue-collar to white-collar (academic) jobs. Some of the men had been violent for the first time, some of them had been violent also in previous relationships. Some of the men had been sentenced for the use of violence, some of them had juridical process in progress during the group treatment, but all of the men participated in voluntarily in the group.

Jyväskylä is a medium-size city in the middle of Finland, its' population being about 90 000 thousands inhabitants. All the male clients come from Jyväskylä city or nearby districts. As mentioned before, usually the male clients are referred to the Mobile crisis centre by network participants, or the men are

contacted by a crisis worker after a woman has searched for help from the Mobile. A few of the men had contacted the Mobile crisis centre themselves. However, group participation was possible only after a phase working individually in Mobile. In general it can be said that the male clients represent ordinary Finnish men.

Written permission for recording was obtained from all participants in the group. All documents are kept as case records in the Psychotherapy Research and Training Centre. All members of the research team are committed to complete confidentiality regarding the clients as well as the issues discussed in the groups. Pseudonyms are used in all transcriptions and in excerpts from written and/or published articles (manuscripts, presentations and lectures).

3.4 Analysis

In the beginning I started the analysis by watching all the videotaped therapy sessions, and during this preliminary viewing I also made rough summaries about themes that were present in the group conversations. The process of watching all the sessions was time-consuming, but it helped me to get an overall picture of the massive amount of data. This was a necessary process in navigating through and finding out the relevant central viewpoints of the research. The simple question at this point was: what was happening and what was talked about in the sessions.

During the time that I was watching the videos I kept a diary and made various notes on the data. In the diary I also recorded the emotions that the topic of violence aroused in me and wrote them out with the intention of trying to achieve some kind of neutrality towards the data. As a woman researching men who had been violent in their intimate relationships it was not a simple task to watch the sessions and read the text and not get angry, frustrated or annoyed. Keeping the diary helped to deal with these feelings. During the process I was also one of the therapists in four treatment groups, and this personal contact with male clients and supervision helped me to get in touch with my own negative feelings, but it also helped me to see male clients from the position of client in need of help. One significant function in writing a diary was that I also tried to get rid of modernistic psychological thinking to adopt a discourse-analytic orientation towards the data and the research.

During the research process some general impression of the data started to take some form, and it made it easier for me to approach the data and see what would it be possible to do with it. First the research question was a loosely defined idea how to look at the data, during the process the research question tightened up. As the data was so ample, I had to get it into a more manageable size. It meant that I had to reduce the data to smaller and more appropriate sections for analysis. In each article this was done using the same procedure. Various possible research questions had come to mind when dealing with data,

and for each article one of many possible questions was chosen. The reported research articles in this thesis deal with questions concerning the construction of clienthood, intervention strategies and the production of successful end results in the treatment groups.

As the interest in discourse analysis is in the language used rather than in the language users, the units of analysis were texts, or parts of texts, rather than the participants themselves. The aim was to identify types of text that were likely to contain instances of discourses that I was interested in. The segments relevant to a particular topic or concern were then pulled together in a single file. After this it was possible to do more concentrated reading of the text. This process of distillation was repeated over and over again during the study until the most representative text extracts related to the phenomenon under study were at hand. The final detailed analysis was made on the conversation extracts by looking at turn-by-turn sequential interaction. During the analysis process I repeatedly presented text extracts at various data sessions in research seminars. This was a valuable resource in validating analysis.

3.5   Some analytical key concepts

This thesis includes reports on three articles, where some key discourse analytical concepts and terms in particular have been used. First and foremost, it should be noted that in this study psychotherapy is understood as a complex situation of interaction, and the use of words are the interventional tools of treatment. The focus is on analyzing discursive action between the participants in the multi-person conversational format of group therapy sessions.

In the first article a focal analytical concept used is positioning. Wood and Kroger (2000) define positioning as referring to selves as multiple and shifting in contrast to the conventional views of trait, role, and humanist theories of the self as a unitary entity. Positions constitute speakers and hearers in particular ways through discursive practices, and these practices are at the same time resources through which new positions are negotiated. In the course of interaction various descriptions and categorizations are used, and with these discursive constructions individuals create for themselves and others positions where different rights and obligations etc. are given. For example, when the clients positioned themselves as victims in the treatment groups a very different clienthood was being constructed for them than the one afforded by the therapists' positioning of them as intentional agents.

