

The

# ABUSIVE PERSONALITY

VIOLENCE AND CONTROL  
IN INTIMATE RELATIONSHIPS

**SECOND EDITION**

**DONALD G. DUTTON**

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*Violence and Control  
in Intimate Relationships*

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S E C O N D   E D I T I O N

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DONALD G. DUTTON



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# About the Author

**Donald G. Dutton, PhD**, is Professor of Psychology at the University of British Columbia. In 1979, he cofounded the Assaultive Husbands Project, a court-mandated treatment program for men convicted of spousal assault. Dr. Dutton has published over 100 papers and four books, including *Domestic Assault of Women* (1995, University of British Columbia Press); *The Batterer: A Psychological Profile* (1995, Basic Books), which has been translated into French, Spanish, Dutch, Japanese, and Polish; and *Rethinking Domestic Violence* (2006, University of British Columbia Press). He has frequently served as an expert witness in civil trials involving intimate abuse and in criminal trials involving family violence.

# Preface

During the last 25 years there have been remarkable advances in our understanding of the psychology of intimate rage, violence, and abusiveness. These advances have come from a variety of sources: developmental psychopathology, which charts the many microfailures in the attachment process; neurobiopsychology, which investigates the formation through mother–infant interaction of brain structures that regulate emotion; and the study of personality disorders, which assesses long-term alterations in thinking, feeling, and acting that are atypical within one’s culture.

Rage and intimate abusiveness are closely tied to issues in early development. In attachment theory rage is the initial reaction to attachment disruption—the sustained absence of the source of security. Understanding this connection can move our comprehension beyond the “stimulus–response” models of social learning theory and enable us to chart cyclical buildups of internal tension as a key element in intimate abusiveness. Such cyclical tension is, I believe, a personality consequence of a disrupted attachment process, one pathway linking early problems with adult pathology. From John Bowlby’s descriptions of insecurely attached infants “arching away angrily while seeking proximity” to the ambivalence of the abusive adult, a lifelong thread appears in the psychological profiles of abusive men and women. This thread includes ambivalence toward the partner, dysphoria produced by intimacy, and a

tendency to blame the partner for the dysphoria. The latter process spirals upward in self-amplifying ruminations that produce unbearable tension states that culminate in violence. These tension states drive thought processes into obsessional “feedback loops” and generate self-fulfilling prophecies when negative actions follow negative anticipations.

One of the goals of this book is to make explicit these pathways from early development to adult abusiveness. In so doing, I review for the professional reader both the theory and research data pointing to these pathways. I include attachment theory, neural development, and object relations since each has important points to make, and we are not yet at a point where we can exclude any on the basis of available data. One of the surprising outcomes in the new research on neural development is that it supports the theories on early infant cognition put forward by object relations theory.

The research component of this book links the psychological profiles of abusive men with their partners’ reports of the form and frequency of the abusiveness. Then the connections of those profiles to the men’s recollection of early treatment are empirically established. A triad of early abuse, being shamed by a parent, and being insecurely attached through unpredictable parental emotional availability formed the basis of the adult abusive personality in the sample we studied. These three components produce an emergent dysphoria, blamed on the partner, and a tendency to ruminate, culminating in explosive abuse. The research described links the childhood experiences to their adult sequelae. Research techniques of this sort have limitations, which I describe in the text. They do represent, however, a critical first step toward understanding the development of intimate abusiveness from a lifespan perspective. Furthermore, they are currently being validated by longitudinal studies on children, adolescents, and young adults. These longitudinal studies expand and reaffirm the original research in a number of ways: They are prospective and do not rely on the retrospective reports of our sample; they examine subjects for lengthy developmental periods; and they apply to both men and women, finding more similarities than dissimilarities in the development of the abusive personality. The empirical foundation for “abusogenesis” (the development of long-standing traits of abuse) is now far advanced.

I have also included a treatment chapter that derives from the empirical studies on the psychological infrastructure of abuse. If we know its underpinnings and focus treatment on them, then we can alter the support structure that perpetuates abusiveness. Conversely, treatments that do not address this psychological infrastructure are doomed



to fail in the long run. They will simply have treated the symptoms, and the problem will recur. Psychotherapeutic group intervention does fairly well in treating abusiveness, although certain personality constellations need more attention, and techniques borrowed from therapies specifically developed to treat personality disorder, trauma, and attachment disorders can be amalgamated into abuse treatment.

I thank Seymour Weingarten, Editor-in-Chief at The Guilford Press, for his encouragement in developing this book. I also thank the many people who have provided support, critical advice, and inspiration for the ideas developed here: Kim Bartholomew, Daniel Sonkin, Terrie Moffitt, Miriam Ehrensaft, Murray Straus, Allan Schore, David Celani, Dante Cicchetti, Drew Westen, John Bowlby, and John Archer.

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## CHAPTER 1

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# Introduction

Intimate partner violence (IPV) was virtually unknown to social science theory and research as recently as 1975. Psychology texts describing aggression in that year focused exclusively on aggression toward strangers and whether this aggression was innate or learned. There was no description, not an even an inkling, of aggression toward an intimate partner. Now we know that such aggression is commonplace.

The psychological underpinnings of IPV perpetration were also unknown. Undergraduate textbooks on personality theory at that time described “personality” as a fixed entity, assessed at a single point in time (usually in an arid psychology lab), under the most rational of circumstances, and affixed a location on a “circumplex,” a circular map of personality styles. Personality style was conceived of as a stable constellation of traits. There was no realization that personality might be phasic, going through predictable shifts or cycles from one phase to another. Inspection of the premier journal on marriage and intimate relationships, the *Journal of Marriage and the Family*, reveals not one reference to violence from 1939 through 1969. Although marriages may have been seen as conflicted, they were not seen as violent.

Robert Baron and Donn Byrne’s classic text *Social Psychology*<sup>1</sup> is now in its ninth edition. In its 1977 edition (the second edition) the chapter on aggression opened with the hoary question of nature versus

nurture. It reviewed research on “situational determinants” (frustration, verbal and physical attack, exposure to violent role models, arousal, aggressive cues, drugs, orders, heat, and overcrowding) and concluded with a review of research on curbing aggression through punishment, catharsis, and “incompatible responses” (empathy, laughter, and lust). It reported on the curvilinear relationship between sexual arousal and aggression but did not speculate about real-world examples. Individual characteristics included undercontrolled versus overcontrolled aggressors. In an example of the latter, the authors cited the story of a farmer who caught his wife in bed with another man. He did not respond, even after the interloper stole away with his truck, wife, and kids. However, when he discovered another incident of infidelity, this time by the second wife, he finally exploded, murdering her and her lover. The point was, it seemed, that frustration from the first incident was somehow “stored” and expressed explosively in the second incident. In all the social psychology texts I reviewed, this example was the only mention of intimate violence. It did not, however, go beyond the description of the killer as overcontrolled (given the earlier provocations) in trying to understand the dynamics of the spousal homicide.

Academic psychology tended to rely on undergraduate populations for its subject pools and to study aggression in university labs. Inducing college sophomores to strike “Bobo” dolls or administer electric shocks to other students became the common research strategy. As Phillip Zimbardo pointed out in his Nebraska Symposium paper on deindividuated aggression, rational people, made passive by the experimental setting, were substituted for irrational proactive aggressors.<sup>2</sup> The result was a focus on the reaction to the micro-releasers (stimuli) of aggression instead of the proactive predatory processes that sought out the situation in which those releasers reside. Eventually, this practice limited our understanding of aggression to a study of “reactions” to “aversive stimuli.”

Personality theory sought to locate human personality on a dimensional map called a *circumplex*: a circular arrangement of 16 dimensions and 8 categories of personality. Based on some early work by Timothy Leary and his colleagues, published in 1951, the circumplex located a person on a circle that represented a circular ordering of traits in a two-dimensional space (a circle crossed by dimensions of cold–warm and dominant–submissive).<sup>3</sup> The response that led to their location was typically a scale filled out in the rational calm of a campus psychology lab. To Leary’s credit, though, he did believe that personality assessment should be done for different “levels” of the psyche (including projective

tests) and the results compared to obtain a broader picture (e.g., projective results could be compared to self-reports of hypothetical responses to assess repression of undesirable impulses such as hostility). He also used psychiatric samples as his subject populations. His 1957 book *Interpersonal Diagnosis of Personality* was years ahead of its time. Unfortunately, using a circumplex model and self-reports of traits soon dominated modern personality assessment due to the ease of administration. The notion that personality might undergo predictable phasic shifts was not contained in these circumplex models. The snapshot taken by the “scale score” was meant to represent a fixed personality, like a photo frozen in time, rather than a dynamic, shifting, and long-lasting process.

