

Eveliina Räsänen

Dialogues in Group Interventions Among Partner-Violent Men

Different Approaches for Different Clients



Eveliina Räsänen

Dialogues in Group Interventions Among Partner-Violent Men

Different Approaches for Different Clients

Esitetään Jyväskylän yliopiston yhteiskuntatieteellisen tiedekunnan suostumuksella
julkisesti tarkastettavaksi yliopiston vanhassa juhlasalissa S212
kesäkuun 17. päivänä 2013 kello 12.

Academic dissertation to be publicly discussed, by permission of
the Faculty of Social Sciences of the University of Jyväskylä,
in building Seminarium, Auditorium S212, on June 17, 2013 at 12 o'clock noon.



UNIVERSITY OF JYVÄSKYLÄ

JYVÄSKYLÄ 2013

Dialogues in Group Interventions Among Partner-Violent Men

Different Approaches for Different Clients

JYVÄSKYLÄ STUDIES IN EDUCATION, PSYCHOLOGY AND SOCIAL RESEARCH 472

Eveliina Räsänen

Dialogues in Group Interventions Among Partner-Violent Men

Different Approaches for Different Clients



UNIVERSITY OF JYVÄSKYLÄ

JYVÄSKYLÄ 2013

Editors

Timo Suutama

Department of Psychology, University of Jyväskylä

Pekka Olsbo, Sini Tuikka

Publishing Unit, University Library of Jyväskylä

Cover picture by Eveliina Räsänen

URN:ISBN:978-951-39-5247-1

ISBN 978-951-39-5247-1 (PDF)

ISBN 978-951-39-5246-4 (nid.)

ISSN 0075-4625

Copyright © 2013, by University of Jyväskylä

Jyväskylä University Printing House, Jyväskylä 2013

ABSTRACT

Räsänen, Eveliina

Dialogues in group interventions among partner-violent men: Different approaches for different clients

Jyväskylä: University of Jyväskylä, 2013, 95 p.

(Jyväskylä Studies in Education, Psychology and Social Research

ISSN 0075-4625; 472)

ISBN 978-951-39-5246-4 (nid.)

ISBN 978-951-39-5247-1 (PDF)

Finnish Summary

Diss.

This thesis examines conversations in group interventions among male clients who have used violence in their intimate relationships. The three studies reported in this research sought to reveal group intervention processes in terms of talk and interaction, the conversational tools used by group counselors, the kinds of interaction characteristics observable in change-promoting conversations, and the problem parts of conversations. The data consisted of videotaped and transcribed group intervention meetings within the Vaihtoehto väkivallalle (Alternative to violence) programs conducted in Jyväskylä. The data were analyzed using the method called Dialogical Investigations.

The studies reported in this thesis suggest the following: (i) group interventions among partner-violent men represent a specific type of intervention that necessitates attention to interactional features; (ii) clients and their processes of change are heterogeneous; hence (iii) clients' processes of change could be advanced by implementing more individual-needs oriented, flexible and unstructured approaches within intervention modalities; (iv) discovering how to use different approaches and tools with different clients constitutes a challenge for both clinicians and researchers. It is hoped that the findings will encourage researchers and practitioners to pay attention to a broad range of process variables (including interactional features, confrontational and empathic approaches, change processes of different kinds, and the formation or otherwise of a working alliance) in group interventions among partner-violent men, and to become involved in developing interventions from this perspective.

Keywords: intimate partner violence, dialogue, partner-violent men's programs, group interventions

Author's address	Eveliina Räsänen Department of Psychology P.B. 35 40014 University of Jyväskylä eveliina.rasanen@jyu.fi
Supervisors	Jaakko Seikkula Department of Psychology University of Jyväskylä Juha Holma Department of Psychology University of Jyväskylä
Reviewers	Professor Arlene Vetere Department of Psychology University of Surrey, England Assistant Professor João Salgado Department of Psychology and Communication Instituto Superior da Maia, Portugal
Opponents	Professor Arlene Vetere Department of Psychology University of Surrey, England

ACKNOWLEDGEMENTS

It would not have been possible to write this thesis without the support of many people around me. Although writing is by its nature a lonely task, conversations, notes, texts and ideas from various contexts and contacts have contributed to this research over the years.

First and foremost I offer my sincerest heartfelt gratitude to my supervisors Jaakko Seikkula and Juha Holma. Without your support, advice and encouragement this thesis would have never been finished, perhaps not even started. In my research on partner-violent clients and the interventions conducted, Juha has offered me invaluable help, and the kind of deep knowledge that would hardly have been available elsewhere in Finland. Jaakko has provided a unique source of knowledge and support with his methodological expertise and understanding of dialogical research. I can say that in large measure, any merits in my research are drawn from these two competencies. I would also like to extend my deepest gratitude to Jarl Wahlström as the third member of the supervising group. Thank you João Salgado and Arlene Vetere for reviewing this research. In addition, the Jyväskylä Psychotherapy Training and Research Centre, and all its members, are entitled to my warmest thanks for their expertise and for encouraging my examination of discursive studies. Thank you also, Donald Adamson, Timo Suutama and Pekka Olsbo, for your support and care in correcting the text.

In my doctoral studies I have encountered many important learning environments and funding sources that have made it possible to write this thesis. My thanks go to the SOVAKO research school for financial support, and to many inspiring members, including Anssi Peräkylä and Kirsi Juhila. The Jyväskylä Family Research School (Perhetutkimuksen tutkijakoulu) deserves my sincere gratitude, including Kimmo Jokinen and Hannele Forsberg among many others. I also want to thank Pirjo Nikander and the research school Ihme for organizing many interesting courses. Thank you Kreetta and Maria for participating in these courses with me and for sharing the complex but exciting world of qualitative studies. In addition to these academic sources of help, I want to thank the people in my current workplace (HUS), my workmates, and especially Pekka Holm, for organizing courses on dialogical work with families.

Lastly, I want to thank my family and my friends. So, thank you mum and dad, my sister Anniina and the larger family around us. Thanks also go to Onni and Uuno the dogs, and to Oskari the cat for offering an endless source of passwords for all the academic servers. Thank you Sisko and Harri for taking me into your family. Thank you all my friends for sharing these years with me. And thank you Mikko for your support and tolerance during all this time-consuming work, including the hours I spent on the computer at our home. I look forward to spending some part of my life in other ways!

Kulho, 12.5. 2013
Eveliina Räsänen

LIST OF ORIGINAL PUBLICATIONS

- I Räsänen, E., Holma, J., & Seikkula, J. (2012). Dialogical views on partner abuser treatment: Balancing confrontation and support. *Journal of Family Violence* 27, 357-368.
- II Räsänen, E., Holma, J., & Seikkula, J. (2012). Constructing healing dialogues in group treatment for men who have used violence against their intimate partners. *Social Work in Mental Health* 10, 127-145.
- II Räsänen, E., Holma, J., & Seikkula, J. (in press). Dialogues in partner abusive clients' group treatment: Conversational tools used by counselors with differently motivated clients. *Violence and Victims*.

CONTENTS

ABSTRACT

ACKNOWLEDGEMENTS

CONTENTS

1	INTRODUCTION	9
1.1	Defining intimate partner violence	11
1.2	Group interventions directed at partner-violent men.....	13
1.3	The intervention programs followed under the Jyväskylä model	15
1.4	Talk and interaction within group interventions among partner-violent men	19
1.5	A dialogical viewpoint on group interventions among partner-violent men	23
1.6	Processes of change in group interventions among partner-violent men	25
1.7	Aims of the research	27
2	METHODOLOGY	29
2.1	Conceptual background.....	29
2.2	The dialogical viewpoint	31
2.3	Data and participants	32
2.4	The analytical process: Main stages and focal points.....	34
2.5	Dialogical Investigations and the Stages of Change analysis	36
3	OVERVIEW OF THE ORIGINAL STUDIES	44
3.1	Study 1.....	44
3.2	Study 2.....	45
3.3	Study 3.....	47
4	DISCUSSION	49
4.1	The main findings.....	49
4.2	Dialogical Investigations of group interventions among partner-violent men	50
4.3	Developing interventional practice and research	55
4.4	Processes of change and conversational approaches	61
4.5	Evaluation of the study and ways ahead	65
4.5.1	Scope and methods of the studies: Some reflections	68
4.5.2	Position statement	70
4.5.3	Future directions	72
	YHTEENVETO.....	74
	REFERENCES.....	76

APPENDICES.....	92
Appendix 1.....	92
Appendix 2.....	93
Appendix 3.....	94
Appendix 4.....	95

1 INTRODUCTION

In interventions among partner-violent clients, the most important questions continue to be how to understand partner violence more fully, and how to intervene more effectively to achieve client change. After decades of research, we still have only limited knowledge on how changes towards a cessation of abusive behavior occur, which factors facilitate change in different individuals, and what is needed to maintain change. In fact, there is no established evidence on any best-practice intervention for this group of clients, and it has been noted that it is extremely difficult to prove the effectiveness of various intervention modalities (Babcock, Green & Robie, 2004; Barner & Carney, 2011). Currently, one of the most popular means of intervening in the problem of intimate partner violence is a form of group-based intervention directed at perpetrators, established in North America in the late 1970s. This thesis presents a series of qualitative studies on a particular modality involving group interventions among partner-violent men. The interventions were conducted in Jyväskylä, Finland.

Up to the present time, most research on group interventions among partner-violent men has focused on evaluating the outcomes of these interventions. In the bulk of this research, studies (experimental or quasi-experimental) have reported problems with theoretical issues – for example how to define a successful intervention – and also with practical issues, such as how to construct randomized comparison groups, what to do with high drop-out rates, and how to measure recidivism (Labriola, Rempel & Davis, 2005). Researchers have been encouraged to continue their attempts to create even more rigorous research settings, using randomized control trials and focusing on the moderators and mediators of change (Eckhardt, Murphy, Black & Suhr, 2006). However, there have also been calls for research on intervention processes and on specific process variables in these interventions (see e.g. Bowen, 2010; Maiuro, Hagar, Lin & Olson, 2001; Scott, 2004). The importance of examining intervention processes among partner-violent men has been noted in a number of studies (e.g. Davis & Taylor, 1999; Morrell, Elliott, Murphy & Taft, 2003; Scott & Wolfe, 2000). These studies have reported group interventions

among such clients, and have paid attention to several qualitative variables; these include improved recognition of abusive behavior, plus attempts to account for such behavior, the learning of empathy towards one's partner, and the development of new ways of thinking, acting, and communicating. Changes have been reported as occurring at both individual and group level (Sheehan, Thakor & Stewart, 2012; Silvergleid & Mankowski, 2006), a fact that would appear to indicate the significant role played by group members and counselors in the processes of change among individual clients. All this seems to imply that the sharing of time, place, and words with others could constitute an important factor in group interventions among partner-violent men.

In the work done for this research, the aim has been to examine the specific ways in which clients and counselors share time, place, and words with others, as observed in video-taped group intervention sessions organized for partner-violent men. The research focuses on the fine-grained analysis of talk and interaction in such interventions, with a specific emphasis on the dialogical processes of constructing conversations between interlocutors. In these dialogically-oriented examinations the focus is not only on what is said, but also on how it is said; in addition, it is seen as important to pay attention to what is said in response to an utterance, who responds and what emerges in the process of responding.

Dialogue, conceived as a true and respectful encounter between people who – together – construct shared understandings and new meanings for things, has been seen as having the potential to facilitate changes in meanings and experiences. In the theory of dialogical interaction, it is assumed that open and approving ways of speaking together (in a group) may offer one way of triggering change in clients. However, in the context of interventions among partner-violent men, the elements of acceptance, respect, and empathy form a controversial concept, given that the intervention modalities in question are directed at stopping totally unacceptable and criminal behaviors. In this research, it is assumed that fruitful perspectives can arise from tensions between, on the one hand, the theory of dialogical interaction, and on the other hand, tradition and practice in the field of partner-violent interventions. It is thought that these perspectives will be derivable via an examination of the features of talk and interaction occurring in group meetings, within the framework of group interventions aimed at partner-violent men.

The starting point of this thesis is an interest in examining talk and interaction as significant phenomena in themselves. The postmodern and discursive turn in the social sciences brought with it an interest in studying talk and interaction as external, observable phenomena, rather than as representing or shedding light on an individual's inner mental processes (Harré & Gillet, 1994; Kvale, 1992; Potter, 2000). Moreover, inspired by social constructionism (see e.g. Gergen, 1994), a number of discursively, linguistically and interactionally motivated researchers started to consider language and spoken words not as abstract phenomena that "stand for" some kind of more or less real thing, but rather as powerful acts that actually construct our realities

(Shotter, 1993). Broadly speaking, this approach was adopted by psychotherapy researchers, who started to study “therapy as conversation,” and who became interested in how words can be used to transform meanings (Power & Brewin, 1997).

The present research draws on the traditions of discursive and interaction research, and it shares with such research an interest in studying language and the ways in which it is used in interactional settings, with a particular focus on the uses of language in goal-oriented interventions. It is assumed that research on the patterns of interaction between living people can offer a new perspective by which one can identify the occurrence of change in clients, and also the development of processes that seem to obstruct change. Thus, the present research seeks to contribute to an understanding of clients’ individual processes of change, and to increase knowledge of how to encounter clients in the actuality of intervention conversations. Although there have indeed been studies on group interventions among partner-abusive clients, studies focusing on the use of talk (which is unquestionably the major interventional tool) have been rare. The studies reported here form part of a larger research project conducted at the University of Jyväskylä, Finland. The project as a whole examines talk and interaction in various intervention settings, and this research seeks to address the relative lack of studies in the field of interventions among partner-violent men.

The Introduction begins with the basic concepts dealt with in this thesis. There are brief descriptions of the development of the group-based interventions in question, and of their major characteristics, plus some debated issues related to such interventions. Thereafter, attention is given to talk, interaction, and dialogues related to change within group interventions directed at partner-violent men. At the end of the Introduction the principal research questions of the thesis are summarized.

1.1 Defining intimate partner violence

Intimate partner violence (IPV) can be defined as a single episode or recurrent pattern of abuse occurring between two individuals in an existing or former intimate relationship, with the abuse taken to include physical abuse, sexual abuse, emotional abuse, and the use of threats (Centers for Disease Control, 2006). Definitions of IPV vary according to the context: for example, social and health care organizations and police and legal institutions may view the many acts of IPV differently (see Saltzman, Fanslow, McMahon & Shelley, 1999). In addition, on a global scale, there is huge variation in definitions of IPV, since in many countries IPV is not distinguished as a criminally sanctioned act, even if much work has been done in order to make the problem more recognizable and the violence perpetrated publicly unacceptable.

Despite differences in definitions, IPV has been discerned as a widespread phenomenon with devastating consequences for families, communities, and

societies in all kind of relationships around the world (Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2006; Kishor & Johnson, 2004). Since many acts of IPV may never be officially reported to police or to social and health care bodies, it is difficult to calculate any exact rates of IPV prevalence. The problem of violence inside families has long been considered to be a private, taboo-imbued issue, one that is not recognized or talked about, let alone engaged with. It is assumed that many acts of sexual and emotional or psychological violence in particular are underreported. Thus, the prevalence rates for IPV are still largely based on estimates.

Female-perpetrated violence against male partners and violence in same-sex relationships are now recognized as severe problems that constitute an important and often neglected part of IPV (see Felson, 2002; Peterman & Dixon, 2003; Seelau & Seelau, 2005; Sorenson & Thomas, 2009); nevertheless, up to the present, interventions to eliminate intimate partner violence have been designed primarily for male clients. There is some provision of interventions for women who abuse their male partners (see Babcock, Miller & Siard, 2003), as well as for lesbians and gay couples (Byrne, 1996; Potoczniak, Murot, Crosbie-Burnett & Potoczniak, 2003); however, this research focuses on interventions among men who are violent towards a female partner; thus it will omit discussion of female perpetrators of intimate partner violence. It should also be noted that this research deals with intimate partner violence in Finland, where violence against one's partner was legally instituted as a crime in 1995. According to the Finnish official statistics for 2009, on the basis of police reports, 71% of mild or moderate acts of domestic violence were directed at adult females and 15% at adult males, with 14% being directed at a child under 15 years old (Salmi, Lehti, Sirén, Kivivuori & Aaltonen, 2009). In female victim studies, 20% of women reported having experienced intimate partner violence or threats of violence at some point in their current relationship (Piispa, Heiskanen, Kääriäinen & Sirén, 2006). These figures correspond to European and American studies showing some 20–25% of women as being subjected to partner violence during their lifetimes (Kane, 2008; Tjaden & Thoennes, 2000).

In discussing intimate partner violence and its interventions, one needs to be aware that many social and political references are bound up with differences in terminology. Researchers have concluded that there is tremendous variation in the severity and types of violence, and thus that caution is needed in the terms used (Felson, 2002). The terms "intimate partner violence," "domestic abuse," "family violence," and "spousal abuse" are often used interchangeably, but they may refer to a range of different types of violent situations and need to be specified. Similarly, the terms "partner-violent men," "batterers," and "abusers" have a variety of connotations. In this research, the term "men who have used violence in their intimate relationship" was initially regarded as correct in terms of content, but was discarded for reasons of clumsiness. The term "batterer" was also abandoned on account of its possibly stigmatizing connotations. Finally, the term "partner-violent men" was adopted, and it has been applied throughout the thesis.

Several researchers have emphasized that not all violent relationships are similar, considering for example the types and cycles of violent acts, and the roles of the victims and perpetrators (e.g. Bender & Roberts, 2007). Typologies have been created on the basis of the characteristics of partner-violent clients (e.g. Cavanaugh & Gelles, 2005; Holtzworth-Munroe & Stuart, 1994) and of the violence perpetrated (e.g. Johnson, 2006); nevertheless, there is no consensus concerning which of the typologies could be helpful in interventional practice, which types of intervention would best match which type of profile, and whether interventions should be specifically targeted at specific sub-groups. What seems clear is that both partner-violent clients and couples reporting IPV may differ considerably from each other; hence a broad view needs to be taken if one is to grasp the manifold nature of the phenomenon.

1.2 Group interventions directed at partner-violent men

It is now more than forty years since the inception of public work aimed at combating violence within families. In the 1970s, the activity of the women's movement and the development of women's shelters helped to lay the foundation for services targeted at both victims and perpetrators of domestic violence. This work began in informal self-help groups, and these gradually developed into more structured interventions. The founding work for systematic services began in the United States, with other countries – especially countries in northern Europe – following suit about a decade later (Jennings 1987; Pirog-Good & Stets-Kealey 1985; Roberts, 1981; Tierney, 1982). As a response to social and political initiatives, criminal justice systems in the United States began to change their response to the violence of men against their female partners. Mandatory or pro-arrest laws covering men reported to the police as perpetrators of a violent domestic incident expanded substantially in the 1980s (e.g. Ganley, 1987). The increase in police arrests spurred a demand for treatment and rehabilitation programs aimed at partner-violent men (Adams, 2003; Dalton, 2007). In this way, new legal measures, along with the gathering tide of opinion, led to the development of a novel form of intervention, directed at a novel group of clients.

Since the foundation work of the 1970s, group programs for partner-violent men have become a common feature of partner-violence counseling, especially in the United States and Western Europe. More recently, initiatives have been conducted in several countries in Africa, Asia, Central and South America, Australia and Oceania, and Eastern Europe (see e.g. Bott, Guedes, Claramunt & Guezmes, 2010; Rothman, Butchart & Cerdá, 2003). At the present time, the multitude of initiatives (freestanding, for profit, nonprofit, and governmental) together add up to some 2500 programs in the United States alone (Saunders, 2008). In Europe, the number of programs has increased, particularly in the 2000s, with some 400 intervention programs now operating in European countries (WWP, 2008). Programs both in the United States and in Europe range

from open support groups and agencies in which clients attend voluntarily to structured intervention programs located in prisons and other institutions, where work is done with clients who have been convicted of a criminal offence and who are mandated to attend (Day, Chung, O'Leary & Carson, 2009).

Despite its frequent use, the group intervention format is not the only choice of intervention for partner-abusive clients. In addition to the group format, interventions for partner-violent clients can be offered in an individual intervention format, within a one-to-one counseling or therapy setting (Murphy & Meis, 2008), in a couple-counseling setting (Stith, Rosen & McCollum, 2004), or incorporated within a larger coordinated community response (Post, Klevens, Maxwell, Shelley & Ingram, 2010).

Group intervention programs for partner-abusive clients often operate with an all-male group format, and may range from twelve weeks to more than a year in duration. The programs incorporate various objectives: to punish partner-violent men and hold them responsible for their abusive behavior; to educate partner-violent men and to model positive behavior; to change abusive behavior by providing tools to control and manage negative emotions and improve relationship and communication skills; and to change some intrapsychic patterns related to abusive behavior (Saunders, 2008). Since the elements of punishment, education, and treatment intertwine in intervention ideologies, it is no wonder that there are a wide variety of approaches in intervention programs, based on diverse principles, contents, and procedures. The approaches include the traditionally feminist Duluth model (Pence & Paymar, 1993), cognitive-behavioral interventions (Hamberger, 2002), psychodynamic models (Browne, Saunders & Staecker, 1997; Sonkin & Dutton, 2003), solution-focused models (Lee, Sebold & Uken, 2003; Milner & Singleton, 2008), and a narrative model (Augusta-Scott & Dankwort, 2002). Despite their differences, the program models share many common elements. In most group interventions among partner-violent men the program sessions are dedicated to speaking together about the violence that the participants have perpetrated, learning about non-violent alternatives to resolving conflict, studying the ways in which social norms or gender roles influence behavior, and examining ways in which substance abuse, stress, and negative attribution may exacerbate violent behavior. The group counselors are not necessarily mental health professionals: some programs employ formerly battered women or former batterers as counselors, while some use only educated employees or only male workers, whether they are called counselors, facilitators, therapists, or group leaders.

From the inception of intervention programs for partner-violent men, there has been considerable political and professional controversy regarding the types of services that should be offered, the group of clients at whom services should be targeted, and the requirements for the service providers (Langhinrichsen-Rohling, 2010; Mankowski, Haaken & Silvergleid, 2002). The major factor behind the controversies has been the difficulty of obtaining robust evidence for interventions producing desired outcomes. Although a few quasi-experimental studies have suggested that intervention programs produce sub-

stantial average benefit in reducing partner violence (e.g. Gondolf, 2004; Morrell et al., 2003), the findings from broader meta-analyses (e.g. Babcock et al., 2004; Feder & Wilson, 2005) have indicated weaker impacts. Since no specific program approach has been proven to be consistently more effective than any other, there is currently no firm evidence on the best practices or essential components of interventions among partner-violent men (Maiuro et al., 2001; Witte, Parker, Lohr & Hamberger, 2007). On the other hand, the null results have been questioned in several critiques (see e.g. Gondolf, 2009; Saunders, 2008), in which researchers have addressed problematic issues related to the evaluation of programs for partner-violent men, focusing on the external validity of the evaluative studies in question, and the generalizations derived from them.

All in all, as a consequence of the controversial results obtained, intervention programs for partner-violent men are currently at a critical juncture, with a handful of program evaluations showing little or no effect, and some showing only moderate effects. Thus, many political and funding bodies have demanded stronger evidence for the results of such programs (see Dutton, 2006; Gondolf, 2009; Labriola et al., 2005; Lehmann & Simmons, 2009). The current controversies and issues in the field of interventions for partner-violent men would appear to call for novel viewpoints, ideas, and practices – a need which forms a potentially fruitful point of departure for various investigative approaches. As mentioned above, the present thesis is part of a larger research project on group interventions among partner-violent men. It draws its data from intervention programs conducted according to the model followed in Jyväskylä, Finland.

1.3 The intervention programs followed under the Jyväskylä model

It should first be made clear that the research reported in this thesis is strongly linked to one specific intervention model for male clients who have used violence against their intimate partners. The data were gathered solely within the Jyväskylä intervention program and thus, the results of the research represent this specific intervention modality. The rationale for choosing the Jyväskylä model included its unique and relatively large data base, and my pre-existing contact with a systematic research project at the University of Jyväskylä.

In 1995, in the city of Jyväskylä, Finland, local collaboration began between two bodies, namely the crisis center Mobile, and the Psychotherapy Training and Research Center of the University of Jyväskylä. This multi-professional co-operation involves social and welfare agencies and also the police. It aims at preventing and treating domestic and partner violence by offering a range of services to violent clients, victims, and witnesses of violence. The Jyväskylä model has been strongly influenced by a model developed within a Norwegian research and treatment center; the name of that model is “Alternative to Violence” (Alternativ til Vold, ATV), and the Finnish name “Vaihtoehto

väkivallalle," is a translation of the Norwegian name (see Holma, Partanen, Wahlström, Laitila & Seikkula, 2006; Raakil, 2002). From the outset, a longitudinal research project was initiated with the aim of analyzing the intervention processes in group programs organized for partner violent men.

The Jyväskylä model for group programs aimed at partner-violent men is grounded on the voluntary, as opposed to court-mandated participation of clients; in other words, it follows the common practice in Scandinavian countries. The clients usually reach the crisis center by contacting the center themselves, following a contact made by their partner, or guidance from a local network agency (for example social and health care authorities, or the police). Immediate intervention and individual meetings involving assessment interviews always precede group intervention. In the individual intervention phase, which usually comprises five meetings with a crisis center worker, the main activities involve clients describing the violence they have used, considering ways of avoiding further abusive behavior, and evaluating their willingness to commit to a minimum of fifteen group meetings. Overall, due to a lack of motivation or to clients' doubts as to the suitability of the intervention, only about 15% of all the clients who enter the crisis center due to having used violence against their partners ever end up in a group. This means that clients who begin group intervention represent a selected fraction of the client population. However, among those clients who do enter a group, the drop-out rates have found to be relatively low (cf. Rooney & Hanson, 2001), with approximately 80% of clients completing the full curriculum of fifteen sessions. Partner-violent men who choose to begin group intervention on a voluntarily basis may differ from many other abusive clients with regard to their commitment to intervention, and their abilities and willingness to bond with counselors and other group members. Hence, the men in the studies reported here may be presumed to represent a specific group of offenders in terms of these particular characteristics.

The Jyväskylä model of intervention among partner-violent men (see Holma et al., 2006) does not draw on any one mode of intervention; rather, it employs ideas from both structured psycho-educational methods and supportive, individual needs-focused therapy approaches. In the manner of the Norwegian *Alternativ til Vold* model, the Jyväskylä model seeks to combine various intervention approaches by integrating specific knowledge on violence and safety planning, a feminist perspective, and psychotherapeutic principles. Thus, the model takes a broad, eclectic approach to partner violence (as followed also in the Norwegian model outlined by Raakil, 2002). The major intervention principles are founded on the safety of the victims and on working towards alternatives to violence. Within the program, violent behavior is defined as a choice for which partner violent clients are wholly responsible and accountable. In addition to accountability, the focus of the program is on feelings of guilt and shame, and attempts are made to render these emotions more visible and more tolerable by listening and talking together in group sessions. Thus, words are the main tools in the intervention: talking and listening to the talk of others is as-

sumed to help clients recognize the processes that precede and follow their violent acts (Partanen, Wahlström & Holma, 2006).

The group meetings in the Jyväskylä intervention programs are unstructured, but group counselors direct discussion towards specific topics such as past and present violent behavior, the security of the victim, violence as a conscious choice, and various characteristics of masculine identity. The focus on talk is aimed at creating new, alternative ways of talking and acting, since it is hoped that ideas shared in discussions will trigger changes in behavior. The focus on security is connected with the safety of partners and of witnesses to violence during the group program, the participant clients' agreement on not using violence during the program, and group discussions concerning possible acts of violence during the program. The focus on violence means that the aim of the group discussions is to talk directly about the concrete acts carried out by the participants, discerning the various acts of physical, psychological/emotional, and sexual violence. The focus on choices involves an understanding of violent acts and of their frequently escalating nature. Violence is regarded as a phenomenon which clients can learn to control, and for which clients are accountable and responsible. The focus on feelings of guilt means taking into account the importance of dealing with the unpleasant feelings of violently-behaving clients, who often need help in recognizing, tolerating, and talking about these feelings. Relevant topics in the Jyväskylä model intervention programs further include issues related to masculine identities, involving feelings of being helpless, weak, or in somebody else's power, with linkages to violent images and behavior. The group context is seen as offering a place for social sharing, in which clients are listened to as they express their individual experiences or notions concerning the significance of things; this makes it possible for clients to compare and contrast what they hear with their own understandings, and may help them to form alternative ways of thinking, feeling, and acting (Holma et al., 2006; Partanen, 2008). In addition to these principles, the Jyväskylä model uses no manual, no pre-structured contents, and no fixed intervention techniques. Instead, the principles are flexibly deployed, with adaptation to group conversations in which client activity is encouraged.

Since their establishment in 1995, the group programs in Jyväskylä have been the subject of rigorous studies by university researchers and students. The data collected and used in the research project consist of videotaped and transcribed recordings from group intervention sessions for abusive men, all of which have been videotaped since 1996. In addition, valuable data have been gathered from the systematic in-depth interviews conducted with the female partners of the attending men during three different phases: the first such interviews take place when the man enters the group program, the second right after completion of the program, and the third interview two years after completion of the program. Collaboration with abused partners is considered to be an important dimension in the Jyväskylä model intervention programs; hence, regular meetings with a psychotherapy clinic worker are organized in order to discuss safety issues and the services available for victims (Holma et al., 2006). The

qualitative data from group sessions and victim interviews have been analyzed using various qualitative methods such as narrative and discourse analytical methods, assimilation analysis, functional analysis, and content analysis. The topics covered have concerned, for example, the discursive construction of clients' identities as violently behaving men, and as fathers and partners; the explanations and justifications given by the men for their violence; and the kinds of interventions that seem to facilitate discursive changes. In addition to qualitative data, the Jyväskylä research project has gathered quantitative data such as statistical data on the attending clients, and data from the Abusive and Controlling Behaviour Inventory (ACBI) (Davies, Holmes, Lundy & Urquhart, 1995) (see Appendix 1); this latter inventory is filled in by and discussed with female partners in the three phases when the partners are interviewed (see above). A novel intention in the overall research project has been to combine quantitative data from ACBI measures of intervention outcomes with results from qualitative analyses of interventions among partner-violent men.

The studies conducted on the data obtained so far have indicated that the programs produce their desired effects, achieving reductions in physical, psychological /emotional, and sexual violence in many client cases (see e.g. Ensomaa, 2009; Leväinen, 2012). It needs to be noted, however, that the studies so far have been conducted with small samples and thus the promising results are tentative. In her study on 39 clients, Ensomaa (2009) found that intervention produced statistically significant effects regarding decreases in physical and sexual violence ($p < .05$). Psychological/emotional violence seemed to constitute a more complicated issue: in some cases, psychological/emotional violence was observed to continue or even increase, even if physical violence decreased or stopped.

In another study on 18 clients, Leväinen (2012) found that 67% of clients benefited from the Jyväskylä intervention model. The partners of these clients reported either a total cessation or significant reductions in the frequencies of (i) physical violence, or (ii) psychological/emotional violence, or (iii) both of these. Here, a "significant reduction" was defined as a reduction of 5 or more points in the total amount of physical violence on the ACBI scale, and as a reduction of 10 points or more in the total amount of psychological/emotional violence on the ACBI scale (for further details on the ACBI, see Appendix 1). For their part, Malmberg and Rantanen (2012) studied 22 client cases and the partners' reports. They found that 17 partners reported a cessation of physical violence after the group intervention. However, five of the partners had separated from their violent male partners during the measuring interval; hence, the cessation of violence could not be attributed solely to the intervention.

In addition to outcome evaluations, studies within the Jyväskylä research project on interventions directed at partner-violent men have considered qualitative factors in the change process. The studies have shown that client men attribute their success in reducing violent behavior to (i) behavioral factors (such as improved self-control, increased communication with their partner, learning to walk away from conflict situations, and reduction in their use of in-

toxicants), and also to (ii) cognitive, attitudinal, and emotional factors (such as increased respect for their partner and gaining a sense of equality, the finding of new perspectives, awareness of their own jealousy, and recognition of the iniquity of violence) (Leväinen, 2012; Malmberg & Rantanen, 2012). The findings demonstrate the manifold nature of change processes among partner-violent clients, and the importance of surveying intervention outcomes broadly, and with sufficiently long follow-up intervals. It has been noted that intervention outcomes may look different depending on whether they are measured immediately after the intervention or two years after the intervention (cf. Shamai & Buchbinder, 2010). Outcome data constitute one of the main data sources for the present research, with recorded group conversations making up another major data source. The latter are clearly essential when the aim is to study talk and interaction in the type of intervention in question.

1.4 Talk and interaction within group interventions among partner-violent men

The principle rationale for observing talk and interaction is their central place in group interventions among partner-violent men, within which talking together constitutes the major observable element of the intervention. Talk is also recognized as the major working tool for the group counselors on the programs in question. Thus, despite the mundane nature of talk, the present research sees the talk and interaction in these interventions as involving issues that are important, though often neglected. It is further assumed that attempts to develop ways of speaking and listening might improve the quality and the outcomes of the Jyväskylä group interventions.