Accountability is used in the second article as a central viewpoint. Accountability is defined as a general expectation that speakers present themselves and their actions as rational, coherent, and responsible (Edwards & Potter, 1993). Individuals design their talk and actions with regard to them being recognizable, describable and normative. Accounting work constitutes also identity work, and accounting for one's actions is a significant element in

the production of selves (Davies & Harré, 1990). Accounting for socially non-acceptable acts becomes particularly complicated for the presentation of self. Loss of self-control as an excuse was shown to be a fundamental constituent of the accounting work regarding the speaker's violent behavior in close relationships.

The concept of agency is a central notion, which runs through all the studies and the treatment program itself. Agency is here understood as the speaker's discursive presentation of him/herself in relationship to his/her actions (Harré, 1995), e.g. owning or disowning them or taking or not taking responsibility for them. Agency includes the notion of responsibility, and responsibility for one's actions is both taken and assigned. A disturbed sense of agency can be seen as a position of a person where his/her doings are not in accord with expectations or understandings as expressed by members of the relevant speech community (Wahlström, 2006). The act-context relationship is somehow confused or conflicted, resulting in anomalies of meaning. The aim of psychotherapeutic work is, through conversational negotiating of meanings, to resolve such anomalies and make it possible for the client to regain a sense of agency and authority in his/her life.

One of the concepts used in the third article is fact construction. It concerns the way versions of reality are constructed and made (to seem) objective or, vice versa, the factuality is undermined, distorted or interested (Potter, 2004). The concept of factualization was used in the third article as a way of showing how various discursive strategies were used to construct and consolidate reports on change as indications of preferred outcome, and successful change into a non-violent life-style.

Bringing about change is the purpose of therapeutic work, and from the discursive and social constructionist approach transformation in personal meaning-making is the core of therapeutic change. Narrative is seen as a basic metaphor in constructing and processing knowledge, and various interpersonal conversational formats can be understood as therapeutically productive in re-structuring problematic personal and collective narratives (Wahlström, 2006). The use of intimate violence can be seen as a conflicted position and problematic narration for the clients in the context of their social affairs and wider social matrix. The basic aim of therapeutic interaction is to re-negotiate possible new non-violent positions and meanings through the act of narration.

4 SUMMARIES OF THE ORIGINAL ARTICLES

Article 1

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 and T. Pösö (Eds.) Constructing clienthood in social work and human services. Interaction, identities and practices. London and New York: Jessica Kingsley Publishers, 129-144.

The first article asked how the male clients, who had used violence against their female partners, and the therapists negotiated and constructed clienthood in the context of group therapy conversations. It looked at the question of 'good clienthood': what kinds of qualities is the client asked to fit into within the certain institutional frame, and how is the institutional task constructed through the 'negotiations' of preferred and non-preferred client characteristics? It also viewed the professionals' fulfillment of their institutional tasks as therapists in the group therapy setting. One of the main findings was a strong inclination among the male participants to position themselves as victims. They constructed their victim position by appealing to various kinds of victimising circumstances, the strongest possible construction tended to be a victim of one's own childhood (violence). In the context of therapy especially a childhood trauma becomes a credible way of accounting for non-acceptable behavior. It appeared that victim positioning had significant consequences for the course of the treatment process, and we addressed the difficulties and conflicts arising out of therapeutic interactions. It is an efficient way to avoid active agency and responsibility for one's violent deeds. Therapists offered themselves as performing a different institutional task than that called for by a 'traditional' psychological point of view. Negotiating a victim position was actually negotiating responsibility and agency: how to encourage the male participants to take responsibility for their violent deeds and, at the same time, to offer empathy to them in regards to their individual painful experiences. The challenge for the therapists was to manage a co-ordinated use of the psychological and moral discourses.

Article 2

Partanen, T., Wahlström, J., & Holma, J. 2006. Loss of self-control as excuse in group- therapy conversations for intimately violent men. Communication & Medicine, 3 (2), 171-183.