## EARLY PSYCHIATRY

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Early 20th-century psychiatry tended to ignore domestic violence unless a spousal homicide occurred. In this “Age of Denial”<sup>4</sup> the focus was typically on case studies of men who had committed spousal homicide. Explanations for this paradox included pathological dependency and conjugal paranoia, as well as temporal lobe epilepsy. One frequently cited study<sup>5</sup> viewed the violence as stemming from a pathologically enmeshed system, with extremes of dependency exhibited by both the male and the female. The authors then went on to compare abusive families with alcoholic families and saw the “trend” in these dynamics as characterized by a depressed, domineering, and masochistic wife: “We see the husbands’ aggressive behavior as filling masochistic needs in the wife’s (and the couple’s) equilibrium” (p. 110). In other words, women stay in abusive relationships because the punishment fills an unconscious need in them. This viewpoint was quickly seen as victim blaming by feminists.<sup>6</sup> Another early study<sup>7</sup> by Faulk examined men who had murdered or seriously injured their wives and found that 16 of 23 had a psychiatric disorder. Unfortunately, Faulk generalized his profile from this rather extreme sample to all wife abusers; however, as extremity of abuse increases, the likelihood and severity of personality disturbance in the perpetrator also increases.<sup>8</sup>

Even when methodology improved, psychiatry would too often settle for measures of association between diagnostic categories and IPV without explanation. These “odds ratios” did not provide a substantive accounting as to why a particular connection occurred. Bland and Orn, for example, collected data by telephone from a large ( $N = 1,200$ ) urban sample, assessing respondents for antisocial personality, depression, and

alcohol use.<sup>9</sup> All three were risk markers for spousal assault, and the three together produced spousal assault report rates in the 80–90% range (compared to 15% for respondents with none of the three risk markers). Unfortunately, in this “actuarial” study, the causal pathways among these factors were not identified. The reader never knew why these factors were chosen or by what model they were arranged. Were the alcoholism and depression, for example, both symptoms of a deeper psychological disturbance? What was the relationship of depression to spousal assault?

A more thoughtful analysis was presented by Rounsaville,<sup>10</sup> who was aware of the emerging sociological literature on wife assault and attempted to answer the question of whether wife assault was “normal violence,” as the sociologists claimed, or, in fact, deviant or atypical. He interviewed 31 battered women about their partners. These women were drawn from emergency rooms and had experienced severe and repeated violence. Rounsaville was among the first in the psychiatric literature to recognize that situational forces, rather than “masochism,” trapped battered women in their relationships. In his sample, 71% of the woman had been threatened with death by their partners if they left. The availability of outside resources did not discriminate those who left from those who did not; only escalating severity of violence and fear for the children did. As Rounsaville put it, “those who were not sufficiently motivated seemed to ignore the resources which they, in fact, possessed” (p. 17), and “the most striking phenomenon that arose in the interviews and in treatment with the battered women was the tenacity of both partners to the relationship in the face of severe abuse sustained by many of the women” (p. 20). In 1987 in New York City, Hedda Nussbaum, a woman who had been abused and tortured for years by her companion, Joel Steinberg, was charged with the beating death of their daughter, 6-year-old Lisa Steinberg. In what was to become the first of a series of high-profile televised trials involving intimate violence, Nussbaum came across as totally devoted to a man who abused, tortured, and stripped her of her essential human dignity.<sup>11</sup>

Rounsaville raised the question of whether wife assault was a form of psychopathology or “normal violence,” as sociologists claimed. The male partners in his sample had high incidences of alcoholism (45%), prior arrests (58%), imprisonment (35%), and violence outside the relationship (51%). The women described the men as extremely jealous, even preventing them from spending time with their female friends (92% cited jealousy as a frequent cause of violent arguments). Rounsaville<sup>10</sup> went on to remark:

The explosiveness of the men, the depression of the women, and the alcoholic dependencies in both may be seen as manifestations of a high level of unmet dependency needs which both are seeking to satisfy in the relationship. In such a relationship, anger frequently arises as neither partner is able to fulfill the others' unrealistic needs. The two partners handle their dependent longings in different ways. The woman devotes herself to her partner, sadly ignoring her own needs. The man angrily demands compliance lest he be refused or fearfully projects onto the woman the desire to leave him. (p. 21)

As evidence for the importance of intimacy issues in abuse, 44% of the women reported that the first abuse had occurred either during the honeymoon or around the time of the birth of the first child. The first case usually represents an increased level of attachment and the second a decreased level of intimacy due to the presence of the child:

Certain personality characteristics might be hypothesized as especially common to battering partners leading to both tenacity and the violence of the relationship. If both partners are excessively needy, they may stay together because of severe conflict, because loneliness is a greater threat than abuse. A particularly volatile combination seems to be a jealous possessive man with paranoid tendencies and a counter-dependent indomitable passive-aggressive woman. (p. 22)

Rounsaville<sup>10</sup> then reviewed the sociological theories of the day; that violence was modeled in the family of origin and that use of physical violence was accepted in North American society. He concluded that "these factors are unquestionably important . . . however, they are hardly specific enough to provide an explanation for the fact that wife-beating is not universal in our society but is only practised in some marriages or relationships" (p. 23). Rounsaville proposed a multifactorial model with features from several spheres. From the psychological sphere would be "pathological conflicts over dependency and autonomy," manifested in the men through "morbid jealousy," controlling behavior, and an impulse control problem exacerbated by substance abuse. From the sociological would be pressure to marry and distorted views of marital roles.

Rounsaville's work was prescient—and one of the few from the psychiatric literature to utilize psychological constructs with explanatory power and to link these, in turn, to sociological features. Rounsaville saw the importance of intimacy in wife assault, although this point went largely unheeded and unrecognized for years to come.



He saw the need for a multifactorial model years before a viable one was developed. His work was revolutionary, but it was disregarded in the subsequent sociological tide. That sociological tide would emphasize gender dominance and power relations as of primary importance in explaining IPV, but as Rounsaville<sup>10</sup> put it, “even when the woman is in fact not of higher social status than her partner, she may be perceived as being more powerful and threatening by a man who is especially sensitive to domination by women” (p. 24). Rounsaville saw through the facade of role-based power to the inner powerlessness felt that was central to the abusive man in an intimate relationship.\* Although later “explanations” of IPV would focus on “power and control,”<sup>12</sup> these explanations overlooked the crucial point made here by Rounsaville—that controlling behaviors often masked a feeling of powerlessness in the perpetrator.

Not all early explanations were the product of psychiatry. Psychologist Daniel Sonkin<sup>13</sup> described the male batterer as demonstrating high levels of anger and depression, having low self-esteem, poor communication skills, and having experienced abuse in his family of origin. Psychologist Lenore Walker<sup>14</sup> outlined a “cycle of violence” that female victims described in interviews. This cycle, described in detail in Chapter 4, appeared to be a dark mood characterized by deepening tension on the part of the male batterer. Nothing seemed to lift it, and it led to a “tension blowout” of extreme rage followed by a calm, “contrition phase.”

## SUBTYPES OF WIFE ASSAULTERS

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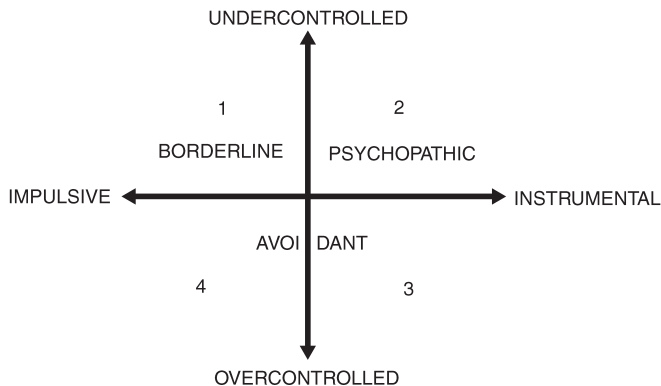
Not all abusive relationships go through cycles, of course; different types of perpetrators create different patterns of abuse. In 1988 I proposed three subgroups of IPV perpetrators: overcontrolled, generally violent (antisocial), and borderline or cyclical.<sup>15</sup> Other researchers have also developed trimodal models, although their terminology varies, as is demonstrated in Table 1.1.