In the social sciences, awareness of language and talk as central in various human phenomena was triggered by ideas that emerged in postmodernism and social constructionism. The postmodernist ideology rejected the idea of grand theories or meta-narratives as complete explanations, and emphasized rather the co-existence of a multiplicity and variety of situation-dependent explanations and ways of life (Bauman, 1993; Burr, 2003). A related theory, that of social constructionism, developed from an interest in uncovering the ways in which individuals construct their realities through their use of knowledge and language, both of which can be seen as having their origins in human relationships. Social constructionism took an interest in the different ways in which social phenomena are created and institutionalized in the ongoing dynamic processes that occur within and between individuals (Gergen, 1994). These ideas inspired scholars to study talk, words, texts, and conversations as external, observable phenomena, and not as reflections of or windows to an individual's inner psyche (Austin, 1962; Harré & Gillet, 1994; Potter, 2000). Thus, ways of using words in various situations, and the meanings people attach to language in a given context, became interesting fields of study in themselves. This also launched a

new wave of studies on the usages of language by violent men (see e.g. Laub, 1983).

The first studies on uses of language among violent men appeared in the 1960s, although greater interest in this type of research emerged in the late 1980s. The first studies began a tradition of examining violent men's accounts and views of intimate partner violence, and their ways of justifying their use of violence (Bograd, 1988; Eisikovits & Buchbinder, 1997; Hearn, 1998; Hydén & McCarthy, 1994; Ptacek, 1988; Scott & Lyman, 1968). Currently, in the massive interdisciplinary literature on gender and domestic violence, there is a wealth of research on violent men's talk and uses of language, in the form of content-analytic, narrative, and discursive studies. The issues examined include men's ways of legitimizing, justifying, and explaining their violent behavior (Adams, Towns & Gavey, 1995; Catlett, Toews & Walilko, 2010; Cavanagh, Dobash, Dobash & Lewis, 2001; Eisikovits & Buchbinder, 1997; LeCouteur & Oxlad, 2011; Wallach & Sela, 2008; Winstok, Eisikovits & Gelles, 2002); their denial of the use of violence (Henning & Holdford, 2006; Stamp & Sabourin, 1995); and their willingness to shift the responsibility for violence onto the victim (Coates & Wade, 2004; Goodrum, Umberson & Anderson, 2001). The literature further includes studies on the construction of gender and identity in abusive relationships (Boonzaier, 2008; Edley & Wetherell, 1997; Mullaney, 2007), plus abusive clients' feelings of remorse for their violence, and their wish to be respected despite their reprehensible acts (Flinck & Paavilainen, 2008; Wood, 2004). There is also a large body of studies analyzing grammar, rhetoric, and other linguistic features used by perpetrators and other people (e.g. lawyers, journalists) in the context of violence (e.g. Frazer & Miller, 2009; Lamb, 1991). However, up to the present time only a few studies have examined talk and interaction within group interventions aimed at partner-violent men (see Auburn, Drake & Willig, 1995; Auburn & Lea, 2003; Ehrlich, 2001; Holma et al., 2006; Lea, 2007; Partanen et al., 2006; Schrock & Padavic, 2007), or encounters involving various participants (i.e. between clients, or between clients and the professionals they deal with). Given that group interventions (from various disciplinary backgrounds) are mostly based on talking together, and that the patterns of talking constitute a central working apparatus in these interventions, the lack of such studies seems curious. It nevertheless seems to be the case (i) that existing studies have not adequately addressed the functions taken by language and conversations in group interventions among partner-violent men, and (ii) that this perspective is continuing to be overlooked, not only in research, but also in the forms of practice that are needed if one is to develop such interventions.

This research looks at the social nature of human beings, the fundamental needs of individuals to have contact with others, and the power of interaction in shaping and reshaping our views of the world and of ourselves. In line with the well-known ideas of Valentin Voloshninov and Mikhail Bakhtin, language is seen here as a concrete, lived, and socially shared reality in which meanings are continuously shaped by the context in which language is used (see Maybin, 2001; Shotter, 2003). This means that language can be described as a two-way

reciprocal process in which speakers and listeners work together to negotiate meaning. Thus, speaking and listening are not viewed as autonomous activities, but rather as elements in collective activities between speakers and listeners (Austin, 1962; Linell, 1998). In these collective activities, speakers can be seen as influenced by listeners, and listeners as influenced by speakers (Bavelas, Coates & Johnson, 2000; Clark & Schober, 1992; Holzman, Newman, Strong & Paré, 2004; Potter & Wetherell, 1987).

Already decades ago, several studies in the field of psychotherapy and counselling have postulated that these interventions include moments that are more beneficial and moments that are less beneficial with regards to the intervention goals (see e.g. Krause et al., 2007). The more beneficial moments have been called for, for example, significant events (Elliot, 2010; cf. Wilcox-Matthew et al., 1997), helpful events (Timulak, 2007), Change Episodes (Valdés, 2012), or important moments (Martin & Stelmaczek, 1988), sometimes studied from the counselors' point of view and sometimes from the clients' point of view (see Henkelman & Paulson, 2006). A common characteristic of many of these descriptions seems to be the existence of strong, collaborative, and mutually responsive work in which new meanings are constructed together, via clients and counselors in interaction. In turn, the less beneficial moments, referred to, for example, as hindering experiences (Henkelman & Paulson, 2006) or Stuck Episodes (Valdés, 2012), seem to share the characteristic of a failure to reach a collaborative contact between client and counselor in which new meanings could be constructed together.

In this modality of intervention, like in many other "talking-cure" interventions, speaking and listening to the speech of others have a central place. The function of the words spoken in talking-cure interventions has been suggested as one of making sense of people's experiences and of giving logic and meanings to people's lives (Bruner, 1986; Malinowski, 1989). Talk has also been recognized as a tool for establishing and affirming identities (Harré & Gillett, 1994) and for creating and transforming given meanings (Hermans & Kempen, 1993; Power & Brewin, 1997). The construction of new meanings has claimed support by a conscious activation of certain emotional contents, along with their verbal expression during intervention sessions (Greenberg & Pascual-Leone, 2006; Pos, Greenberg, Korman & Goldman, 2003). The verbalization of emotions is assumed to have an important function in intervention, as it represents integration between the cognitive and emotional domains (Dallos & Vetere, 2009; De Giacomo, L'Abate, Pennebaker & Rumbaugh, 2010; Pascual-Leone, Bierman, Arnold & Stasiak, 2011). In group interventions with partner-violent men, clients speak about things that might not have been spoken aloud before; these matters can involve the most difficult and shameful issues to be addressed in the intervention talk. The intervention conversations may thus be assumed to involve demanding emotional and cognitive processing. In this regard, talk can be conceived as a significant means for constructing change.

The function of talk in outcome-oriented interventions can also be looked at from the perspective of developmental psychology. Following Vygotsky's

(1962) theory, what first takes place in the outer dialogue, within the social domain, may thereafter be integrated into one's inner dialogue. Thus, it is assumed that sharing words in the group may have an effect on each client's inner talk, thoughts, and feelings, and that these may be important triggers of behavior change. Vygotsky (1962) also speaks about the zone of proximal development in learning, referring to the space between a child and an adult, wherein the adult's more developed functioning provides a scaffold for the child to reach beyond the current limits of his or her abilities. Applying this idea to interventions (see e.g. Leiman & Stiles, 2001), one can see the intervention group as providing a supporting scaffold that helps participants to share their experiences. At the same time, the support provided by the group facilitates the individual development of not-yet-developed skills and ideas. Furthermore, social constructionist ideas applied to talking-cure interventions suggest that intervention talk can provide a place and a space for sharing one's own words – and that these words can be responded to by other people using their words, thus allowing new, co-constructed meanings and understandings to emerge. In this way, changes in language within the moment-by-moment actions and interactions between participants can be construed as a means of triggering changes, both in overt and in covert processes, i.e. in thoughts, feelings, and behavior.

It has to be acknowledged that despite the centrality of language in the condition of being human, there is still much that lies outside words; for example, there are physical, bodily experiences and unconscious reactions and feelings that can never take on a conscious, reflected, or processable form expressible in words. This means that they can never be worked on directly with words (Adams, 2010). Moreover, clients may not have the exact words or phrases to utter their most sensitive experiences and their most difficult problems. Yet it might be argued that talking-cure interventions address precisely this problem – the difficulty faced by clients in finding words or in giving utterance to embodied experiences that they cannot express without help. Following this line of thought, one of the central functions in various talking-cure interventions may well be the work towards finding words for those experiences in a client's life that have not previously been given words (see Seikkula, 2002). It is true that interventions with partner-violent men aim first and foremost at producing changes in behavior, and not at talk or communication; yet strengthening a client's ability to express himself with words and not fists or other physical actions has been shown to constitute a significant intervention outcome for many clients (Pandya & Gingerich, 2002; Scott & Wolfe, 2000). It was considerations of this kind that appeared to make talk and interaction in group interventions among partner-violent men a worthwhile target for detailed examination. In order to investigate the ways of talking together in the group meetings, the present thesis adopted a dialogical approach, as described in the following section.

1.5 A dialogical viewpoint on group interventions among partner-violent men

When an interaction situation is analyzed from the dialogical point of view, talk and utterances are not viewed as products of an individual, but rather as a process existing between the interlocutors (Bakhtin, 1986; Buber, 1970, Linell, 1998). Thus, the common view of conversation as the transmission of information from one independent actor to another, which still characterizes many approaches to the study of conversations, is replaced by the view of one speaker collaborating with other speakers in constructing the joint reality of a conversation. This research focuses on conversations held within group interventions directed at partner-abusive men; thus, through observations of spoken-aloud utterances, it examines the specific dialogical qualities observed in ways of initiating conversations, responding to initiations, listening to different speakers' voices, using various ways of counter-arguing and controlling conversations, and ways of constructing understandings.

Located within conversational and discursive research traditions, the special contribution of the dialogical approach is its emphasis on the social, momentary, and process-wise nature of interaction. As mentioned above, talk is not studied as messages produced and sent by one speaker and received by another; instead, the act of conversation is seen as an on-going, living, and shared "happening" between the interlocutors (Linell, 2009; Markova, Linell, Grossen & Orvig, 2007). This view of dialogical interaction draws most strongly on the scholarly work of Mikhail Bakhtin and Valentin Voloshinov, the Russian colleagues whose texts have inspired the studies of many contemporary dialogical scholars such as Ivana Markova, Per Linell, James Wertsch, Ragnar Rommetveit, and Mikael Leiman. In fact, it was these scholars that inspired my own desire to examine words, texts, and talk as intelligible and actively functioning elements in the intervention conversations of partner-violent men, and to consider such conversations as being the products of co-constructive endeavors undertaken by the conversing participants.

Dialogue can be defined as "a symbolic face-to-face oral and gestural communication" (Markova, 1990, p.6), in which each utterance is seen as a response to previous utterances, and simultaneously, as a precondition for the following utterances. For an exchange of spoken words to be called a dialogue and not a conversation, discussion, or dispute, the utterances of the interlocutors need to aim to respond to previous utterances, demonstrating that one has listened to what was previously said (Bakhtin, 1986; Voloshinov, 1973). In dialogue, the interlocutors may well have differing opinions and they do not need to reach a similar end-point; instead, dissonances and contrasting positions are seen as fruitful ground for constructing meanings and new kinds of ideas. These may ultimately shape our ways of being in the world and living in and through relationality (Salgado & Valsiner, 2010). Thus, the defining characteristics of dialogue are in place when people recognize, allow, and respect oppos-

ing opinions (whether these occur in face-to-face settings or, if defined more broadly, in a virtual world, or between texts, ideologies, or paradigms). When we consider dialogue pragmatically, as a characteristic of a conversation, we may understand that it is the co-existence of different voices which allows a polyphonic, multi-voiced conversation to occur, and which allows the conversation to be defined as a dialogue.

Interconnectedness between utterances, and thus between the interlocutors in a conversation, is a pre-eminent characteristic of a dialogue. As noted by Mikhail Bakhtin (1986), interlocutors are active co-authors of an individual's utterances, and every word said by participants in the actual dialogue becomes part of a network of previously-said words. An utterance can only be interpreted in relation to other utterances and to the context of the discourse (Luckmann, 1990). Utterances are implicitly or explicitly evaluated by the other interlocutors, and their verbal and non-verbal reactions invite new utterances (Baxter, 2011). Thus, a defining characteristic of dialogue becomes its dynamic movement between interlocutors. At the same time as they respond to each other, the interlocutors become identified as living persons, living the present moment in their reacting physical bodies, and responding also to the influences stemming from their own inner bodily and mental experiences, their environment, and the context (Shotter, 2003). The dialogic perspective sees it as important to attend to the multiplicity of different voices existing in and between persons, and it views external and internal dialogues as impacting on each other. Hence, the central function in various talking-cure interventions can be seen as existing in their relational events, within which insights and behavioral modifications emerge through the external and internal dialogues that take place in and between persons (Hermans & Salgado, 2010).

In applying the dialogical approach to practice within intervention encounters, several formulations have been developed, especially in relation to couple and family psychotherapeutic interventions (e.g. Andersen, 1991; Anderson & Goolishian, 1988; Fishbane, 1998; Inger & Inger, 1994; Leiman, 2004; Paré & Lysack, 2004; Salgado & Congalves, 2007; Stiles, Osatuke, Click & MacKay, 2004; Tschudi & Reichelt, 2004; Wortham, 2001). This tradition has had a strong impact on how dialogues and dialogicality are understood in the present research. The dialogical perspective emphasizes studying not so much what is told, but rather how things are told and, how they are responded to in the dialogical processes of conversation. In addition, the dialogical perspective includes examination of various intra-psychically, socially, and culturally loaded voices and positions that come up in external talk – such talk being conceived as a shared, observable place for working with the multifaceted material in question (Salgado & Hermans, 2005). The present research draws heavily on the previous work of Jaakko Seikkula (2002), who, together with his colleagues (see e.g. Seikkula, Laitila & Rober, 2012), has studied the use of dialogical encounters in making mental health care meetings more fruitful.

In fact, it was the findings from previous studies examining intervention encounters via dialogical methods (e.g. Guregård, 2009; Seikkula, 2002) that

stimulated examination of conversation qualities as possibly influential factors in interventions with partner-violent men. Interventions directed at this specific group of clients seemed to provide a context of interaction which – by the very nature and principal purpose of the intervention – would incorporate elements that were in conflict with the ideas underlying dialogical interaction: after all, it was inevitable that one would have to show non-acceptance and reproach of violent acts, and always keep in mind the absolute necessity of protecting the victims and making the violent behavior stop. However, because the dialogical perspective seemed to offer a novel perspective on such group interventions and to add a new standpoint to discussions of intervention effectiveness, I saw it as of great interest to apply the dialogical approach to this specific study setting.

1.6 Processes of change in group interventions among partner-violent men

An issue of great interest in interventions with partner-abusive clients is how to understand more fully and intervene more effectively in client change. After decades of research, there is still only limited knowledge concerning how a change towards a cessation of abusive behavior can occur, which factors facilitate change, and what is needed to maintain change. Following Tolman and Edleson (1995), the goals of interventions with partner-violent men include preventing or reducing the following: injury to the victim, re-arrest or other types of official recidivism, physical abuse, psychological maltreatment, sexual abuse, separation abuse, violence-supporting attitudes and beliefs. At the same time, the interventions seek to increase partner-violent clients' egalitarian partnerships, positive behaviors, social skills, antiviolenace attitudes, and psychological and social functioning. From the point of view of the victim, the interventions also aim at improving the victim's well-being, reducing fear and improving psycho-social functioning, and supporting the well-being of children. Measuring intervention success on all these dimensions would involve a complicated calculation; nevertheless, the list does show that defining the success of an intervention merely in terms of re-arrest rates may not reflect the lived-in meaning of the intervention for the clients themselves, to say nothing of their families. The multiplicity of the dimensions also gives support to calls in recent years for more vigorous examination of variables related not only to intervention outcomes but also to intervention processes (see e.g. Bowen, 2010; Maiuro et al., 2001; Scott, 2004).

The challenges in demonstrating the effects of programs for partner-violent men are related to high drop-out rates (Daly & Pelowski, 2000), and the lack of empirically valid research settings that would make it possible to reliably measure effects among those who complete interventions (Eckhardt et al., 2006; Gondolf, 2009). Indeed, it appears that 22–42% of partner-violent men in

US and Canadian programs fail to complete their assigned program (Rooney & Hanson, 2001; Saunders, 2008). Of course, an intervention cannot be considered effective for clients who do not complete it, and certainly not for those who do not choose to participate in it. Thus, before drawing conclusions on the effects of such interventions, it is important to be clear about who is included in the outcome measures.

In addition to attrition rates, it has been noted that in terms of individual client characteristics (such as demographic aspects, economic and societal characteristics, cognitive, emotional and behavioral capacities, and attitudinal and motivational factors), partner-violent men form a very diverse group (e.g. Eckhardt, Holtzworth-Munroe, Norlander, Sibley, & Cahill, 2008). Recognizing clients' heterogeneity and the various types of partner violence has led several researchers to discard any best-practice or one-size models of intervention (Levesque, Driskell, Prochaska & Prochaska, 2008; Maiuro et al., 2001; Saunders, 2008). In fact, general discussion concerning the effectiveness of interventions with partner-violent men has gradually moved from the question of "what works" towards more nuanced consideration of "what works when, where, and for whom" (Hollin, 1999; McGuire, 2004, p. 339).

In the three studies presented in this thesis, intervention outcome was evaluated on the basis of the victims' reports collected via the ACBI inventory. This inventory, which measures physical, psychological/emotional and sexual violence against women, was presented to client men's partners three times: at the beginning of the group program, soon after the man had finished the program, and two years after the program. Previous outcome studies have shown that in addition to what is measured, the source of the measurement is critical: it can be assumed that data obtained from criminal records, from the victims, and from the violent men themselves will give different results (Heckert & Gondolf, 2000). Thus, compared to victims' self-reports, police data probably under-report the incidence of violence, as the data will define "success" as the absence of crime rather than the absence of abuse, and will fail to include those psychological/emotional and sexual forms of violence that are not seen as crimes. For their part, one can expect that the self-reports of partner-violent men will be particularly subjective, as partner-violent men may deny or minimize their abusive behavior and under-report their own abusive acts (cf. Tolman & Edleson, 1995). Hence, one may see more grounds for confidence in studies that use victim reports or combined victim-offender-police reports. Measurement of a successful intervention is also a question of point of view: has intervention reached success if the amount of violence has diminished to a half, a quarter, or totally (in relation to the frequency of occurrence or the force used in the dimensions of physical, psychological/emotional, and sexual violence)? Or should outcomes be calculated on the basis of the percentage of intervention completers (given that a non-completed intervention cannot be assumed to have achieved a preferred outcome)? Or should one ask abusive clients to evaluate themselves on whether an intervention was of help (and if so, on what dimensions)? These questions show that evaluating the intervention

outcome and the processes of change in abusive clients' interventions is anything but simple, and that outcome research requires specific consideration of all these complex factors.

In this thesis, the processes of change in partner-violent men's intervention programs are examined from the perspectives of talk and interaction, with reference to their dialogical features. It is fully recognized that the ways of talking together can make up only one aspect within a multitude of factors (both within and outside the intervention) affecting the intervention outcome; hence, it is not assumed that particular interactional features taken in isolation will be sufficient to explain the outcome. It must also be emphasized that mere changes at the level of talk are not the aim of interventions with partner-violent men; nor is the ultimate aim of studies in this field merely to examine talk. Rather, the ultimate aim of such interventions is to make violence stop, and the practical goal of studies in the field is, generally speaking, to contribute to this endeavor. It must also be noted that the courses of intervention are not conceived as automatic progressions, in which the performance of certain activities at certain frequencies will inevitably lead to the achievement of goals; in fact, helping clients by means of talk is an enormously complex phenomenon, often elusive, and certainly not mechanically manageable. Nevertheless, the field of interventions directed at intimate partner violence does seem to call for a range of understandings of processes of change, and of ways of facilitating these processes. Hence it seemed appropriate to turn attention to talk and interaction, using these as a lens for examining processes with various outcomes – whether satisfactory or not.

1.7 Aims of the research

In recent decades a plethora of approaches, involving both practical and theoretical orientations, have been developed to combat the problem of intimate partner violence. However, we still have only fragmentary knowledge on which measures have or have not been successful in reducing or stopping violence, how the change towards non-violent behavior in an individual client occurs, and how to best facilitate and control such changes. Thus, there is a need for substantial theoretical and practical advances if one is to justify the continued provision of group intervention services aimed at partner-violent men.

Bearing in mind the key role of talk and interaction in group interventions among partner-violent men, and the lack of studies on talk and interaction variables, the present thesis aims at advancing the understanding of group interventions with partner-abusive men with regard to the talk-interaction dimension. It is assumed that examination of this dimension – seen as an essential component of the intervention relationship – will offer a novel viewpoint on interventions with partner-violent men. In concrete terms, the broad aim of the research here reported was provide a grass-roots perspective on interventional practice by means of micro-level analyses of videotaped conversation data.

The studies conducted for this thesis aimed in particular to examine (i) how conversations in a group intervention directed at partner-violent men were constructed together by clients and counselors, as viewed from a dialogical perspective, (ii) whether good- and poor-outcome client cases differed in terms of their communication patterns and qualities, and (iii) what kinds of conversations and counselors' conversational acts supported or inhibited change in partner-violent clients.

2 METHODOLOGY

2.1 Conceptual background

This research, which was based on a series of discursive qualitative studies conducted within a social science framework, incorporated various philosophical assumptions regarding its ontology (what is real and knowable), epistemology (what we must do in order to know), and methodology (what techniques will lead to fruitful inquiries). It drew on postmodern and social constructionist paradigms as its overarching research perspectives (see Banister, Burman, Parker, Taylor & Tindall, 1994). However, the specific context of intimate partner violence as the subject of this overall thesis necessitated careful consideration of the assumptions applied. Following Natoli and Hutcheon (1993), the postmodern era has abandoned any positivistic search for bedrock truth, i.e. a truth that would make it possible to construct unchallengeable belief systems. Instead, postmodern thinking has opted for relativism, subjectivity, and the incorporation of a variety of truths and realities in its ideology. Ontologically, postmodern and social constructionist paradigms view reality and truth as pluralistic: realities are relative, in the sense that no reality is considered more “true” than any other, each reality being constructed by the social actors within local contexts (Gergen, 1994; Shotter, 1993). In the context of this research, however, it would be ethically problematic in ontological terms to regard violence as an entity to be merely relatively and subjectively evaluated: the hurting acts of physical, psychological/emotional, and sexual violence are undeniably parts of the concrete world, not socially constructed entities. Indeed, many critics of social constructionism (see e.g. Boghossian, 2006) have questioned the validity of an all-encompassing relativistic view of physical and material realities, and the present thesis, too, would see researcher objectivity and neutrality as inappropriate, given that the practical aim is to develop interventions with partner-violent men in order to lessen and stop violence. In this regard, the present thesis does not adopt the most radical ontological positions of postmodernism and social constructionism. On the other hand, the epistemological and methodo-

logical assumptions of postmodern and social constructionist paradigms do seem consonant with the assumptions and context of the present work. The sections which follow recognize the aspects of researcher subjectivity and the inevitable influence of the researcher on the knowledge produced; in addition, the methodological assumptions – always bearing in mind the practical aim of improving understanding(s) of the topic under study – are compatible with social constructionist thinking. It is not claimed that the knowledge produced here is the complete and only truth; rather, the knowledge obtained can be seen as situated and socially constructed within the present cultural and historical context. In the studies reported in the following sections, methods were chosen that appeared to have the potential to enrich understandings of the phenomena under study, and to further develop the methodological field. As a researcher, I have endeavored to report the methods meticulously and to discuss them in detail. By this means I hope that readers will be able to follow the steps taken and the reasoning adopted.

In this research, some basic hypotheses were adopted: (i) that talk and words constitute an active means of making, doing, and affecting; (ii) that talking together offers a possible means of affecting people's ways of thinking, feeling and behaving; (iii) that both change-facilitating and change-impeding events occur within talk-based interventions. These hypotheses reflect two major assumptions inherent in the research epistemology and methodology, as discussed below.

The first assumption is that communication in group interventions with partner abusive men is intentional, relational, and co-constructive, which means that interlocutors contribute to shaping the meanings and realities that develop in the process of their co-constructed interaction and dialogue (cf. Bakhtin, 1986, Buber, 1970; Markova et al., 2007). Thus, communication is not viewed as a neutral exchange of information without influence on the communication process itself, but rather as an on-going, moment-by-moment process between living and responding persons, who influence and are influenced by a specific context (Linell 2009; Seikkula et al., 2012).

The second assumption is that the communication and interaction between the persons in an intervention are observable and can thus be studied via a specific methodology (cf. Guba & Lincoln, 2005; Healing & Bavelas, 2011). In the present research project, communication is viewed as the most observable thing that clients and intervention counselors actually do (see also Holma et al., 2006; Partanen, 2008). The development of research methods such as videotaping and recording intervention sessions, which are now common practice in many intervention studies, has made it possible to examine the details of communication processes as they occur. A facilitating element for the present research was that in 1995 the University of Jyväskylä Psychotherapy Training and Research Center began to collect videotaped data from group interventions with partner violent men. The center has also worked to develop qualitative research methods, including tools for the microanalysis of communication in psychotherapy. As part of this endeavor, the researchers have developed a dis-

cursive method called Dialogical Investigations, which will be explained in following section.

2.2 The dialogical viewpoint

In this research, talk and interaction in the intervention conversations of partner-violent men are approached from a dialogical perspective. The concept of dialogue derives etymologically from two concepts in the Greek language: a transmission “dia” (through) the “logos” (“word” or “reason”), referring to the transmission of meaningful thought content between interlocutors (Dudiak, 2001). In fact, work on dialogue has been conducted for more than 2000 years, using tools from various disciplines, including philosophy, pedagogy, organizational studies, and communicative theory. The present research focuses mainly on a communicative approach on dialogue, although dialogue is recognized to be more than just communication – the dialogical approach can include perspectives on relations between people and their experiences (as described in phenomenologically oriented work by philosophers such as Martin Buber and Emmanuel Levinas), or on the most crucial characteristics of life, including tensions between different voices, meanings, and constantly changing positionings (as discussed by authors such as Mikhail Bakhtin, Valentin Voloshinov and P. N. Medvedev). When dialogue is viewed as communication and adopted as an approach for analyzing interaction between people, it may be seen methodologically as coming close to the family of discursive methods, including, for example, conversation analysis, discourse analysis, and narrative methods. All these approaches can be viewed as focusing on the various uses and forms of text, talk, and words within a range of contexts, and they all analyze such uses and forms as their primary data. These discursive approaches share many similar core principles with approaches in discursive psychology: they regard text and talk as actions, and as both constructed and constructive (see Potter, 2000; Potter & Wetherell, 1987). However, unlike other discursively-oriented methods, in the dialogical approach the focus is on processes as they dynamically evolve, bring about possible tensions, and exhibit positions that fluctuate in and between interlocutors.

The terms “dialogue,” “dialogical,” “dialogism,” and “dialogicality” are closely related and are sometimes used almost interchangeably. Terms used in linguistics, social sciences, psychology, arts, the cyber-world, and literature have a wide range of connotations; they thus constitute a fairly diverse but often mutually-related bundle of approaches to language, communication, and cognition. Linell (2009) distinguishes between dialogism and dialogicality, with *dialogism* referring to theoretical and epistemological assumptions about human action, communication, and cognition, and *dialogicality* referring to an essential property of human beings in the world, one that is thoroughly interdependent with the existence of the other human beings. Thus, the epistemological and ontological understandings of the terminology exhibit a mutual dependency. In

this research, in which the major interest lies in distinguishing various dialogical properties of language and interaction, the focus will be on the observable dialogical qualities of intervention encounters. This somewhat practically-oriented approach will inevitably leave out some other salient dimensions of the concept and ontology of dialogues, including a more philosophical understanding of dialogues as an essential form of being and existing in and through relations and relationality.

Conceptually, dialogue is often conceived as a contrary phenomenon to monologue (Bråten, 1988), but the two encounter-focused concepts intertwine with each other. A monologue can be defined as a dialogue without an addressee – i.e. without anybody who listens and responds to the speaker. Monological interaction is seen as describing encounters in which the participants tend to focus on a single voice expressing only one viewpoint. In this case there is a single “truth,” meaning that one speaker’s thoughts are conveyed without the thoughts being adapted to other interlocutors, or without utterances framed as responses to other interlocutors. In terms of the quality of an encounter, a monologue can be seen differing from a dialogical encounter, in which the aim of the conversation is to facilitate the emergence of shared, new understandings. Such a conversation is polyphonic and respectful in nature, and involves multiple voices between interlocutors. When one adopts a dialogical perspective on intervention (regarding intervention as a conversation), the discursive data can be analyzed as a constant stream of responses, and as manifesting a shared and co-constructed process of movement towards improved understandings.

2.3 Data and participants

The data used in the studies reported in this thesis were obtained from videotaped and transcribed group intervention sessions held within the Jyväskylä-model intervention program for partner-abusive men. The total data corpus for the studies consisted of the videotaped sessions from two closed-format and three open-format intervention programs. The closed-format groups met in a set of fifteen meetings arranged over one semester, with the group composition staying the same from beginning to end. In contrast, in the open-format groups the clients could enter the group in the middle of a semester, with a commitment to attend at least fifteen meetings. In these open-format groups the clients could decide to continue in the group, and, if they wished, to participate in more than fifteen sessions. These features made the open-format groups more heterogeneous, with the inclusion of both new (beginning) participants and more experienced participants.

One of the studies analyzed an entire closed-format intervention program from the year 1998; this included the intervention conversations of six participating clients and their two male counselors. The other two studies examined the intervention processes of four individual clients who participated in open-format intervention programs between the fall of 2002 and the spring of 2007.

Two of the four clients in the open-format groups attended a couple of group sessions at the same time, with their intervention processes overlapping temporally. In its entirety, in the three studies in question, the data corpus consisted of 82 video-taped group meetings (each lasting 1½ hours), comprising in total slightly more than 120 hours of recorded material. In addition, we had outcome data from the female partners of the attending men. These partners were interviewed and asked to fill in the ACBI inventory (Davies et al., 1995, see Appendix 1) at three different points of measurement, i.e. at the start of the intervention, immediately after the intervention, and two years after the end of the intervention. The evaluation of the progress of the participating men was based on a quantitative analysis of these inventory data.

In the first study, the sample chosen for the study represented one entire group intervention process. Apart from one drop-out after the first meeting, the composition of the group remained unchanged throughout the intervention, suggesting these clients' strong commitment to the group. The five clients were all white Finnish males, aged from 27 to 52 years, representing a variety of work histories and educational backgrounds. At the time, one of the clients was in the process of divorcing his wife, two clients lived together with their wives, one lived in an open relationship, and one started dating during the intervention process. The counselors were both white Finnish males with special training in family therapy, and with work experience of more than five years at the crisis center. In the second and third study, the sample chosen consisted of four individual client cases. The four clients were white Finnish males, aged from 30 to 60 years, representing a variety of educational backgrounds and work histories, ranging from a university degree to vocational schooling, and from unemployment to a managerial position. At the time, one of the clients was in the process of divorcing his wife, and three clients lived together with their wives. In all these groups, the two counselors were both white Finnish males working at the crisis center. In order to protect these clients' identity, no exact information on their demographic features is presented.

The statistics collected within the Jyväskylä research project on partner-violent men cover different periods and forms of intervention, as follows: Between 2001 and 2012, altogether 533 men came to the crisis center Mobile because they had used violence against their intimate partner. All these client men started with an individual intervention phase consisting of meetings (usually around five sessions) between the client and a crisis center worker. In total, some 45% of all the help-seeking clients stopped their intervention after less than five individual meetings, with more than 50% of clients wishing to participate in more than five individual meetings. After the individual meetings clients could choose to enter a group intervention. Out of the entire original client population, some 14% chose to enter the group intervention. Among the clients who actually entered the group intervention program, some 20% stopped intervention before attending a tenth session; these were regarded as drop-outs.

Measurement of the success of the intervention in reducing future violent behavior was based on the reports given by the partners of the men who at-

tended the groups (i.e. not the drop-outs) soon after the end of the intervention. In this study, as in many similar studies, there were many issues complicating the measurement of outcome. For example, not all the clients' partners could be reached for all three evaluation interviews, especially for the third interview two years from the end of the intervention. The missing data made it difficult to analyze the rates of re-assault (involving physical, psychological/emotional, and sexual violence) in many client cases. However, regarding the clients selected for detailed examination in this study, the data were complete. Thus, with the ACBI inventory and a careful analysis of its scale-order variables, we could make a reasonable estimate of the extent of the changes occurring in all three dimensions of violence for each client. This information was needed in order to study the differences between good- and poor-outcome client processes, which were examined in more detail in the second and third study.