The second article dealt with problematic accounts of loss of self-control. They were seen as excuse talk used to account for the behavior of the self in past violent episodes, and they allowed the speaker to admit the reprehensible character of his behavior, while denying full responsibility for it. The excuse talk also permitted the speaker to be portrayed as a responsible person in the present conversational context, and as mindful of the impression his participation had on other interlocutors. These representations of the present self as a responsible person accounting for the irresponsible and uncontrolled behavior of the past self gave those presentations the appearance of inconsistency. The clients alienated themselves from an active agency concerning the use of violence, but at the same time constructed themselves as competent agents and able to control themselves in general (and in other situations). The therapists used these clients' various constructions concerning self-control in therapeutic negotiations to point out inconsistencies in the clients' telling: loss of self-control in past violent events contrasting with the present constructions of oneself as someone who can control himself in every other situation. The expectation of accountability was one of the key concepts in the study. The significant difference in specialized violence work compared to more traditional psychotherapeutic approaches is that the client is treated as a competent social actor who is aware of the morally reprehensible character of his acts. Because of this the use of violence is seen not as resulting from psychological deficiency, but as deliberately chosen use of power, thereby making it possible to treat clients from the positions of active agency and autonomy.

Article 3

Partanen, T., Wahlström, J. & Holma, J. (submitted) Negotiating successful outcome in follow-up meeting conversations for intimately violent men.

The third article studied how reports of change were constructed and used in follow-up meetings to consolidate the preferred outcome. The data included seven follow-up meetings of group treatment programs for intimately violent men. The follow-ups were kept a year after the completion of the treatment program. The article focused on studying production of change narratives: what was counted as indicators of successful change. Criteria for change were mutually produced by participants, and the context of the reporting situation was seen as significant. The treatment agenda included challenging problematic or violent narrations, aiming at an increase in a sense of agency and

responsibility, as the use of violence was seen as a position of limited agency. Various discursive strategies were used to construct accounts, descriptions, and success stories of change. The interest here lied in how the attribution of success was actually performed.

The main feature of follow-up conversations was that they were designed to present the reported change as an indication of a successful transfer. Another salient feature of the conversations was how the participants' moral competence as social actors was accentuated, both as agents in reported events and in the current reporting of the events. The changed narrations were jointly contributed to by both, the therapists and the clients, and were supported by certain procedures, arrangements and discursive strategies in the follow-ups. Results showed how conversational space was made by certain procedures so that it promoted the telling of success stories. The open-ended question format and the ignoring of problematic narrations were shown to be the ways of opening up a space for successful change narrations to occur in. Five different discursive means of constructing success were also presented in detail. These included the use of temporal differences, personalizing of the problem, reformulation of failure stories, and using absentees and outsiders as reference groups.

The article aimed at extending comprehension of how different therapeutic modalities require specific intervention practices. Compared to therapeutic discourse in other settings, negotiation of accountability and responsibility in this kind of treatment program is clearly accentuated, even if the basic task of providing personal agency is the same in other settings. This obviously is due to the nature of the topic, intimate violence.

5   DISCUSSION

5.1 Main findings

This thesis looked at some salient features of the communicative practices in group therapy conversations between the intimately violent male clients and the therapists. The questions posed dealt with intervention strategies used by the therapists in the group setting and the male clients' discursive strategies in accounting for their use of violence. It also depicted one group treatment mode in the area of violence work in Finland, in the city of Jyväskylä.

Examining in detail therapeutic interaction showed how work in this field of violence seems to require specific intervention practices compared to more traditional therapeutic settings. Various discursive strategies that are specific for the work on violence were found and presented. The main function of these strategies is to make clients take responsibility for their problematic behavior, and further, if possible, to pinpoint an intentional nature in their actions. The aim of specific intervention strategies is to enhance clients' agency by pointing out the clients' ability to choose their way of acting moment by moment. What is also central is the neutrality of the strategies, the attempt to avoid attributing guilt, and the avoidance of excessive confrontation. Besides these specialized tools of interaction, the therapists also used more traditional therapeutic intervention strategies, and managing the balance between the two became the challenge for the work on violence.