Essentially, these various groups are all characterized by two dimensions of violence: *overcontrolled versus undercontrolled* and *impulsive versus instrumental*. Overcontrolled men deny their anger and experience chronic frustration and resentment. Undercontrolled men act out frequently. Impulsive men act out violently in response to a building inner tension, whereas instrumental (antisocial) men use violence “coldly” to obtain specific objectives.

**TABLE 1.1. Batterer Classification**

Hamberger and Hastings <sup>18</sup>	Holtzworth-Munroe and Stuart <sup>29</sup>	Saunders <sup>21</sup>	Tweed and Dutton <sup>45</sup>
Antisocial/narcissistic	Generally violent/antisocial	Type 2 (generally violent)	Instrumental/undercontrolled
Schizoid/borderline	Dysphoric/borderline	Type 3 (emotionally volatile)	Impulsive/undercontrolled
Dependent/compulsive	Passive-dependent (family only)	Type 1 (emotionally suppressed)	Impulsive/overcontrolled

On general assessments of personality dysfunction, the overcontrolled abusers score high on avoidant personality disorders. These abusers try to avoid conflict and deny anger. In treatment they repeatedly report having a week without anger (and consequently, nothing to log into their anger diary), in reality, they are both anger averse and experiencing deep chronic anger. The therapist may have to get them to track “irritations” and states of “subanger.” Antisocial batterers use violence outside the relationship as well, which frequently brings them into conflict with the law. Their use of violence has an instrumental quality to it; it is used to control and intimidate. Cyclical batterers, on the other hand, use violence expressively, to dispel accumulated tension. These differences are displayed in Figure 1.1.



**FIGURE 1.1.** Two-dimensional representation of intimate abusiveness. 1, also called emotionally volatile<sup>21</sup>; 2, also called antisocial or sociopathic; 3, 4, avoidant personality loads highest on dominance/isolation.

## PERSONALITY DISORDER

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Because IPV occurs in a minority of relationships,<sup>16</sup> it cannot be explained by social norms. In fact, normative acceptance of IPV is low in North American populations. Only 2% of men agree with the statement “It’s alright to hit his wife/girlfriend to keep her in line.”<sup>17</sup> When people act in a chronically dysfunctional manner that violates the norms of their culture, their behavior may be attributable to a personality disorder (PD).

PDs are chronically dysfunctional ways of viewing the world, oneself, and one’s partner; of feeling and behaving in ways that are atypical within one’s ambient culture. However, PDs also constitute homeostatic systems in which emotion, cognition, and behavior are mutually reinforcing and hence support and perpetuate each other. The diagnostic criteria for PD of the text revision of the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) are presented in Table 1.2.

**TABLE 1.2. DSM-IV-TR Diagnostic Criteria for a Personality Disorder**

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- A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture. This pattern is manifested in two (or more) of the following areas:
    - (1) cognition (i.e., ways of perceiving and interpreting self, other people, and events)
    - (2) affectivity (i.e., the range, intensity, liability, and appropriateness of emotional responses)
    - (3) interpersonal functioning
    - (4) impulse control
  - B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.
  - C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
  - D. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.
  - E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.
  - F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma).
- 

*Note.* From American Psychiatric Association.<sup>56</sup> Copyright 2000 by the American Psychiatric Association. Reprinted by permission.

In an early attempt to empirically establish subtypes, Hamberger and Hastings<sup>18,19</sup> administered the Millon Clinical Multiaxial Inventory (MCMI; version I) to 99 men in treatment for wife assault and factor-analyzed the results (see Table 1.1). The MCMI<sup>20</sup> (now revised as version III) is a self-report scale that roughly maps onto categories from the DSM-III, including “Axis II” or PD categories. Three factors emerged, which the authors called “schizoid/borderline” (Factor 1), “narcissistic/antisocial” (Factor 2) and “passive dependent/compulsive” (Factor 3). Their sample of male abuse perpetrators fell equally (10–16 men each) into these three categories, plus four categories that combined various aspects of the first three “pure” categories, and one category that had no aspects of the clinical pathology indicated in the first three categories. The seven PD subgroups comprised 88% of the entire wife assault subject sample. Men who scored high on Factor 1 (schizoid/borderline) and low on the other factors, for example, were described as moody and sensitive to interpersonal slights; they were described by others as volatile and overreactive, as having a “Jekyll and Hyde” personality. The DSM-III diagnosis associated with this group was “borderline personality.” These men demonstrated high levels of anxiety, anger, and depression as well as substance abuse problems.

The high Factor 2 (low I and III) individuals had DSM diagnoses of narcissistic or antisocial personality disorder. Their violence was more instrumental in character (i.e., designed to produce a payoff or outcome) and was used both inside and outside their intimate relationship. High Factor 3 (low I and II) scorers were passive, tense, and rigid. We would call them overcontrolled. Subgroup 4 (mixed) combined the angry, sullen features of Factor 1 with the aggressive, narcissistic qualities of Factor 2 to produce an extremely aggressive personality that lacked empathy. This “borderline–antisocial” subgroup is obviously a particularly dangerous personality type.

Mixed group 5 combined the sullen, moody, avoidant qualities of Factor 1 with the intense dependency needs of Factor 3 to create an extremely conflicted, frustrated, and dysphoric borderline syndrome. This group also had pronounced mood swings and periodic problems with reality testing. It resembled the profile of men who could undergo the cyclical actions described by Walkers’ female respondents.

Other studies found incidence rates of personality disorders to be 80–90% in both court-referred and self-referred wife assaulters,<sup>21–24</sup> compared to estimates in the general population, which tend to range from 15 to 20%.<sup>25</sup> As the violence becomes more severe and chronic, the likelihood of psychopathology in these men approaches 100%.<sup>26</sup>

Across several studies, implemented by independent researchers, the prevalence of personality disorder in wife assaulters has been found to be extremely high. Also, in predictive studies of IPV in community samples, personality disorder, rather than gender or any other demographic variable, has been the strongest predictor.<sup>27, 28</sup>

A study of batterer typology by Holtzworth-Munroe and Stuart also described a trimodal categorization of abuse perpetrators.<sup>†29, 30</sup> Included in this trilogy was a “generally violent/antisocial group” (similar to Hamberger & Hastings’s “Factor 2” or subgroup 4) and a “dysphoric/borderline” group (similar to Factor 1 or subgroup 5). Unfortunately, the authors called their overcontrolled or passive-dependent batterers (Factor 3) “family only,” which was somewhat misleading because most “dysphoric/borderlines” are family-only abusers as well. In their typology the overcontrolled batterers were less pathological and had the least negative attitudes toward women. Their only personality disorders were of the passive-dependent type. Clearly, they lacked most of the flagrant “Cluster B” signs associated with abusers; emotional reactivity, anger, and jealousy. Just as clearly, they still erupted intermittently with violent rage.

In 1988 Hamberger and Hastings reported the existence of an expanded non-PD group emerging from their data.<sup>19</sup> Lohr, Hamberger, and Bonge<sup>31</sup> cluster analyzed the eight PD scales on the MCMI-II in a sample of 196 men. This time a cluster was found that showed no elevations on any PD scale (39% of the sample, compared to 12% in the 1986 paper). What caused personality disorders to apparently diminish in frequency from the earlier studies?

There are several explanations for this diminishment; one is that socially desirable responding increased as treatment groups became more punitive.<sup>32</sup> That is, court-mandated clients would try to “fake good” on psychological tests so as to not be required to take even more treatment by the courts. There is some evidence that social desirability increased in research results. I<sup>33</sup> pointed out how a study by Gondolf showed extreme social desirability scores for the treatment group, suggesting that responses associated with personality disorder were underreported. Other selection factors may have been at work influencing the type of clients entering treatment groups and the research pool. Police arrest practices changed between 1986 and 1994, becoming much more aggressive in reported cases of IPV.<sup>34</sup> It may be that less serious assault, in which the perpetrator is not personality disordered (i.e., shows no peaks on a measure such as the MCMI) was now being included in the court-mandated treatment samples.

Finally, none of the perpetrator assessment studies attempted to ascertain whether the perpetrator was in a mutually violent relationship or not. Mutual violence is the most common form<sup>16</sup> of IPV, but investigation of female violence against a male partner was ruled out on grounds of political correctness. In contrast, when female perpetrators began to be assessed, the first question asked in their assessment was about their male partner's violence (see, e.g., Dutton & Nicholls<sup>35</sup>).