Written permission for the recordings was obtained from all the participants in the group (see the anonymized consent forms in Appendices 1 and 2). The University of Jyväskylä Psychotherapy Training and Research Center keeps the recorded material securely, and the members of the research team are all committed to complete confidentiality. The research procedure was audited by the University of Jyväskylä Ethical Committee on March 27, 2006. The recordings were later transcribed, yielding a total of 501 text pages (Font Courier 12, line spacing 1). These transcriptions formed the data corpus which was analyzed for this research. A table of participants is presented in Appendix 3. The transcription symbols (see Appendix 4) followed the model developed by Jefferson (2004). In the excerpts used for the analysis pseudonyms were used throughout.

2.4 The analytical process: Main stages and focal points

The analysis of the data was initiated by watching all the videotaped intervention sessions. I also read through the transcriptions several times, with the aim of connecting the living situations (containing various accents, tones of voice, and ways of speaking) with the much less lively written text. This phase took a considerable amount of time; nevertheless, in qualitative studies the phase of getting to know one's data is regarded as important for the entire process of research (Guba & Lincoln, 2005) and thus worth all the trouble and time taken. A flow chart of the analytical process is presented in Appendix 3.

Since the aim of the study was to grasp the on-going, constantly unfolding processes in interpersonal interaction within the conversations of partner-violent men, I next tried to go through the data with this focus in mind, writing down my spontaneous ideas related to this topic, and to the content of the conversations. It was within this process that the initial research question came into focus, in the following manner:

(i) First of all, my attention was drawn to the counselors' framing of different approaches, such as their use of both confrontational and supportive

comments to abusive clients. Thus, I pondered the function of these different approaches within this type of intervention. I also became interested in the processes of change in group programs, asking the initial question: *Why is it that some men seem to benefit from an intervention that seems to have no effect on other men?*

To answer this question, the head of our research project chose four cases, two of which were labeled as good-outcome cases and two as poor-outcome cases. The choice of the cases reflected the principles of purposive sampling (see e.g. Patton, 2002), in which cases are chosen on the basis that they demonstrate variation in the particular observable phenomena. The sampling was based on two criteria: (1) the amount of reported violence after the end of the intervention, and (2) the amount of change, measured as the difference between the violence before and after intervention. Thus, the good-outcome cases reflected both a considerable decrease in violent behavior, and low levels of violence after intervention. Conversely, the poor-outcome cases reflected a small or no decrease in the violent behavior, or even increased rates of violence after the intervention. From the pool of clients with intervention outcome measures, the head of our research project chose two clients with significantly positive outcome measures, and two clients with only moderately positive or even negative outcome measures. Note that in this kind of study setting, the choice is not initially based on facilitating generalizations. At this stage, the aim is rather to conduct a possibly interesting analysis of different individual cases (which may or may not ultimately have wider implications). To ensure a blind research setting, I was not made aware of the results of the intervention.

(ii) After getting the chosen clients' conversation transcriptions, I began to look at the different intervention processes. I focused on the interesting (possibly change-related) contents of the intervention, seeking to address the following research questions: *How were (possibly) healing, change-facilitating conversations formed within the group conversations of partner-violent men, and what were the characteristics of the problematic parts of the conversations?*

For the purposes of this study, the change-facilitating conversations were defined as conversations in which shared understandings, new interpretations, and new meanings were observed to emerge. These characteristics follow the theoretical ideas of dialogues presented in the literature by, for example, Mikhail Bakhtin, Martin Buber, and Ivana Markova. In addition, these type of conversations have been noted to characterize good-outcome conversations in some earlier studies (see e.g. Guregård, 2009; Seikkula, 2002). It was, however, noted that only a certain proportion of the changes occurring in interventions ever come in the verbalized forms available for this method of analysis; hence, these methods do not capture those change processes which operate (for example) mainly on the basis of active listening, or intra-psychical reasoning, or emotional processing

(iii) After this blind examination phase, the results for each client's intervention were revealed. I could thus set the client cases side by side and compare similarities and differences between the four cases. This made it possible to frame and address further research questions: *What kind of characteristics could be*

observed in the intervention processes of good- and poor-outcome clients, and what kinds of conversational tools did the counselors use with these different clients?

As the focus was on intervention encounters from a dialogical perspective (rather than, for example, from the perspective of the talk or discourses of individual clients) it became clear that I had to start by examining the intervention conversations as dialogues, and to focus especially on the acts of speaking together that contributed to the dialogical characteristics of the conversations. Here it should be noted once again that a special characteristic of the dialogical approach is its emphasis on the social, momentary, and process-wise nature of the interaction. Talk is not studied as messages sent by one speaker and received by another; instead, the act of conversation is seen as an on-going, living, and shared “happening” between the interlocutors (see Linell 2009; Markova et al., 2007). Thus, I started to search for and compile particularly interesting parts of the transcriptions. Once I had extracted these (for example, a part illustrating a counselor’s way of presenting support to a client, or a dialogically constructed conversational sequence between a client and a counselor) I moved to a micro-level analysis of these excerpts. In this micro-analysis, a specific research method was needed. I chose to use a method that was currently being developed at the University of Jyväskylä, called Dialogical Investigations in the Happenings of Change (see Seikkula et al., 2012), hereafter abbreviated to Dialogical Investigations.

2.5 Dialogical Investigations and the Stages of Change analysis

Studying talk and interaction in a multiple-actor setting necessitates a specific research setting and a method. In order to grasp the on-going, constantly unfolding processes in interpersonal interaction, researchers interested in the potential of a dialogical viewpoint have developed a method called Dialogical Investigations (Seikkula, 2002; Seikkula et al., 2012). This method has been developed for the purposes of analyzing the special dialogical patterns of interaction. In it, the emphasis is not only on what is said, or on how it is said, but also on the response(s) to what was said, who responds, and what emerges in the process of the interaction. Moreover, attention is focused on the voices of the interlocutors; thus, following Bakhtin (1986), one may be able to identify various voices embedded in the meanings and associations of spoken words, meanings that stem from the contexts in which they were previously used. In multi-actor interaction settings, in which more than two interlocutors are involved, the full range of interaction dimensions cannot be captured with most analytical tools. Previous studies (e.g. Guregård, 2009; Seikkula, 2008) have suggested the Dialogical Investigations method offering a usable means of observing the course of spoken interaction within various talking-cure practices.

Dialogical Investigations focuses on the following interactional qualities: conversation dominance, monological and dialogical modes of interaction, and

indicative and symbolic meanings of language. These terms require fuller treatment, as explained in the following paragraphs.

In a microanalysis conducted via Dialogical Investigations, each utterance is considered in its turn-by-turn context, both as a reaction to the preceding utterances and as a condition of and context for the subsequent ones (for the coding procedure, see Seikkula, 2002; Seikkula et al., 2012). Our analysis followed a four-step procedure, as follows:

Step 1: Once transcribed, the material was divided into topical episodes, in which alterations of perspective marked sequence boundaries.

Step 2: The topical episodes were each coded for quantitative, semantic, and interactional dominance.

Step 3: Coding was conducted for indicative (i.e. concrete, often single-interpretation) uses of language and symbolic (i.e. abstract, multiple-interpretation) uses of language.

Step 4: Coding was conducted for dialogical and monological modes of interaction.

First of all, the transcribed text was divided into topical episodes by identifying episode boundaries, using changes in the theme, topic, or perspective as markers of a boundary between episodes. Typically, there were some 20–25 episodes in a single 1½-hour group conversation meeting, but the number of episodes fluctuated depending on the flow of the conversation. Because including a coded transcription of an entire topical episode would take an inordinate amount of space, in this thesis only excerpts from longer episodes are included.

Secondly, conversation dominances were coded. The coding of conversation dominances provides a measure of conversation activity, and is divided into three subtypes, namely (i) quantitative dominance (referring to the amount of talk in a conversation); (ii) semantic dominance (referring to the introduction of new concepts that thematically structure the conversation); and (iii) interaction dominance (which labels patterns of interaction such as initiating and joining in a conversation). The coding was done for each topical episode separately. *Semantic* dominance could be observed, for example, in a counselor's questions: "I've a topic that I would like us to talk about here. What do you think would have happened if, in this group, one of the counselors had been a woman? Do you think it would have changed the group or your attitude towards the group, or your way of talking in the group?" For its part, *interaction* dominance was observable in a counselor's speech act that stopped one client's lengthy conversation turn and allocated the conversation turn to another client: "Well we probably can come back to this issue soon. Now I'd like to continue doing the round. So how's your past week been, Matt?"

Thirdly, a further interactional dimension was coded, involving the distinction between indicative and symbolic meanings of language. In this coding, we identified whether the words used in the interaction were being used to refer to some factually existing thing or matter (indicative language), or whether the words were being used in a symbolic sense – that is, referring to words and concepts rather than to an existing thing or matter. This distinction is rooted in

Vygotsky's (1934/1962) and Piaget's (1945/1962) theories of language and thought development. Both of these theorists saw the development of thought and language as proceeding from the world of concrete, tangible objects to the world of mental representations. When a child discovers that words function as symbolic links between objects and their representations, it then becomes possible for thought and language to function without contact with factual objects. In previous studies (Guregård, 2009; Seikkula, 2002; 2008) it has been observed that dialogical interaction supports clients' disclosure of their feelings and thoughts, and that these, in turn, evoke not just one but various interpretations in listeners. In group conversations with men who have used violence against their intimate partners, clear examples of the use of language in a purely indicative manner (reflecting single-meaning concepts that do not need any elaboration) came up in utterances such as, "Who called the police?" "Were the children at home when this happened?" or "How many people know that you are here today?" It is often possible to answer such questions with one or two words referring to concrete things, facts, or people; hence, engagement in further discussion or more complicated meaning-making becomes unnecessary. In turn, symbolic language was defined in terms of episodes in which the concepts did not bear the same meaning for each participant and therefore had to be negotiated. Examples of (initiating) symbolic uses of language would include, for example, "How would you feel now if you used violence again?", "Do you mean that in your case, there was a link between violence and becoming belittled or demeaned?" and "How was your visit, from your spouse's point of view?" In fact, with Dialogical Interpretations, it is assumed that in the symbolic use of language, differences between meanings and interpretations may be used as major triggers for the discovery and articulation of new meanings.

Fourthly, in this research monological and dialogical modes of interaction were defined with reference to the quality of the encounters. Episodes coded as dialogical were seen as reflecting (i) an emergence of shared understanding; (ii) polyphony and respect for multivoicedness; (iii) an ability to reflect on one's thoughts, emotions, or behavior; and (iv) utterances connecting with preceding utterances. However, the sequences coded as dialogical were not identical, and it was important to bear in mind that dialogues could appear in short as well as long conversation sequences, in counselor-client interaction or client-client interaction, or in the form of a question, answer, or pause. Dialogues were also conceived as emerging subtly in verbal and non-verbal interaction, in entities more complicated than individual words or phrases, and sometimes in largely implicit and non-codifiable forms that were difficult to capture with this method.

For their part, sequences defined as monological reflected (i) the presence of a few dominating voices silencing other voices; (ii) debating or arguing over opinions; (iii) utterances contradicting, disproving of, or criticizing other speakers' statements; (iv) utterances appearing as separate chunks of conversation, breaking up the flow of initiatives and responses.

In coding the transcribed data in line with Dialogical Investigations, some difficult questions were encountered. The following excerpt illustrates a difficulty in defining differences between symbolic and indicative uses of language:

Sam: one issue that one might wish (.) but that does not .hhh perhaps .hhh happen is that (.) euhh that this would somehow (.) like put the relationship in a good shape (.) yes perhaps (.) a bit unrealistic wish to (.) a course (of this type) (2) where it is (.) me who is attending (.) and well the relationship will improve if it is to improve ((laughs))

C2: (3) mmm (.) .hhh well this is in a way (.) a risk group (2) I mean that this does not definitely (.) ensure improvements in the relationship (that) (with a laughter) .hhh

Tom: yeaah (.) it was Tom who said that (just) that what comes there (.) instead of violence

C2: mmm yes (.) in some relationships it has (well) even got worse but (but) that violence has stopped but still the decision of divorce has been made (.) that kind of risk there is always present in this type of

Nick: yes it does not always get better anyway

Tom: yes (.) at least it does not obviously solve the whole problem (.) actually it might produce new problems (.) at least the old (.) the old logic is not valid anymore (I mean)

Gary: I for my part (.) I would say that at least in my case (.) the relationship has not got any better after this autumn (.) I mean (.) but .hhh let's say .hh at least (that) my own attitude is (.) at the moment that kind of (.) that it really takes a really tough situation (to make me use violence again)

The conversation above deals with the hopes and goals clients had had for the intervention program that is now about to end. The excerpt was first coded as representing a use of indicative language, as the talk concerns factual things and a type of psychoeducation related to the effects of these kinds of interventions. However, during a more meticulous examination it was noticed that despite going through factual issues concerning the effects of the program, in this excerpt the clients actually share their personal meanings, opinions, and hopes concerning the group and reflect on them. Thus (representing symbolic uses of language), the clients and the counselors define and re-define ideas of the group, its targets, and problems concerning their intimate relationships. The excerpt was also coded to represent a dialogical mode of responding, as one could observe respect for multi-voicedness and for differing opinions and meanings, listening to what was previously said, the formation of links to other participants' spoken comments, and the construction of new understandings concerning, possibly, the problems of intimate relationships and the violence within them, plus the effects of the group intervention.

In my first study, the focus was on the counselors' ways of using dialogical and monological modes of talking with their clients, and the client's responses to these conversational acts. The data consisted of 15 sessions with the same group of clients, which made it possible to analyze the course of the intervention process, and especially, to compare the ways of talking at the beginning and at the end of intervention. In this study, the outcomes of the intervention were not investigated. Instead, analysis focused on examining the

clients' and counselors' ways of using language throughout one entire group intervention process, as viewed from the perspective of dialogical theory, applying the Dialogical Investigations method.

In the second study comprising four individual client cases, the first phase of the analysis was conducted using the Dialogical Investigations method. The second phase of the analysis included setting out selected excerpts from good- and the poor-outcome cases in parallel, and comparing them for possible differences and similarities in three conversational qualities: conversation dominances, dialogical and monological styles of responding, and varying degrees of symbolism in the expressions used. In order to limit the amount of the material for the final detailed analysis, I chose 25 excerpts representing conversations from the good-outcome cases, and 25 excerpts representing the poor-outcome cases. The choice of excerpts was based on the theory of dialogues, and the results from earlier studies (see e.g. Guregård, 2009; Seikkula, 2002, 2008). The focus of the analysis was on (i) the characteristics of potentially successful interactions and (ii) the characteristics of potentially unsuccessful interactions within intervention conversations. The 25 good-outcome cases included 11 excerpts from Client 1 and 14 excerpts from Client 2. The poor-outcome cases included 8 excerpts from Client 3 and 17 excerpts from Client 4. Thus, the number of cases was not equal for each client case, the aim for this phase of the analysis being rather to prioritize excerpts representing particularly clear examples of potentially successful and unsuccessful intervention conversations. Appendix 3 contains a flow chart showing the analytical stages in the second and third study.

The third study involved qualitative content analysis (see e.g. Mayring, 2000) structured by the theoretical outlines of the Stages of Change Model (SCM) and Dialogical Investigations. The idea for the third study developed during the first analytical phase in the second study; hence the analytical processes in the second and third study partially overlapped. The third study, which used the four client cases initially chosen for the second study, started off by defining the stages of change within these clients' intervention processes, with an analysis of the contents of the stages in each individual client case. For this purpose it used a qualitative content analytical method based on earlier qualitative studies on evaluating clients' stages of change (see Scott, 2004; Zink, Elder, Jacobson & Klostermann, 2004). For all four client cases, each of the meetings attended was labeled according to its dominant stage of change (as determined by the contents of the spoken-aloud conversational turns). The labeling was based on a five-class categorization presented within SCM, consisting of the stages of precontemplation, contemplation, preparation, action, and maintenance (see Norcross, Krebs & Prochaska, 2011; Scott, 2004).

In the first phase of the analysis in the third study, the labeling of the stages of change was first practiced among the participating researchers. The categorizing phase was repeated three times, and questions raised by unclear situations were discussed within the research group. In the second phase of the analysis, which included a detailed analysis structured by Dialogical

Investigations, a microanalysis of the speech acts of the participants was conducted on selected parts of the intervention conversations. The detailed analysis involved conversation sequences in which clients and counselors together contributed to the construction of the discussion. In order to limit the amount of material for detailed analysis, six conversation sequences from each of the five classes were chosen, making altogether 30 conversation sequences. The third analytical phase included an examination of the counselors' conversational tools, conducted within the multitheoretical frames of the SCM and Dialogical Investigations. Here it should be emphasized that in the second and third studies, I was not initially aware of the intervention outcomes; however, in the final phase of the study the outcomes of the client cases were revealed, and a comparison could then be made between the poor- and the good-outcome cases.

Initially, I as the first author performed the primary coding and classification of the contents of the intervention conversations in each client case. To check for coding consistency (Richards, 2005), the three authors of the article (i.e. I and my two supervisors) analyzed the transcripts independently. Thereafter, the authors discussed the category structure and considered the coherence of the results. The consensus meetings were held several times during the coding and classification process, and organized in the form of conversations in which the transcribed excerpts, and especially the problematic ones, were examined within comprehensive comparative discussions, with all the raters participating. As the method and its coding system are novel, and in some respects still under development, the coding was based on published articles presenting the Dialogical Investigations method (see Seikkula, 2002; Seikkula et al., 2012). In coding the qualities in accordance with the Stages of Change model, the analysis was based on scholarly work on the model (see Norcross et al., 2011) and on the methods of coding developed so far (see e.g. Scott, 2004; Zink et al., 2004). Some phases of the analysis and some of the findings were also discussed with a larger research group, all of whose members were trained in the use of qualitative methods. The original transcripts were always used as reference material.

An example of problematic coding encountered in the third study is presented in the following excerpt, initially coded as embodying the *action* stage.

Mark. A client in a poor-outcome intervention process. 5/9 session.

C1: have any of you noted any changes in your behavior (3) umm .hhh sometimes (.) when physical violence has stopped (2) then one may have used more psychological violence (2) have you been told about these kinds of things

Mark: (.) .hhh well yes (1) I've been told (1) and I've noticed it myself too (1) u:m maybe not these last times but especially earlier this summer (2) mmm yes I noticed it (.) on my own

C1: mmm (1) so you think (.) it has stopped (.) now

Mark: yeah .hhh in my opinion yes but (.) .hhh of course you should ask Eva (.) I mean she might have a different opinion on that (.) but yes (.) it can be that the psychological violence has .hhh well if not stopped totally but at least decreased (3)

because (.) I know it because (.) well this morning (.) she would surely have mentioned it (.) if she thought that the psychological violence had increased (.) or stayed the same (3) .hhh we weren't even in hurry this morning .hhh so that yes (1) the physical violence has ended

C1: u:mm it is a that kind of a topic (.) that you probably shouldn't check with Eva

Mark: you mean (.) I shouldn't

C1: mmm (.) do you think that Eva would say (2) if she'd been troubled by this

Mark: yeah I'm sure she'd say it (.) if she felt I was using psychological violence

C1: .hhh but yes (2) you have noticed it yourself (.) and in your opinion (.) the psychological violence has decreased (.) and you're able to observe it yourself

Mark: yes yes .hhh (.) you need to observe it (.) .hhh even if you feel that it's wrecking your nerves

In this case, a client called Mark indicates that he has changed, having totally stopped his violent behavior. The excerpt was initially coded as reflecting the *action* stage of change, i.e. as showing concrete steps towards change. However, when the intervention outcomes were checked according to the partners' reports on the ACBI questionnaire, it emerged that this client's partner had reported continuing and even worsening violence during the group intervention. Thus, the client's talk of changed behavior appeared to be misleading, and the *action* coding unrealistic. It is interesting to consider whether a self-reporting questionnaire would have picked up this anomaly at all (assuming that the client had self-reported in line with his opinions in the extract above), or whether self-reported measures actually give any additional factual information on the client's "true" phase of any change towards non-violent behavior.

Overall, the coding of the transcriptions of group intervention conversations according to the Dialogical Investigations and the Stages of Change model was found to involve a number of complicated issues; these were encountered especially in ambiguous parts of conversations, in which the coding rules defined in the method did not clearly match the content of the interaction (as understood in the light of the eventual outcome). One observable phenomenon was that the good-outcome clients actually tended to start their intervention process at the later stages of change, whereas the poor-outcome clients tended to fluctuate more within the early stages of change throughout the intervention process. Based on the outside-evaluator analysis of the clients' speech turns (via matching with the Stages of Change model) there were unclear fluctuations in the stages of change: occasionally the poor-outcome clients' talk seemed to reflect later stages of change, including action or even maintenance stages of change, despite the fact that according to their partners' reports there had been no real actions towards stopping violent behavior.

It should nevertheless be noted that fluctuations could occur also in the good-outcome clients' conversation turns. At times these reflected the early stages of change such as precontemplation or contemplation, especially after a relapse into violent or threatening behavior. Indeed, the clients' stages of change could fluctuate even within a single group session, with a client's conversation turns reflecting, on the one hand, features of the precontemplation stages of change, and on the other hand, features related to the action or

maintenance stages. In these cases, the coding for the clients' stage of change for the session in question often involved compromise.

At this point, one can say little more than that such difficult coding questions – as observed in these preliminary studies involving only a few clients – underlined the need for further studies. Given the fluctuations and ambiguities involved, I decided that it would be misleading to include any chart purporting to show the movement in the clients' stages of change within the group intervention.

3 OVERVIEW OF THE ORIGINAL STUDIES

3.1 Study 1

Räsänen, E., Holma, J., & Seikkula, J. 2012. Dialogical Views on Partner Abuser Treatment: Balancing Confrontation and Support. *Journal of Family Violence* 27, 357–368.

Intervention programs for intimately abusive men seek to stop and forestall partner and family violence by applying a variety of methods based on different disciplinary premises. The study referred to here focused on a challenge faced by professionals working with this group of clients, namely, how one can combine therapeutic understanding and support with adequate efforts to make clients stop and reconsider their behavior. Several researchers have noticed the difficulty of making confrontational remarks to clients: if confrontational methods are not balanced with sufficient support, clients may hold back, or abandon intervention, thus impeding possibilities for change (see Dutton, 2006; Kurri & Wahlström, 2001; Taft & Murphy, 2007). In this study we investigated group conversations within a Finnish intervention program for partner-violent men (a program applying an integrative intervention approach, with elements from educative and structured intervention models and from psychotherapeutic intervention). The focus of the analysis was on the specific patterns of interaction between clients and counselors, and the study included a fine-grained examination of patterns in the intervention relationship and of the counselors' in-session verbal tactics. For the purposes of this study, a detailed examination of videotaped conversations within a 15-week therapy program was conducted. The method used was Dialogical Investigations, which is specifically designed for the study of interactions in multiple-actor settings.

As a characteristic embodied in its integrated approach to interventions with partner-violent men, the Jyväskylä model manifests a tension between a confronting, educative, and feminist standpoint, and a softer, therapeutic standpoint. As with most interventions directed at partner-violent men, the

Jyväskylä model maintains a non-accepting stance towards violent acts, emphasizing the necessity to stop abusive behavior. However, because the model works with voluntarily-attending clients and is not bound to the criminal sanction system, treatment-oriented and individual needs-focused ideas have also come to play an important part in the model. The findings of the present study showed that under the Jyväskylä model the group counselors used a variety of conversational strategies reflecting two main approaches, namely (i) an approach based on clear guidelines, structures, and educational methods, and (ii) an approach emphasizing a supportive working relationship, applied flexibly to different intervention situations. It was observed that confrontational and challenging types of talk were used especially when conversations dealt with violent incidents (whether recent or occurring some time previously). These were incidents that the counselors asked about directly and meticulously; in such cases the possibility of violent outbursts was anticipated, and the talk included harsh facts about violence and its effects. By contrast, counselors used a softer, more supportive, and relationship-focused approach incorporating empathy with the client men, for example when the discussion dealt with clients' difficult and traumatic experiences, their current stressors, admissions of culpability, and the difficulties of change.

The results of this study suggest that consideration should be given to the possibilities opened up by various intervention approaches, and by the multitude of models available, with their theoretical and practical guidelines on how such interventions are to be carried out. Generally speaking, practitioners may be aware of the various ideologies embedded in interventions with partner-violent men, such as feminist ideologies, patriarchal ideologies, ideologies concerning masculinity, femininity, or relationships – all these in addition to ideologies concerning intervention techniques and practices. However, practitioners may not always be aware of the possibility of integrating and tailoring different intervention ideologies, approaches, and conversational techniques to match the needs of (differing) partner-violent clients/problems, within therapeutic practice. The results of this study could encourage practitioners to pay attention to their conversational tools, and to apply them in the actual practice of intervention conversations.

3.2 Study 2

Räsänen, E., Holma, J., & Seikkula, J. 2012. Constructing Healing Dialogues in Group Treatment for Men Who Have Used Violence Against Their Intimate Partners. *Social Work in Mental Health* 10, 127–145.

This qualitative study examined talk and interaction in a group intervention directed at men who had used violence against their intimate partners. Although talk and interaction typically constitute an important part of the practices in various talking-cure interventions, studies on the actual, concrete acts of

talking together seem to be rare. This case-comparison study aimed at responding to this lack of research by analyzing videotaped data from group intervention sessions with partner abusive men. Using the method termed Dialogical Investigations, the study examined the construction of "healing dialogues," that is, dialogues that promote change in clients, within intervention conversations. In so doing, the study also examined the processes and significances of commonly-encountered ruptures in the working relationship, as observed at the level of conversational accounts.

Micro-analysis of two selected "good-outcome" and two selected "poor-outcome" client cases (as they were labeled), suggested that mutually responsive and constructive dialogical interaction and talk at the symbolic level of meanings may support the emergence of new meanings. The changes in meanings may further lead to alternative ways of thinking and behaving, thus functioning as important triggers of the ultimate goal of the intervention, i.e. a change in behavior and an end to violence in the relationship. Dialogical Investigations showed that in the two good-outcome cases, the clients spontaneously produced talk at the symbolic level of meaning, and that they expressed their thoughts, feelings, and differing interpretations of phenomena within group talk. By contrast, in the two poor-outcome cases, the clients' utterances often reflected concrete, indicative uses of language, in which no alternative viewpoints could be discussed. It was noted that when the counselors made attempts to switch the discussion to a more abstract level - for example, when they tried to move from a description of a concrete situation to a more abstract analysis of a person's feelings - the poor-outcome clients would often not follow the invitation, tending rather to maintain their talk on an indicative level of meaning. The good-outcome clients, for their part, would flexibly switch their talk and sustain the continuation of the dialogue. Here, an interesting question is whether clients begin the intervention with considerable variations in their readiness for change, and in their prerequisites for working toward change. It may be worth considering whether the clients' characteristics as interlocutors could work as a means for forming different subgroups, allowing counselors to adapt their interventions accordingly.

Although it is clear that mere changes in talk and meanings will not in themselves put an end to partner violence, the present study suggests that a successful intervention with violent clients may reach toward triggers of change on two levels - one involving talk about meanings, the other concrete acts - and may find a way to make these twin domains match with each client's experience. In terms of intervention practice, the ideas presented in this article could encourage practitioners to pay more attention to the individual acts of listening, responding, and speaking to their abusive customers. They further suggest the value of deliberately constructing conversations in ways that could facilitate the emergence of new understandings, with possible new conceptualizations of and alternative perspectives on problematic behavior. In our daily work, language incorporating different words, stories, and voices is often the sole instrument we have; yet we are rarely aware of our competencies in using language, and

are often too occupied to take time to improve them. It is hoped that the interactional point of view presented in this article may lead to better knowledge of the processes of interaction that can achieve or disrupt a shared understanding – processes that are relevant to a broad range of counseling situations.

3.3 Study 3

Räsänen, E., Holma, J., & Seikkula, J. (in press). Dialogues in partner abusive clients' group treatment: Conversational tools used by counselors with differently motivated clients. *Violence and Victims*.

This qualitative study investigated talk and interaction as process factors potentially influencing outcomes in group interventions with partner-violent men. The study indicated that (i) clients participate in group programs with considerably different degrees of motivation; (ii) the interaction within clients' various stages of change is characterized by different qualities; and (iii) group counselors face a challenge in adapting their ways of working to clients' various needs and backgrounds. The findings demonstrate the importance of attending to the interactional elements in intervention programs with partner-violent men, and show the value of matching clients' needs and degrees of motivation with the timing of interventions. It is argued that attention to all these aspects could help in making the interventions more effective.

The results of the study indicate the potential of some novel ideas in developing interventions for partner abusive clients. The ideas in question suggest possibilities in terms of having individual pre-intervention phases for constructing and evaluating clients' motivation, attending to the multiple demands made on counselors' work, and pondering what might be gained from forming a solid and positive working alliance with partner-violent clients. In previous studies, it has been suggested that beginning intervention with clients displaying higher motivational characteristics predicts a good outcome (Levesque et al., 2008; Murphy & Baxter, 1997). This notion is also supported by this study here summarized. The findings mentioned above raise questions of whether a more determined individual pre-intervention phase might help to foster clients' motivation for the group program; also whether selection criteria should be set for clients entering an intervention group – and if so, what these criteria should be. Several recent studies have suggested the method of Motivational Interviewing as providing a tool for tailoring intervention to match clients' needs, and also as supporting co-operation with clients in their desire to change (see e.g. Hettema, Steele & Miller, 2005). Tools of this kind could be helpful when applied to partner-violent client populations, and might even constitute some of the most important tools in these interventions.

In addition to an individually tailored pre-intervention phase, providers of group interventions might find it worthwhile to place more emphasis on the processes of answering and listening to clients, thus following the ideas of dia-

logical interventions (Seikkula, 2002). Studies on the general factors that play a role in psychotherapeutic interventions (see e.g. Lambert & Ogles, 2004; Rogers, 1957) have emphasized the importance of relationship and interactional factors for intervention outcomes, and one can suggest that consideration of these factors might also be beneficial in interventions with partner-violent men. It is true that forming an alliance with abusive clients is not always easy, and that recognition of clients' unacceptable acts does not make the construction of an empathic or accepting relationship any easier for intervention providers. Despite this difficulty, the findings of this study would appear to favor a broader examination of the interactional and conversational tools available to counselors, bearing in mind that clients have different motivational characteristics, conversational and cognitive capacities, and interaction skills. If counselors are to deploy their full range of professional skills in the face of such a variety of clients, they need to be maximally aware of the various conversational and interactional patterns that can arise – patterns that it may be possible to build on in interventions with these clients.

4 DISCUSSION

4.1 The main findings

The findings of the studies outlined in this thesis suggest (i) that group interventions among partner-violent men represent a specific type of intervention that necessitates consideration of patterns of interaction; (ii) that partner-violent clients and their processes of change are highly heterogeneous, and thus, (iii) that work with these clients and facilitation of their processes of change could benefit from more individually oriented, flexible, and unstructured approaches (in preference to strictly structured or inflexibly manualized approaches); and also (iv) that discovering how to use different tools with different clients constitutes a challenge for both clinicians and researchers.

The three qualitative studies outlined in this thesis examined the patterns of talk and the conversational tools used by group counselors in intervention conversations. The first article dealt with the tensions that may derive from two contrasting approaches that are inherent in interventions with partner-violent men, namely a confrontational, educative approach and a supportive and understanding approach. The findings of the study indicated that the counselors used a variety of conversational strategies in the various intervention situations, continuously balancing between confrontational and empathic stances. The study argued in favor of a flexible interventional approach in group interventions with partner-violent men – while recognizing that this unquestionably constitutes a practical challenge for intervention providers. The second study, too, dealt with the characteristics of conversations that promote change in clients. It found that a central feature in successful intervention conversations appeared to be the counselors' flexibility in using both symbolic and indicative language, plus dialogical responses to clients' various needs. The third study examined the processes of change and the varying motivational stances in good- and poor-outcome partner-violent client cases. In addition, there was a focus on the conversational acts that counselors used with clients in different phases of their change processes. The study found that the construction of a

shared and productive dialogue occurred more often with good-outcome clients; these clients also seemed to be more motivated, active, and responsive conversation participants.

4.2 Dialogical Investigations of group interventions among partner-violent men

For the purposes of this research, the decision to adopt a dialogical perspective on group interventions among partner-violent men was based on promising results from earlier studies (see Guregård, 2008; Haarakangas, 1997; Seikkula, 2002). These studies had viewed dialogicality as a potential facilitator of the kinds of conversations that can trigger change in clients. They suggested that dialogues might be a practical tool in developing intervention outcomes, and also seemed to point towards a broader orientation, in terms of relating to clients in an open and considerate manner. The present research was undertaken in the hope of increasing awareness of how dialogical manipulations of talk and interaction could be applied in work with partner-violent clients; hence it examined some of the ideas that appeared promising in the context of group interventions with partner-violent clients.