In the first article it was asked how the male clients, who have used violence against their female partners, negotiate with the therapists and construct clienthood in the context of group therapy conversations. One of the main findings was a strong inclination among the male participants to position themselves as victims, even if their participation was voluntary. It appeared that victim positioning had significant consequences for the course of the treatment process, and the difficulties and conflicts arising out of therapeutic interactions were addressed. The challenge for the therapists was to manage a coordinated use of the psychological and moral discourses. The second article

dealt with the clients' problematic account of their loss of self-control. It was seen as excuse talk used to account for the behavior of the self in past violent episodes and allowed the speaker to admit the reprehensible character of his behavior while denying full responsibility for it. The therapists used these clients' various constructions concerning self-control in therapeutic negotiations to point out inconsistencies in the clients' telling. This was done by detailed and sophisticated confrontation of the clients. These interventions stress the competence of the client as a social actor aware of the morally reprehensible character of his doings, and the continuity of the clients' behavior across situations. This makes it possible to treat the clients from the position of active agency and autonomy, and even more from the position of intentionality. The third article studied how reports of change were constructed and used in follow-up meetings after the group treatment process in order to consolidate the preferred outcome. The change narrations were jointly contributed to by both the therapists and the clients, and were supported by certain procedures, arrangements and discursive strategies in the follow-up meetings. The results point out how conversational space is created by certain procedures to promote the production of success stories, and thus aims at constructing the good end-result and at the same time a validation of the treatment process as a successful enterprise.

The study also showed how various contexts impact the clients' work on their accounts and their positioning as clients, and also the therapists' positioning. Specialized violence work poses significant dilemmas both for the clients and the therapists. Intimate violence as a cultural, societal and legal topic are significant contexts in which to do such therapeutic work, and similarly, an institutionalized and specialized violence work setting makes an essential context for talking about violence. The changes in the clients' talk could be shown as it occurred locally in the context of the therapeutic intervention. This appears to require violence to be seen as a primary problem, not a symptom of something else, for example, that of a psychological deficiency. The findings of the study reveal a need for specificity in the area of violence work, and more widely complex dimensions of therapeutic work in the treatment of socially sanctioned problems.

5.2 Balancing specialized and traditional therapeutic strategies in violence work

The use of violence in close relationships is socially, culturally, politically and legally condemned in the modern western societies. Institutionalized task and a goal of therapy is to make men stop the use of violence. Intimate violence as a topic becomes thus a significant context for doing therapeutic work, and hence the institutionalized and specialized violence work setting provides an essential context. Institutional talk and institutional interaction always involve certain

goals. The surrounding society and culture strongly affect the working practices of treatment programs. The moral fabric of society becomes visible in therapy work, and moral and psychological discourses intertwine with each other. This study presents how therapists are challenged to move flexibly between two different positions, the psychological and the moral. Empathic psychological understandings and confrontations are used alternately side by side.

Specialized intervention strategies require therapists to actively focus on violence and to pinpoint the clients' personal responsibility for the problematic behavior, and even further its intentionality. These specific conversational strategies offer the clients more active agency and promote the acceptance of their responsibility. When the context of the treatment program clearly specifies intimate violence as not morally accepted, this makes possible a neutral stance in the actual therapeutic work. This neutrality aims at accentuating client's responsibility and agency in the violent situations without attributing guilt. Besides the specialized strategies, more traditional therapeutic strategies were also used in the groups. Other studies have also shown how too confrontational interventions provoke resistance in clients, which may lead to a dead end of therapeutic interaction (Daniels & Murphy, 1997; Murphy & Baxter, 1997). Studies of encounters in various conversational settings emphasize that social actors have a strong inclination to save their own face and other interlocutors´ too (Kurri & Wahlström, 2007). Thus challenge and the usefulness of balancing different therapeutic strategies become a focal task for the therapists.

Therapeutic interaction can also be looked at from the point of view of transparency as an ideal. Transparency means that the goals and working methods in the interventional program are explicitly presented and clearly visible. It promotes the therapeutic work and the negotiation process that it involves. It offers the clients and the therapists the advantage of concentrating on their basic task of therapy work. It orientates the participants in a certain professional context towards fulfilling their 'duties' in a more focused and profound way. Since there are always various, more or less subtle, conversational and discursive options to choose and to follow transparency in therapy work makes various options more visible by defining the problem clearly. This study showed, for example, how the clients' self-positioning as victim brought forth a clear tension between them and the therapists. The explicit definition of the agenda of the therapy groups, stressing personal responsibility, made it possible to manage this dilemma more constructively and effectively. It helped the therapists and the clients to focus on the core of the therapeutic work that, as shown in the thesis, took many folded forms of negotiations.