## OVERCONTROLLED VIOLENT MEN

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I once studied men incarcerated for spousal homicide.<sup>36</sup> I was surprised to find that 50% of the men in the initial sample had been diagnosed by the prison psychiatrist as having “withdrawn personalities,” such as schizoid or schizotypal, and that few had any other criminal record. Overcontrolled men generally try to please therapists; they are extremely cooperative in treatment, to the point that the therapist wonders how they could ever have been violent. (see Table 1.3). When asked by the therapist to keep anger diaries, these men protest that they don't get angry often enough to log the events. Eventually, as noted, the therapist convinces them to log their “irritations.” However, overcontrolled abusers harbor a long-held, chronic resentment that they were not, or are not, valued in some way. They have a sense of personal injustice or slight. Comedian Rodney Dangerfield was able to convert this feeling into a characterization with his “I don't get no respect” theme. For these men, however, the brooding resentment covered by a smiling facade has a more serious and occasionally lethal outcome.

**TABLE 1.3. Characteristics of Overcontrolled Batterers**

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- Flat affect or constantly cheerful persona
  - Attempts to ingratiate therapist
  - Tries to *avoid* conflict
  - High masked dependency
  - High social desirability
  - Overlap of violence and alcohol use
  - Some drunk driving arrests
  - Chronic resentment
  - Attachment: preoccupied
  - MCMI: avoidant, dependent, passive-aggressive
-

## ANTISOCIAL VIOLENT MEN

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Antisocial abusers have the following features: a lack of capacity to empathize, a tendency to use violence for control and instrumental gain, and frequently a history of antisocial actions and crime. Neil Jacobson's work at the University of Washington revealed another chilling aspect of their makeup. They demonstrate a different physiological response to conflict than control men. Their heart rate *declines* during heated arguments.<sup>37</sup> That is, despite acting in an emotionally aggressive fashion, these men, whom Jacobson called "vagal reactors," remained inwardly calm. (The term stems from the idea that excitation of the vagus nerve suppresses arousal.) The result of this autonomic suppression is to acutely focus attention on the external environment: the wife-antagonist. Jacobson found that the most belligerent and contemptuous men he studied were the ones who showed the greatest heart rate decrease. Jacobson called his two types of male spouse abusers "cobras" and "pit bulls."<sup>38</sup> Although, as we shall see below, the "women victims" in this sample made their own contribution to the violence—a contribution that went unreported.

The clinical signs strongly suggest that a subgroup of vagal reactors may be psychopaths. Psychopaths, who break the law without remorse and fail to benefit from therapy, are infamous for their high rates of recidivism, even after treatment attempts.<sup>39, 40</sup> Indeed, their flat emotional response, coupled with exaggerated control techniques and use of instrumental violence (premeditated, designed to profit illegally), are two of the defining criteria outlined in the seminal work on psychopaths by Robert Hare<sup>41</sup> (see Table 1.4). Hare describes psychopaths as lacking a conscience and uses magnetic resonance imaging (MRI) scans of brain function to demonstrate the lack of emotional response in

**TABLE 1.4. Characteristics of Psychopathy**

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- Rarely, if ever, arises de novo in adulthood (usually earlier indicator)<sup>57</sup>
  - "Vagal reactor" demonstrates heart rate decreases during intimate confrontation<sup>58</sup>
  - Early identification through combination of hyperactivity–impulsivity–attention deficit with conduct disorder<sup>57</sup>
  - Psychopaths commit disproportionate number of recidivist crimes<sup>59</sup>
  - Criminal activity rises during teen years, remains high until the 40s, then declines<sup>59</sup>
-

them. Whereas Hare proposed a genetic basis for psychopathy, Porter had more recently suggested a “secondary psychopath,” produced as a result of chronic abuse,<sup>42</sup> and Herve developed a four-cluster typology of psychopaths,<sup>43</sup> including a “pseudopsychopath” who appears to be psychopathic but still has empathic responses. This taxonomic reordering makes the distinction between “antisocial personality disorder” and psychopathy less distinct. Further problems arise for the notion that psychopathy is a taxon (a distinct category) when differential cutoff criteria are used to qualify for the diagnosis (on the Psychopathy Checklist—Revised<sup>44</sup>) in Europe (scores equal to 25) as compared to North America (scores >30). Recently some evidence has emerged that psychopaths are overrepresented among domestically violent men, although most of the emphasis has been on “generally violent” men who appear antisocial. Specific assessment for psychopathy has yet to be conducted.

## IMPULSIVE VIOLENT MEN

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Roger Tweed and I<sup>45</sup> compared the instrumental and impulsive types of abuser (see Tables 1.5 and 1.6). The impulsive men had more fearful “attachment styles” (which I describe in detail in a later chapter) and psychological profiles more like a borderline personality, whereas the instrumental men resembled antisocial personalities. The instrumental group showed an antisocial–narcissistic–aggressive–sadistic profile on the MCMI and reported more severe physical violence. The impulsive group showed elevations on borderline, avoidant, and passive–aggressive, higher scores on the Oldham et al.<sup>46</sup> measure of borderline personality organization (BPO; which I discuss in more detail below), higher chronic anger, and a fearful attachment style on a self-report measure of

**TABLE 1.5. Characteristics of Impulsive/  
Undercontrolled Batterers**

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- Cyclical “phases”
  - High levels of jealousy
  - Violence predominantly/exclusively in intimate relationship
  - High levels of depression, dysphoria, anxiety-based rage
  - Ambivalence to wife/partner
  - Attachment: fearful/angry
  - MCMI: borderline
-



**TABLE 1.6. Characteristics of Instrumental/  
Undercontrolled Batterers**

- 
- Violent inside and outside home
  - History of antisocial behavior (car theft, burglary, violence)
  - High acceptance of violence
  - Negative attitudes of violence (macho)
  - Usually victimized by extreme physical abuse as a child
  - Low empathy
  - Associations with criminal marginal subculture
  - Attachment: dismissing
  - MCMI: antisocial, aggressive–sadistic
- 

attachment (the Relationship Style Questionnaire [RSQ]<sup>47</sup>). Instrumental abusers have a “dismissing” attachment style, giving the impression that they do not want or need a significant other. Impulsive abusers, on the other hand, are fearful of both abandonment and aloneness. This fear focuses narrowly into “morbid jealousy” or “conjugal paranoia” and generates controlling actions in a masked attempt to ensure that abandonment does not occur.

With its basis in BPO and with its clinical signs of impulsiveness and hyperemotionality in intimate relationships, the abusive personality described in this work seems more closely aligned with impulsive or Type 2 batterers. Tweed and Dutton<sup>45</sup> confirmed this similarity in their study; impulsive men had BPO scores of 75 (identical to Oldham et al.’s reported mean for borderlines<sup>46</sup>), whereas instrumental and control abusers had significantly lower BPO scores.

The impulsive group also had a high (84) antisocial PD score but it was accompanied by high scores on other personality disorders, including borderline PD. The instrumental group was self-absorbed and lacking in empathy; the impulsive group had problems with self-esteem and assertiveness. In all, the results reinforced the evidence that two differential peaks of personality disorder exist for abusive males: antisocial and borderline. The former engages in instrumental violence both inside and outside of intimate relationships, the latter in impulsive violence mainly in intimate relationships.

More recently, Edwards and his colleagues<sup>48</sup> also found that measures of borderline and antisocial PDs were significantly correlated with physical aggression (spousal assault) in a forensic sample (43 men convicted of wife assault, 40 convicted of nonviolent crimes). The high-violence group had higher scores on all pathology scales of the Personality Assessment Instrument (PAI).<sup>49</sup> The authors related PD to spousal

violence via the mediating variable of impulse control. Several researchers have found impulsivity to be a problem for a subgroup of abusers. Saunders's "emotionally volatile" abusers had impulsivity problems. Edwards and colleagues hypothesized that a cluster analysis of the scales used would yield two groups of spousal abusers: instrumental and impulsive, similar to those described by Tweed and Dutton. The impulsive group would have the highest impulsivity scores, borderline personality scores, and fearful attachment scores. This cluster was obtained, and high scorers (impulsives) correlated with spousal violence. Two groups were produced by the cluster analysis and were roughly similar to the instrumental and impulsive groups described by Tweed and Dutton. Edwards and colleagues also found high levels of psychopathology and personality disorder in their spousal abuse sample. They concluded that impulsiveness, impulsive aggression, and antisocial and borderline PDs were significant predictors of spousal violence.