In all three studies included in this thesis, the method of Dialogical Investigations was employed to analyze group conversations. As noted in Sections 1.5 and 2.5, Dialogical Investigations has its background in the theory of dialogical interaction, in which the major focus is on open, respectful encounters, careful listening, and the attentive and responsive presence of interlocutors (see Bakhtin, 1986; Buber, 1970). The aim of a dialogical encounter is to give space for multiple and different understandings and to construct new, shared meanings for things. The method of Dialogical Investigations has been developed specifically for analysis of the co-construction of conversations, i.e. the ways of initiating conversations, the ways of responding to initiations, and the ways of responding to responses. The method has been under development for a considerable time, and it now has more dimensions than those outlined in this thesis. Nevertheless, it still includes the aspects of (i) client /counselor conversation dominances, (ii) indicative/symbolic language, and (iii) dialogical/monological ways of responding (Seikkula, 2002; cf. Seikkula et al., 2012). The method provides a unique tool for examining the processual nature of conversations, the gradually developing patterns of talk, and the short- and long-term effects of various interaction events. When combined with outcome data and implemented with client cases displaying good- and poor outcomes, (as has been done in this thesis), Dialogical Investigations can also be employed to identify the possible successful or problematic elements in interventions, as viewed at the level of interaction.

In analyzing dialogue, one common problem is the difficulty of grasping the aspects of dialogicality, such the dialogical nature of responding. Dialogical

Investigations offers a means for examining longer sequences of responding and responding to the response, meaning that the examination is not limited to single adjacent-pair episodes as in some other methods. In addition, the examination is not limited to specific words – as sometimes studied via specific analytical programs which calculate, for example, the proportions of particular words in a conversation. The use of such programs does not implement the basic principle of a dialogical perspective: that words are slippery and are always half-owned by those who have used them before, being, in Bakhtin's terms (1981, p. 293), "half-ours, half-someone else's." Meanings are formed again and again in the contexts in which they are used, being always affected by the contexts where they were previously used (cf. Bakhtin, 1984). Thus, the method of Dialogical Investigations encompasses the idea that the same words may bear different meanings when used in different contexts. All this implies that calculating the amounts or frequencies of words will not give us very much information on the qualities of dialogicality. The Dialogical Investigations method overcomes this problem by always examining the meaning of words in their context, allowing for examination of how meanings are constructed together by the interlocutors. In addition, the method defines the symbolic/indicative nature of how words are used, and further, the conversation dominances within a continuum of conversations. Thus, the focus is not on single words but on the connections between interlocutors' speech turns and the ways in which the turns flow.

One specific dimension of Dialogical Investigations involved coding the symbolic and indicative uses of language. It was noted that compared to other sessions, more indicative language was used in the first and the last sessions, i.e. sessions in which there was a focus on, for example, time schedules, intervention rules, and other necessary and non-negotiable information. It was also noted that for many clients, a move to a symbolic level of meanings did not happen even when a counselor's initiation pointed towards symbolic use of meanings (with the symbolic level including abstract issues, emotions, or the gaining of a reflective position on one's own thoughts, feelings or behavior). By contrast, some clients used the symbolic level of meanings to such an extent that for them, violent acts seemed to represent a distant issue, occurring on an abstract rather than a personal level – in which case counselors had to direct the talk back to factual, concrete issues. Thus, a flexible use of both the indicative and symbolic level of meanings was found to be fundamentally important in interventions directed at partner-violent men. The counselors had to present clearly the factuality and concrete world of violence and its consequences, while simultaneously conveying more abstract and reflective considerations related to the individual's thoughts, feelings, and behavior. The achievement of such a balance seemed to be a significant contributor in conversations that could lead to change.

The studies included in the present thesis also applied the Stages of Change model to conduct a theory-based classification of the partner-violent clients' motivational stages. At the present time, the Dialogical Investigations

method includes dimensions that have been added to the method in recent years as the method has developed. Recently published articles have presented new and updated guidelines for coding according to Dialogical Methods for Investigations of Happenings of Change (see e.g. Seikkula et al., 2012), providing also examples of coding via the method.

The good-outcome intervention processes were observed to be characterized by a mutually responsive dialogue incorporating the symbolic use of language. The interactional features in question appeared to be characteristic of self-reflective, problem-cognizant, and alternative-seeking types of talk, typical of individuals in the preparation, action, and maintenance stages of change (these being the stages that on the whole characterized the good-outcome processes). By contrast, in the poor-outcome intervention processes there was a greater frequency of counselor-dominated discussions characterized by monologues and indicative uses of language, and involving the non-reflective, problem-avoiding type of talk typical of individuals in the pre-contemplation and contemplation stages (these being the stages that on the whole appeared to characterize the poor-outcome intervention processes). Thus, the construction of a shared and productive dialogue was observed to occur more frequently with the good-outcome clients. These were also the clients who were more motivated towards interaction and who were more active and responsive conversation participants. By contrast, the problematic parts of intervention conversations included (i) unsuccessful attempts to connect with a client, (ii) efforts that gained no response in seeking to engage clients at a more personal and deeper level of pondering, and (iii) monological responses on the part of a client or counselor – responses that stopped the conversation, and after which no new understandings seemed to emerge. Thus, it could be said that client inactivity, problems in relating to the client, and “stopping” monologues were characteristic of the problematic segments of conversations.

Collectively, these findings seem to imply the existence of conceptually and processually intertwining issues involving intervention outcomes, clients’ motivational features, and client-counselor interactional characteristics. It is true that the precise causal relationships are, at present, difficult to separate out. However, it seems reasonable to assume that they connect with other interactional issues, including the working alliance and the atmosphere in the intervention (see Taft & Murphy, 2007).

It was noted that the Dialogical Investigations method brought to the fore essential and previously undetected perspectives on group interventions among partner-violent men. Moreover, it provided a workable means of identifying the characteristics of conversations that can be expected to facilitate the emergence of new meanings and changes. The results of the analysis should nevertheless not be understood as implying dialogicality as the only means of achieving change-making interventions: the dialogical perspective merely presents one possible way of studying, and hopefully enhancing, intervention conversations. Other models which consider clients’ processes of change in interventions (and which could therefore have been employed in the present thesis)

include, for example: (i) the *Change Process Research* (CPR) model (incorporating the quantitative process-outcome approach, the microanalytic sequential process design, the qualitative helpful factors design, and the significant events approach) (Elliot, 2010); (ii) the *Interpersonal Process Recall* (IPR) model (Larsen, Flesaker & Stege, 2008); and (iii) the *Comprehensive Process Analysis* (CPA) model (Hardy, Rees, Barkham, Field, Elliott & Shapiro, 1998). Choosing from these models, the helpful factors design, the significant events approach, and IPR could well have enriched my understanding of partner-violent clients' personal experiences of the intervention processes. It may be noted that my studies did not provide information on clients' feelings and thoughts concerning (i) what was helpful, (ii) the significant events that supported or impeded change, or (iii) how the sessions went and what happened within them. Instead, our research group defined the "significant events" from the outside-evaluators' position, and this may not have done justice to clients' experiences of significant events.

It should nevertheless be pointed out that quantitative process-outcome analyses of correlations between different variables (such as the working alliance and the intervention outcome) might not have helped me to find answers to my research questions. My concern was not so much with correlations and possible causality, as with clients' evolving processes of change as shown within patterns of interaction, and with the use of different counseling approaches in interventions. One can assume that CPA (in which independent judges carefully analyze characteristics of the intervention process, the effects, and the context) could have offered a means to achieve a broader view on chosen intervention episodes. On the other hand, such a fine-grained method might have failed to gain a sense of the continuum of episodes, or of the developing chain of responding between interlocutors.

CPA and the techniques used in the studies reported here have similar potential utility, in that both offer a usable tool in counselor training. CPA has the potential to raise awareness and improve counselors' insights on aspects of the intervention process – as can be done also by dialogical evaluations of interaction dominances, symbolic language, and dialogical and monological responses. One can assume that in the future, new and developing techniques will help researchers to focus their analysis (both quantitative and qualitative) on increasingly fine-grained elements of the change process, including examination of bodily movements, heart rate, facial gestures, and tones of voices. In addition, information on clients' experiences of the intervention sessions may be gathered right after sessions, using computers or cell-phones with electronic evaluation and reporting tools. In these ways, the recall-phase will take on new characteristics.

In addition to caution regarding the use of Dialogical Investigations as the sole means of studying change-making interventions, it is also important not to understand the method too narrowly. Thus, the binary features or the "opposite" ends of continuums within the Dialogical Investigations method (in terms of the method's structural division between client vs. counselor dominance, symbolic vs. indicative language, and dialogical vs. monological responding) should not

be seen as mutually-exclusive, value-laden polar oppositions. Thus, the aim is not to say that features such as client dominance or symbolic language would always and unfailingly achieve better results than their polar opposites and should hence always be supported. Rather, what is important is that these methodologically distinguishable features all bear significant functions in the actuality of intervention conversations. This means, for example, that in group meetings the counselors' conversational dominance is often needed in order to set the structure and order of the conversations, even if client conversational activity is also encouraged. In like vein, although good-outcome cases seem to be connected with more talk using symbolic language, the use of indicative, concrete language also plays an important role, especially in interventions focusing on a highly concrete problem. Incorporating the tangible world and specifying actual, physically occurring events (for example, what happened, and where and when) is crucial in interventions with partner-violent men, since the reality of violent acts may easily be hidden and forgotten if one uses abstract and figurative language. The use of abstract language may also include the risk of "talking the talk without walking the walk," referring to clients' superficial participation in group conversations, with no personal commitment to change. In the studies it was noted that the use of vague, abstract, and general language could sometimes work against issues being addressed on a personally engaged level, and hence impede modifications of behavior.

Undoubtedly, there are complicated issues involved in using dialogical/monological modes of responding. At times, an open and accepting dialogical stance cannot be used in interventions, or not in its purest form, given that counselors cannot align themselves with a client's victim-blaming talk. However, dialogues do not need to be consensual or to always agree: it is possible and even preferable for a dialogue to incorporate diverse opinions and meanings, with challenges and counter-arguments. Thus, confrontation does not need to be monological. However, it is important to find means of presenting confrontation in such a way that the relationship between the interlocutors does not break down, even when the persons disagree.

Applying an approving dialogical approach in partner-violent interventions seemed to accentuate the enduring dilemma within such interventions: whether, how, and to what extent confrontational tactics should be adopted. Interventions that aim first and foremost at stopping violence are often linked to juridical sanctions and to client populations that are not attending voluntarily. This is a situation that would tend to induce strict working models and encounter denial and resistance among clients. Several studies have drawn attention to the issue of confrontation in partner-violent interventions (Lehmann & Simmons, 2009; Silvergleid & Mankowski, 2006; Taft & Murphy, 2007), and some (see e.g. Wexler, 2000) have recommended that counselors should totally avoid head-on confrontation when they encounter clients' resistance. Highly directive methods have been seen as possibly jeopardizing the formation of a positive working alliance, especially if they are used early in the intervention (Murphy & Baxter, 1997). It is suggested that they may hinder clients' engage-

ment in empathic and constructive conversations (Morrell et al., 2003), and activate clients' previous negative experiences of ill-treatment (for example in their childhood homes or elsewhere), reinforcing their negative interpersonal schemas (Safran & Muran, 1996), and possibly fostering their resistance in interventions (Milner & Singleton, 2008).

Several researchers have criticized traditional intervention models on the grounds that they resort too readily to structure and education and fail to attend to the working alliance, empathy, and different understandings of intimate partner violence (Ross & Babcock, 2010). With such considerations in mind, there have been proposals for more supportive and therapeutic approaches to partner-violent interventions (e.g. Lehmann & Simmons, 2009; Mankowski et al., 2002). As demonstrated by the studies reported in this thesis, the dialogical perspective lays bare many of the opposing ideologies embedded in interventions with partner-violent men. Nevertheless, the findings also showed that the differences do not need to form insurmountable polarities. For example, there were indications that it is possible to find ways of presenting confrontation without including undertones of humiliation and reproach. In this respect, the findings of this research may help in developing practice and research in the field of interventions with partner-violent clients. This aspect will be taken up further, below.

4.3 Developing interventional practice and research

Taken in their entirety, the findings of this thesis lead to following arguments concerning group interventions among partner-violent men:

- (i) There are a number of different qualitative and process variables that constitute vital factors for intervention outcomes.
- (ii) There is a need to develop additional professional, consciously-adopted ways of using talk and interaction as major working tools in such interventions.
- (iii) There is great heterogeneity among partner-violent men, and this should be taken into account in developing group interventions for this client population.

The rationale for the above arguments includes, first of all, the notion that in the actual conduct of group interventions among partner-violent men, greater attention to the process variables affecting individual clients may imply greater curiosity regarding qualitative changes in (for example) the clients' conceptualizations of violent events, their accountability and responsibility, their attitudes and beliefs, their coping skills, their communication skills, the development of their behavioral control, their ways of processing and expressing emotions, and their personal values and goals. In addition, the findings of my research imply a need to attend to several qualitative variables related to the intervention process and its providers. These include variations in the content, delivery, and working style of the counselors, and in the broader intervention environment (cf. Bowen, 2010; Hollin, 1999; Silvergleid & Mankowski, 2006).

All these variables may constitute significant supporting functions for the main goal of the intervention, i.e. the cessation of violent behavior.

Up to the present time, empirical research on intervention process variables has not had much impact on the development and enhancement of interventions with partner-violent men, despite findings indicating the importance of such variables (cf. Bowen, 2010; Kirsch & Becker, 2006). In examining the efficacy of interventions, researchers have thus far focused mainly on the impact of what one can term specific factors, referring to an intervention's active ingredients (specified in terms of a mechanism of change within a given theory). Thus they have tended to neglect nonspecific factors – referring here to intervention elements that may contribute to change but are rarely defined in intervention theory (including for example client factors, extra-intervention events, expectancy and placebo effects, and relationship factors) (Butler & Strupp, 1986; Frank & Frank, 2004). However, theoretical summaries of psychotherapeutic interventions in general have attributed the largest proportion of change variance to these non-specific factors: 40% to a client's extra-therapeutic factors; 30% to the client/counselor relationship; 15% to the counselor's attitude; and thus only the remaining 15% to a specific technique and/or model used within the change process (Lambert & Ogles, 2004; Miller, Duncan & Hubble, 2004; Wampold, 2001). These studies have emphasized the effect of general factors (as they are often called), which may play a role in a range of different psychotherapeutic interventions, including relationship and interactional factors. One can suggest that consideration of these factors and their effects on intervention outcomes might be beneficial also in interventions with partner-violent men.

Although it may not always be an easy task for intervention counselors, several studies on the partner-violent male client population (e.g. Rosenberg, 2003; Taft & Murphy, 2007) have emphasized the importance of a positive working alliance, arguing that such an alliance has a valuable impact on intervention compliance, and that it is associated with intervention outcome. Findings from this research appear to support this view. In addition to dialogical ideas, the creation of an emotionally secure intervention context and a trusting working relationship has been advocated by many psychotherapeutic intervention models, including various forms of Emotionally Focused Therapy (EFT) (e.g. Greenberg & Johnson, 1988; Johnson, Bradley, Furrow, Lee & Palmer, 2005), Attachment Narrative Therapy (ANT) (e.g. Dallos & Vetere, 2009), and traumatherapeutic approaches (e.g. Rothschild, 2000). It is believed that change may be facilitated by an emotionally secure intervention context, in which clients do not use their resources to protect themselves against the possibly threatening demands of intervention; instead, their resources can be employed to support capacities in reflective thinking, problem-solving, and emotional processing, with enhancement of their curiosity and courage in trying out novel ways of thinking and behaving (Byng-Hall, 2008; Dallos & Vetere, 2009). The findings of the present thesis support the view that in interventions with partner-violent men – just as in other interventions – there are factors (so far not fully specified) related to relationship qualities, emotional safety, and interaction variables

which may make meaningful differences in intervention outcomes, and which therefore merit studies in themselves.

Research on psychotherapeutic interventions has also given a broader understanding of how clients change: in addition to dichotomous outcome and process research, there have been proposals for other research designs covering, for example, the change-process study models mentioned above. Thus attention has been paid to the Change Process Research (CPR) model, the Interpersonal Process Recall (IPR) model, and the Comprehensive Process Analysis (CPA) model. In addition, clients have often been asked to give feedback on the intervention process, adding a further dimension to the measurement of outcomes and the evaluation of the intervention. I would argue that these types of studies – which function as necessary complements to randomized controlled trials and other efficacy studies in psychotherapeutic research – may not yet have fully realized their potential in research on partner-violent men. I would hope that in the future, these types of studies will introduce fresh research perspectives, encompassing broad views on the change processes that occur in interventions for partner violence.

The second point related to interventional practice and to research on group conversations among partner-violent men concerns counselors' ways of using talk and interaction as their working tool. In group conversations, counselors' speech acts are often directed at central tasks in group counseling, such as allocating turns for each participant, setting time frames, and connecting participants' experiences (see Jacobs, Masson & Harvill, 2009). The findings of this thesis suggest that in addition to these central and general tasks, group interventions with partner-violent men comprise a specific type of intervention setting that calls for more finely-tuned features of talk and interaction. These include (i) the use of both symbolic and indicative levels of language, and (ii) a balance between supportive and confrontational stances. In order to encompass both the concrete, physical world of acts, and the deeper, abstract level of meanings and interpretations in intervention conversations, the flexible use of both levels of language is needed (cf. Haarakangas, 1997). In addition, as discussed previously, it is true that in some situations counselors need to adopt stopping and confrontational stances when they encounter a client's talk. However, one argument of this thesis would be that these patterns of talk and interaction need to be precisely judged and adjusted according to one's professional expertise, and this implies avoidance of a humiliating or overly negative tone. If the clients experience interaction situations as threatening, or as "forcing them into a corner," and thus feel it necessary to protect themselves, they may hold back from full participation – or even abandon the intervention altogether, which automatically impedes any possibility for change to take place (see Daniels & Murphy, 1997; Dutton & Corvo, 2006; Kurri & Wahlström 2001).

The findings of this thesis suggest that an important part of a group counselor's work is to find ways of balancing between the impossibility of accepting violent behavior and the possibility to accept violently-behaving clients with their individual needs, and to respond to them in a professional way. The dia-

logical approach used in these studies favors the use of open encounters that seek understanding. These, it is argued, can smooth the progress of talking about private and sensitive issues, since they are based on the assumption that clients may talk more openly when they do not need to protect themselves against counselors' confrontational stances.

The studies outlined in this thesis found that counselors employed direct tools, including challenging and confrontation, with both poor- and good-outcome client cases, but with different outcomes. It was observed that in the good-outcome cases, it frequently happened that these conversational tools did not break the continuity of the dialogue, as was often the case in the poor-outcome client cases. These findings suggest also that qualities in the client-counselor working alliance may affect the intervention outcomes: one can hypothesize that within a positive, solid, and safe relationship a client may tolerate greater degrees of challenging and confrontation, without any breakage in the alliance or in trust.

The significance of a collaborative relationship or of a working alliance between counselor and client in partner-violent interventions has been highlighted by several researchers (Brown & O'Leary, 2000; Miller et al., 2004; Taft & Murphy, 2007). The client-counselor relationship (also known as the working alliance, the therapeutic relationship, or the helping alliance) comprises collaboration and consensus on the goals and tasks of the intervention, with an emotional-bond component characterized by trust, acceptance, and confidence (Bordin, 1979; Tryon, Blackwell & Hammell, 2007). Studies have suggested that perpetrators who report a good working alliance are less likely to continue their abusive behavior at follow-up (see Taft, Murphy, King, Musser & DeDeyn, 2003; cf. Martin, Garske & Davis, 2000). Elements of acceptance, respect, empathy, and a solid working relationship have long been assumed to comprise central principles for effective treatment in psychotherapy (e.g. Rogers, 1957; Yalom, 1995); however, such principles have not been the focus of interest in studies on interventions with partner-violent men. As pointed out in Section 1, a collaborative relationship is a controversial concept in partner-violent interventions, given that these interventions are directed at unacceptable and criminal behavior involving a variety of educative and punitive elements, often with some form of judicial sanction being present. These elements are likely to enter into educational and therapeutic approaches and to combine with them (Collins & Nee, 2010; Eckhardt et al., 2006). It is true that work with voluntarily-attending clients – such as the clients in the present study – will differ in nature from court-ordered programs and will provide a different starting point for any collaborative intervention relationship. Nevertheless, the findings of this thesis suggest that even within structured and educative programs, a focus on relationship qualities could offer a means of carrying out more effective work. Here, one has to recognize that a move towards softer, individually oriented, and open listening approaches (i.e. the kinds of approaches that are assumed to foster a working alliance with clients) may not be favored by all practitioners. It can further be argued that manualized and standardized intervention models help to en-

sure and unify intervention quality, and that the individualization of intervention elements could be expected to increase variation. However, if one takes into consideration what is already known about the outcomes of partner-violent programs, one can argue that many programs could benefit from having some supportive and alliance-strengthening tools within their protocols.

In addition to client-counselor relationships, peer relationships form a significant (and so far poorly researched) relational aspect in group interventions among partner-violent men. Clients themselves have reported that support from fellow participants is beneficial to success in changing behavior (e.g. Sheehan et al., 2012). This reinforces previous findings showing positive group cohesion to be associated with decreased violence at follow-up (Taft et al., 2003). It may be claimed that peers will tend to exert negative and counterproductive influences on each other, for example by minimizing their own violence and accusing other clients of being worse than themselves (see e.g. Mankowski et al., 2002). Nevertheless, feedback from peers can have the merit of taking direct forms, while at the same time being relatively well tolerated by group members. These features make interaction between peers an important dimension in partner-violent interventions. In addition, listening to others who are struggling with similar problems has been recognized as a change-facilitating factor by many clients (cf. Sheehan et al., 2012; Yalom, 1995).

Concerning the third main point, namely the heterogeneity of partner-violent men, several researchers have already suggested that men who commit intimate partner violence constitute a heterogeneous group, and that there may be various subtypes of partner-violent men with different etiologies of violence (Holtzworth-Munroe & Stuart, 1994; Stuart, Temple & Moore, 2007). The findings of this thesis support these findings: it was found that the partner-violent men differed considerably from each other in terms of, for example, their demographic features, social status, current life situations, physical and mental health, motivation and commitment to intervention, and conversational and cognitive features. It was also noted that the individual clients moved through the change process at different paces, encountered different difficulties (e.g. substance abuse, mental health problems) and responded differently to intervention features. Given these differences, it is not surprising that the intervention conversations turned out to be different with different clients, nor that the formation of mutually responsive, dialogical, and deeply pondering conversations was easier with some clients than others.

Yet another difference between clients that was not examined in the present thesis but has been noted in many other studies (e.g. Gormley, 2005), concerns partner-abusive clients' attachment styles and their previous experiences of relating to others – individual differences that may strongly affect how clients act in intervention interaction, which features tend to characterize intervention conversations, and how clients make the best use of the working alliance (see Mallinckrodt, 2000). Clients with secure experiences of, for example, being helped, listened to and comforted may relate to intervention differently from clients whose previous experiences are more problematic or adverse, or whose

social competencies are poor (cf. Vetere & Dallos, 2007). These previous experiences and competencies may also strongly characterize intervention interactions, including clients' thoughts, feelings, and actions in attending to others, adjusting oneself to a group, receiving an empathic encounter, or being stopped and confronted.

In this thesis, notion of heterogeneity among partner-violent clients seemed to indicate a need for a flexible approach, possibly including a need also for more individualized services in order to engage different individuals in interventions and to provide appropriate help. There have also been suggestions that some clients may benefit from a more behavioral approach involving direct intervention, with a strong focus on suppressing violent behavior, while other clients may benefit from a more attitudinal and emotional approach, with a focus on a learning process aimed at relatively permanent changes, including changes in clients' attitudes (Gondolf, 2000; Labriola et al., 2005). All this would point to the value of allowing for more flexibility in integrating ideas from different intervention models. Suggestions of this kind are in line with the views of researchers who advocate tailoring interventions to meet the needs of specific subtypes of violent men (and to the needs of individual clients, see below) with a view to improving intervention efficacy (see e.g. Eckhardt et al., 2008).

With regard to calls for a more individualized approach to group interventions (see e.g. Murphy & Meis, 2008), it should be noted that within practice, individualizing intervention in a group program is far from easy. After all, much of the content is likely to be directed at the group as a whole, no matter how heterogeneous the group actually turns out to be. In addition, in group interventions there are always a range of different change processes going on simultaneously, and spoken utterances will often be heard and interpreted differently. However, finding out the particular needs of each individual client has been seen as one tool for determining the optimal type of intervention, even if it is recognized that work based on individual needs demands extra resources (Stuart et al., 2007).

The evidence in this thesis suggests that one possible means of making interventions match the needs of individual clients is for counselors to adjust their conversational tools, including their ways of interacting with clients who are in different phases of their intervention processes; in other words, the counselors will offer different types of intervention to different clients. Some clients may benefit, for example, from an educative stance and from concrete advice on safety plans or on time-out techniques. Other clients may get most benefit from supportive listening and from sharing their thoughts and feelings, or from an orientation towards different ways of being a man in their relationship. These ideas correspond with recommendations from the Stages of Change model (SCM) and from the Motivational Interviewing (MI) technique: both SCM and MI (which are built on related ideologies) recommend counselors to use different working tools with clients in different phases of their change processes.

The findings of this thesis underline the importance of tailoring interventions to meet the needs of individual clients; however, there seem to be a num-

ber of questions concerning the practice of tailoring. It is possible to tailor an intervention by using somewhat different conversational tools for different clients who are attending the same group program, and still to leave space for individual clients to raise themes and questions that they themselves are interested in discussing within the group meeting. Attention to different clients in different phases of their change processes can be seen as supporting the kinds of multivoiced conversations advocated by dialogical theories. Following this line of thinking, one can view the presence of different opinions and perspectives as a richness, and encourage intervention providers to work with different ideas, supporting change in different ways with each individual.

It is worth noting that it may actually be easier to implement an individually-orientated approach within a group program than to attempt to match a certain group intervention to particular subtypes of partner-violent clients. In the latter case difficult questions arise, such as finding valid methods to evaluate possible subgroups, and deciding on which individual features the classification should be based on. For example, one might feel obliged to consider the severity or frequency of violence, the clients' culture of origin or language, current mental health problems, the clients' current motivational stage, and their assumed capability to benefit from intervention. In addition, an important question with serious ethical implications concerns what to do with clients who may not fit the available subgroups or who, on the basis of a preliminary evaluation, may be expected not to benefit from the intervention at all. Should these clients be left without any intervention, should intervention be delayed until they show an adequate degree of motivation, or should they be offered some other type of intervention? These are among many issues relating to how change in partner-violent clients takes place, a topic that I shall turn to below.

4.4 Processes of change and conversational approaches

In the history of psychotherapy research there have been disputes about whether words and semantics are more important than emotional processing or behavioral aspects in producing and facilitating clients' processes of change in interventions. These controversies are now, hopefully, less acute. Research from several areas of psychology including, for example, cognitive neuroscience, attachment theories, and psychotherapy, has tended to point in the same direction: that in understanding human experiences we need to consider cognitive, emotional, and behavioral aspects as inextricably interconnected (Dallos & Vetere, 2009; Greenberg & Pascual-Leone, 2006; Rothschild, 2000; Salzman & Fusi, 2010). Hence, if we are to understand and facilitate clients' processes of change, we need to take account of words and semantic processes, but also emotional processing, physical reactions, and behavioral modifications. In attempting to make interventions more effective, awareness of the various processes occurring in clients' thoughts, feelings and behavior, and of the integration of these experiential domains, is a significant issue (cf. De Giacomo et al.,

2010; Pascual-Leone et al., 2011). It is true that this thesis deals mainly with verbal interaction and spoken words; however, it is not claimed that these aspects are more central than the changes occurring in emotional or behavioral domains. It is merely suggested that it may be fruitful to consider how tools used in verbal domains could benefit interventions directed at men who have used violence against their intimate partners.

Numerous theories have been developed for identifying the variables and processes that might explain how a change towards non-violent behavior takes place, and what the possible mechanisms of change may be. These theoretical views include, for example, feminist theory, which calls for changes in societal inequality (e.g. Pence & Paymar, 1993); social-cognitive theory, which implicates changes in, for example, the communication skills of abusive clients (e.g. Hamberger, 2002); psychodynamic and personality theories, which focus on changes in clients' mental health issues (e.g. Sonkin & Dutton, 2003); and system theories, which propose that changing poorly functioning relationship systems may help reducing abusive behavior (e.g. Murray, 2006).

There are also a number of theoretical models for understanding and predicting behavior change. The field of health psychology offers models such as the health-belief model (Rosenstock, Strecher & Becker, 1988), the theory of reasoned action (Ajzen & Fishbein, 1980), and the information-motivation-behavioral skills model (Fisher & Fisher, 1992). These theoretical models focus on individuals' thoughts, feelings, and judgments concerning the advantages of the desired change and their ability to make the change. Some of these models have been applied to the intimately partner-abusive client population (e.g. Betts, Hinsz & Heimerdinger, 2011; Kernsmith, 2005). However, the processes of change in abusive clients seem not to be easily predictable or to proceed logically. This thesis employed the Stages of Change theory, which sees change as drawing on an individual's personal motivation to change, and on the tools that individuals choose to use in their change processes.

When one examines the processes of change in partner-violent clients, one observes that motivation seems to be a critical factor in change. In the present research, too, the good-outcome clients seemed to begin the intervention with higher personal motivation for changing their behavior than the poor-outcome clients. Thus, a good outcome in intervention may be strongly influenced by a client's individual capacities, despite intervention effects (Lambert & Ogles, 2004; Pos et al., 2003). An important issue is, therefore, which tools and approaches can be employed to strengthen abusive clients' motivation for change (bearing in mind that these clients often do not attend interventions voluntarily). In addition, one needs to consider whether enhancing client motivation should be addressed by drawing on external or internal motives, and whether and in what ways one should handle the fluctuations of motivation within interventions and intervention conversations. There are arguments for both voluntary and non-voluntary referral. On the one hand, extrinsic motivation is often recognized as a critical factor in getting clients inside the door and keeping them coming. On the other hand, clients who do not attend voluntarily may have

greater degree of resistance and hostility towards intervention (see Catlett, Toews & Walilko, 2010) and hence weaker intrinsic motivation towards intervention. Examinations of clients' own conceptions of what was helpful in their intervention indicate that the clients themselves, whether they attend voluntarily or non-voluntarily, regard their personal decision and their motivation to change as the most central factors in successful change (Flink & Paavilainen, 2008; Scott & Wolfe, 2000; Silvergleid & Mankowski, 2006). The importance of the individual's personal motivation has similarly been clearly demonstrated in many psychological models of change (see e.g. Burrowes & Needs, 2009; Norcross et al., 2011).

Studies have found that the Motivational Interviewing (MI) method (used within a pre-intervention phase) is a workable tool for evaluating and supporting clients' commitment to the intervention process before they enter a group program (see Kistenmacher & Weiss, 2008; Musser, Semiatin, Taft & Murphy, 2007; Schumacher et al., 2011; Stuart et al., 2007). MI relies on the principles of supporting clients' self-efficacy, expressing empathy, reflecting clients' own words, and avoiding arguments. It is believed that starting intervention with this type of non-confrontational approach can foster a client's intrinsic motivation (see Miller & Rollnick, 2002). It can also help to create a safe and secure sense of the intervention context; thus it can assist clients in relating to the intervention, and can facilitate a solid and trusting working alliance (cf. Vetere, 2011). Studies examining counselors' ways of responding to clients' trauma talk, and observations of clients' attachment injuries within interventions (see e.g. Johnson, 2003) have suggested that an emotionally responsive and a supportive manner may offer the best means for dealing with these issues. These findings seem also to point to the possible merits of non-confrontational methods in interventions with partner-violent men. It has also been suggested that it is the balance between safety and certainty that may be the key to a constructive intervention context: it is held that genuine enquiry and the exploration of new meanings are more likely to occur within a safe context (Mason, 1993; cf. Rogers, 1957).

In the intervention model reported in this research, an individual pre-intervention phase was used with all clients. It was noted that although the pre-intervention phase did not make clients similarly motivated towards intervention, several clients referred to these conversations as having been important to them. The results of this thesis may, therefore, support the value of a pre-intervention phase that includes motivation-enhancing techniques.

It is interesting to ponder the nature of talk in group interventions from the point of view of different disciplines. First, people tend to seek comfort by seeking out the proximity of others and forming a connection with them (Dallos & Vetere, 2009) – talk offers a means for this. Second, during talk in group conversations several overlapping processes take place in clients' cognitive and emotional processing, requiring complex neurological activations in brains (cf. De Giacomo et al., 2010; Pos et al., 2003). Through processed involved in intervention talk, clients may be able to organize and finally understand their expe-

riences and emotions, and the events that have provoked these experiences (Greenberg & Pascual-Leone, 2006). Disclosing one's inner thoughts and feelings – a method already proposed by Breuer and Freud in 1895 – has been further regarded as a conversion from ambiguous experiences to more processed and verbally formulated phrases (cf. De Giacomo et al., 2010). Therefore, words and talk may be seen to offer a means to conceptualize, interpret, and deal with a range of previously undefined, unprocessed experiences. Thus, the nature of talk in partner-violent clients' group interventions seems to involve a possibility to facilitate clients' processes of change by developing clients' skills to i) understand, communicate and manage their experiences and, once emotions and experiences have come to a more processed form, ii) reflect and evaluate their experiences and utilize these processes to create new meanings and new understandings for constructing change.