5.3 Clients' accounting work and positionings

Looking at group interventions for intimately violent men, the study showed how the male clients have to deal with different kinds of interactional challenges compared to the clients in more traditional therapy settings. Being explicitly blamed for widely socially and legally sanctioned behavior in therapy setting puts the clients in challenging positions. The clients' accounting work comes under moral considerations. The clients need to face their membership in the category of socially problematic actors and negotiate this membership through resistance and acceptance.

Resistance of the position of a socially sanctioned person easily leads to accounting work, which is often regarded by professionals as not taking personal responsibility for one's behavior. This problematic accounting work takes the form, for example, of mitigating, rationalizing and, minimizing, but it also can be understood as an essential part of self-defining practices in the process of negotiating oneself as a person in this particular context. Vilifying social definitions of the clients, for example as 'batterers' exert their impact on policy through the rhetoric of blame, legitimizing dismissive and degrading categorizations and constitute a threat to the self image of the clients (Corvo & Johnson, 2003). The use of victim positioning and the use of excuses, such as a loss of self-control, becomes the clients' ways of 'saving one's face'. The mix of complicit and resistant speech is taken into account in therapeutic interaction for the purposes of promoting change in the direction of non-violent behavior and identities.

Therapy groups for intimately violent men form a very special psychological reference- and peer group. The group therapy context offers a new kind of social arena in which participants can engage in a mutual process of self-definition and adopt a more responsible stance. The group has neither ready-made ideals nor explicit public resources for doing work on identity. The male clients themselves have to build up their own (group) identity from the first session on and the material for doing identity work is contradictory and publicly condemned. The clients have first to accept these problematic definitions as a part of their self-presentations in order to be able to distance themselves from earlier assumptions about themselves. Accepting the goal of changing oneself has also to be included in these new self-narrations.

5.4 Change facilitating conversational practices and successful end results

From constructionist, narrative and discursive viewpoints the issue of treatment outcome raises questions such as what is counted as successful change, and what change facilitating discursive practices can be found. The treatment

agenda of the program includes challenging problematic or violent narrations and aims at increasing a sense of active agency and responsibility. This becomes an indication of successful outcome. Then the therapists' aim is helping the clients to restructure their problematic narratives to successful ones.

The discursive production of change seems to be possible, firstly, only if the client himself is actively in the collaborative process of negotiation and agrees to produce enough personal narrative material to explore and to remold. Secondly, to produce progressive change narrative including an active sense of agency, the use of therapeutic discursive practices must stress the evolving process of reality construction. For example, the use of temporal difference, personalizing the problem and reformulating a failure story represent the client's problem as an existing part of his identity and life narrative, solvable, or already solved.

Group therapy as a multi-person setting provides also a possibility to use the group context as a public forum and the audience as a social validation for one's re-negotiated narratives and, non-violent identity. The discursive use of the position of absentees and an outsider view give a social validation confirming therapeutic change. Producing and facilitating change is a complex therapeutic task, and to give evidence to it even more so. The data of this thesis shows how the local changes in the clients' speech to a more agentive mode of speaking take place in the course of conversations.

5.5 Gender-specificity

It has been argued that intimate violence is often connected to strong expectations about different gender roles, especially stereotyping, inflexibility and limited roles (Holma, Partanen, Wahlström, Laitila & Seikkula 2006). One starting-point of the treatment and the study was gender-specificity of intimate violence. Masculine identity was seen as a relevant topic: how the male clients are seen as men by women, friends, children and work mates, and by the man himself. Surprisingly from this gender-specific point of view the male clients' talk in the data did not specifically bring forth masculinity as a focal point in the construction of intimate violence. The male clients do not connect the use of violence to masculinity. On the contrary, the clients appear to use very gender-neutral cultural repertoires. They do not offer, at least not explicitly, their masculinity, 'being a man', as a significant viewpoint in accounting for their violent behavior, or in the construction of identities. This is an interesting finding taking into account a considerable number of theoretical speculations that stress (the construction of) masculinity as a salient feature in intimate violence (Dobash, Dobash, Cavanagh & Lewis, 2000; Hearn, 1998). Obviously, this observation does not lessen or explain away these theories, but in our study the data shows that the men themselves rarely see their gender as somehow problematic, or as a focal element in the use of violence. Certainly the treatment