Research from neurobiology,<sup>50, 51</sup> personality disorder,<sup>52</sup> borderline personality,<sup>53</sup> and direct studies of abusers<sup>45, 48, 54</sup> all verify the existence of an impulsive group of abusers who need therapeutic help in controlling their impulsivity. A recent MRI study by Yang and colleagues<sup>55</sup> found differential ratios of white to gray matter in the prefrontal lobes of a group with a specific type of impulsivity problem: liars. Liars' gray/white ratios were significantly different from both normal controls and antisocial personalities. Impulse control may have its own brain wiring that is different from the wiring underlying the cold, calculated acts of the antisocial personality or the functioning of noncriminal controls. In any event, the simplistic notion that all abuse perpetrators *choose* to be abusive is contradicted by the work on subtypes and on impulsivity.

The cyclical abusers described in this book are thus only one kind of personality-disordered partner abuser. All types of abuse are serious. Antisocial abusers may be arrested for other, more public crimes. Overcontrolled abusers execute abuse much less frequently but are a risk for spousal homicide. Cyclical abusers demonstrate abuse that is frequent, predatory, and confined to their intimate relationship. They appear "normal," even likable, in other relationships. They are hard to detect and they are dangerous.

In our analysis of these men we proceed in a chronological fashion, replicating the order of discovery that occurred in my research. Early explanations of wife abuse were psychiatric, sociobiological, or feminist-sociological. The psychiatric explanations saw violence as essentially due to neurological dysfunction. The sociobiological perspective saw male IPV as a dysfunctional form of control over the means to make contri-

butions to the gene pool and as part of male inheritance. Feminist sociology also saw wife abuse as an expression of male power and viewed gender-based power as socially shaped by sex-role conditioning. Both latter theories are broad in scope and have difficulty explaining variation in male response. I review them in Chapter 2.

## NOTES

- \* My research is based on abusive men. It cannot be concluded from these data that all abusers are male. In a later chapter I review the nascent literature on female abusers.
- † I use the term “abuse perpetrators” because we do not know that all abuse perpetrators are “batterers”—to batter means to strike repeatedly.

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## CHAPTER 2

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# Early Explanations

### ORGANIC BRAIN SYNDROMES AND RAGE RESPONSES

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In the late 1970s academic research divided aggression into two categories: “normal” aggression, which was directed toward either a stranger or an enemy, and “intimate violence,” which was “abnormal,” the act of madmen. Like the cursed monster created by Dr. Frankenstein and given the brain of a criminal by his assistant, these men were believed by medical science to commit violence because of an aberrant neural structure. In 1977 I went to an international conference of psychiatrists and criminal lawyers and noticed that some research papers would be presented on wife assault. These papers, much to my disappointment, focused exclusively on neurological “causes” of wife assault. This complex action, filled with symbolism and rich meanings of the woman as lover/savior/mother/betrayer and awash with obsessions, revulsions, tensions, jealousy, anger, and rage, was being reduced to a perturbation in something called the limbic system; that part of the brain believed to control emotions. In effect, these psychiatrists were claiming that disturbances in a neural structure such as the temporal lobe could cause wife assault.

More recently, Daniel Goleman argues in his book *Emotional Intelligence* that startle responses of fear and rage (flight and fight) are generated by sensory messages that travel first to the limbic system (thalamus

and amygdala) before their subsequent processing by the neocortex. This latter, “reasoned” reaction comes too late to stop the initial impulsive rage (or flight). Goleman does not, however, view limbic reactions as purely a function of “nature.” Aspects of the “nurture” side of the equation also influence limbic function. Drawing on Allan Schore’s brilliant work on early experience and brain maturation, Goleman argues that early emotional messages from parental treatment influence the development of the amygdala.<sup>1</sup> Schore’s work connecting mother–infant interaction with the development of brain structures, including the limbic structures that control emotion,<sup>2,3</sup> has developed into revolutionary status. His research shows that right-brain development precedes the left brain, occurring primarily during the first 18 months and before the advent of speech. What’s more, neural development is dependent on attachment—on the timing and synchronicity of attuned interactions between mothers and infants. Attachment, a concept that Bowlby had introduced<sup>4–6</sup> as a sociobiologically inspired motive to replace Freud’s concept of “sexual repression,” was already the most important concept in the field of human intimate relationships.\* With Schore’s analysis, it became indispensable; the origins of intimate emotion were contained in this early process of attachment. (I discuss this topic further in Chapter 8.) I have always been perplexed that social science investigations of IPV have not researched the attachment phenomenon more thoroughly. This omission has occurred, I believe, because of a preoccupation with gender explanations for IPV (which, in the past, was viewed as primarily a male problem).

Psychiatrist Bessel van der Kolk has argued, similar to Schore, that separation and attachment disruption produces changes in the number and sensitivity of brain opioid receptors as well as permanent changes in neurochemistry. Furthermore, “certain childhood experiences make people vulnerable to disorders of the neurotransmitter systems, which may later be activated under stress, particularly after the loss of affiliative bonds.”<sup>7</sup> Both Schore’s and van der Kolk’s major contributions to our understanding of intimate aggression are explored in more detail in later chapters. The point here: The etiology of the neurological disturbance was secondary in the focus of early psychiatry; what was more central was the role of neurological electrical storms in causing impulsive outbreaks of rage.

An example of the original line of thought was an article published in the medical journal *The Practitioner* in 1976. Its author, Frank Elliott, was a psychiatrist at Pennsylvania Hospital.<sup>8</sup> The article describes something called the “episodic dyscontrol syndrome,” a term coined first by



Karl Menninger, founder of the clinic named after him. Menninger had originally described episodic dyscontrol—episodes where a person suddenly and inexplicably went out of control, literally ran amok—as an unconscious bodily reaction to chronic stress. It was beyond rational “ego” control and was explosive in nature. In this sense it stood out as a different level of reaction to stress, compared to the other types of stress adaptation, such as anxiety, neurotic symptoms, and psychosis. Episodic dyscontrol is listed in the DSM-IV-TR as one of the impulse control disorders called intermittent explosive disorder (IED). The characteristics (see Table 2.1) include (1) several discrete episodes of loss of control of aggressive impulses, resulting in serious assaultive acts or destruction of property; (2) the degree of aggressiveness expressed is “grossly out of proportion to any precipitating psychosocial stressor” (trigger); (3) there are no signs of generalized aggressiveness between episodes; and (4) the episodes do not occur during the course of a psychotic disorder or other disorders (e.g., psychopathy). In other words, the person is not psychotic and is generally not aggressive between episodes, but then bursts out in a rage that is out of proportion to whatever preceded it.

Elliott believed that these episodes were caused by neurological firing in the limbic system, an “ancient” part of the brain, situated in the brainstem, underneath and behind the cerebral hemispheres. The limbic system is called ancient because it is believed to have developed far back in humanity’s evolution, prior to the later development of the neocortex. It contains structures such as the amygdala, the hippocampus, and the temporal lobe. These areas are believed to comprise the “seat of emotion.” Animal research has shown that stimulation of the amygdala in animals, using microelectrode implants, produces rage or pleasure, depending on the exact location of the implant.<sup>9</sup> Some locations will cause monkeys to press a bar repeatedly to keep the stimulation turned on; they literally press until they drop from exhaustion. Other locations cause monkeys to bare their teeth and attack.

**TABLE 2.1. Characteristics of Intermittent Explosive Disorder**

1. Several discrete episodes of aggression have occurred, resulting in serious assaults or destruction of property.
2. Acts are out of proportion to precipitating events.
3. Typically the acts occur at random (i.e., in any situation) rather than within a specific relationship.

*Note.* These defining characteristics are not intended to be a substitute for the DSM-IV-TR diagnostic criteria.

Almost every psychology student has sat through the riveting film of Spanish neuropsychologist Jose Delgado, dressed like a matador and being charged by a bull that had received an implant in the limbic system that Delgado could activate by remote control. When Delgado flips the switch in a small control box, the bull stops in its tracks. Obviously, electrical activity in this area can have extensive effects on behavior associated with aggression. One kind of internally generated electrical activity in the brain is an epileptic seizure. Hence, to neurologists, epilepsy was a potential cause of uncontrollable aggression.