In partial contradiction with the above, in research conducted on traumatic issues, spoken talk has been thought to offer only a limited means of dealing with the most difficult issues. Traumatic experiences may operate in subcortical brain areas and neuronal networks, including the limbic system which activates the most basic fight-or-flight type of reactions (Rothschild, 2000). Thus, talking-based interventions that do not directly work with bodily sensations or with the unconscious experiences that activate the trauma may not properly address the traumatic systems, and may thus not be able to relieve the clients' symptoms. The point is that these clients' difficult experiences are not yet at a processable, linguistic level of experience, cannot be consciously controlled, and thus do not make a satisfactory narrative (van den Kolk, McFarlane & Weisaeth, 1996). In these cases "talking things through" or the use of insight-oriented methods, will not always help. These are issues that one would wish to explore further; however, the relationship between the speech acts in talk-based interventions and their biological counterparts and responses is beyond the scope of the present thesis.

In studies that include theoretical constructions of people's experiences and changes at many levels – as in this thesis – it should be noted that in applying theories to individuals or their problems, one needs to be careful not to reduce individual persons to mere theoretical frames; after all, living people are always much more than any model. This aspect was also recognized in the research described here. The processes of change in partner-violent clients were observed to be complex and progressive phenomena, influenced by factors operating at the level of the environment, family, organization, and community. In this sense, the Stages of Change model, used on its own, would almost certainly over-simplify the situation. Partner violence, which often involves complex issues in a relationship and in an individual's ways of relating to other people, emerged as a different kind of problem from individually-centered problem behaviors such as smoking (the type of behavior for which the SCM was originally developed). Recently, many scholars dealing with multidimensional problems and their non-linear development have called for more flexible models for describing processes of change (e.g. Collins & Nee, 2010). One suggested model

is the Readiness to Change framework (Burrowes & Needs, 2009), a model that has been viewed as covering more comprehensively the impact of various contextual factors on individuals' processes of change, and as providing a more living picture of the continuously moving flow of the change process. Models of this kind pay more attention to the variety of factors operating at the community, group, and individual level within processes of change. In defense of models, it should also be noted that even if models are unable to capture life in all its variety, they may be useful in highlighting general similarities, differences, and abstractions – conceptual categories that are needed in partner-violent interventions.

Overall, the observations made in this research are in line with the notion that in interventions for men who have used violence against their intimate partners, the clients' processes of change are affected by a range of different factors. Clients thus begin the interventions with different premises, continue to exhibit different features, and end up with different outcomes. However, by improving knowledge on how to facilitate different clients' different processes towards change it is possible to further develop these interventions. Based on the findings of this research I would argue, albeit in a preliminary and speculative manner, that relating dialogical interaction features to intervention outcomes may offer a potentially useful perspective on developing interventions for clients who have used violence against their intimate partners. This will be discussed further in the following section.

4.5 Evaluation of the study and ways ahead

It is necessary to recognize the multiple factors that can affect intervention outcomes, both within and outside the intervention. At the same time, one must avoid the assumption that particular interactional features taken in isolation will be sufficient to explain any outcome. Nevertheless, the studies outlined in this thesis do indicate that talk and interaction can provide a fruitful perspective for analyzing group interventions among partner-violent men. They further suggest that awareness of the dialogical features of interactions may help in differentiating between likely good- and poor-outcome cases, and that a focus on talk and interaction may offer one way of developing counseling practices within partner-violent interventions.

In the studies reported here, the method of Dialogical Investigations was used to examine talk and interaction in intervention sessions attended by groups of partner-abusive men. The micro-analytic screening of turn-by-turn interaction sequences made it possible to achieve a novel perspective on group interventions among such men. The results set out in this thesis are in line with earlier studies (see e.g. Guregård, 2009; Seikkula, 2002; Seikkula et al., 2012). They suggest that the method can provide a novel and usable method in discursive studies, especially in its unique ability to examine interactional characteristics in multiple-actor settings, including groups, teams, or counseling settings. It

is true that the method is not without its limitations. For example, a study of interaction which does not include tones of voice, gestures, expressions, or movements cannot fully capture the living process of interaction. Here one can see the potential utility of some of some sort of still pictures, plus detailed textual data in the form of transcriptions that would cover aspects of non-verbal interaction (see e.g. Peräkylä & Ruusuvuori, 2006). One can thus envisage the broadening of dialogical studies to include measurements of other functions observable in living people, for example, responsiveness and physical reactions (in terms of movements, gestures, voice quality, and so on). Nevertheless, one has to recognize that analyzing everything observable in a given situation is impossible. Research settings always have their limits.

In addition, one could argue that the Dialogical Investigations method considers dialogues and dialogicality in too narrow a manner. The pragmatic view and the focus on studying spoken interaction may be thought to leave out the core of dialogic interaction and to neglect the overall ontological nature of dialogue – after all, human relationships, the relations between phenomena, and even life itself can all be seen as dialogical enterprises (cf., Linell, 2009; Salgado & Valsiner, 2010). The method used in the present studies undoubtedly covers only a small proportion of this. However, in the later forms of the Dialogical Investigations method developed during my study years, the tensions between different voices and positions have come to play a more central role, demonstrating a move towards a broader conception of dialogue, although still with a pragmatic orientation.

In terms of ethical issues, the research procedure implemented at the Psychotherapy training and research center was audited by the University of Jyväskylä Ethical Committee on March 27, 2006. The anonymized consent forms (Appendices 1 and 2) were signed by all the participating clients. Thus, the clients in these studies were well-informed about the purposes of the research; they were also free to stop the intervention or decide to not enter the videotaped group programs, instead attending individual meetings with the clinical worker. In the group discussions the clients did not in fact raise many questions about the possible risks or benefits of participating in the intervention. Mention was made of the overall wish to get help for oneself and for others, and there was talk about confidentiality (concerning the safe-keeping of the material and the non-disclosure obligation of the researchers who would examine the data). Note here that the raw and processed data were locked up in secure places. The clients' personal information was at all times stored securely in the psychotherapy clinic. In the reporting, pseudonyms have been used throughout, and some of the personal details that occurred in conversation excerpts have been blanked out.

In the studies for present research, it was possible to create a type of mixed-method study setting that obtained both quantitative and qualitative data. In general, this thesis is consonant with studies suggesting that instead of competition between quantitative and qualitative methods, more integrative research approaches should be applied. The point applies generally in the field

of therapy, but has direct relevance to studies on group interventions with partner-violent men (see e.g. Eckhardt et al., 2006; Gondolf, 2009; Norcross, Beutler & Levant, 2005). Since one can assume that no single research paradigm will deliver all the requirements of rigorous and relevant research, practitioners and researchers alike may benefit from the existence of multiple paradigms, and from a robust knowledge base stemming from different sources. This may lead to bridges being built between, on the one hand, the traditions of evidence-based efficacy research (which emphasizes the measurable effects of a particular intervention and the conscientious and judicious use of this information in future interventions), and on the other hand, practice-based effectiveness research (which focuses on information gathered via clinical experience, the skills of the practitioner, the uniqueness of clients, and the feedback that clients provide) (Barkham & Mellor-Clark, 2003; McCrystal, & Wilson, 2009). The present research suggests that the best way to develop the interventions in question will be by integrating these different sources of knowledge.

Combining quantitative and qualitative studies will also raise some interesting questions. For example, evaluating intervention outcome by quantifying the frequencies or the severity of physical, psychological/emotional, and sexual violence is not simple. In the studies for this thesis it was noted that if one simply compares violence before and after the intervention, it may appear that the intervention is of most benefit to those clients who are the most violent at the beginning of the intervention, since they will tend to exhibit the quantitatively largest differences in comparison studies. However, the intervention outcome should perhaps be questioned in those cases in which violence continues, even if radically lessened. In similar vein, clients who started with lower frequencies of reported violence and who, at the end of intervention, achieve an apparent cessation of violence, should perhaps be identified as successful cases despite the smallness of the change, measured quantitatively.

Yet one important issue in measuring intervention outcomes is the need to distinguish between the different forms of violence. An advantage of the ACBI inventory used in this research is that it makes it possible to differentiate between acts of physical, psychological/emotional, and sexual violence. One can then examine whether, for example, the rates of psychological violence increase in parallel with reductions in physical violence – as may often be the case. This will form an important basis for any future longitudinal studies, involving data obtained from all three ACBI measurements. The question about an ideal follow-up between measurement points is complicated: several studies (e.g. Shamai & Buchbinder, 2010) have shown that the positive effects of interventions among partner-violent men may only be short-term, and this supports the need for longer follow-up times, with possibilities for constructing prolonged interventions or interventions involving regular intervention periods. On the other hand, very long follow-up times make it difficult to evaluate the specific effect of the intervention among many other possibly impacting factors.

4.5.1 Scope and methods of the studies: Some reflections

In interpreting the findings of the studies included in this thesis, it is important to recognize the scope and the limitations that ultimately define the boundaries of the research. These issues to be taken into account include the relatively small sizes of the research samples, some methodological questions, and the specific study setting (which incorporated only one intervention modality, and which had only white Finnish males as clients, and male Finnish counselors). Although not necessarily a limitation, the effect of the researcher must also be taken into consideration. A number of points can nevertheless be made in defense of choices made in the research.

First of all, given the goal of getting detailed information on what actually happens in group conversations within a micro-analytic study setting, a reduction in the size of the sample was inevitable. It should also be emphasized that the data used in this thesis were drawn from a broad and thoroughly documented body of material gathered within a longitudinal research project at the University of Jyväskylä. The database represents a unique and rich source of material, and in the future, one can expect to see it used in further studies, addressing interesting new questions. In its broader form, the Jyväskylä research project on partner-violence is seeking to achieve further improvements, with endeavors to reach a higher percentage of the partners of client men for all evaluation interviews and follow-up sessions. The aim will be to improve the data on the rates of re-assault involving physical, psychological/emotional, and sexual violence, and to make it possible to conduct more precise quantitative studies – a need that has been identified also in this research.

One improvement in the study procedures would be to have a clearer documentation on the research work conducted by the three authors in each article: I as the first author and as the doctoral candidate conducted much of the work independently and performed the initial phases of the qualitative analysis. I had regular meetings with my supervisors, who evaluated the work and commented on it, and thereafter I continued once again to work independently. However, no calculation was made of the rates of consensus between coders. In meetings aimed at credibility checking, we did in the end obtain a consensus for coding and assessment, and we regarded these discussions as adequately screening for research credibility, and as achieving a sufficient level of triangulation. Nevertheless, exact figures would have given readers the possibility to follow and evaluate our study processes and the results.

It will be noted that the studies were conducted in a specific setting, in a particular country. As the data, the method of analysis, and the research team all are basically Finnish, there could well be some cultural specificity in these findings. Given that global generalizability was not the prime aim of the thesis, the specific social, political, economic, and cultural environment needs to be taken into account in interpreting the results. All in all, in this research we did not emphasize generalizability, which was also seen in limiting the study material by choosing client cases and excerpts. Therefore, generalizing the results of this thesis requires caution – as is always the case in qualitative studies involv-

ing limited data or individual cases. It is possible that the results might have been different if other client cases or excerpts had been chosen for close evaluation. This applies particularly to the choice of excerpts: in the second and the third study, I chose a certain number of excerpts for detailed analysis for practical reasons, so that the analytical process would not extend beyond realistic bounds. It is obvious that having more excerpts could make a difference to the results. Nevertheless, in cases where the data are too large to be thoroughly analyzed, the number of excerpts will always raise questions about whether something important has been excluded.

The Finnish context also makes it difficult to create randomized controlled trial studies including a large number of participants, as the client pool is limited in number. In addition, in current discussions in Finland there is no special competition between various intervention models in respect of this group of clients. In Finland, the different groups of practitioners seem to follow their own agendas and to concentrate on their own work without any pressure to standardize their interventions. In this sense, the Finnish intervention field differs, for example, from the situation in the USA. It would thus not be surprising if the conclusions and recommendations of this thesis were interpreted and applied differently in other cultural contexts.

The fact that this intervention included only voluntarily-attending clients (as is usually the case in Finnish intervention programs for men who have used violence against intimate partners) is one major factor to be considered in evaluating the study results. The dialogical approach, with its focus on listening and on empathic positions may be easier to adapt to an intervention with voluntarily-attending client populations than, for example, to prison-based, mandatory programs.

In addition, the studies outlined in the present thesis do represent a rather one-sided view on partner violence, since they are based on an intervention modality directed specifically at men who have used intimate violence against their female partners. As was pointed out in Section 1.1, this perspective is recognized as omitting mutual and women-initiated violence within various types of relationships. The issues involved with these types of violence constitute an essential but largely unstudied field within the phenomenon of partner violence. Another point to note is that for the purposes of evaluating the outcomes we included only the reports from the men's partners and not, for example, the inventories filled in by the client men themselves. Even if the men concerned might be expected to offer a limited view on the issue, within the Jyväskylä research project as a whole the men are indeed asked to fill in ACBI inventories concerning the frequency of their violent acts against their partners, and this makes it possible to include the men's accounts of the helpfulness of the program within the outcome calculations.

Yet another important point to mention is that this thesis does not wish to present the Jyväskylä model intervention as an ideal for an intervention program, given that this type of intervention has both strengths and limitations. I do not have as much personal experience of other intervention models as I have

with the Jyväskylä model. Nevertheless, I do see the Jyväskylä intervention model as having certain strengths, including (i) a focus on security as the starting point; (ii) concrete efforts to ensure security (e.g. a commitment to avoid violence during the program, interviews and contact with the clients' partners); (iii) openness and respect for clients in the encounters; (iv) skillful and educated group leaders; (v) clearly stated program principles which guide the less structured program contents; (vi) a general orientation to continuous improvement in the work done. The limitations of the Jyväskylä model include, in my opinion, (i) its limited intake and due to this, (ii) a highly selected client population. One can also speculate whether some clients might benefit from a more structured group format, or from a focus on other methods such as learning and education, psychodrama-based exercises, or other methods found in other intervention models.

Last, but not least, an important point to consider concerns the aspect of researcher subjectivity. This does not need to be a limitation, but it is believed to impact on both qualitative and quantitative research. Hence, a significant factor in the quality of research is disclosure of the researcher's subjectivity and potential sources of bias, in parallel with rendering one's uncertainties fully transparent (Kalinowski, Lai, Fidler & Cumming, 2010). Here, it should be borne in mind that the role of the researcher is a salient characteristic of all qualitative investigations, and one that does not disappear even if – as in these studies – researcher triangulation is used. In this research, investigator triangulation (Guba & Lincoln, 2005; Kalinowski et al., 2010) was applied, especially in the data analysis, through meticulous discussion and through credibility-checking between myself and my supervisors. I believe that triangulation, involving consideration of the data from more than one viewpoint, has increased the credibility and validity of the results, and I would hope that a balanced and rich picture of the phenomena under study has emerged. However, as the major researcher in this thesis, my personal experiences and positions have, of course, a bearing on the work done in the course of the journey.

4.5.2 Position statement

The fact that I am a woman characterizes the research. However, I have not focused the study on questions of masculinity and femininity, or on male and female sexes or genders. Instead, I have tried to adopt the perspective of the authorities who provide the intervention, positioning myself so as to regard these men as a specific group of clients who face various policies in the field of intervention. As a woman I do nevertheless note that services for partner-violent women are definitely in need of development.

In the first study included in this research, I followed the style of many authors, referring to the men who used violence against their intimate partners as "abusers." Subsequently, I found this to be a stigmatizing, and possibly simplifying term. I learned that the choices I make as an author and researcher have an impact; hence I now believe that caution should be exercised when choosing one's terminology.

In addition to my sex (and gender), my education and working history may also have influenced the research. I took my master's diploma in psychology at the University of Jyväskylä in 2007. My master's thesis concerned interventions for partner-violent men. In that first study I already noted tensions between different paradigms in psychological interventions, and these seemed to emerge clearly in the field of interventions with partner-violent men. Thus, I became interested in studying the many underlying ideologies involved, and the combative positions that were taken in the field.

I continued working on the subject in my Ph.D. studies, alongside my daily work as child psychologist in inpatient and outpatient clinics. During the research process I lived in Jyväskylä and worked at the Psychotherapy Training and Research Center for a couple of years. I also lived outside Jyväskylä and abroad, which made the research process lonelier and perhaps increased the risk of subjectivity bias. During the research process, we researchers had meetings with our supervisors and with the larger supervisory group. In these meetings we discussed the theory, data, methods, and practicalities of doing qualitative (especially dialogical) research. We discussed how to handle the findings and form conclusions. We had such conversations via e-mail, or in actual meetings (held about once a month, and more actively at times of more intense work, such as during data analysis or in the course of seeking journal publication). After these discussions, I often continued my work alone for a time and in the next phase came for further discussions with my supervisors. In this way, my own individual work alternated with co-operative sessions during the research process. In addition, as a member of two research schools, I participated in several seminars, congresses, and PhD courses (covering data analysis, writing, dialogical theory, partner-violence, relationality, and so on) and presented my research process and findings to these larger groups. This type of interdisciplinary work has, to my mind, increased my understanding of our research tradition in psychological intervention.

Violence in families has touched me mostly through the experience of children, as I have never worked with violent men directly. My position as an external researcher may be a liability or an asset: I have not been personally, physically, or emotionally involved in these interventions, which might make it easier to obtain a more objective stance on these clients and on the interventions. On the other hand, I may not have grasped the most central and important aspects in the practice of these interventions, as I have only looked at them in videotapes.

Daily work in the Finnish public health care system has prompted me to think about the necessity for intervention efficiency: given the limited resources, the work needs to be targeted at interventions that are likely to be beneficial. At the same time I have come to see the practical need for some sort of integrative approach: to me, interventions with partner-violent men seem to call for a combative approach, one that might combine dialogical understanding and listening with structuring and educative standpoints. All in all, to put it simply, I think that in order to change clients' basic ways of thinking or behaving, help

needs to be offered in a structured but flexible environment, with structured but flexible tools. I also think that empathy and understanding should always be offered when demands for change are set – this applies, in my opinion, to clients of all ages. Thus, with respect to which intervention model is “best” for clients who have used violence against their intimate partners, I have not come down finally on any specific side. I would take the view that different models suit different clients, and that we need flexibility if we are to use the models effectively. In future I hope to gain a psychotherapist’s education and to improve my ability for self-reflection, in parallel with a fuller understanding of therapeutic work.

4.5.3 Future directions

As already indicated, the aim of this thesis has not been to derive absolute truths or all-embracing prescriptions on interventions with partner-violent men. Instead, the generative purpose has been to foster an interest in the patterns of interaction arising in various intervention settings and, through observations from practice, gradually produce more generalizable knowledge. Thus, in spite of its limitations, the present research may point to some new ways of developing interventions with partner-violent men from an interactional point of view.

The ideas put forward in this research could be used to develop interventions with men who have used violence against their intimate partners by (i) raising awareness of the heterogeneity of this group of clients; (ii) supporting interest in more individual-needs oriented and unstructured working approaches (as opposed to models which are strictly manualized and wholly counselor-led); (iii) presenting some of the main challenges in counseling work with this group of clients; and (iv) underlining the importance of training for counselors (for example in using different approaches with different clients, and recognizing the choices available in using talk and language as primary working tools).

The findings of the this research may thus encourage researchers and practitioners to pay attention to the acts of listening to, responding to, and speaking with partner-violent clients, and to actively seek out ways of constructing dialogical conversations in which participants can construct new understandings of, and alternative viewpoints on their problematic behavior. A claim of this thesis would be that leaving space for conversations and initiations from clients themselves, and responding to the questions that the clients ask, supports the significance of the intervention for clients. In our daily interventional work, interaction and talk involving words, stories, and voices is often the sole instrument we have; yet we are rarely aware of our competencies in using language, and often too occupied to take the time to improve them. It is hoped that the interactional point of view presented here may lead to a better understanding of processes that can either achieve or disrupt a shared understanding – processes that are relevant to a broad range of counseling situations.

This research suggests that the dialogical approach can provide a uniquely useful perspective on relations between individuals in various interactional set-

tings. The broader dialogical perspective and the Dialogical Investigations method offer several noteworthy starting points for future studies. One field for future studies relates to partner-abusive clients' notions of their partners, and to their conceptions of otherness in their partners. The theoretical underpinnings of the study of dialogues support the existence of differences and of multiple meanings and selves. In opposition to this, violence embodies a monological clash which silences other voices and which tries to defeat otherness in the other person. Considered in this way, one can claim that in violent acts there is no dialogicality. Taking this line of argument further, an important question is whether dialogical encounters in (group) intervention settings could offer a place for constructing experiences of respect and empathy for other people, for their different voices, and for their otherness, without the otherness being experienced as a threat requiring self-protection. Thus one is led to consider whether these dialogical experiences could be broadened in such a way that they would be manifested in violently-behaving men's ways of thinking, feeling, and acting in relation to their intimate partners. In dialogue, speakers can be influenced by listeners, and listeners influenced by speakers, and this relationality provides an important possibility for constructing change. The fact that humans are born and grow in a relationship with other people, and that they continue to be relational throughout their lifetime, provides a starting point for a number of interesting research questions that could be applied in various research settings within psychology and the human sciences.

YHTEENVETO

Tässä tutkimuksessa tarkasteltiin parisuhdeväkivaltaan syyllistyneiden miesten ryhmämuotoista interventiota vuorovaikutuksen, puhekäytäntöjen ja dialogisuuden näkökulmasta. Tutkimus kuului osaksi Jyväskylän yliopiston psykologian laitoksen laajempaa parisuhdeväkivallan hoitamista käsittelevää tutkimusprojektia. Tutkimuksen aineistona olivat Jyväskylässä toimivan Vaihtoehto väkivallalle -ohjelman videonauhoitetut ryhmätapaamiset. Tarkastelun alle oli valittu yhden suljetun ryhmän viisitoista tapaamista sisältävä hoitoprosessi sekä neljän eri ryhmään osallistuneen yksittäisen asiakkaan hoitoprosessit. Yhteensä aineisto koostui 120 tunnista nauhoitettua materiaalia.

Tämä laadullinen, diskursiiviseen tutkimusperinteeseen kiinnittyvä tutkimus koostui kolmesta osatutkimuksesta ja niiden pohjalta kirjoitetuista artikkeleista, joissa tarkasteltiin ryhmätapaamisissa tapahtuvia vuorovaikutusilmiöitä dialogisen vuorovaikutuksen näkökulmasta. Tarkastelussa käytettiin Jyväskylän yliopistossa kehitettyä ”Dialogical Investigations in the Happenings of Change” -menetelmää (ks. Seikkula, Laitila & Rober, 2012). Menetelmää on aiemmin käytetty psykoterapiatutkimuksessa, mutta tässä tutkimuksessa menetelmää sovellettiin ensimmäistä kertaa ryhmäintervention keskustelujen tarkasteluun.

Dialogisessa tarkastelussa huomion kohteena oli keskustelun rakentuminen monitoimijaisessa tilanteessa, jossa keskustelun osapuolet yhdessä rakentavat aloitteiden, kuuntelemisen, vastaamisen ja ei-vastaamisen kaltaisten elementtien avulla ryhmäkeskustelun kudelmaa, joka on alati muovautuvainen ja liikkeessä. Dialoginen tarkastelu ei siis kohdistunut yksittäisiin sanontoihin, vaan niiden liittymiseen toisiin sanontoihin ja siihen, mitä sanonnoista yhdessä muodostui. Erityisesti huomiota kiinnitettiin i) vuorovaikutuksen määrällisiin, semanttisiin ja rakenteellisiin dominansseihin, ii) kielen ja merkitysten käyttämiseen symbolisella, abstraktilla tasolla sekä indikatiivisella, konkreettisella tasolla, sekä iii) vastaamisen dialogisiin piirteisiin, kuten kytkeytymiseen edellä sanottuun, moniäänisyyteen ja yhteisen ymmärtämisen rakentumiseen, sekä monologisiin piirteisiin kuten keskeyttämisiin ja yhden totuuden tai mielipiteen ylivaltaan. Tässä tutkimuksessa dialogisuuden näkökulmaa käytettiin myös tarkasteltaessa ryhmäinterventioiden vaikuttavuutta eli muutoksen rakentumista.

Muutos on parisuhdeväkivaltaan syyllistyneiden miesten ryhmäinterventioissa keskeinen toimintaa ohjaava tavoite. Tutkimus psykoterapian ja monien muiden interventioiden saralla on osoittanut, että intervention tuloksellisuuden vaikuttaa monta tekijää, joiden yksittäistä vaikutusta voi olla vaikea mitata. Tässä tutkimuksessa muutosta tarkastellaan asiakkaiden väkivaltaisessa käyttäytymisessä tapahtuneen muutoksen sekä interventiokeskusteluissa tapahtuneiden muutosten näkökulmasta. Tutkimus pyrkii tuomaan esille interventio-prosessien laadullisten ominaisuuksien merkityksen: valitun hoitomallin lisäksi ryhmän vetäjien käyttämät puheentavat, keskustelussa rakentuva yhteistyösuhte ja ilmapiiri, empatian ja haastamisen osoittamisen tavat sekä eri lailla

motivoituneiden asiakkaiden kohtaamisen nähdään olevan keskeisiä tuloksellisuuteen vaikuttavia tekijöitä, joihin parisuhdeväkivaltaan syyllistyneiden interventiotutkimuksessa ole juurikaan kiinnitetty huomiota.

Tutkimuksen tulokset toivat esiin parisuhdeväkivaltaan syyllistyneiden asiakkaiden keskinäisen erilaisuuden ja osoittavat joustavien, asiakkaan tarpeisiin vastaavien interventiomallien käyttämisen merkityksen. Tutkimus osoitti, että muutoksen tapahtumiseen tarvitaan usein tilaa, kohtaamista ja kuulluksi tulemistä, joiden merkitystä sanktioihin tai pelkästään edukaatioon perustuvissa lähestymistavoissa ei kenties aina huomioida. Tutkimus osoitti myös, että keskustelun dialogisiin piirteisiin huomiota kiinnittämällä on mahdollista toteuttaa yksilöllisempiä, asiakaslähtöisempiä ja mahdollisesti myös muutosta tukevampia keskusteluja tämän asiakasryhmän kanssa työskenneltäessä.

REFERENCES

- Adams, D. (2003). Treatment programs for batterers. *Clinics in Family Practice* 5, 159-176.
- Adams, M. (2010). Losing one's voice: Dialogical psychology and the unspeakable. *Theory & Psychology* 20, 342-361.
- Adams, P., Town, A. & Gavey, N. (1995). Dominance and entitlement: The rhetoric men use to discuss their violence towards women. *Discourse & Society* 6, 387-406.
- Ajzen, I. & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice-Hall.
- Andersen, T. (1995). Reflecting processes: Acts of informing and forming. In S. Friedman (Ed.), *The reflecting team in action* (pp. 11-37). New York: Guilford.
- Anderson, H. & Goolishian, H. (1988). Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process* 27, 371-393.
- Auburn, T., Drake, S. & Willig, C. (1995). "You punched him, didn't you?": Versions of violence in accusatory interviews. *Discourse & Society* 6, 353-386.
- Auburn, T. & Lea, S. (2003). Doing cognitive distortions: A discursive psychology analysis of sex offender treatment talk. *British Journal of Social Psychology* 42, 281-298.
- Augusta-Scott, T. & Dankwort, J. (2002). Partner abuse group intervention: Lessons from education and narrative therapy approaches. *Journal of Interpersonal Violence* 17, 783-805.
- Austin, J. L. (1962). *How to do things with words*. Cambridge: Harvard University Press.
- Babcock, J. C., Green, C. E. & Robie, C. 2004. Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review* 23, 1023-1053.
- Babcock, J. C., Miller, S. A. & Siard, C. (2003). Toward a typology of abusive women: Differences between partner-only and generally violent women in the use of violence. *Psychology of Women Quarterly* 27, 153-161.
- Bakhtin, M. (1981). *The dialogic imagination. Four essays*. Austin, TX: University of Texas Press.
- Bakhtin, M. (1984). *Problems of Dostoevsky's Poetics. Theory and History of Literature*, 8. Minneapolis, MN: University of Minnesota Press.
- Bakhtin, M. (1986). The problem of speech genres. In C. Emerson & M. Holqvist (Eds.), *Speech genres and other late essays* (pp. 60-102). Austin, TX: University of Texas Press.
- Banister, P., Burman, E., Parker, I., Taylor, M. & Tindall, C. (1994). *Qualitative methods in psychology: A research guide*. Buckingham: Open University Press.
- Barkham, M. & Mellor-Clark, J. 2003. Bridging evidence-based practice and practice-based evidence: Developing a rigorous and relevant knowledge

- for the psychological therapies. *Clinical Psychology and Psychotherapy* 10, 319-327.
- Barner, J. R. & Carney, M. M. (2011). Interventions for intimate partner violence: A historical review. *Journal of Family Violence* 26, 235-244.
- Bauman, Z. (1993). Postmodernity, or living with ambivalence. In J. Natoli & L. Hutcheon (Eds.), *A postmodern reader* (pp. 9-24). Albany, NY: State University of New York Press.
- Bavelas, J. B., Coates, L. & Johnson, T. (2000). Listeners as co-narrators. *Journal of Personality and Social Psychology* 79, 941-952.
- Baxter, L. A. (2011). *Voicing relationships: A dialogic approach*. Thousand Oaks, CA: Sage.
- Begun, A. L., Shelley, G., Strodthoff, T. & Short, L. (2001). Adopting a stages of change approach for individuals who are violence with their intimate partners. *Journal of Aggression, Maltreatment, & Trauma* 5, 105-127.
- Bender, K. & Roberts, A. R. (2007). Battered women versus male batterer typologies: Same or difference based on evidence-based studies. *Aggression and Violent Behavior* 12, 519-530.
- Berger, P. L. & Luckmann, T. (1966). *The social construction of reality: A treatise in the sociology of knowledge*. New York: Anchor Books.
- Betts, K., Hinsz, V. & Heimerdinger, S. (2011). Predicting intentions of romantic partner abuse with the theory of planned behavior. *Current Psychology* 30, 130-147.
- Boghossian, P. (2006). *Fear of knowledge: Against relativism and constructivism*. Oxford: Oxford University Press.
- Bograd, M. (1988). How battered women and abusive men account for domestic violence: Excuses, justifications, or explanations. In G. T. Hotaling, D. Finkelhor, J. T. Kirkpatrick & M. A. Straus (Eds.), *Coping with family violence: Research and policy perspectives* (pp. 70-77). Thousand Oaks, CA: Sage.
- Boonzaier, F. (2008). 'If the man says you must sit, then you must sit': The relational construction of woman abuse: Gender, subjectivity and violence. *Feminism & Psychology* 18, 183-206.
- Bott, S., Guedes, A., Claramunt, M. C. & Guezmes, A. (2010). *Improving the health sector response to gender based violence. A resource manual for health care professionals in developing countries*. International Planned Parenthood Federation, Western Hemisphere Region. IPPF/WHR Tools, Retrieved September 25, 2012, from [http://new.paho.org/hq/dmdocuments/2010/GBV_cdbookletANDmanual_FA_FINAL\[1\].pdf](http://new.paho.org/hq/dmdocuments/2010/GBV_cdbookletANDmanual_FA_FINAL[1].pdf)
- Bowen, E. (2010). Therapeutic environment and outcomes in a U. K. domestic violence perpetrator program. *Small Group Research* 41, 198-220.
- Breuer, J. & Freud, S. (1895). *Studies on hysteria*. (Trans. & Ed. J. Strachey). New York: Basic Books.