group comprises solely males, and thus the male gender is already strongly present, and one possible reason for using gender-free repertoires and resources of explanations might be to avoid attributing guilt and shame. Or it may simply be that gender is not seen as important. Gender-neutrality may also be connected to the definition of the group as a therapeutic treatment program, without gendered themes of traumatization and other psychological theorizing.

Although the connection between masculinity and violence is a part of the treatment agenda and the group leaders bring forth the idea of being a man as a problem in violence, the male clients rarely see this as an important topic of discussion. This poses an interesting dilemma: should masculinity as a topic be actively referred to, and if so, how could this be done, if it is not in fact present at all in the male clients' accounts? The question of relevance of gender as a topic in the men's group brings us to ask who has the power to define topics under discussion, and, furthermore, if the program agenda gives preformed definitions of the relevant topics, does it leave space for the client to offer his own personally meaningful constructions?

5.6 Evaluation of the study and suggestions for future directions

In this thesis the approach of discourse analysis was used to study interaction in the group therapy sessions for intimately violent men. Examining sequential turn-by-turn interaction this closely is a useful tool for analysing therapy conversations and describing such processes. The data corpus comprised videotaped and transcribed group sessions. This kind of empirical data on naturally occurring interaction can capture interaction as it occurs in its real-life context, and makes it possible to examine what actually happens in the treatment situation. The researcher is not confined to only examine and draw conclusions based on explicitly or implicitly presumed ideals of therapy manuals.

The used data is rare in its size and specificity, especially in the context of group therapy process and intimate violence studies. One concern in the study is the ample size of the data. Organizing 157 videotaped therapy sessions into a manageable size obviously required justifiable elimination. One can ask whether in the elimination process some essential phenomena were overlooked or missed. On the other hand, through this recursive, cyclical process focal and salient features of the data can be presumed to have shown up. One significant way of supporting the findings of the study is to show the data in detail. Thus confirmation of the findings can be also based on readers' evaluations and coherence with previous studies. Discourse analysis also stresses looking at data from the participants' own perspective and offering their own understanding as a validation of the data and results. In this study it could be shown in detail how the participants' discursive actions, especially intervention strategies, affected the course of conversations and the clients' problematic

constructions. The findings appear to be in accordance with previous studies on intimately violent men and on therapeutic interaction.

Statistics say that only six per cent of Finnish men employing intimate violence have sought help (Heiskanen & Piispa, 1998), and joining anti-violence program involves unusual degrees of motivation (Hearn, 1998). Another question thus concerns the representativeness of the data, as it comprises male clients who have completed the treatment procedure. One can ask whether these men are representatives of the partners that are referred to such programs, but do not complete the process. Significant challenges and problems concern also the translations of extracts from Finnish into English and the accuracy of transcriptions, which both obviously could be improved.

From the ethical viewpoint it can be noted that intimate violence as a discursive research topic poses certain questions. Violence is simultaneously material and discursive, painful and textual, which may obscure the material facts and effects of violence (Hearn, 1998). Is it even questionable to study discursively such material and physical sufferings as intimate violence? Is the attempt to understand violent actors´ constructions somehow subscribing acceptance of the violence? In my view understanding the phenomena and accepting it are separate. When one, as a researcher, is dealing with such a delicate and problematic issue as intimate violence one must also be sensitive of the fact that there are individuals actually bodily and emotionally suffering violence.