Elliott, in fact, believed that temporal lobe epilepsy was the most common “organic” condition associated with explosive rage. Temporal lobe epilepsy, in turn, could be caused by any early trauma, such as “an anoxic incident in early infancy” (the air supply is cut off) or “traumatic scars.” Elliott never described his thoughts on the origin of these traumatic scars, nor did he speculate that temporal lobe epilepsy might be a consequence of childhood abuse or faulty attachment. Recent research is far more suggestive of a link. The excellent cross-generational studies by Byron Egeland and his colleagues<sup>10</sup> have found a “transmission rate” of maltreatment from one generation to the next of 40% (meaning that 40% of adults who maltreat their children were themselves maltreated as children), and psychologist Alan Rosenbaum<sup>11</sup> found that 61% of men assessed for outpatient treatment for wife assault had received prior head injuries. The suggested causal pathway was early physical trauma (such as blows to the head) causing temporal lobe epilepsy, which in turn caused IED. Was head trauma that lead to temporal lobe epilepsy the source of these outbursts? In this book I suggest that physical trauma in the childhoods of abusive men constitutes a mere “tip of the iceberg” of the sum total of traumatic victimization they sustained.

(I must add that in my own clinical experience, some of the men who come into our treatment group do have the obvious “soft signs” of neurological disorder. These sometimes include pronounced nystagmus (jerky or saccadic eye movement) and attention deficits. One such man completed the treatment and then went on to reoffend six more times [one-sixth of all the posttreatment assaults in a group of 156 men!].)

Metabolic disorders can also cause explosive rage. Elliott described a case of matricide triggered by hypoglycemia in a man who had suffered brain damage at birth or infancy. Elliott described the features of dyscontrol as episodes of intense rage “triggered by trivial irritations and accompanied by verbal or physical violence” (p. 104) The individual usually has a “warm, pleasant personality” but may have “a history of traffic accidents resulting from aggressive driving.” More recent psychi-

atric explanations have maintained this focus. A study by Felthous and his colleagues<sup>12</sup> is typical. The authors found a subgroup of 15 men (out of 443 violent men studied), whom they diagnosed with IED. The typical victim of their outburst was “a spouse, lover, or boyfriend/girlfriend” (p. 72). In study after study, the neurological “explanations” given seem to ignore the fact that the violence occurred in the context of intimacy and typically in private. These contextual features suggest certain specific triggers for aggression that are overlooked by the focus on the “uncontrollable” violence.

The literary example provided by Elliott unintentionally underscored this problem with the entire concept of impulse disorder. Elliott cites Emile Zola’s character, Jacques, in his novel *La Bête Humaine*, whom Elliott describes as “a man with the symptoms of temporal lobe epilepsy who could not always control an urge to kill women who attracted him” (p. 104). How does a neurological disorder lead one to attack only attractive women? Or, to restate our earlier question, why would cyclical abusers attack only their wives and only in private? There is something else going on besides neural firing in the temporal lobe. Some neurological disorders (such as Tourette’s syndrome), can be controlled by the afflicted person under specific, focused circumstances (see Sacks<sup>64</sup>, Chapter 1). Does this model also describe the abusive male? Or is there something in intimacy that specifically triggers rage? Clearly, some higher-order process of mental association—some associations of the meaning of the target person to the perpetrator and the context of the violence—must direct and influence the act of violence. What does the man’s wife mean to him? What symbolic associations does this man carry from his earlier days that give shape to this meaning? Is there something special about intimacy that alters the meaning of the other person?

The insufficient concept of activated neural mechanisms to explain molar behavior is demonstrated by another classic study by Jose Delgado. In this study, stimulation of an area of the temporal lobe in a dominant male monkey produced a rage response including teeth baring and attack. Stimulation of the same area in a subordinate monkey produced withdrawal in the form of cowering and huddling in the corner of the cage.<sup>13</sup> To social psychologist Albert Bandura, Delgado’s finding suggested that direct stimulation of brain systems was never a direct cause of aggression but that aggression always had learned aspects to it. The “prepotent” or most used response at the time of the brain stimulation was the response that was evoked by the stimulation. That habitual responses would change with the circumstances. The dominant monkey

had learned to attack; attack was at the top of its hierarchy of responses, the one most likely to be used when neural mechanisms were kicked into action by any triggering event. Submissive monkeys had learned that any attempt to attack would be met by severe punishment. Their response hierarchies had changed, and they had learned to supplicate. The dominant and submissive monkeys made opposite responses to stimulation of the same brain area. The neural mechanism did not have functions that were permanently fixed, and the decision to attack or curl into a ball or show the jugular vein (in an act of submission) seemed to be based, in part, on what expectations were generated at that time by being in a particular social status.

Years later, in a study on humans, I found that human emotional responses were very much determined by this same hierarchical status.<sup>14, 15</sup> I measured the emotional reactions of people while they were listening to recordings of family arguments. Some of these people were assigned to low positions in a hierarchical group created for the experiment, others had high status positions. I created “on-the-spot” bosses and underlings. The people in these two statuses experienced the same family arguments differently. In these human experiments, however, greater rage was associated with low status—the opposite of what the monkey studies found. In either case, however, status mattered. There was no direct line from a neural event to broader actions such as rage. The context in which rage could be acted out influenced not only the choice of action but the very experience of emotion. The shortcut to the amygdala described by Daniel Goleman may apply only to “knee-jerk” reactions but not to sustained aggression.

A question was left unanswered by these early neurological “explanations”: How do we explain the direction of rage projected outward only in specific circumstances and to specific targets (such as Zola’s attractive women) when the problem is attributed to either a neurological disorder or a diagnostic label such as “intermittent explosive disorder”? Why, for example, would the rage not be generalized to whatever targets are available, instead of whoever is around at the time? Why would Felthous and Bryant’s perpetrators direct their rage only toward someone with whom they were in an intimate relationship?

Episodic dyscontrol would lead us to expect random times for attacks that would be just as likely to occur in public as in private. The assault of wives typically occurs under specific circumstances (at home, in private) and at specific times (upon someone’s return home or late at night), and the research data on IPV suggest that it is not a random act. Something guides the focus of rage toward the partner. The perceived

threat of loss greatly heightens the rage. Some answers to these questions have begun to emerge in more recent brain research.<sup>2, 16</sup> Damasio,<sup>16, 17</sup> for example, has described “dispositional representations,” stored in the ventromedial cortex, which “embody knowledge pertaining to how certain types of situations have usually been paired with emotional responses in individual experience”<sup>16</sup> (p. 22). These memories or “representations,” as they are called, contain stimulus appraisals (sizing up the current situation) and somatic value acquired in the individual’s experience. When they are activated, they create a bodily state that regulates approach or avoidance toward an object. That is, the memory “prepares” the bodily response to the stimulus object outside of consciousness. Schore<sup>2</sup> describes a connection between the limbic structures and the orbital cortex (which matures after the right hemisphere and before the left) that supplies the relational context for raw, unregulated emotion, serves a braking function for that emotion, and mediates the capacity for empathy (i.e., inferring the emotional states of others and self). Hence, cognitive neuroscience has isolated structures involved in the interpretation of relationships and emotional response, not mere emotional discharge. The ability to infer the emotional state of the self and others, called “affect regulation,” has a neuropsychological basis.

Using position emission tomography (PET) scans, Raine and Meloy found that murderers motivated by emotion (but found not guilty by reason of insanity) had an overactive limbic area (analogous to stepping on an accelerator) and low activity in the prefrontal cortex (analogous to poor brakes).<sup>18</sup> Children as young as 2 years of age have distinct emotional circuits that become activated and bias their evaluation of a new situation and their interactive patterns even before the information arising from the situation has been processed.<sup>2</sup> In other words, emotional circuits form early in life and contain reactions to appraised immanent situations. These situations may include intimacy issues. Schore calls this developmental process a “biologically organized affective core” (p. 52) and argues that its maturation is both biologically shaped and “experience dependent.” The latter means that certain interactions with the mother allow the developmental process to flourish and the brain structure to come to fruition. We found that college students exposed to mistreatment in their families of origin began to generate anger/anxiety responses in anticipation of watching or listening to a family conflict.<sup>19</sup> Even before the exposure to the stimulus, the affective priming was operating. Perhaps this priming is the emotional reaction prompted by the “representations” described by Damasio or the “affective core” described by Schore. Our research did not allow us to deter-

mine the subjects' ages when the mistreatment occurred. Schore describes an interaction with the mother that occurs before the development of language (typically called the "infant amnesia barrier" and believed to precede 18 months of age) and of which the child has no recollection. The most important relationship in our lives is one we have already had and cannot remember.