- Brodeur, N., Rondeau, G., Brochu, S., Lindsay, J. & Phelps, J. (2008). Does the transtheoretical model predict attrition in domestic violence treatment programs? *Violence and Victims* 23, 493-507.
- Brown, P. D. & O'Leary, K. D. (2000). Therapeutic alliance: Predicting continuance and success in group treatment for spouse abuse. *Journal of Consulting and Clinical Psychology* 68, 340-345.
- Browne, K. O., Saunders, D. G. & Staecker, K. M. (1997). Process-psychodynamic groups for men who batter: A brief treatment model. *Families in Society* 78, 265-271.
- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Bråten, S. (1988). Between dialogical mind and monological reason: Postulating the virtual other. In M. Campanella (Ed.), *Between rationality and cognition* (pp. 205-235). Torino, Italy: Albert Meynier.
- Buber, M. (1970). *I and Thou*. New York: Charles Scribner's Sons. (Original work published 1923).
- Burr, V. (2003). *Social constructionism*. Hove, UK: Routledge.
- Burrows, N. & Needs, A. (2009). Time to contemplate change? A framework for assessing readiness to change with offenders. *Aggression and Violent Behaviour* 14, 39-49.
- Butler, S. F. & Strupp, H. H. (1986). Specific and nonspecific factors in psychotherapy: A problematic paradigm for psychotherapy research. *Psychotherapy* 23, 30-40.
- Byng-Hall, J. (2008). The crucial roles of attachment in family therapy. *Journal of Family Therapy* 30, 129-146.
- Byrne, D. (1996). Clinical models for the treatment of gay male perpetrators of domestic violence. *Journal of Gay & Lesbian Social Services* 4, 107-116.
- Casey, S., Day, A. & Howells, K. (2005). The application of the transtheoretical model to offender populations: Some critical issues. *Legal and Criminological Psychology* 10, 157-171.
- Catlett, B. S., Toews, M. L. & Walilko, V. (2010). Men's gendered constructions of intimate partner violence as predictors of court-mandated batterer treatment drop out. *American Journal of Community Psychology* 45, 107-123.
- Cavanagh, K., Dobash, R. E., Dobash, R. & Lewis, R. (2001). Remedial work: Men's strategic responses to their violence against intimate female partners. *Sociology* 35, 695-714.
- Cavanaugh, M. M. & Gelles, R. J. (2005). The utility of male domestic offender typologies: New directions for research, policy, and practice. *Journal of Interpersonal Violence* 20, 155-166.
- Centers for Disease Control. (2006). Understanding intimate partner violence. Fact sheet. Retrieved September 25, 2012 from <http://www.cdc.gov/violenceprevention/pdf/IPV-Factsheet.pdf>
- Clark, H. H. & Schober, M. F. (1992). Asking questions and influencing answers. In J. M. Tanur (Ed.), *Questions about questions: Inquiries into the cognitive bases of surveys* (pp. 15-48). New York: Russell Sage.

- Coates, L. & Wade, A. (2004). Telling it like it isn't: Obscuring perpetrator responsibility for violent crime. *Discourse & Society* 15, 499-526.
- Collins, S. & Nee, C. (2010). Factors influencing the process of change in sex offender interventions: Therapists' experiences and perceptions. *Journal of Sexual Aggression* 16, 311-331.
- Dallos, R. & Vetere, A. (2009). *Systemic therapy and attachment narratives: Applications in a range of clinical settings*. London: Routledge.
- Dalton, B. (2007). What's going on out there? A survey of batterer intervention programs. *Journal of Aggression, Maltreatment & Trauma* 15, 59-74.
- Daly, J. E. & Pelowski, S. (2000). Predictors of dropout among men who batter: A review of studies with implications for research and practice. *Violence and Victims* 15, 137-160.
- Daniels, J. W. & Murphy, C. M. (1997). Stages and processes of change in batterers' treatment. *Cognitive and Behavioral Practice* 4, 123-145.
- Davies, L., Holmes, M., Lundy, C. & Urquhart, L. (1995). *Re-education for abusive men: The effect on the lives of women partners*. Ottawa: Family Violence Prevention Division, Health Canada.
- Davis, R. C. & Taylor, B. G. (1999). Does batterer treatment reduce violence? A synthesis of the literature. *Women and Criminal Justice* 10, 69-93.
- Day, A., Chung, D., O'Leary, P. & Carson, E. (2009). Programs for men who perpetrate domestic violence: An examination of the issues underlying the effectiveness of intervention programs. *Journal of Family Violence* 24, 203-212.
- De Giacomo, P., L'Abate, L., Pennebaker, J. W. & Rumbaugh, D. (2010). Amplifications and applications of Pennebaker's analogic to digital model in health promotion, prevention, and psychotherapy. *Clinical Psychology and Psychotherapy* 17, 355-362.
- Dudiak, J. (2001). *The intrigue of ethics: A reading of the idea of discourse in the thought of Emmanuel Levinas*. New York: Fordham University Press.
- Dutton, D. G. (2006). *Rethinking domestic violence*. Vancouver: UBC Press.
- Dutton, D.G. & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior* 11, 457-483.
- Eckhardt, C., Holtzworth-Munroe, A., Norlander, B., Sibley, A. & Cahill, M. (2008). Readiness to change, partner violence subtypes, and treatment outcomes among men in treatment for partner assault. *Violence and Victims (special issue)* 23, 446-475.
- Eckhardt, C. I., Murphy, C. , Black, D. & Suhr, L. (2006). Intervention programs for perpetrators of intimate partner violence: Conclusions from a clinical research perspective. *Public Health Reports* 121, 369-381.
- Edley, N. & Wetherell, M. (1997). Jockeying for position: The construction of masculine identities. *Discourse & Society* 8, 203-217.
- Edwards, D. & Potter, J. (2001). Discursive psychology. In A. W. McHoul & M. Rapley (Eds.), *How to analyse talk in institutional settings: A casebook of methods* (pp. 12-24). London: Continuum.

- Eisikovits Z. & Buchbinder, E. (1997). Talking violent: A phenomenological study of metaphors battering men use. *Violence Against Women* 3, 482-498.
- Elliott, R. (1985). Helpful and nonhelpful events in brief counseling interviews: An empirical taxonomy. *Journal of Counseling Psychology* 32, 307-322.
- Elliot, R. (2010). Psychotherapy change process research: Realizing the promise. *Psychotherapy Research* 20, 123-135.
- Ensomaa, K. (2009). *Ylisukupolviittaisen parisuhdeväkivallan ja alkoholinkäytön yhteys parisuhdeväkivaltaan Vaihtoehto väkivallalle -ryhmään osallistuneilla miehillä ja hoito-ohjelman tuloksellisuus. (Over generational cycle of domestic violence and alcohol usages realtions to domestic violence in a group of men who attended Vaihtoehto väkivallalle -programme and effectiveness of the treatment programme.)* Master thesis in psychology. Jyväskylä: University of Jyväskylä.
- European Commission. (2008). *Daphne booklets: Issues and experiences in combating violence against children, young people and women. Family violence.* Luxembourg: Office for Official Publications of the European Communities. DOI: 10.2758/16823
- Feder, L. & Wilson, D. B. (2005). A meta-analytic review of court mandated batterer intervention programs: Can courts affect abusers' behavior? *Journal of Experimental Criminology* 1, 239-262.
- Felson, R. B. (2002). *Violence and gender reexamined.* Washington, DC: American Psychological Association.
- Fishbane, M. (1998). I, thou, and we: A dialogical approach to couples therapy. *Journal of Marital and Family Therapy* 24, 41-58.
- Fisher, W. & Fisher, W. A. (1992). Understanding and promoting aids preventive behavior: A conceptual model and educational tools. *Canadian Journal of Human Sexuality* 1, 99-106.
- Flink, A. & Paavilainen, E. (2008). Violent behavior of men in their intimate relationships, as they experience it. *American Journal of Men's Health* 2, 244-253.
- Frank, J. D. & Frank, J. (2004). Therapeutic components shared by all psychotherapies. In A. Freeman, M. J. Mahoney, P. DeVito & D. Martin (Eds.), *Cognition and psychotherapy* (pp. 45-78). New York: Springer.
- Frazer, A. K. & Miller, M. D. (2009). Double standards in sentence structure: Passive voice in arratives describing domestic violence. *Journal of Language and Social Psychology* 28, 62-71.
- Ganley, A. L. (1981). Counseling programs for men who batter: Elements of effective programs. *RESPONSE to Victimization of Women and Children* 4, 3-4.
- Garcia-Moreno, C., Jansen, H., Ellsberg, M., Heise, L. & Watts, C. (2006). Prevalence of intimate partner violence: Findings from the WHO multi-country study on women's health and domestic violence. *Lancet* 368, 1260-1269.
- Gergen, K. (1994). *Realities and relationships. Soundings in social construction.* Cambridge, MA: Harvard University Press.

- Gondolf, E. W. (2000). How batterer program participants avoid reassault. *Violence Against Women* 6, 1204-1222.
- Gondolf, E. W. (2004). Evaluating batterer counseling programs: A difficult task showing some effects and implications. *Aggression and Violent Behavior* 9, 605-631.
- Gondolf, E.W. (2009). *The survival of batterer programs? Responding to "evidence-based practice" and improving program operation*. Paper presented at the policy symposium batterer intervention: Doing the work and measuring the progress, Bethesda, MD, December 3-4, 2009. Retrieved November 15, 2012 from <URL: <http://www.futureswithoutviolence.org/>>
- Goodrum, S., Umberson, D. & Anderson, K. (2001). The batterer's view of the self and others in domestic violence. *Sociological Inquiry* 71, 221-240.
- Gormley, B. (2005). An adult attachment theoretical perspective of gender symmetry in intimate partner violence. *Sex Roles* 52, 785-795.
- Greenberg, L. S. & Johnson, S. M. (1988). *Emotionally focused therapy for couples*. New York: Guilford Press.
- Greenberg, L. S. & Pascual-Leone, A. (2006). Emotion in psychotherapy: A practice-friendly research review. *Journal of Clinical Psychology: In Session* 62, 611-630.
- Guba, E. G. & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions, and emerging influences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 191-215). 3rd ed. Thousand Oaks, CA: Sage.
- Guregård, S. (2009). *Open Dialogue across cultures: Establishing a therapeutic relationship with the refugee family*. Doctoral dissertation, University of East London in conjunction with the Tavistock Clinic. Göteborg, Sweden: Nordbok International.
- Haarakangas, K. (1997). *Hoitokokouksen äänet. Dialoginen analyysi perhekeskeisen psykiatrisen hoitoprosessin hoitokokoukseskusteluista työryhmän toiminnan näkökulmasta*. Doctoral dissertation. Jyväskylä studies in Education, Psychology and Social Research, 130. Jyväskylä: University of Jyväskylä.
- Hamberger, L. K. (2002). The men's group program: A community-based cognitive-behavioral, profeminist intervention program. In E. Aldarondo & F. Mederos (Eds.), *Batterer intervention programs: A handbook for clinicians, practitioners, and advocates* (pp. 7.1-7.43). Kingston, NJ: Civic Research Institute.
- Hardy, G., Rees, A., Barkham, M., Field, S., Elliott R. & Shapiro, D. (1998). Whingeing versus working: Comprehensive Process Analysis of a "vague awareness" event. *Psychotherapy Research* 8, 334-353.
- Harré, R. & Gillet, G. (1994). *The discursive mind*. Thousand Oaks, CA: Sage.
- Healing, S. & Bavelas, J. (2011). Can questions lead to change? An analogue experiment. *Journal of Systemic Therapies* 30, 30-47.
- Hearn, J. (1998). *The violences of men*. London: Sage.

- Heckert, D. A. & Gondolf, E. (2000). Predictors of underreporting of male violence by batterer program participants and their partners. *Journal of Family Violence* 15, 423-443.
- Henkelman, J. & Paulson, B. (2006). The client as expert: Researching hindering experiences in counselling. *Counselling Psychology Quarterly* 19, 139-150
- Henning, K. & Holdford, R. (2006). Minimization, denial, and victim blaming by batterers: Does the truth really matter? *Criminal Justice and Behavior* 33, 110-130.
- Hermans, H. J. M. & Kempen, H. J. G. (1993). *The dialogical self: Meaning as movement*. San Diego, CA: Academic Press.
- Hermans, H. J. M. & Salgado, J. (2010). The dialogical self as a minisociety. In S. R. Kirschner & J. Martin (Eds.), *The sociocultural turn in psychology: The contextual emergence of mind and self* (pp. 183-204). New York: Columbia University Press.
- Hettema, J., Steele, J. & Miller, W. R. (2005). Motivational interviewing. *Annual Review of Clinical Psychology* 1, 91-111.
- Hollin, C. R. (1999). Treatment programs for offenders: Meta-analysis, "what works," and beyond. *International Journal of Law and Psychiatry* 22, 361-372.
- Holma, J. M., Partanen, T., Wahlström, J., Laitila, A., & Seikkula, J. (2006). Narratives and discourses in groups for male batterers. In M. Lipshitz (Ed.), *Domestic violence and its reverberations* (pp. 59-83). New York: Nova Science.
- Holzman, L., Newman, F., Strong, T. & Paré, D. (2004). Power, authority, and pointless activity: The developmental discourse of social therapy. In T. Strong & D. Pare (Eds.), *Furthering talk: Advances in the discursive therapies* (pp. 73-86). New York: Kluwer Academic.
- Holtzworth-Munroe, A. & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin* 116, 476-497.
- Hydén, M. & McCarthy, I. C. (1994). Woman battering and father-daughter incest disclosure: Discourses of denial and acknowledgement. *Discourse & Society* 5, 543-565.
- Inger, I. & Inger, J. (1994). *Creating an ethical position in family therapy*. London: Karnac.
- Jacobs, E. E., Masson, R. L. & Harvill R. L. (2009). *Group counseling: Strategies and Skills*. 6th ed. Pacific Grove, CA: Brooks/Cole.
- Jefferson, G. (2004). Glossary of transcript symbols with an introduction. In G. Lerner (Ed.), *Conversation analysis: Studies from the first generation* (pp. 13-31). Amsterdam: John Benjamins.
- Jennings, J. L. (1987). History and issues in the treatment of battering men: A case for unstructured group therapy. *Journal of Family Violence* 2, 193-214.
- Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence and Victims* 12, 1003-1018.

- Johnson, S. M, Bradley, B., Furrow, J., Lee, A. & Palmer, G. (2005). *Becoming an emotionally focused couples therapist: A work book*. New York: Brunner Routledge.
- Kalinowski, P., Lai, J., Fidler, F. & Cumming, G. (2010). Qualitative research: An essential part of statistical cognition research. *Statistics Education Research Journal* 9, 22-34.
- Keisala, H. (2006). *Parisuhdeväkivalta moniammatillisen työn kohteena. Arviointitutkimus Espoon yhteistyöverkoston ja Lyömättömän Linjan toiminnasta parisuhdeväkivallan lopettamiseksi. (Intimate partner violence as an object of multi-professional work)*. Tutkimustiedonantoja nro 68. Helsinki: Oikeuspoliittinen tutkimuslaitos.
- Kernsmith, P. (2005). Treating perpetrators of domestic violence: Gender differences in the applicability of the theory of planned behavior. *Sex Roles* 52, 757-770.
- Kirsch, L. G. & Becker, J. V. (2006). Sexual offending: Theory of problem, theory of change and implications for treatment effectiveness. *Aggression and Violent Behavior* 11, 208-224.
- Kishor, S. & Johnson, K. (2004). *Profiling domestic violence: A multi-country study*. Columbia, MD: ORC Macro.
- Kistenmacher, B. R. & Weiss, R. L. (2008). Motivational interviewing as a mechanism for change in men who batter. A randomized control trial. *Violence and Victims* 23, 558-570.
- Krause, M., De la Parra, G., Arístegui, R., Dagnino, P., Tomicic, A., Valdés, N., Echávarrib, O., Strassera, K., Reyes, L., Altimira, C., Ramírez, I. Vilchesa, O. & Ben-Dova, P. (2007). The evolution of therapeutic change studied through generic change indicators. *Psychotherapy Research* 17, 673-689.
- Kurri, K. & Wahlström, J. (2001). Dialogical management of morality in domestic violence counseling. *Feminism and Psychology* 11, 187-208.
- Kvale, S. (Ed.) (1992). *Psychology and postmodernism*. London: Sage.
- Labriola, M., Rempel, M. & Davis, R. (2005). *Testing the effectiveness of batterer programs and judicial monitoring. Results from a randomized trial at the Bronx Misdemeanor Domestic Violence Court. Center for Court Innovation. Final Report Submitted to the National Institute of Justice. November 2005. Retrieved November 12, 2012, from*
<URL: <http://www.courtinnovation.org/>>
- Lamb, S. (1991). Acts without agents: An analysis of linguistic avoidance in journal articles on men who batter women. *American Journal of Orthopsychiatry* 61, 250-257.
- Lambert, M. J. & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (pp. 139-193). 5th ed. New York: John Wiley & Sons.
- Langhinrichsen-Rohling, J. (2010). Controversies involving gender and intimate partner violence in the United States. *Sex Roles* 62, 179-193.

- Larsen, D., Flesaker, K. & Stege, R. (2008). Qualitative interviewing using Interpersonal Process Recall: Investigating internal experiences during professional-client conversations. *International Journal of Qualitative Methods* 7, 18-37.
- Laub, J. H. (1983). Interview with Edwin M. Lemert. In J. H. Laub (Ed.), *Criminology in the making: An oral history* (pp. 118-130). Boston: Northeastern University Press.
- LeCouteur, A. & Oxlad, M. (2011). Managing accountability for domestic violence: Identities, membership categories and morality in perpetrators' talk. *Feminism & Psychology* 21, 5-28.
- Lea, S. J. (2007). A discursive analysis into victim responsibility in rape. *Feminism & Psychology* 17, 495-514.
- Lee, M. Y., Sebold, J. & Uken A. (2003). *Solution-focused treatment of domestic violence offenders: Accountability for change*. New York: Oxford University Press.
- Lehmann, P. & Simmons, C.A. (2009). The state of batterer intervention programs: An analytical discussion. In P. Lehmann & C. A. Simmons (Eds.), *Strengths-based batterer intervention: A new paradigm in ending family violence* (pp. 3-38). New York: Springer.
- Leiman, M. & Stiles, W. B. (2001). Dialogical sequence analysis and the zone of proximal development as conceptual enhancements to the assimilation model: The case of Jan revisited. *Psychotherapy Research* 11, 311-330.
- Levesque, D. A., Driskell, M. M., Prochaska, J. M. & Prochaska, J. O. (2008). Acceptability of stage-matched expert system intervention for domestic violence offenders. *Violence and Victims* 23, 432-445.
- Leväinen, H. (2012). *Onko vaihtoehtoa väkivallalle? Vaihtoehto väkivallalle -ryhmän miesten kokeman muutoksen yhteys heidän puolisoidensa kokemaan väkivaltaan. (Are there alternatives to violence? (Interconnections between men's experiences of change in Alternative to Violence -groups and men's partners experiences of violence))*. Master thesis in psychology. Jyväskylä: University of Jyväskylä.
- Linell, P. (1998). *Approaching dialogue. Talk, interaction and contexts in dialogical perspectives*. Amsterdam: John Benjamins.
- Linell, P. (2009). *Rethinking language, mind, and world dialogically*. Charlotte, NC: Information Age.
- Little, M. (2005). Talking cure and curing talk. *Journal of the royal society of medicine* 98, 210-212.
- Luckmann, T. (1990). Social communication, dialogue and conversation. In I. Marková & K. Foppa (Eds.), *The dynamics of dialogue* (pp. 45-61). London: Harvester Wheatsheaf.
- Maiuro, R. D., Hagar, T. S., Lin, H-H. & Olson, N. (2001). Are current state standards for domestic violence perpetrator treatment adequately informed by research? *Journal of Aggression, Maltreatment & Trauma* 5, 21-44.
- Malinowski, B. (1989). The problem of meaning in primitive languages. In C. K. Ogden & A. I. Richards (Eds.), *The meaning of meaning. A study of the influence of language upon thought and of the science of symbolism. Supplement I*

- (pp. 296-336). London: Routledge & Kegan Paul. (Original work published 1923).
- Mallinckrodt, B. (2000). Attachment, social competencies, social support, and interpersonal process in psychotherapy. *Psychotherapy Research* 10, 239-266.
- Malmberg, S. & Rantanen, A. (2012). *Kohti väkivallatonta parisuhdetta: Miesten ja heidän puolisoitensa kuvauksia muutoksesta ja puolisoitensa kokemuksia asemastaan parisuhteessa. (Towards a non-violent relationship: Men and their partners' descriptions of change, and partners' experiences of their position in the relationship.)* Candidate thesis in psychology. Jyväskylä: University of Jyväskylä.
- Mankowski, E. S., Haaken, J. & Silvergleid, C. S. (2002). Collateral damage: An analysis of the achievements and unintended consequences of batterer intervention programs and discourse. *Journal of Family Violence* 17, 167-184.
- Markova, I. (1990). Introduction. In I. Markova & K. Foppa (Eds.), *The dynamics of dialogue* (pp. 1-22). London: Harvester Wheatsheaf.
- Markova, I., Linell, P., Grossen, M. & Orvig, A. S. (2007). *Dialogue in focus groups: Exploring socially shared knowledge*. London: Equinox.
- Martin, D. J., Garske, J. P. & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Counseling and Clinical Psychology* 68, 438-450.
- Martin, J. & Stelmaczonek, K. (1988). Participants' identification and recall of important moments in counselling. *Journal of Counseling Psychology* 35, 385-390.
- Mason, B. (1993). Towards positions of safe uncertainty. *Human Systems* 4, 189-200.
- Mattila, M. (2006). *Miesten motivoituminen ja valikoituminen pitkään hoitoon. Näkökulmia ja tarkastelua Kriisikeskus Mobilen yksilötyöstä kerättyjen väkivaltaa käyttäneiden miesten tilastojen pohjalta. (Men's motivation and selection to a long treatment.)* Candidate thesis in psychology. Jyväskylä: University of Jyväskylä.
- Maybin, J. (2001). Language, struggle and voice: The Bakhtin / Volosinov writings. In M. Wetherell, S. Taylor & S. J. Yates (Eds.), *Discourse theory and practice. A reader* (pp. 64-71). London: Sage.
- McCrystal, P. & Wilson, G. (2009). Research training and professional social work education: Developing research-minded practice. *Social Work Education: The International Journal* 28, 856-872.
- McGuire, J. (2004). Commentary: Promising answers and the next generation of questions. *Psychology Crime and Law* 10, 335-345.
- McLeod, J. (2001). *Qualitative research in counselling and psychotherapy*. London: Sage.
- Miller S. D., Duncan, B. L. & Hubble, M. A. (2004). Beyond integration: The triumph of outcome over process in clinical practice. *Psychotherapy in Australia* 10, 2-19.
- Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. New York: Guilford Press.

- Milner, J. & Singleton, T. (2008). Domestic violence: Solution-focused practice with men and women who are violent. *Journal of Family Therapy* 30, 29-53.
- Morrell, T. M., Elliott, J. D., Murphy, C. M. & Taft, C. (2003). A comparison of cognitive-behavioral and supportive group therapies for male perpetrators of domestic abuse. *Behavior Therapy* 24, 77-95.
- Mullaney, J. L. (2007). Telling it like a man : Masculinities and battering men's accounts of their violence. *Men and Masculinities* 10, 222-247.
- Murphy, C. M. & Baxter, V. A. (1997). Motivating batterers to change in the treatment context. *Journal of Interpersonal Violence* 12, 607-619.
- Murphy, C. M. & Meis, L. A. (2008). Individual treatment of intimate partner violence perpetrators. *Violence and Victims* 23, 173-186.
- Murray, C. (2006). Controversy, constraints, and context: Understanding family violence through family systems theory. *The Family Journal* 14, 234-239.
- Musser, P. H., Semiatin, J. N., Taft, C. T. & Murphy, C. M. (2008). Motivational interviewing as a pregroup intervention for partner-violent men. *Violence and Victims* 23, 539-557.
- Natoli, J. & Hutcheon, L. (1993). Representing the postmodern. In J. Natoli & L. Hutcheon (Eds.), *A postmodern reader* (pp. 193-202). Albany, NY: University of New York Press.
- Norcross, J., Beutler, L. & Levant, R. (Eds.) (2005). *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions*. Washington, DC: American Psychological Associations.
- Norcross, J. C., Krebs, P.M. & Prochaska, J.O. (2011). Stages of change. *Journal of Clinical Psychology* 67,143-154.
- Pandya, V. & Gingerich, W. J. (2002). Group therapy intervention for male batterers: A micro-ethnographic study. *Health and Social Work* 27, 47-55.
- Paré, D. & Lysack, M. (2004). The willow and the oak: From monologue to dialogue in the scaffolding of therapeutic conversations. *Journal of Systemic Therapies* 23, 6-20.
- Partanen, T. (2008). *Interaction and therapeutic interventions in treatment groups for intimately violent men*. Doctoral dissertation. Jyväskylä Studies in Education, Psychology and Social Research, 332. Jyväskylä: University of Jyväskylä.
- Partanen, T., Wahlström, J. & Holma, J. (2006). Loss of self-control as excuse in group-therapy conversations for intimately violent men. *Communication & Medicine* 3, 171-183.
- Pascual-Leone, A., Bierman, R., Arnold, R. & Stasiak, E. (2011). Emotion-focused therapy for incarcerated offenders of intimate partner violence: A 3-year outcome using a new whole-sample matching method. *Psychotherapy Research* 21, 331-347.
- Patton, M. Q. (2002). *Qualitative Research & Evaluation Methods*. Thousand Oaks, CA: Sage.
- Pence, E. & Paymar, M. (1993). *Education groups for men who batter: The Duluth model*. New York: Springer.

- Peräkylä, A. & Ruusuvoori, J. (2006). Facial expression in an assessment. In H. Knoblauch, B. Schnettler, J. Raab & H-G. Soeffner (Eds.), *Video analysis: Methodology and methods: Qualitative audiovisual data analysis in sociology* (pp. 127-142). Peter Lang: Frankfurt am Main.
- Peterman, L. M. & Dixon, C. G. (2003). Domestic violence between same-sex partners: Implications for counseling. *Journal of Counseling & Development* 81, 40-47.
- Piaget, J. (1962). *Play, dreams and imitation in childhood*. New York: Norton. (Original work published 1945).
- Piispa, M., Heiskanen, M., Kääriäinen, J., & Sirén, R. (2006). *Violence against women in Finland. Summary*. National Research Institute of Legal Policy Publication No. 225. The European Institute for Crime Prevention and Publication Series No. 51. Retrieved September, 25, 2012 from <http://www.optula.om.fi/37928.htm>.
- Pirog-Good, M. & Stets-Kealey, J. (1985). Male batterers and battering prevention programs: A national survey. *Response to the Victimization of Women and Children* 8, 8-12.
- Pos, A. E., Greenberg, L. S., Korman, L. M. & Goldman, R. N. (2003). Emotional processing during experiential treatment of depression. *Journal of Consulting and Clinical Psychology* 71, 1007-1016.
- Post, L., Klevens, J., Maxwell, C., Shelly, G. & Ingram, E. (2010). An examination of whether coordinated community responses affect intimate partner violence. *Journal of Interpersonal Violence* 25, 75-93.
- Potter, J. (2000). Post cognitivist psychology. *Theory and psychology* 10, 31-37.
- Potter, J. & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London, UK: Sage.
- Potoczniak, M. J., Murot, J. E., Crosbie-Burnett, M. & Potoczniak, D. J. (2003). Legal and psychological perspectives on same-sex domestic violence: A multisystemic approach. *Journal of Family Psychology* 17, 252-259.
- Power, M. & Brewin, C. R. (Eds.) (1997). *The transformation of meaning*. Chichester: Wiley.
- Ptacek, J. T. (1988). How men who batter rationalize their behavior. In A. L. Horton & J. A. Williamson (Eds.), *Abuse and religion: When praying isn't enough* (pp. 247-257). Lexington, MA: Lexington Press.
- Raakil, M. (2002). A Norwegian integrative model for the treatment of men who batter. *Family Violence and Sexual Assault Bulletin* 18, 8-14.
- Raingruber, B. (2000). Being with feelings as a recognition practice: developing clients' self-understanding. *Perspectives in Psychiatric Care* 36, 41-50.
- Richards, L. (2005). *Handling qualitative data: A practical guide*. London: Sage.
- Roberts, A. R. (1981). *Sheltering battered women*. New York: Springer.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology* 21, 95-103.
- Rooney, J. & Hanson, R. K. (2001). Predicting attrition from treatment programs for abusive men. *Journal of Family Violence* 16, 131-149.

- Rosenberg, M. (2003). Voices from the group: Domestic violence offenders' experience of intervention. *Journal of Aggression, Maltreatment & Trauma* 7, 305-317.
- Rosenstock, I. M., Strecher, V. J. & Becker, M. H. (1988). Social learning theory and the Health belief model. *Health Education & Behavior* 15, 175-183.
- Ross, J. & Babcock, J. (2010). Gender and intimate partner violence in the United States: Confronting the controversies. *Sex Roles* 62, 194-200.
- Rothman, E., Butchart, A. & Cerdá, M. (2003). *Intervening with perpetrators of intimate partner violence: a global perspective*. WHO: Geneva, 2003.
- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York: Norton & Co.
- Safran, J. D. & Muran, J. C. (1996). The resolution of ruptures in the therapeutic alliance. *Journal of Consulting and Clinical Psychology* 64, 447-458.
- Salgado, J. & Gonçalves, M. (2007). The dialogical self: Social, personal, and (un)conscious. In J. Valsiner & A. Rosa (Eds.), *Cambridge handbook of sociocultural psychology* (608-621). New York: Cambridge University Press.
- Salgado, J. & Hermans, H. J. M. (2005). The return of subjectivity: From a multiplicity of selves to the dialogical self. *Electronic Journal of Applied Psychology* 1, 3-13.
- Salgado, J. & Valsiner, J. (2010). Dialogism and the eternal movement within communication. In C. Grant (Ed.), *Beyond universal pragmatics: Studies in the philosophy of communication* (pp. 101-121). New York: Peter Lang.
- Salmi, V., Lehti, M., Sirén, R., Kivivuori, J. & Aaltonen, M. (2009). *Perheväkivalta Suomessa*. Verkkokatsauksia 12/2009. National Research Institute of Legal Policy. Retrieved September 4, 2012, from <URL: <http://www.optula.om.fi/>>
- Saltzman, L. E., Fanslow, J. L., McMahon, P. M. & Shelley G. A. (1999). *Intimate partner violence surveillance: Uniform definitions and recommended data elements, version 1.0*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Salzman, C. D. & Fusi, S. (2010). Emotion, cognition, and mental state representation in amygdala and prefrontal cortex. *Annual Review of Neuroscience* 33, 173-202.
- Saunders, D. G. (2008). Group interventions for men who batter: A summary of program descriptions and research. *Violence and Victims* 23, 156-172.
- Schrock, D. P. & Padavic, I. (2007). Negotiating hegemonic masculinity in a batterer intervention program. *Gender & Society* 21, 625.
- Schumacher J. A., Coffey, S. F., Stasiewicz, P. R., Murphy, C. M., Leonard, K. E. & Fals-Stewart, W. (2011). Development of a brief motivational enhancement intervention for intimate partner violence in alcohol treatment settings. *Journal of Aggression, Maltreatment & Trauma* 20, 103-127.
- Scott, K. (2004). Stage of change as a predictor of attrition among men in a batterer treatment program. *Journal of Family Violence* 19, 37-47.
- Scott, K. & Wolfe, D. (2000). Change among batterers. Examining men's success stories. *Journal of Interpersonal Violence* 15, 827-842.

- Scott, M. B. & Lyman, S. M. (1968). Accounts. *American Sociological Review* 33, 46-62.
- Seelau, S. M. & Seelau, E. P. (2005). Gender-role stereotypes and perceptions of heterosexual, gay, and lesbian domestic violence. *Journal of Family Violence* 20, 363-371.
- Seikkula, J. (2002). Open dialogues with good and poor outcomes for psychotic crises: Examples from families with violence. *Journal of Marital and Family Therapy* 28, 263-274.
- Seikkula, J. (2008). Inner and outer voices in the present moment of family and network therapy. *Journal of Family Therapy* 30, 478-491.
- Seikkula, J., Laitila, A. & Rober, P. (2012). Making sense of multi-actor dialogues in family therapy and network meetings. *Journal of Marital and Family Therapy* 38, 667-687.
- Shamai, M. & Buchbinder, E. (2010). Control of the self. Partner-violent men's experience of therapy. *Journal of Interpersonal Violence* 25, 1338-1362.
- Sheehan, K. A., Thakor, S. & Stewart, D. E. (2012). Turning points for perpetrators of intimate partner violence. *Trauma, Violence, & Abuse* 13, 30-40.
- Shotter, J. (1993). *Conversational realities: Constructing life through language*. London: Sage.
- Shotter, J. (2003). Real presences: Meaning as living movement in a participatory world. *Theory & Psychology* 13, 435-468.
- Silvergleid, C. S. & Mankowski E. S. (2006). How batterer intervention programs work: Participant and facilitator accounts of processes of change. *Journal of Interpersonal Violence* 21, 139-159.
- Sonkin, D. J. & Dutton, D. G. (2003). Treating assaultive men from an attachment perspective. In D. J. Sonkin & D. G. Dutton (Eds.), *Intimate violence: Contemporary treatment innovations* (pp. 105-134). New York: Haworth.
- Sorenson, S. B. & Thomas, K. A. (2009). Views of intimate partner violence in same- and opposite-sex relationships. *Journal of Marriage and Family* 71, 337-352.
- Stamp, G. H. & Sabourin, T. C. (1995). Accounting for violence: An analysis of male spousal abuse narratives. *Journal of Applied Communication Research* 23, 284-307.
- Stiles, B., Osatuke, K., Click, M. & MacKay, H. (2004). Encounters between internal voices generate emotion: An elaboration of the assimilation model. In H. Hermans & C. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 91-107). New York: Brunner-Routledge.
- Stith, S. M., Rosen, K. H., McCollum, E. E. & Thomsen, C. J. (2004). Treating intimate partner violence within intact couple relationships: Outcomes of multi-couple versus individual couple therapy. *Journal of Marital and Family Therapy* 30, 305-318.