This study looked at the data at the group level, and mainly viewed interaction between the clients and the therapists. The activities of individual agents were looked upon as they acted as participants in particular conversational situations. Interesting starting points for further research would be the interaction between the clients as a subgroup, and between the therapists as a working pair, and between these parties as representing different institutional positions. It would be worthwhile to study, for example, how the clients influence each other in the group setting both when contributing to the maintenance of problematic positions and meaning-makings, and to the deconstruction of these. Besides this, a more intensive investigation of the therapists' acts and their co-operation would further help to understand, for example, how therapists manage such problematic situations where there seems to be a therapeutic dead-end. The data would also make possible to study whether different working pairs, male-male and female-male, influence conversational climate and realities in the group. In addition to these, detecting various non-verbal communication manners and the use of humour and laughter, could bring forth focal conversational elements in group therapeutic work. This thesis did not look at interaction at an individual clients' level. Specific research at the individual level could reveal interesting and useful aspects on the client's discursive engagement in the treatment process. It might give us some clues what works and how with different individuals, and how therapeutic change process is worked through by an individual client.

Most studies of treatment programs for intimately violent men have assessed the programs using control and treatment groups, within research design more or less conforming to the ideal of randomized and controlled clinical trials. These studies have, however, many limitations, for example, small sample sizes, non-equivalent comparison groups, and a lack of follow-up periods (Babcock, Green & Robie, 2004; Gondolf, 2002; Hamberger & Hastings, 1993; Rosenfeld, 1992; Silvergleid & Mankowski, 2006). Usually they have relied on the clients' self-reports. Developing research on both effectiveness and processes of therapeutic interventions in naturalistic research designs would benefit the development of treatment programs. It would also be interesting to compare therapeutic interaction in various group treatment programs. Another question worthy of note is how the design and the use of therapeutic interventions vary in groups and an individual treatment context.

This thesis described and analyzed the interaction in one Finnish anti-violence group program. The question, how the findings compare to, and to what extent they can be generalized to other formats of anti-violence group programs, stays open. Despite of the detailed descriptions of therapeutic interventions given in this study, one cannot state whether these are necessary constituents of therapeutic violence work, or whether similar results could be achieved with other kinds of intervention strategies. The aim of this thesis was to show the actual interaction and interventional practices that the participants in this particular institutionalized setting created together in their quest to achieve something useful in their lives.

YHTEENVETO

Tässä tutkimuksessa tarkastellaan lähisuhdeväkivaltaan syyllistyneiden miesten ryhmämuotoisessa keskusteluhoidossa tapahtuvaa vuorovaikutusta. Ryhmäterapia perustuu norjalaiseen hoitomalliin, jota on sovellettu, kehitetty ja tutkittu Jyväskylän yliopiston psykologian laitoksen Psykoterapian opetus- ja tutkimusklinikalla vuodesta 1995 lähtien. Väitöstutkimus koostuu kolmesta alkuperäisartikkelista sekä näitä kokoavasta yhteenvetoartikkelista. Väitöstyö sijoittuu terapiatutkimuksen alueella prosessitutkimuksen piiriin, menetelmällisesti pääosin diskurssianalyyttiselle ja osittain myös keskusteluanalyyttiselle tutkimustraditiolle. Tutkimuksen aineiston muodostaa 157 videoidun ja tekstiksi litteroidun terapiaistuntojen kokonaisuus. Tutkimuksen keskeinen tavoite on paljastaa lähisuhdeväkivaltaa käyttäneiden miesten väkivaltaa selittäviä, oikeuttavia, ylläpitäviä ja puolustelevia puhetapoja, sekä tarkastella niitä terapeuttisia interventioita, joita ryhmää vetävät terapeutit käyttävät ongelmallisten puhetapojen purkamisessa. Terapiaryhmän jäsenten väliset neuvottelut tulevat siten keskeiseksi tutkimuksen kohteeksi.

Ryhmähoito on vapaaehtoisuuteen perustuva ja muodostuu 15 viikoittaisesta 1,5 tunnin terapiaistunnosta. Ryhmässä on kaksi koulutettua vetäjää ja asiakkaita ryhmissä on ollut 3-8 miestä. Kaikki asiakkaat ovat käyneet ennen ryhmään tulemistaan yksilöterapeuttisilla keskustelukäynneillä kriisikeskus Mobilessa, jonka jälkeen heidän on ollut mahdollista aloittaa ryhmämuotoinen hoito. Ennen ryhmän aloittamista osallistujat käyvät myös kahdenkeskisissä arviointihaastatteluissa, joissa pyritään kartoittamaan osallistujien motivaatio ja mahdollisuus osallistua ryhmätyöskentelyyn. Arviointihaastatteluissa kerrotaan ryhmän toimintaperiaatteista. Suurin osa haastatelluista miehistä aloittaa ryhmähoidon. Osallistujat allekirjoittavat sopimuksen, jossa he sitoutuvat 15 ryhmäkäyntiin sekä väkivallattomuuteen. Ryhmäterapeuttisen keskusteluhoidon ensisijainen tavoite on asiakkaiden väkivallan käytön lopettaminen. Pyrkimyksenä on auttaa asiakkaita näkemään itsensä valintoja tekevinä ja vastuullisina toimijoina, sekä löytämään vaihto-ehtoisia toimintatapoja väkivallan käytön sijaan.