Differences in these affective cores may be revealed through what are called "attachment styles."<sup>20</sup> I developed a test, the Propensity for Abusiveness Scale,<sup>21</sup> that assesses for, among other areas, recollections of parental treatment (not in infancy obviously) and chronic emotional reactions, including anger. The postinfancy interactions with parents may provide an estimate of infancy interactions, providing certain assumptions (e.g., a consistently good or bad family climate) are met. However, given the microscopic range of most current research, convergence of findings is the best for which we can hope. In recent years brain science has begun to trace the parts of the brain that supply the relational context for emotion, pointing to the origin of emotion. Schore's synthesizing work is destined to become a classic, yet undiscovered.

## **SOCIOLOGICAL AND SOCIOBIOLOGICAL ANALYSES OF IPV**

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During the 1970s alternative explanations of partner violence were emerging. Feminist analyses focused on hierarchical aspects of the social order and provided an answer for the missing context of psychiatric research: the power relationships between men and women. The feminist perspective saw the use of violence by men as serving the function of control.<sup>22</sup> At the same time, another perspective developed that supplied a motive for that control. This perspective suggested that male control, rage, and jealousy were inherited reactions to a biological mandate.<sup>23</sup> The purpose of all three reactions was to guarantee "genetic fitness" (i.e., to ensure that no other male would be the biological father of one's children). This perspective was called *sociobiology*.

## **THE GENETIC MANDATE**

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Spurred by the influential writing of E. O. Wilson, a biologist at Harvard, the new field of sociobiology began to influence thinking about human behavior, in general, and wife assault, in particular.<sup>24</sup>

Sociobiology views human social behaviors as inherited through a process of natural selection. Is violence toward an intimate partner the product of a million years of evolution? Are men who coerce and intimidate their wives simply playing out a sociobiological mandate handed down through natural selection? The implications of such a thought are staggering. If intimate violence is “hot-wired” into our evolutionary makeup, is it then inevitable? Should we punish individual transgressors? Could we conceivably stop the violence through short-term treatment—stop in 16 weeks what took several thousand generations to develop? Is intimate violence part of “human nature”?

Beginning with Darwin’s idea that physical characteristics were gradually acquired through natural selection, sociobiologists have argued that this same process holds true for social behaviors as well. Natural selection is that process by which physical characteristics or behaviors that have survival value are passed on to offspring. Those members of a species who do not exhibit the behaviors will die off; having failed to make their genetic contribution, they will diminish in number and eventually be “selected out” of a species. Those who do exhibit the behaviors will live longer, have more progeny, and “maximize their contribution to the gene pool.” This means that certain members of a species behave in such a way as to increase the chances of their having offspring who survive to further transmit their genes.<sup>25</sup> This outcome—the transmittal of genes—is referred to as the behaviors’ evolutionary function, and the process is referred to as natural selection (also called “fitness” by sociobiologists, short for “genetic fitness”). Dominance in animal species, for example, was believed to have two kinds of evolutionary advantages (i.e., functions): The dominant animal took precedent over the subordinate for both mating and feeding; thus dominance itself was seen to have evolutionary benefit. The more dominant animal would eat better, mate more, and generate more offspring.<sup>26</sup> According to animal studies, larger, stronger animals typically became dominant, and males are dominant over females.<sup>†</sup> The political ramifications of where this line of thinking was leading caused a lot of discomfort among people who saw it as a type of scientific rationalization for “patriarchy.”<sup>27</sup> However, it was still a big jump to claiming that this evolutionary analysis had anything to do with human behavior—but that was coming.

In 1962, in what was a predecessor to later sociobiological thought, W. E. Simeons, in a book titled *Man’s Presumptuous Brain*, argued that adult human emotion had sociobiological antecedents. Men, according to Simeons, had a genetic predisposition to react to sexual threat with

rage.<sup>28</sup> How this rage might be manifested was not specified, but Simeons painted a picture of male jealousy as a “natural” response that had evolutionary value. The “alpha” male gorilla beating its chest to deter would-be interlopers and maintain mating access to females in the tribe was a direct predecessor of contemporary jealousy display. Later sociobiologists have been careful to argue that what is inherited is not full-blown behaviors but impulses. That is, a twinge or arousal blip may be the residual reaction of evolutionary forces. Of course, how that arousal blip is read, interpreted, or “labeled” by a person in contemporary society may have more to do with the rules of the ambient culture than with the original evolutionary payoff.

In the 1980s, the application of sociobiology to human behavior escalated with Don Symons *The Evolution of Human Sexuality*,<sup>29</sup> David Buss’s *The Evolution of Desire*,<sup>25</sup> and Martin Daly and Margo Wilson’s *Homicide*.<sup>30</sup> All three books (among others) focused sociobiological analysis on intimate human relationships.

David Buss explored the sexual predilections of 10,000 people in 37 cultures and found some worldwide transcultural effects, one of which was that men’s sexual strategies were short term and promiscuous. They would consider sharing their genes with any woman who met their mating standard: young, healthy, and physically attractive. They were more likely than women to tolerate situations in which their partner formed a deep, nonsexual relationship with someone else but were subject to fits of jealousy at the prospect of sexual infidelity. The women in the study took a longer view. When asked how many sexual partners they would desire during a lifetime, the women said 5, the men said 18. For the ideal mate, the women emphasized economic success, dependability, and commitment; the men emphasized physical attractiveness.

Buss argued that both strategies made evolutionary sense. Because fertilization occurs internally for females, their genetic fitness is guaranteed. Males have no such assurance. The only way for a male to maximize his genetic fitness is to have sex with as many women as possible while maintaining exclusive sexual access to them (i.e., polygamy for him, monogamy for them). The female mandate is quite different; it focuses on successful bearing of, and caring for, children. This can best be done by choosing a resourceful and loyal mate who will assist in these matters—who is, in other words, monogamous and faithful. These strategies, although both evolutionarily sound, are incompatible and cannot be played out without conflict. Buss argues that emotions such as anger and jealousy are the inevitable signals of this sociobiological conflict. Buss also found that when men could not get women to cooperate



with their sexual strategies, they tended to switch strategies to those used by women. Power, in other words, plays an important part. When women are scarce (because of economic, geographic, or demographic conditions), they hold the power, and monogamy prevails. When women are relatively abundant (because, e.g., more girls were born than boys, or wars killed many men), men are less likely to commit to monogamy.<sup>31</sup>

Male abuse of intimate partners occurred, according to sociobiologists, as a method of coercive control. What is crucial for the male to control, of course, is the woman's reproductive exclusivity. Hence, jealousy is the most important precursor to intimate violence. Insults about her physical appearance generate power by undercutting the woman's self-esteem and thereby improving the chances of sexual exclusivity<sup>25</sup> (p. 158). It is this last argument that represents the cornerstone of the sociobiological view; that males try to dominate intimate females in order to guarantee sexual exclusivity. As Buss puts it:

Women are more often the victims and men are more often the perpetrators of condescension and other forms of psychological abuse. . . . Victims often feel that, because their mating alternatives are not rosy, they must strive valiantly to placate the current mate. . . . Men's motives for physically battering women center heavily on coercive control.<sup>25</sup> (p. 157)

Sociobiologists Martin Daly and Margo Wilson extended this view of abuse and violence as coercive control to spousal homicides. They examined homicide rates for a variety of countries and demographic groups and argued that spousal homicide represented "slip-ups in a power struggle." As they put it:

Although homicide probably does not serve the interests of the perpetrator, it is far from clear that the same can be said of sublethal violence. . . . Men . . . strive to control women; women struggle to resist coercion and maintain their choices. There is brinkmanship and the risk of disaster in any such contest, and homicides by spouses of either sex may be considered slips in the dangerous game.<sup>30</sup> (p. 205)

Daly and Wilson then provide data on spousal homicide to attempt to prove their point. These data come from a number of countries and seem to show that males are more often the perpetrators of spousal homicide. The United States is an anomaly; the ratio in the United States (of husband perpetrators to wife perpetrators) is about 1.3:1 compared to a 3.3:1 to 6:1 ratio in other "industrialized" countries.<sup>32</sup> Daly

and Wilson examined in detail a sample of 1,060 spousal homicides in Canada and found that adultery and jealousy were the most frequent motives cited in police reports. For men, jealousy was mentioned explicitly by the police in 195 of 812 cases; for women, the corresponding figures were 19 out of 248. An additional motive scored as “arguments” by the police and contained strong themes of sexual proprietariness<sup>30</sup> (p. 199).