- Stuart, G. L., Temple, J. R. & Moore, T. M. (2007). Improving batterer intervention programs through theory-based research. *Journal of the American Medical Association* 298, 560-562.
- Taft, C. T. & Murphy, C. M. (2007). The working alliance in intervention for partner violence perpetrators: Recent research and theory. *Journal of Family Violence* 22, 11-18.
- Taft, C. T., Murphy, C. M., King, D. W., Musser, P. H. & DeDeyn, J. M. (2003). Process and treatment adherence factors in group cognitive-behavioral therapy for partner violent men. *Journal of Consulting and Clinical Psychology* 71, 812-820.
- Tierney, K. (1982). The battered women's movement and the creation of the wife beating problem. *Social Problems* 29, 207-219.
- Timulak, L. (2007). Identifying core categories of client-identified impact of helpful events in psychotherapy: A qualitative meta-analysis. *Psychotherapy Research* 17, 305-314.
- Tjaden, P. & Thoennes, N. (2000). *Extent, nature and consequences of intimate partner violence: Findings from the national violence against women survey*. National Institute of Justice and the Centers of Disease Control and Prevention. Washington, DC: Department of Justice, National Institute of Justice.
- Tolman, R. M. & Edleson, J. L. (1995). Intervention for men who batter: A review of research. In S.R. Stith & M.A. Straus (Eds.), *Understanding partner violence: Prevalence, causes, consequences and solutions* (pp. 262-273). Minneapolis, MN: National Council on Family Relations.
- Tryon, G. S., Blackwell, S. C. & Hammel, E. F. (2007). A meta-analytic examination of client-therapist perspectives of the working alliance. *Psychotherapy Research* 17, 629-642.
- Tschudi, F. & Reichelt, S. (2004). Conferencing when therapy is stuck. *Journal of Systemic Therapies* 23, 38-52.
- Törmä S. & Tuokkola K. (2010). *Jussi-työ - Miesten perhe- ja lähisuhdeväkivallan ulkoinen arviointi [the Jussi Initiative - External Evaluation of Work with Family and Relational Violence]*. Helsinki: Sosiaalikehitys Oy. Retrieved November 29, 2012 from <http://www.jussityo.fi/JUSSI-ARVIOINTITUTKIMUS.pdf>
- Valdés, N. (2012). Analysis of verbal emotional expression in change episodes and throughout the psychotherapeutic process: Main communicative patterns used to work on emotional contents. *Clínica y Salud* 23, 153-179.
- van der Kolk, B., McFarlane, A. & Weisaeth, L. (Eds.) (1996). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: Guilford Press.
- Vetere, A. (2011). Family violence and family safety: An approach to safe practices in our mental health services. *Partner Abuse* 2, 246-256.
- Vetere, A. & Dallos, R. (2007) Attachment narratives and systemic therapy. *Context* 90, 5-9.
- Voloshinov, V. N. (1973). *Marxism and the philosophy of language*. Cambridge, MA: Harvard University Press.

- Vygotsky, L. S. (1962). *Thought and language*. Cambridge, MA: MIT Press. (Original work published 1934).
- Wallach, H. S. & Sela, T. (2008). The importance of male batterers' attributions in understanding and preventing domestic violence. *Journal of Family Violence* 23, 655-660.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Lawrence Erlbaum.
- Wexler, D. B. (2000). *Domestic violence 2000: An integrated skills program for men. Group leaders manual*. New York: Norton.
- Wilcox-Matthew, L., Ottens, A. & Minor, C. W. (1997). An analysis of significant events in counseling. *Journal of Counseling and Development* 75, 282-291.
- Winstok, Z., Eisikovits, Z. & Gelles, R. (2002). Structure and dynamics of escalation from the batterer's perspective. *Families in Society* 83, 129-141.
- Witte, T., Parker, L. M., Lohr, J. M. & Hamberger, L. K. (2007). Research evidence for the efficacy of psychosocial interventions for intimate partner violence: A critical review of the literature. *Scientific Review of Mental Health Practice* 5, 8-20.
- Wood, J. T. (2004). Monsters and victims: Male felons' accounts of intimate partner violence. *Journal of Social and Personal Relationships* 21, 555-576.
- Wortham, A. (2001). *Narratives in action: A strategy for research and analysis*. New York: Teachers College Press.
- WWP - Work with perpetrators of domestic violence in Europe. (2008). *Work with Perpetrators of Domestic Violence in Europe: Survey Overview. Daphne II Project 2006-2008*. Retrieved November 15, 2012 from <http://www.work-with-perpetrators.eu/en/resources.php>
- Yalom, I. D. (1995). *The theory and practice of group psychotherapy*. 4th Ed. New York: Basic Books.
- Zink, T., Elder, N., Jacobson, J. & Klostermann, B. (2004). Medical management of intimate partner violence considering the stages of change: Precontemplation and contemplation. *Annals of Family Medicine* 2, 231-239

APPENDICES

Appendix 1

An anonymized consent form concerning the videotaping and research

JYVÄSKYLÄN YLIOPISTO
VIDEOINTI- JA TUTKIMUSSOPIMUS

PSYKOLOGIAN LAITOS
PSYKOTERAPIAN OPETUS-
JA TUTKIMUSKLINIKKA

Jyväskylän yliopiston psykologian laitoksen psykoterapian opetus- ja tutkimuslinikalla (jatkossa klinikka) annetaan psykoterapiaa, harjoitetaan tähän liittyvää tieteellistä tutkimusta ja psykoterapiakoulutusta. Hoidon kirjaamisen, opetuksen sekä tieteellisen tutkimuksen materiaalina käytetään terapiakeskustelujen videonauhoituksia. Videoitu terapiakeskustelu on potilasasiakirja, jota säilytetään sosiaali- ja terveysministeriön antamien potilastietojen arkistointia ja salassapitoa koskevien säännösten mukaisesti. Tutkimustarkoituksessa nauhoituksia on oikeus nähdä vain sellaisilla klinikan työntekijöillä, opiskelijoilla ja tutkijoilla, jotka tekevät tieteellistä tutkimusta klinikan tutkimusprojekteissa kyseisestä hoitotapahtumasta ja joita koskee salassapitovelvollisuuslainsäädäntö. Tutkimusprojekteissa tutkitaan hoitotapahtuman vuorovaikutusta. Materiaalin tutkimuskäytöstä on vastuussa klinikan johtaja prof. Jarl Wahlström. Nauhoilta tekstiksi muunnettua materiaalia koskevat samat säännöt. Henkilöiden tunnistuksen mahdollistavaa materiaalia ei julkaista. Kaikki muu videonauhojen käyttö on kirjallisesti erikseen sovittava asianosaisten kanssa.

Suostun siihen, että Vaihtoehto väkivallalle -ryhmän istunnot Jyväskylän yliopiston psykologian laitoksen psykoterapian opetus- ja tutkimuslinikalla videonauhoitetaan. Videointia voi seurata klinikan psykologiharjoittelija. Olen saanut tiedon mihin sitoudun ja minulla on oikeus perua tämä sopimus milloin haluan.

Jyväskylässä __/__/20

Allekirjoituksen selvennys

Appendix 2

An anonymized consent form concerning the rules applied to the group

Sopimus Vaihtoehto väkivallalle- ryhmästä

Vaihtoehto väkivallalle ryhmä on osallistujilleen maksuton palvelu. Palvelu on tarkoitettu miehille, jotka ovat halukkaita ymmärtämään ja muuttamaan omaa väkivaltaista käyttäytymistään omassa perheissään. Toiminnan tausta-ajatus on se, että väkivaltainen ihminen on itse vastuussa toiminnastaan ja käyttäytymisestään tuntuupa hänestä miltä tahansa, onpa hän miten stressaantunut tahansa tai käyttääpä hän miten paljon tahansa huumaavia ja/tai päihdyttäviä aineita. Perheväkivalta on laitonta ja muilla perheenjäsenillä on oikeus suojella itseään väkivallalta ja pahoinpitelyltä. Tämän palvelun ainoa päämäärä on estää toistuva pahoinpitely. Muu suhteeseen liittyvä hoidon tarve on puolisojen välinen asia.

Osallistumisenne Vaihtoehto väkivallalle -ryhmään edellyttää:

1. Sitoutumista työskentelemään väkivallasta luopumiseksi kaikilla elämänne alueilla.
2. Sitoutumista osallistumaan kerran viikossa järjestettäviin ryhmäkeskusteluihin vähintään 15 kertaan. Tämä sitoutuminen koskee myös tilannetta, jossa muiden ryhmän osanottajien ongelmat tuntuvat itseä ajatellen liian erilaisilta tai vaikeilta.
3. Sitoutumista saapumaan ryhmäkeskusteluihin ilman minkäänlaista aseistusta ja selvin päin. Sallittu lääkitys on lääkärin määräämää.
4. Sitoutumista hoidon seurantaan. Ryhmän aikana puolisoon tai ex-puolisoon tullaan olemaan yhteydessä hänen itsensä suostumuksella.
5. Että ymmärrätte hoidon olevan irrallaan meneillään olevista mahdollisista rikostutkinta- ja oikeusprosesseista siten, että palvelun toteuttajaosapuoli ei toimita tietoja oikeudelle eikä puolustusasianajajille ilman oikeuden erillistä määräystä.
6. Että ymmärrätte palvelun toteuttajan estävän väkivallan uusiutumisen. Tarpeelliseksi nähdessään ryhmän vetäjä voi varoittaa puolisoanne, hälyttää poliisin ja mahdollisesti lastensuojelun tai Kriisikeskus Mobilen työntekijät estääkseen väkivaltaisen käyttäytymisen.

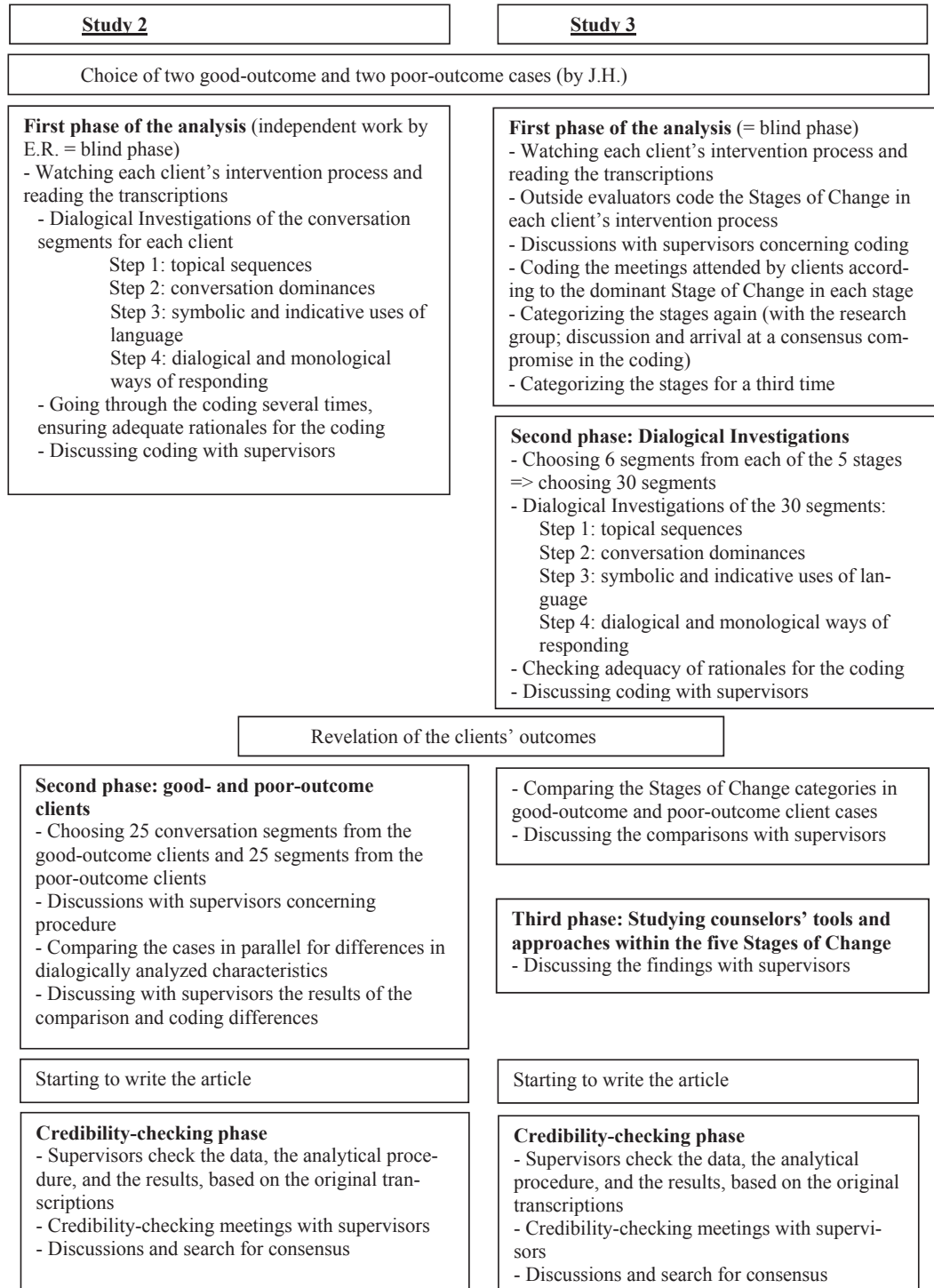
Tämä sopimus tehdään kahtena kappaleena, joista toinen jää klinikalle ja toinen ryhmään osallistuvalla miehelle.

Osallistujan allekirjoitus

Ryhmän vetäjän allekirjoitus

Appendix 3

Flow chart showing the analytical processes in studies 2 and 3



Appendix 4

Transcription Symbols

The transcription notation system for data segments presented here was developed by Gail Jefferson (Jefferson, 2004)

Description of symbols used in the transcription:

: Colon(s): Extended or stretched sound, syllable, or word.

_ Underlining: Vocalic emphasis.

(.) Micropause: Brief pause of less than 0.2 seconds.

(1) Timed Pause: Intervals occurring within and between same or different speaker's utterances

(()) Double Parentheses: Specific details.

() Single Parentheses: Uncertainty on part of transcriber

↑ ↓ Arrows: Marked rising and falling shifts in intonation.

= Equal Signs: Latching or contiguous utterances, with no interval between the end of a prior and the start of a subsequent part of the talk).

[] Brackets: Speech overlap.

[[Double Brackets: Simultaneous speech orientations to prior turn.

- Hyphens: Halting, abruptly cut off of sound or word.

CAPS: Extreme loudness compared with surrounding talk.

° ° Degree Signs: A passage of talk noticeably softer than surrounding talk.

.hhh: Audible outbreaths

hhh: Audible inhalations

ORIGINAL PAPERS

I

DIALOGICAL VIEWS ON PARTNER ABUSER TREATMENT: BALANCING CONFRONTATION AND SUPPORT

by

Räsänen, E., Holma, J., & Seikkula, J. 2012.

Journal of Family Violence, vol. 27(4), 357-368.

Reproduced with kind permission by Springer.

Dialogical Views on Partner Abuser Treatment: Balancing Confrontation and Support

Eveliina Rasanen · Juha Holma · Jaakko Seikkula

Published online: 18 March 2012
© Springer Science+Business Media, LLC 2012

Abstract Treatment programs for intimately abusive men seek to stop and prevent partner and family violence by applying a variety of methods based on different disciplinary premises. For professionals working with this particular group of clients, the challenge is to combine therapeutic understanding and support with adequate efforts to make clients stop and reconsider their behavior. This qualitative study investigated conversations within a Finnish abuser treatment program in which an integrative treatment approach was applied. A detailed study of videotaped conversations within a 15-week therapy program was conducted through Dialogical Investigations, a method specifically designed for studying interactions in multiple-actor settings. The findings demonstrate how dialogical investigations can assist in evaluations of the efficacy of abuser treatment programs. Consideration is also given to facilitators' working style, and some examples of how the two dominant approaches in abuser treatment can be successfully combined are provided.

Keywords Group treatment · Partner abuse · Dialogues · Domestic violence

Since the 1980's, group treatment of abusive men has been one of the most, if not the most, commonly used methods within partner abuse counseling (Jennings 1987; Pirog-Good and Stets-Kealey 1985). In the United States, interventions for domestically violent perpetrators were started in the late 1970's, as more public attention became focused

on the issue of domestic violence. The development of shelters for abused women helped lay the foundation for establishing services for both victims and perpetrators of domestic violence (Johnson and Kanzler 1993). This work began in informal self-help groups which were gradually developed into more structured interventions.

Today, a multitude of initiatives (freestanding, for profit, nonprofit and governmental) together add up to some 2,500 programs in the United States alone (Saunders 2008). In Europe, the number of abuser programs has increased, particularly in the 2000's. According to a European survey by Work with Perpetrators of Domestic Violence in Europe (WWP 2008), there are some 400 programs operating in European countries. This figure is based on findings from 19 participant countries, with estimates for missing countries. Programs both in the United States and in Europe range from open support groups and agencies in which clients attend voluntarily, to the structured intervention programs located in prisons and other institutions working with clients who have been convicted of a criminal offence and who are mandated to attend (Day et al. 2009; Ruuskanen and Aromaa 2008). Similarly, programs vary in their stated purpose, their core understandings of the nature of violence, and their disciplinary emphasis. The differences further define the tasks of the group work specialists, whether they are called facilitators, therapists, or group leaders (Hamel 2008).

From the inception of abuser treatment programs, there has been considerable political and professional controversy regarding the types of services that should be offered, the group of clients at whom services should be targeted, and the requirements for the service providers (Langhinrichsen-Rohling 2010). The major factor behind the controversies has been the difficulty of establishing robust evidence for abuser treatment effectiveness. Although a few quasi-

E. Rasanen (✉) · J. Holma · J. Seikkula
Department of Psychology, University of Jyväskylä,
PB. 35, Jyväskylä 40014, Finland
e-mail: eveliina.rasanen@jyu.fi

experimental studies have suggested that treatment programs produce substantial average benefit in reducing partner violence (e.g., Jones et al. 2004; Scott and Wolfe 2000), the findings from broader meta-analyses (e.g., Babcock et al. 2004; Feder and Wilson 2005) have indicated weaker impacts. Since no specific program approach has been proven to be consistently more effective than any other, there is currently no firm evidence on the best practices or essential components of abuser treatment.

One topic under discussion in abuser treatment concerns tensions between two of the predominant intervention models in the field, namely (a) a structured group treatment model advocating socializing and educative treatment goals, and (b) a less structured model emphasizing the importance of individual psychological and therapeutic objectives. Practitioners and advocates alike struggle with the question of whether abusers need directive re-education and sanctions to stop violent behavior, or whether they require therapeutic treatment to overcome a psychological problem. These two approaches, which can be seen as reflecting differences between criminal justice and mental health responses to abuser treatment, have been identified also by Mankowski et al. (2002) and Taft and Murphy (2007). The approaches differ in their assumptions concerning violence, behavior change, and masculinity, but also in their methods used: the former approach involves more confrontation and challenging, whereas the latter emphasizes methods that build and support the therapeutic relationship.

In fact, it is known that blending ideas from various approaches is common practice in most treatment modalities. Nevertheless, in the present study a distinction between these two prototypes was made on heuristic grounds, applying a simplified but explanatory dichotomy within the broad and diffuse field of abuser interventions. The goal of this paper is to demonstrate how a structured, educative approach can be combined with a client-oriented approach, focusing on the treatment relationship. It will become apparent that this is a dynamic endeavor which requires sensitivity and skillful shifts on the part of facilitators.

The Structured Approach

Some 30 years ago, Ganley (1981) suggested the following characteristics of effective group treatment for partner abusers: the cessation of violence as the primary treatment objective; emphasis on men's responsibility for their abusive behavior; a structured treatment format; and the use of confrontational, psychoeducational methods. Similarly, Stordeur and Stille (1989) were in favor of a directive group leader who, when necessary, would confront individual men's comments when these were contrary to the philosophy of the program. A focus on clear guidelines

and structure characterizes many modalities of abuser treatment, especially those operating with mandated clients. A common formula combines a criminal justice response with referral to a group intervention program, as seen for example in the Duluth model (Pence 2002), the Emergemodel (Adams and Cayouette 2002), and many of their derivatives.

These treatment models, which are often informed by feminist theories, tend to focus on educational methods aimed at confronting abusers' beliefs in male privilege within relationships and in society in general; they seek to raise awareness of the effects of violence, to break down abusers' facades of denial, and to emphasize accountability for their violent acts. Again, it must be noted that in practice these models, too, integrate ideas from different backgrounds, including the skills training approach, the cognitive approach, and the sex role and gender equality approach; included also, although usually to a lesser degree, are family dynamics and communication approaches, and trauma-based work (Gondolf 2007; Saunders 2008). However, in these programs that emphasize structure and guidance, the major concern for the safety of the victims and the unacceptable nature of the clients' behavior are assumed to set specific frames for the treatment and interaction between participating clients and facilitators.

The Treatment Relationship Focused Approach

Considering the seriousness of intimate violence situations, it is necessary to incorporate clear guidelines and structures in abuser group treatment. One has to ensure that abusers know that there are clear expectations of them and their behavior. Nevertheless, critics of the structuring and educating treatment models claim that these models rely too much on a confrontational style, leave out the significance of female or two-sided violence, and treat abusers as a more or less homogenous group of clients (see e.g., Holtzworth-Munroe 2001; Murphy and Eckhardt 2005). In addition, direct confrontation is seen as possibly leading to an overly adversarial stance towards clients, and to neglect of the specific needs, comorbid problems and often traumatic histories of individual abusers (Daniels and Murphy 1997; Dutton and Corvo 2006). Another issue with client confrontation involves concern for the therapeutic bond and for a solid working relationship between clients and facilitators: it is feared that an excessively rigid or critical confrontation may jeopardize clients' motivation to continue treatment (Kurri and Wahlstrom 2001).

Studies on common factors in psychotherapies have suggested that among the single factors, a therapeutic alliance—referring to the “human relationship between therapist and patient” (Bordin 1979, p. 254)—most reliably

predicts a good therapy outcome and a successful change (for a review, see Martin et al. 2000). Although the connection between the treatment relationship and outcomes is known to be far from simple (e.g., Norcross 2002), a safe and trusting atmosphere is generally agreed to facilitate group intervention and thus, to improve treatment efficiency (cf. Ferencik 1990). In this paper the term “treatment relationship” is used to refer to the bond between clients and facilitators.

In recent years, a number of clinicians and researchers in the field of abuser treatment (e.g., Brown and O’Leary 2000; Good et al. 2005; Sonkin and Dutton 2003) have argued for the essential role of the treatment relationship in motivating abusers towards treatment and bringing about successful behavior change. It has been suggested that supportive methods such as encouraging phone contacts and mails, motivational interviewing, and interventions tailored to match individual needs and concerns have a positive effect on treatment attendance, and as a consequence, on treatment outcomes (Murphy and Ting 2010; Rondeau et al. 2001). However, creating a positive working relationship in abuser treatment is a challenge for both clients and facilitators.

Not all abusers are able or willing to bond with treatment providers or other clients in a group, a fact which may also account for the generally high drop-out rates in abuser treatment. These clients may not voluntarily seek help from group discussions, and in cases where they are referred to such groups by a court, it may be questioned whether they really benefit from group treatment. What does seem clear is that, as Dutton (2006, p. 307) indicates, treatment providers who seek to build a solid working relationship “must balance confrontation with support, belief, and caring. Building a therapeutic alliance without colluding with dangerous acting-out behaviors is one of the greatest challenges facing treatment providers for domestic violence perpetrators.”

Research on the processes of change in substance abusers suggests that softer, non-confronting methods may be efficient especially in the initial phase of treatment, before more confrontational elements are applied (Norcross 2002). Recent studies on abuser treatment (Kistenmacher and Weiss 2008; Musser et al. 2008), also found that participants who received initial motivational interviewing with reflection on and affirmation of the client’s autonomy showed, relative to controls, significantly greater increases in their self-reported responsibility for the abusive behavior, and in active efforts to change. Moreover, several studies (e.g., Levesque et al. 2008; Scott and Wolfe 2003) have pointed out the heterogeneity that exists among abusers, viewing awareness of the variety of individual needs and dissimilar phases of change as a possible trigger for improved treatment outcomes.

As suggested by the general overview presented above, the challenge of addressing confrontation and education on the one hand, and applying relationship-promoting, individually tailored, and supportive methods on the other hand, is embedded in various models of abuser treatment. The present study focuses on the interaction in one specific abuser treatment group, with a particular interest in the conversational accounts of group facilitators and in their ways of combining confrontation with relationship-promoting factors and support in abuser treatment. In this study, one abuser group treatment modality was chosen for closer examination, with the data for the study being formed by the group conversations between five male clients and their two male facilitators.

The Jyväskylä Model of Abuser Group Treatment

The data corpus for the present study was obtained in Finland, within the Jyväskylä research project on group treatment for partner abusers. Local collaboration between the crisis center and the Psychotherapy Training and Research Center at the University of Jyväskylä was started in 1995. Here, multi-professional co-operation offers services to partner abusers, victims, and children who have experienced violence at home. Akin to a treatment model developed in a Norwegian research and treatment centre, called “Alternative to Violence” (Alternativ til Vold, ATV), the Jyväskylä model is grounded on the voluntary, as opposed to court-mandated, participation of clients. The models in question seek to combine various treatment approaches by integrating specific knowledge on violence and safety planning, a feminist perspective, and psychotherapeutic principles in an eclectic, broad sense of the concept (Holma et al. 2006; Raakil 2002). Thus, in the Jyväskylä model of abuser treatment, the tension between confronting, educative, and feminist standpoints on the one hand and softer therapeutic approaches on the other is embedded in the structure of the treatment approach.

In the Jyväskylä model of group treatment, the abusive clients usually reach the crisis center by contacting the center themselves, following their partner’s contact, or after guidance by a local network agency (e.g., social and health care authorities, or the police). Immediate intervention and individual meetings with assessment interviews always precede group treatment. In the individual treatment phase, usually comprising five meetings with the crisis center worker, the main issues involve clients describing the violence they have used, considering ways of avoiding further abusive behavior, and evaluating their willingness to commit to a minimum of 15 group meetings. Mostly, as a result of the lack of motivation or to clients’ doubts as to the suitability of the treatment, only some 13 % of all the clients who enter the crisis center and start with

individual meetings ever end up in a group. Thus, clients who begin group treatment represent a highly selected fraction of all clients. However, among those clients who do enter a group, the drop-out rates have found to be relatively low (cf. Rooney and Hanson 2001), with approximately 80 % of clients completing the full curriculum of 15 sessions. Note also that abusers who choose to begin group treatment on a voluntarily basis may differ from many other abusive clients with regard to their commitment to the treatment, and their abilities and willingness to bond with facilitators and other group members. Hence, the sample in the present study may be presumed to represent a specific group of offenders in this regard also.

The Jyväskylä model of abuser treatment does not draw on any one mode of intervention; rather, it employs ideas from both structured psycho-educational methods and supportive, individual needs-focused therapy approaches. The major treatment principles are founded on the safety of the victims and on working towards finding alternatives to violence. The group meetings are unstructured, but group facilitators direct discussion towards specific topics such as past and present violent behavior, the security of the victim, violence as a conscious choice, and various characteristics of masculine identity (Holma et al. 2006).

An important dimension in the Jyväskylä model of abuser treatment is collaboration with the abused partners. Regular meetings with a psychotherapy clinic worker are used for discussing safety issues and the services available for the victims. In addition, individual interviews are organized at the beginning and at the end of the group treatment, and after a 2-year follow-up period. The purpose of these interviews, in which the Abusive and Controlling Behavior Inventory (Davies et al. 1995) is applied, is to screen for partners' experiences of violence, to obtain feedback on abusers' behavior at home both between group sessions and after treatment, and to give information on the risks related to the program, such as the abusive partner's possible misuse of the contents of the treatment (Holma et al. 2006).

Within the program, violent behavior is defined as a choice for which partner abusers are wholly responsible and accountable. In addition to accountability, the focus of the program is on feelings of guilt and shame, attempts being made to render these emotions more visible and more tolerable in group interaction. Thus, words are the main tools in the treatment: talking and listening to the talk of others is assumed to help abusers recognize the processes that precede and follow violent acts. Changing ways of speaking is considered to be one essential way of triggering changes in being and behaving (Partanen et al. 2006).

Method

Dialogical Investigations

In this study, a specific research project was established to examine the aspects of dialogical interaction in abuser group treatment. Earlier studies on psychotherapy conversations (see Guregaard 2009; Seikkula 2002) had shown certain dialogical qualities of treatment interaction to be related to good outcomes. In these studies it was proposed that constructing change in psychotherapy might be essentially facilitated by using dialogical interaction, referring to a non-directive conversation characterized by open and accepting listening, client-initiated proceeding with treatment, and the position of therapists as co-constructors of change (Andersen 1995; Anderson and Goolishian 1988). The aim of the present study was to see whether the dialogical perspective could introduce something new to abuser treatment, which in many cases relies on non-dialogical methods when searching for change in abusers.

Qualitative studies on abusers' talk have been conducted since the 1980s (see Cavanagh et al. 2001; Hearn 1998; Mullaney 2007; Wetherell and Potter 1989). The issues examined include abusers' ways of legitimizing and explaining their violent behavior (Adams et al. 1995; Auburn et al. 1995), their denial of the use of violence (Stamp and Sabourin 1995), and their willingness to shift the responsibility for violence onto the victim (Goodrum et al. 2001). Also included are the constructions of alternative masculine identities (Scully and Marolla 1993), and of non-violent self-images (Edley and Wetherell 1997). However, to our knowledge, none of these studies has used treatment conversations as their data, or primarily focused on the processes of treatment interaction. Studies on these issues require a specific method for analyzing the dimensions of interaction in group treatment settings.

Located within conversational and discursive research traditions, the special contribution of the dialogical approach is its emphasis on the social, momentary, and process-wise nature of interaction. Talk is not studied as messages sent by one speaker and received by another; instead, the act of conversation is seen as an ongoing, living, and shared "happening" between the interlocutors (Linell 2009; Markova et al. 2007). This view on dialogical interaction draws most strongly on the scholarly work of Mikhail Bakhtin and Valentin Voloshinov, the Russian colleagues whose texts have inspired the studies of many contemporary dialogical scholars such as Ivana Markova, Per Linell, James Wertsch, Ragnar Rommetveit, and Mikael Leiman. Specifically, our perspective on dialogues is informed by the method of Dialogical Investigations developed by Jaakko Seikkula and his colleagues.

Dialogical Investigations (Seikkula 2002) is a method developed for analyzing the special dialogical patterns of interaction. In this method, the emphasis is not only on what is said, or on how it is said, but also on what is responded to what was said, who responds, and what emerges in the process of interaction. Moreover, attention is focused on the voices of the interlocutors. Following Bakhtin (1986), there are various voices embedded in the meanings and associations of spoken words, meanings that stem from the contexts in which they were previously used. In multi-actor interaction settings where more than two interlocutors are involved, the plenitude of interactional dimensions cannot be captured with most analytical tools. Previous studies (e.g., Guregaard 2009; Seikkula 2008), have suggested that the Dialogical Investigations method provides a useful means of observing the course of spoken interaction in psychotherapy research. In the present study, the research focus was on three dimensions of interaction: (a) *conversation dominance*, (b) *dialogical and monological modes of responding*, and (c) *the degree of symbolism in the expressions used* (for a detailed description of the method, see Seikkula 2002).

Conversation Dominance

The first dimension of interaction measures conversation activity, and is divided into three subtypes, namely *quantitative dominance* (referring to the amount of talk in a conversation); *semantic dominance* (referring to the introduction of new concepts that thematically structure the conversation), and *interaction dominance* (which labels patterns of interaction such as initiating and joining a conversation).

Monological Versus Dialogical Mode of Interaction

In *monological* encounters the participants tend to focus on a single viewpoint, conveying the speaker's own thoughts without adapting them to the interlocutors. In contrast, in *dialogical* encounters utterances are constructed to answer previous utterances, and also to expect a response from the utterances that follow. New meanings and new understanding are constructed between the interlocutors, who together make up a multivoiced, polyphonic conversation.

Indicative Versus Symbolic Language

This distinction indicates whether the words used in the interaction are being used to refer to some factually existing thing or matter (indicative language) or whether the words are being used in a symbolic sense—that is, referring to words and concepts rather than to an existing thing or matter. The distinction is rooted in Vygotsky's (1934/1962) and Piaget's (1945/1962) theories of language and thought

development. Both of these theorists saw the development of thought and language as proceeding from the world of concrete, tangible objects to the world of mental representations. The discovery that words function as symbolic links between objects and their representations allows thought and language to function without contact with factual objects. In previous studies (Guregaard 2009; Seikkula 2002), it has been observed that dialogical interaction supports clients' disclosure of their feelings and thoughts, and that these, in turn, evoke not just one but various interpretations in listeners. The diverse interpretations often lead to discussion of the differences observed, and foster the possibility of creating a new kind of understanding of issues talked about.