Ensimmäisessä tutkimusartikkelissa käsitellään ryhmään osallistuvien miesten tuottamaa uhripuhetta, jossa he sijoittavat itsensä uhrin eivätkä tekijän asemaan suhteessa väkivaltaan. Uhripuhetta tuotetaan eri tavoin ja se aiheuttaa jännitteisiä vuorovaikutustilanteita asiakkaiden ja terapeuttien välille, sillä uhripuhe neutraloi ja oikeuttaa väkivaltaan turvautumista. Terapeuttien keskeinen keino kyseenalaistaa uhripuhetta on empaattinen haastaminen, joka näyttää tuottavan tulosta ryhmäkeskusteluita tarkasteltaessa. Työntekijöiltä empaattinen haastaminen vaatii erityistä taitoa liikkua psykologisesti ymmärtävän ja moraalisesti kantaaottavan toimijan roolissa.

Toinen tutkimusartikkeli nostaa esille itsekontrollin yhtenä keskeisenä keskustelullisena teemana. Itsekontrollin menettämisellä miehet usein selittävät omaa väkivaltaista käyttäytymistään, ja se voidaan ymmärtää tehokkaana vas-

tuusta vapauttavana puhetekona, ja siten myös ongelmallisena puhetekona hoidollisesta näkökulmasta. Terapeuttien interventiivisenä strategiana on näissä tilanteissa osoittaa puolestaan väkivallan käyttäjän oman toiminnan kontrolloinnin kyky. Tämä tapahtuu tutkimalla vaihe vaiheelta asiakkaan reagointia ja toimintaa väkivallankäyttötilanteissa. Pyrkimyksenä on osoittaa, että asiakkaat tekevät jatkuvasti valintoja toimiessaan, ja siten asiakkaille voidaan myös osoittaa mahdollisuus toisenlaisiin valintoihin.

Vuosi ryhmäohjelman loppumisesta pidetään seurantakäynti, jonne kaikki ryhmän käyneet miehet kutsutaan. Kolmas tutkimusartikkeli paneutuu selvittämään näiden ryhmäkeskustelullisten tilanteiden vuorovaikutusta, ja erityisesti sitä, kuinka onnistuneen muutoksen rakentaminen nousee keskusteluiden keskiöön. Artikkelissa näytetään kuinka onnistunutta muutosta tuotetaan, miten sitä koskevia kuvauksia rakennetaan, ja kuinka niitä käytetään muutosprosessin lujittamisessa.

Tutkimuksen tulokset osoittavat sen, kuinka lähisuhdeväkivallan hoidossa käytetään erityisiä terapeuttisia strategioita perinteisempien terapeuttisten työtapojen lisäksi. Työssä esitellään sellaisia erityisiä keskustelullisia strategioita, joiden tavoitteena on saada asiakkaat lopettamaan väkivallan käyttönsä ja ottamaan vastuu ongelmallisesta käyttäytymisestään. Tämän lisäksi pyritään osoittamaan asiakkaan vahingollisen toiminnan tavoitteellinen luonne. Erityisten terapeuttisten strategioiden tavoitteena on laajentaa asiakkaan näkemystä kyvystään hallita omaa toimintaansa osoittamalla heidän kykynsä valita hetki hetkeltä toimintatapansa (väkivalta)tilanteissa. Tutkimus osoittaa kuinka näiden erilaisten työtapojen hallitseminen ja niiden välillä tasapainottelu näyttää tulevan erityiseksi haasteeksi työntekijöille väkivaltatyössä.

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