Research Questions

In this study, the dimensions of Dialogical Investigations presented above structured our examination of the treatment conversations. The particular areas of investigation can be formulated through the following research questions:

1. How were the *different types of dominance* connected to (a) the principles of structure and education, and (b) apprehension of individual experiences and the treatment relationship?
2. How did *monological and dialogical modes of interaction* connect with the two major lines in the principles previously identified, involving (a) the need to confront violent acts, and (b) the need to express therapeutic empathy and promote the treatment relationship?
3. How did the use of *indicative and symbolic language* come up in the course of group interaction—was the level of abstraction of the talk connected to the treatment principles followed in the therapy model?
In addition to the three dimensions of conversation, the focus of the study was on the contents of specific episodes. Thus, the following additional questions were posed:
4. What conversation topics were discussed in those episodes that most clearly reflected (a) the principles of the structured, confrontational treatment approach, and (b) the principles of the treatment approach focusing on the therapeutic relationship and individual needs?
5. Were these differing treatment principles applied regularly in certain therapy situations?

Procedures

Our analysis followed a four-step procedure, as follows:

- Step 1: Once transcribed, the material was divided into topical episodes, where alterations of perspective marked sequence borders.

- Step 2: The topical episodes (totaling 359 in this sample) were each coded for quantitative, semantic and interaction dominance.
- Step 3: Coding was conducted for monological and dialogical modes of interaction.
- Step 4: Coding was conducted for indicative and symbolic uses of language.

Initially, the first author performed the primary coding and analysis. To check coding consistency (Richards 2005), the first author provided a detailed report to the second and third author, who then independently reviewed the transcripts, the category structure, and the coherence of the results (Hill et al. 1997). Finally, meticulous discussions concerning the data and findings were held, with the original transcripts being used as reference material.

Participants

The sample chosen for the present study represents one entire group treatment process. Recorded in the late 1990s, the material comprises 15 video-taped group meetings, each lasting 1 1/2 h. Apart from one drop-out after the first meeting, the composition of the group remained unchanged throughout the treatment, suggesting these clients' strong commitment to the group. The five clients were all white Finnish males, aged from 27 to 52 years, representing a variety of work histories and educational backgrounds ranging from a university degree to vocational schooling. At the time, one of the clients was in the process of divorcing his wife, two clients lived together with their wives, one lived in an open relationship, and one started dating during the treatment process. The facilitators were both white Finnish males with special training in family therapy, and with work experience of more than 5 years at the crisis center.

Written permission for the recordings was obtained from all the participants in the group. The Psychotherapy Research and Training Center keeps the recorded material securely, and the members of the research team are all committed to complete confidentiality. The recordings were later transcribed, yielding a total of 501 text pages (Font Courier 12, line spacing 1). These transcriptions form the data corpus which is analyzed in this paper. The transcription symbols (see Appendix) follow the model developed by Jefferson (as presented in Atkinson and Heritage 1984). In the excerpts, pseudonyms are used throughout.

Results

For ease of reference, in the sections which follow the two main treatment orientations will be referred to using the

labels previously presented, i.e. as on the one hand, the structured approach (educative and confronting in nature), and on the other hand, the treatment relationship-focused approach (oriented to client needs and empathetic responding).

Results of Dialogical Investigations

Conversation Dominance

Examinations of conversation dominance, divided into *quantitative*, *interaction*, and *semantic* dominance, showed that it was the group facilitators rather than the clients who guided the treatment conversations. Despite the small proportion of conversational turns taken by the facilitators, their speech acts structured the group interaction and contents: it was they who allocated conversation turns and initiated the sharing of experiences between group members (interaction dominance), and they who directed talk to certain themes and away from some other themes, thus defining many of the discussion topics (semantic dominance). This dominant and directive approach was seen as reflecting the principles of clear guidelines and structure in abuser treatment. Nevertheless, it was the clients who used most of the conversation turns (quantitative dominance) and who in the latter half of the sessions started to take turns and actively introduce conversation topics themselves. Thus, it was observed that the structured approach gradually developed towards a more client-focused approach. After clearly articulating and modeling the treatment principles initially, the group leaders seemed to gradually move away from the principles of clear guidelines and structure, and increasingly apply the principles of individual needs and treatment relationship.

A Monological Versus Dialogical Mode of Responding

In abuser treatment, the need to disapprove of violence and make abusers stop and consider their acts sets specific frames for treatment interaction. These principles were seen in the facilitators' monological mode of responding, with the occurrence of confrontational episodes in which a few dominant voices debated with—or silenced—other voices. The monological mode of responding was seen, for example, when the facilitator interrupted clients' speech and expressed his divergent opinion, taking a confronting and/or educating standpoint (see Appendix 2).

By contrast, the dialogical mode of responding is characterized by a coherent line of conversation in which utterances connect with the previous and the following utterances; here new meanings and understanding emerge as a joint process within a multivoiced conversation. The patterns involving dialogical responding varied in their nature. They could be observed within both short and long episodes. Sometimes, such patterns could appear in

largely implicit and non-verbal forms, and in entities more complicated than individual questions, answers, or pauses. Dialogical responding could be seen, for example, when the clients and facilitators together constructed a shared understanding concerning the confidence within the group (see Appendix 3). In such cases, facilitators often adopted an acknowledging, corroborative, or collaborative stance towards clients' talk, thus fostering the interconnectedness of utterances and the construction of a new understanding with regard to group confidence. Rather than presenting education and guidelines, the facilitators then seemed to be interested in listening to clients' experiences, and the different meanings and opinions attached to these experiences.

In contrast with many modalities of abuser treatment, the dialogical mode of interaction characterized a substantial part of the group conversations in the treatment model studied. The amount of dialogical interaction increased from about one quarter of the interaction in the opening sessions, to almost two thirds in the last sessions. Conversely, the amount of monological talk diminished from one quarter of conversations initially, to only about ten percent in the final sessions. Both at the beginning and at the end of the treatment program, sequences that were neither clearly dialogical nor monological sequences made up approximately one fifth of the interaction. It was observed that during the treatment process the facilitators opted for both a dialogical and a monological mode of responding. Shifting between the modes was seen as an indication of the diverse means of interaction serving the various goals of the treatment.

Indicative Versus Symbolic Language

In addition to the conversation dominances and dialogical and monological interaction, group conversations were studied with regard to the level of symbolism in the expressions used. In the present study, indicative expressions (defined as one-meaning simple concepts that did not need any elaboration) came up in utterances such as "Who called the police?", "Were the children at home when this happened?" or "How many people know that you are here today?" It is possible to answer these questions with one or two words referring to concrete things or people, and therefore, engagement in further discussion or more complicated meaning-making becomes unnecessary.

By contrast, in the symbolic level of expression, there are more varying meanings for the concepts used, and thus, more effort is required for understanding. A conversation can move to a symbolic level of expression when the concepts used do not bear the same meaning for each participant and therefore need to be negotiated. In fact, it is the differences between meanings that form the prime triggers for the discovery and articulation of new meanings. For example, to

a client's question about whether jealousy could be an inherited trait, the facilitator would present a counter-question, "I don't know the answer to your question but what I wonder is what it would mean to you if it was inherited or what if it wasn't." In the same vein, the facilitators used an open, reflective style of responding, inviting clients to engage in more profound consideration of their feelings and thoughts.

In the treatment conversations examined in this study, the use of symbolic and indicative language varied considerably. Compared to other sessions, more indicative language was used in the first and the last sessions, i.e. sessions in which non-negotiable facts concerning matters such as time schedules, treatment rules, and other necessary information played a central role. Indicative language, which was often in use when interlocutors interrupted the talk of others, was seen as connected with the principles underlying a structuring orientation. By contrast, symbolic language, used in multivoiced conversations and the construction of new meanings, was seen as connected with the treatment approach oriented to client needs and the therapeutic relationship. In a parallel manner to their use of dialogical and monological responses, the facilitators employed various levels of abstraction in an integrative manner: they clearly found a use for confrontational, indicative interruptions, but also for more interpretative descriptions with the sharing of individual experiences.

Results of Content Analysis

The findings from the Dialogical Investigations highlighted particular interactional elements in abuser group treatment. The facilitators exerted various ways of implementing the structure, contents, and goals of the treatment with their speech acts. At times they opted for empathetic and attentive listening, responding to their clients' initiatives, and supporting their reflections, while on other occasions, they stopped their clients' talk, breaking up the flow of the conversation, overriding others' speech, and presenting criticism or contradiction. Since the tension between articulating confrontation and responsibility on the one hand and attending to individual needs and the treatment relationship on the other hand was seen as an aspect of particular interest, a more detailed analysis was conducted on situations where these two treatment imperatives were clearly applied.

A closer look at the episodes selected showed the facilitators implementing contradictive, interruptive, and disapproving comments in specific treatment situations. A content analysis conducted on these conversation parts connected to the structured treatment approach led to a model with four conversation themes: (a) a recent violent incident; (b) an earlier violent incident; (c) anticipation of future and possible threats of violence; and (d) reminding

clients of facts. Thus, talk about recent violent incidents included precise questions concerning where, when, and how the violent acts happened; anticipation talk came up in detailed and concrete planning of situations assumed to include a threat of violent behavior (such as parties or stressful events); while reminding talk was about presenting facts and information concerning violent behavior, law and crime, and the rules of the treatment.

A content analysis conducted on conversation episodes reflecting the principles of treatment focused on the client and treatment relationship led to a four-class model of themes: (a) a client's own earlier violent and traumatic experiences; (b) responsibility and accountability for violent acts; (c) recognition of, regulation of, and reflection on the client's thoughts, emotions, and behavior; and (d) recognition of, regulation of, and reflection on one's ways of being a man, husband, and father. In conversation episodes addressing these themes, the facilitators were observed to opt regularly for empathetic emphatic listening and supporting the clients' expression of various meanings, interpretations, and experiences. For example, the facilitators would actively show concern for how the client men were doing, how they were feeling about themselves, and how they saw themselves and their intimate relationships; furthermore, they would respond to the clients' stories of their traumatic experiences with empathy, and support reflection on possible new ways of thinking, feeling, and behaving.

Discussion

The current paper has summarized the two major approaches to abuser treatment, both aimed at stopping violence: (a) an approach based on clear guidelines, structure, and educational methods, and (b) an approach emphasizing a supportive treatment relationship, with clients' individual experiences and needs at the forefront. Some earlier studies (e.g. Mankowski et al. 2002; Taft and Murphy 2007) have recognized these two stances as intrinsic elements of abuser treatment. However, in our investigations we found no previous publications on the tensions that may derive from the concurrent implementation of diverse approaches within abuser treatment. Thus, there seemed to be a call for a more fine-grained examination of patterns in the treatment relationship and of the facilitator tactics observed in-session. In this way one would also begin to address a lack of knowledge concerning the processes and significances of the commonly-encountered ruptures in the treatment relationship.

Our general overview of the treatment interaction showed group facilitators using a variety of conversational strategies, which they applied flexibly to different treatment

situations. In addition to serving general principles of group treatment such as allocating turns to each client and bridging clients' comments (Jacobs et al. 2009) the conversational manners of the facilitators were seen as reflecting some features specific to abuser treatment. In the treatment model studied, the group facilitators guided the contents and structure of the treatment conversations—a characteristic typical of both structured and unstructured models of abuser treatment (Mankowski et al. 2002). The facilitators' dominant position featured particularly in the opening sessions, in which facilitators established the rules and the structure of the treatment with indicative language. In later sessions, the facilitators' dominance came up in their use of the stopping and confronting methods employed in particular treatment situations: linking past violent acts with the present moment, anticipating the future, or reminding clients of facts. These confronting situations seemed to be bound up with the commonly-encountered phenomena of abusive clients forgetting, denying and minimizing their shaming, violent behavior; in these cases the facilitators responded with the use of a structured approach focusing on the consequences of violence, and the clients' responsibility.

However, in addition to confrontation and challenging, the facilitators were observed to use softer, individual-oriented interaction strategies. After the structured beginning, facilitators gradually withdrew from the guiding, educative stance and focused on clients' initiatives. In these sessions—reflecting individual needs-driven treatment principles—the facilitators gave the most central place to clients' talk concerning their feelings and thoughts, and, through affirmative talk, validated the clients' recognition and regulation of their inner processes. When clients started to actively share their experiences and to initiate conversation topics themselves, the treatment interaction was characterized, on the part of the facilitators, by a non-dominating position, by dialogical responses, and by expression on the symbolic level of language. This work with words was seen as reflecting the clients' construction of their identities as men, husbands, and fathers (Holma et al. 2006; cf. Featherstone and Peckover 2007; Scott and Wolfe 2003).

Another feature reflecting an individual needs-driven treatment approach was the facilitators' concern for the clients' traumatic experiences. Given that many abusive clients were themselves victimized in childhood (see e.g., Dutton 2006), such concern reflects the importance of addressing these issues. The multiple issues involved in the intergenerational transmission of violence are beyond the scope of this paper; nevertheless, it is worth noting the far-reaching continuum of responsibility for violence, which, within treatment, often appears both as the clients' own childhood experience and as their present-day challenge.

Implications for Research and Practice

The group intervention model studied here differed from many forms of psychotherapeutic treatment in its use of directly educative and confronting talk. Rather than highlighting clients' responsibility and sanctions, psychotherapy providers are often encouraged to avoid argumentation, to promote listening, and to invite clients to a common search for new understandings and meanings (see e.g., Seikkula 2002). Furthermore, in abuser treatment, several studies suggest caution with regard to client confrontation: if confrontational methods are not balanced with sufficient support, clients may hold back, quit treatment, and thus impede the possibility for change to take place (see Dutton 2006; Kurri and Wahlstrom 2001; Murphy and Ting 2010). However, a non-accepting stance towards violent acts and the necessity to stop abusive behavior are obvious requirements in all abuser treatment models. The results of the present study showed that in the treatment model studied, the confronting type of talk was used especially when treatment conversations touched on recent or earlier violent incidents, when possible threats of violent outbursts were anticipated, and when facilitators pointed out facts about violent behavior and its effects. In these situations, facilitators often chose the use of strict challenging instead of empathetic understanding.

At first sight, the findings of this study seem to conflict with studies on motivational interviewing or well-functioning treatment relationships (Miller and Rollnick 2002; Norcross 2002), which suggest avoidance of confrontation in the initial phase of the treatment. However, it must be remembered that in the treatment model studied, each participant had gone through a pre-treatment period with individual meetings aimed at supporting clients' motivation, helping them to tolerate and deal with their feelings of guilt and shame, and to attend to their own, unique stories within their broader life context and goals (see Rolling and Brosi 2010). Thus, rather than indicating that abuser treatment should be started immediately via an educative and confronting approach, the findings of this study may encourage clinicians to construct an approach adapted to the specific context of treatment and clients' needs. Moreover, some studies (e.g., Rooney and Hanson 2001) have suggested that drop-out rates are strongly linked to client characteristics, rather than to treatment-specific factors.

Within this study, one client decided to drop out from the treatment after the first meeting, but all the other five clients completed the treatment program; hence it would appear that with these clients there were no total treatment relationship ruptures leading to drop-outs. While it should always be borne in mind that the clients in this study were a highly selective sample of abusers (attending voluntarily), it could

be nevertheless be suggested that the facilitators' style of presenting both confrontation and support was adequately adjusted to the tolerance and abilities of the clients in this particular group. In abuser treatment, one of the key issues which (rightly or wrongly) is omitted from treatment manuals seems to be how facilitators may find a balanced way of presenting both confrontation and support, while all the time evaluating the specific treatment context of an individual abuser. As it seems obvious that no single style of appropriate abuser treatment will be found, and that it is the interrelated client-, group-, and facilitator-related factors that together make up the treatment outcome, the present study supports the adoption of a flexible, balancing stance in abuser treatment: a balancing that involves a creative and challenging search for a match between different types of clients and different styles of intervention. Thus, as an alternative to the standardization of treatment practices, the present study argues for the kind of fine-tuning adjustment which can reasonably be assumed to have a profound influence on the success of any treatment.

Evaluation of the Current Study and Ways Ahead

This study examined interaction processes on the limited scale of one specific model and group of abuser treatment programs. Although the purpose of such an in-depth qualitative study is not to provide general facts about abuser treatment, we hope that the findings will be relevant to both clinical and academic concerns. Obviously, the small size of the research sample, the specific study setting, and the fact that both the clients and the facilitators in our sample were composed of males, are all factors that need to be considered in interpreting the findings of this research.

In future, more research will be needed on the mechanisms of and barriers to processes of change in partner abuse interventions. In the Jyväskylä research project on abuser treatment, one of the next topics for investigation will be treatment relationship ruptures, plus the possible solutions for these ruptures (i.e. solutions that may occur in turn-to-turn interaction). Examining treatment outcome in terms of various dimensions of interaction may increase our understanding of the drop-out phenomenon, and improve abuser treatment efficacy. In addition, it is essential to include knowledge of any *further* use of intimate violence in evaluations of treatment outcome. Through interviews with abusers' partners one can assess treatment success with regard to the lived experiences of abusive behavior. In this study, treatment outcome was not included in the study setting; however, in our future studies more emphasis will be focused on comparing treatment cases with different outcomes and on analyzing processes and features behind good and poor outcomes in abuser treatment.

Given the large-scale nature of the partner violence problem and the far-reaching deleterious consequences for those who are directly but also indirectly involved (see Alhabib et al. 2010; Moylan et al. 2010), it is clear that attempts at improving the effectiveness of partner abuser programs are needed. It is true that in abuser treatment, doing something may not always be better than doing nothing (see Holtzworth-Munroe 2001); nevertheless, even if research so far has not come up with any clear-cut or easy answers on the best ways of stopping violence in families, there seems good reason to support the rigorous efforts of clinicians and researchers to advance our knowledge in this regard. It is challenging for the support and service system to respond effectively to the individual needs of victims, witnesses, and perpetrators of violence. Similarly, it is challenging for researchers to include the perspectives of the multiple actors involved (e.g., facilitators, researchers, different groups of clients) regarding the possible mechanisms of and barriers to positive therapeutic change, the ways in which change occurs, and the factors that could lead to program modification.

Appendix 1

Transcription Symbols

The transcription notation system for data segments presented here was developed by Gail Jefferson (see Atkinson and Heritage 1984, pp. ix–xvi).

Description of symbols used in the transcription:

:	Colon(s): Extended or stretched sound, syllable, or word.
_	Underlining: Vocalic emphasis.
(.)	Micropause: Brief pause of less than (0.2).
(1)	Timed Pause: Intervals occurring within and between same or different speaker's utterances
(())	Double Parentheses: Scenic details.
()	Single Parentheses: Transcriptionist doubt.
↑ ↓	Arrows: Pitch resets; marked rising and falling shifts in intonation.
=	Equal Signs: Latching of contiguous utterances, with no interval or overlap.
[]	Brackets: Speech overlap.
[[]]	Double Brackets: Simultaneous speech orientations to prior turn.
-	Hyphens: Halting, abrupt cut off of sound or word.
CAPS:	Extreme loudness compared with surrounding talk.
° °	Degree Signs: A passage of talk noticeably softer than surrounding talk.
.hhh	Audible outbreaths
hhh	Audible inhalations

Appendix 2

(IX, 1366–1383)

Heikki: (1) it just comes into my mind that (.) it could be that for a child it could also be a positive learning experience that it somehow (.) sees violence with the (3) seriousness of violence (which) I mean in those circumstances where (.) violence has negative consequences (then) people sort of (1) feel sorry about it and (.) try to (2) with discussion and (.) morality (.) to put the situation right Sam: mmm (2) I see it (.) as good that (.) my children they (.) they speak really openly to me about violence that they .hhh they could [just] be [quiet and] (2) but each of them (.) they speak to me openly about it F2: .hhh well there (1) can say that research shows that family violence is- (.) is not in a way [that] good a learning experience as regards violence.

Appendix 3

(III, 1639–1679)

F2: (3) well we have to (1) finish soon how's this time felt (3) does anybody feel that (.) he has talked too much or
Heikki: (3) no-o I guess that bit by bit one starts to get to the topic here hhh perhaps
F2: mmm
Marko: yeah one starts to get to know the group (1) dares to start talking too
F2: is there (1) in this group enough (2) confidence that everybody dares to talk
Esa: (3) I do
Matti: (yeah) me too (I do) ((talks quietly))
F2: (1) mmm (2) so that there isn't (.) this kind of (.) lack of confidence
Heikki: (3) no lack of confidence but I still have a some sort of a (1) unsure feeling about how much one dares (.) about oneself ((laughs))
Esa: last time we just talked about (.) what one thinks after leaving here (.) did I talk more than
Heikki: yeah, one starts to think about one's own story and (.) forgets that there're any others here (.) cases
F2: so that one doesn't take up too much space (.) is it (2) have you felt now that you take up too much space
Heikki: no no (.) [and] I think I've kept ((laughs)) my mouth (.) quite well

References

- Adams, D., & Cayouette, S. (2002). *Programs for men who batter: Intervention and prevention strategies in a diverse society* (pp. 4.1–4.32). Kingston: Civic Research Institute.
- Adams, P., Towns, A., & Gavey, N. (1995). Dominance and entitlement: the rhetoric men use to discuss their violence towards women. *Discourse and Society*, 6(3), 387–406.
- Alhabib, S., Nur, U., & Joner, R. (2010). Domestic violence against women: systematic review of prevalence studies. *Journal of Family Violence*, 25(4), 369–382.
- Andersen, T. (1995). Reflecting processes: Acts of informing and forming. In S. Friedman (Ed.), *The reflecting team in action* (pp. 11–37). New York: Guilford.
- Anderson, H., & Goolishian, H. (1988). Human systems as linguistic systems: preliminary and evolving ideas about the implications for clinical theory. *Family Process*, 27(4), 371–393.
- Atkinson, J. M., & Heritage, J. (Eds.). (1984). *Structures of social action: Studies in conversation analysis*. Cambridge: Cambridge University Press.
- Auburn, T., Drake, S., & Willig, C. (1995). “You punched him, didn’t you?”: versions of violence in accusatory interviews. *Discourse and Society*, 6(3), 353–386.
- Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers’ treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychological Review*, 23(8), 1023–1053.
- Bakhtin, M. (1986). The problem of speech genres. In C. Emerson & M. Holquist (Eds.), *Speech genres and other late essays* (pp. 60–102). Austin: University of Texas Press.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, 16(3), 252–260.
- Brown, P. D., & O’Leary, K. D. (2000). Therapeutic alliance: predicting continuance and success in group treatment for spouse abuse. *Journal of Consulting and Clinical Psychology*, 68(2), 340–345.
- Cavanagh, K., Dobash, R., Dobash, R., & Lewis, R. (2001). Remedial work: men’s strategic responses to their violence against intimate female partners. *Sociology*, 35(3), 695–714.
- Daniels, J. W., & Murphy, C. M. (1997). Stages and processes of change in batterers’ treatment. *Cognitive and Behavioral Practice*, 4(1), 123–145.
- Davies, L., Holmes, M., Lundy, C., & Urquhart, L. (1995). *Re-education for abusive men: The effect on the lives of women partners*. Ottawa: Family Violence Prevention Division, Health Canada.
- Day, A., Chung, D., O’Leary, P., & Carson, E. (2009). Programs for men who perpetrate domestic violence: an examination of the issues underlying the effectiveness of intervention programs. *Journal of Family Violence*, 24(2), 203–212.
- Dutton, D. G. (2006). *Rethinking domestic violence*. Vancouver: University of British Columbia Press.
- Dutton, D. G., & Corvo, K. (2006). Transforming a flawed policy: a call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior*, 11(5), 457–483.
- Edley, N., & Wetherell, M. (1997). Jockeying for position: the construction of masculine identities. *Discourse and Society*, 8(2), 203–217.
- Featherstone, B., & Peckover, S. (2007). Letting them get away with it: fathers, domestic violence and child welfare. *Critical Social Policy*, 27(2), 181–202.
- Feder, L., & Wilson, D. B. (2005). A meta-analytic review of court mandated batterer intervention programs: can courts affect abusers’ behavior? *Journal of Experimental Criminology*, 1(2), 39–262.
- Ferencik, M. (1990). The supportive and remedial interchange in group therapy. *Small Group Research*, 21(3), 360–373.
- Ganley, A. L. (1981). Counseling programs for men who batter: elements of effective programs. *RESPONSE to Victimization of Women and Children*, 4(1), 3–4.
- Gondolf, E. W. (2007). Theoretical and research support for the Duluth Model: a reply to Dutton and Corvo. *Aggression and Violent Behavior*, 12(6), 644–657.
- Good, G. E., Thomson, D. A., & Brathwaite, A. D. (2005). Men and therapy. Critical concepts, theoretical frameworks, and research recommendations. *Journal of Clinical Psychology*, 61(6), 699–711.
- Goodrum, S., Umberson, D., & Anderson, K. (2001). The batterer’s view of the self and others in domestic violence. *Sociological Inquiry*, 71(2), 221–240.
- Guregaard, S. (2009). *Open dialogue across cultures: Establishing a therapeutic relationship with the refugee family*. Doctoral dissertation, University of East London in conjunction with the Tavistock Clinic. Göteborg, Sweden: Nordbok International.
- Hamel, J. (2008). Beyond ideology: Therapies for domestic violence. In J. Hamel (Ed.), *Intimate partner and family abuse. A casebook of gender-inclusive therapy* (pp. 3–25). New York: Springer.
- Hearn, J. (1998). *The violences of men: How men talk about and how agencies respond to men’s violence to women*. London: Sage.
- Hill, C. E., Thompson, B. J., & Nutt-Williams, E. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, 25(4), 517–572.
- Holma, J. M., Partanen, T., Wahlstrom, J., Laitila, A., & Seikkula, J. (2006). Narratives and discourses in groups for male batterers. In M. Lipshitz (Ed.), *Domestic violence and its reverberations* (pp. 59–83). New York: Nova.
- Holtzworth-Munroe, A. (2001). Standards for batterer treatment programs: how can research inform our decisions? *Journal of Aggression, Maltreatment & Trauma*, 5(2), 165–180.
- Jacobs, E. E., Masson, R. L., & Harvill, R. L. (2009). *Group counseling: Strategies and skills*. Pacific Grove: Brooks/Cole.
- Jennings, J. (1987). History and issues in the treatment of battering men: a case for unstructured group therapy. *Journal of Family Violence*, 2(3), 193–213.
- Johnson, J., & Kanzler, D. (1993). Treating domestic violence: evaluating the effectiveness of a domestic violence diversion program. *Studies in Symbolic Interaction*, 15, 271–289.
- Jones, A. D., D’Agostino, R. B., Gondolf, E. W., & Heckert, D. A. (2004). Assessing the effect of batterer program completion on reassault using propensity scores. *Journal of Interpersonal Violence*, 19(9), 1002–1020.
- Kistenmacher, B. R., & Weiss, R. L. (2008). Motivational interviewing as a mechanism for change in men who batter: a randomized controlled trial. *Violence and Victims*, 23(5), 558–570.
- Kurri, K., & Wahlstrom, J. (2001). Dialogical management of morality in domestic violence counseling. *Feminism and Psychology*, 11(2), 187–208.
- Langhinrichsen-Rohling, J. (2010). Controversies involving gender and intimate partner violence in the United States. *Sex Roles*, 62(3–4), 179–193.
- Levesque, D. A., Driskell, M.-M., Prochaska, J. M., & Prochaska, J. A. (2008). Acceptability of a stage-matched expert system intervention for domestic violence offenders. *Violence and Victims*, 23(4), 432–445.
- Linell, P. (2009). *Rethinking language, mind, and world dialogically*. Charlotte: Information Age Publishing.
- Mankowski, E. S., Haaken, J., & Silvergleid, C. S. (2002). Collateral damage: an analysis of the achievements and unintended consequences of batterer intervention programs and discourse. *Journal of Family Violence*, 17(2), 167–184.

- Markova, I., Linell, P., Grossen, M., & Orvig, A. S. (2007). *Dialogue in focus groups: Exploring socially shared knowledge*. London: Equinox.
- Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: a meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*(3), 438–450.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. New York: Guilford.
- Moylan, C. A., Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Russo, M. J. (2010). The effects of child abuse and exposure to domestic violence on adolescent internalizing and externalizing behavior problems. *Journal of Family Violence, 25*(1), 53–63.
- Mullaney, J. L. (2007). Telling it like a man: masculinities and battering men's accounts of their violence. *Men and Masculinities, 10*(2), 222–247.
- Murphy, C., & Eckhardt, C. (2005). *Treating the abusive partner: An individualized cognitive-behavioral approach*. New York: Guilford.
- Murphy, C. M., & Ting, L. A. (2010). Interventions for perpetrators of intimate partner violence: A review of efficacy research and recent trends. *Partner Abuse, 1*(1), 26–44.
- Musser, P. H., Semiati, J. N., Taft, C. T., & Murphy, C. M. (2008). Motivational interviewing as a pregroup intervention for partner-violent men. *Violence and Victims, 23*(5), 539–557.
- Norcross, J. C. (2002). Empirically supported therapy relationships. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York: Oxford University Press.
- Partanen, T., Wahlstrom, J., & Holma, J. (2006). Loss of self-control as excuse in group-therapy conversations for intimately violent men. *Communication & Medicine, 3*(2), 171–183.
- Pence, E. (2002). The Duluth domestic abuse intervention project. In E. Aldarondo & F. Mederos (Eds.), *Programs for men who batter: Intervention and prevention strategies in a diverse society* (pp. 6.1–6.47). Kingston: Civic Research Institute.
- Piaget, J. (1962). *Play, dreams and imitation in childhood*. New York: Norton (Original work published 1945).
- Pirog-Good, M., & Stets-Kealey, J. (1985). Male batterers and battering prevention programs: a national survey. *RESPONSE to the Victimization of Women and Children, 8*(3), 8–12.
- Raakil, M. (2002). A Norwegian integrative model for the treatment of men who batter. *Family Violence & Sexual Assault Bulletin, 18*(1), 8–14.
- Richards, L. (2005). *Handling qualitative data: A practical guide*. London: Sage.
- Rolling, E., & Brosi, M. W. (2010). A multi-leveled and integrated approach to assessment and intervention of intimate partner violence. *Journal of Family Violence, 25*(3), 229–236.
- Rondeau, G., Brodeur, N., Brochu, S., & Lemire, G. (2001). Dropout and completion of treatment among spouse abusers. *Violence and Victims, 16*(2), 127–143.
- Rooney, J., & Hanson, R. K. (2001). Predicting attrition from treatment programs for abusive men. *Journal of Family Violence, 16*(2), 131–149.
- Ruuskanen, E., & Aromaa, K. (2008). *Administrative data collection on domestic violence in Council of Europe member states*. European Institute for Crime Prevention and Control, affiliated with the United Nations (HEUNI). Retrieved on 5/15/10 from http://www.coe.int/t/dc/files/themes/violence_femmes/admin_data.pdf
- Saunders, D. G. (2008). Group interventions for men who batter: a summary of program description and research. *Violence and Victims, 23*(2), 156–172.
- Scott, K. L., & Wolfe, D. A. (2000). Change among batterers: examining men's success stories. *Journal of Interpersonal Violence, 15*(8), 827–842.
- Scott, K. L., & Wolfe, D. A. (2003). Readiness to change as a predictor of outcome in batterer treatment. *Journal of Consulting and Clinical Psychology, 71*(5), 879–889.
- Scully, D., & Marolla, J. (1993). "Riding the bull at Gilley's": Convicted rapists describe the rewards of rape. In P. B. Bart & E. G. Moran (Eds.), *Violence against women: The bloody footprints* (pp. 26–46). Thousand Oaks: Sage.
- Seikkula, J. (2002). Open dialogues with good and poor outcomes for psychotic crises: examples from families with violence. *Journal of Marital and Family Therapy, 28*(3), 263–274.
- Seikkula, J. (2008). Inner and outer voices in the present moment of family and network therapy. *Journal of Family Therapy, 30*(4), 478–491.
- Sonkin, D. J., & Dutton, D. (2003). Treating assaultive men from an attachment perspective. *Journal of Aggression, Maltreatment and Trauma, 7*(1), 105–133.
- Stamp, G. H., & Sabourin, T. C. (1995). Accounting for violence: an analysis of male spousal abuse narratives. *Journal of Applied Communication Research, 23*(4), 284–307.
- Stordeur, R. A., & Stille, R. (1989). *Ending men's violence against their partners: One road to peace*. Newbury Park: Sage.
- Taft, C. T., & Murphy, C. M. (2007). The working alliance in intervention for partner violence perpetrators: recent research and theory. *Journal of Family Violence, 22*(1), 11–18.
- Vygotsky, L. S. (1962). *THOUGHT AND LANGUAGE* (E. Hanfmann & G. Vaker, Trans.). Cambridge: MIT Press. (Original work published 1934.)
- Wetherell, M., & Potter, J. (1989). Narrative characters and accounting for violence. In J. Shotter & K. J. Gergen (Eds.), *Texts of identity* (pp. 206–219). London: Sage.
- WWP—Work with Perpetrators of Domestic Violence in Europe (2008). Daphne II Project 2006–2008. Retrieved on 5/15/10 from http://www.work-with-perpetrators.eu/en/documents/country_summaries_wwp_2008.pdf