What the sociobiological perspective added to our understanding of intimate abuse was a potential explanation for its theme of jealousy. Abandonment, in the eyes of a sociobiologist, is not a recreation of earlier (childhood) abandonment fears but an immanent loss of the opportunity to procreate. The sexual content of verbal abuse of a female is a way of embarrassing her into submission by calling out the cultural expletives for a loose woman. All forms of emotional abuse are coercive techniques designed to generate submission. Sociobiology and feminism analyze abuse in terms of gender. Sociobiologists and feminists agree that males attempt to coerce intimate females, and sociobiologists supply a motive for that coercion: reproductive fitness. Disproportionate male jealousy stems from a lack of certainty about one’s contribution to the gene pool—something that is assured for women. This male uncertainty then generates higher rates of violence and even homicide based on jealousy motives. Because of their agreement that abuse is primarily male generated, it was inevitable that feminist and sociobiological writers would eventually collaborate.<sup>33</sup>

Problems exist with both views, however. In a nutshell, these problems center around the enormous variation in the use of intimate aggression. It is important to remember the basic fact that the vast majority of men are not physically abusive during the duration of their marriages, a smaller minority are violent once, and a tiny minority are abusive repeatedly (about 4%).<sup>34, 35</sup> How does one explain these variations in general statements about “genetic fitness” or, for that matter, gender? Furthermore, even when they are angry, how men express that anger varies. Some men simply stifle it, others direct it toward themselves, others toward a third party, still others toward their female partner.<sup>15</sup> Even more troubling for both perspectives were the emerging data on female violence, which I review below.<sup>36–40</sup> Although feminism initially tried to dismiss female violence as self-defensive, amassed evidence indicated otherwise.<sup>41</sup>

Buss erroneously views women as “more often the victims and men are more often the perpetrators of condescension and other forms of psychological abuse” (p. 157), a politically correct but factually incor-

rect claim. Kasian and Painter<sup>42</sup> found that verbal abuse was committed more frequently by women than by men in a group of college-age dating couples. Also, a study by Gwat-Yong Lie and her colleagues (cited below) showed that women in lesbian relationships used physical, verbal, and sexual aggression more than heterosexual males.<sup>43, 44</sup> If verbal abuse is higher in lesbian relationships, it is clearly not serving a function of protecting “genetic fitness.” In fact, sociobiology cannot explain homosexuality at all, except in its usual fashion: to treat whatever is not “genetically functional” as an aberration.

Gender differences exist not in the general level of violence committed in intimate relationships but in the greater tendency of males to use violence in response to perceived abandonment. In other words, comparisons of genders find that males are not more abusive, in general, than are females.<sup>45, 46</sup> In a meta-analytic overview of 82 incidence surveys that examined gender differences in perpetration of IPV (with a combined sample size of 64,000+),<sup>45</sup> Archer found that women were slightly more likely than men to be violent (about 1/20 of a standard deviation [*SD*], or what is called a *d'* of .05). Women were also slightly more likely to be injured (1/12 of an *SD*, or a *d'* of .08).<sup>‡</sup> A gender difference does not exist for overall rates of abuse but for some circumstances that trigger abuse and some forms of being abusive. Males, for example, are more likely to react abusively to perceived abandonment than are females; spousal homicide occurs much more frequently for estranged female victims than for male victims.<sup>30</sup> Men are generally more likely to use physical abuse that relies on upper body strength, such as punching or choking. Women are more likely to kick, bite, or use weapons.<sup>47</sup> Women are three times more likely to use severe violence (measured using the Conflict Tactics Scale [CTS]; Straus<sup>48</sup>) as are men.<sup>46</sup> These results, along with the studies on the development of female aggression (reviewed below), are problematic for both sociobiological and feminist theories.

Almost anything can be seen, in retrospect, as having served the function of maximizing reproductive fitness. Cooperation, aggression, even hierarchy serve a purpose and, under the right circumstances, are useful and beneficial. But does that mean that the function served is the original motive for the behaviors' occurrences? Just because we can see a case for cooperation in hindsight, does this mean that cooperation evolved through natural selection? A case in point became obvious when I reviewed the literature on rape that occurs in the context of military operations.<sup>49</sup> The conventional sociobiological explanation was that invading armies raped vanquished women to genetically obliterate

the conquered group and to generate terror.<sup>50</sup> The conceptual problem was, in many of these invasions, the raped women were then killed, which operates against the sociobiological explanation. The sociobiologist writing about military rape conveniently omitted reference to the killing, in effect “cherry picking” the data for what appeared to fit the theory.

There are other phenomena that make humans distinct and that must be addressed via explanations of human behavior. These include our prolonged period of vulnerability–dependency that other species don’t share and the implications of this period for attachment and neural development that continue during that dependency phase. Bowlby argued that attachment, too, was a product of evolutionary forces<sup>4</sup> and, in fact, amalgamated sociobiological theory with psychoanalysis, providing a much more powerful motivational basis for the latter and a possibility of explaining individual differences for the former.

What’s more, the logic of sociobiology is a problem. If sexual threat is so great for males, why don’t they turn their aggression against other males who are perceived as threats? Why do we not have a larger problem with men aggressing toward other men who are perceived as interlopers? Only 20 of 164 male–male homicides investigated by Daly and Wilson were jealousy conflicts (and we don’t know how many of those may have been gay lovers). Males killing other male interlopers does not appear to happen with anything close to the frequency of intimate violence directed toward the female spouse. Why is this pattern the evolutionarily sound response? If she may be pregnant, and some other male is going to raise your child, why not move on and impregnate someone else? The behavioral pattern implied by evolutionary advantage would be psychopathic indifference, not attachment rage.

How does one man become jealous over events that are meaningless to another? How do these individual differences originate? Sociobiology says that they are due to the “necessities of the environment” or “the previous history of a group.”<sup>24</sup> But do these vague statements really explain the differences? Even if two men become equally jealous, will they both become angry? Not always; some men get depressed as well as jealous. A client in my court-mandated treatment group became convinced that his wife was having an affair because he found a key with a man’s name on it (the key manufacturers’ name). As a result, he felt intense rage. Why this emotional variation? Sociobiology does not have an answer. In fact, if we examine men closely, we will find that they vary greatly in terms of their arousability,<sup>51</sup> jealousy when aroused, and anger when jealous.<sup>25</sup> Buss didn’t say how one group of men might come to

be emotionally unstable and mistrusting whereas another did not; he didn't make it clear how sociobiology *could* explain this individual variation. This problem of individual variation is something that sociobiologists cannot address because their theory suggests a "human condition" common to us all. Daly and Wilson don't even try to explain the national discrepancies in spousal homicide ratios. If our inheritance from our sociobiological past is so great, why aren't we more alike?

Are men really that concerned with maximizing the number of their offspring? I have a colleague with 16 children who seemed to be the sociobiologically ideal man. Apart from him, I know very few men of my generation who either desire or have more than two children. Doesn't sociobiology confuse sex with procreation? Apart from the "macho" notion that number of children translates into virility, is this really a major goal for most men? If most men preferred sex without procreation, would this preference create a difficulty for sociobiological theory? And if sex is the stronger motive, what psychological meaning does sex have for men? And what unanticipated emotional consequences?

Finally, if we are going to consider a sociobiology of gender that uses gender as a main classification system and focuses on differences in male and female behavior, let's look at one more piece of data. Suicide statistics indicate that males are far more likely than women to commit suicide. The difference exists by age 5 and increases throughout the lifetime. By age 22 males are four times as likely as females to kill themselves; by age 85 they are 10 times more likely.<sup>66</sup> Also, men are 11 times more likely to commit suicide than are women during a relationship breakup.<sup>52</sup> How do sociobiologists explain this fact? What is the evolutionary function of male suicides?

One other implication from sociobiology is that social power influences behavior. According to Buss, men adapt a female procreation strategy when they do not have the power to impose their own strategy. Hence, it would seem to follow that social power must interact with what we might call the "sociobiological imperative" to determine sexual strategy. If men prefer a double standard of sexual behavior and, as feminists contend, have all the power, why then are most men monogamous?

Do I want to throw out sociobiology altogether? No, although I think its broad application to gender psychology doesn't hold up; sociobiologists assume that men are more alike and that the genders are more different than the data reveal. However, Bowlby's connection of sociobiology to attachment, which we examine below, seems important to me. Bowlby develops, through attachment theory, an idea of how

subgroups may set off on their separate paths. The attachment theorists have taken pains to show how the developmental experiences of an individual can alter the direction of this sociobiological mandate. Could attachment provide a basis for a personality that manifests itself only in intimate relationships and is distinctly different from the personality shown to the world? We pursue this idea below. The social-contextual features to which E. O. Wilson alluded were prominently featured in sociological feminist explanations of abuse as male domination.

### **SOCIOLOGICAL FEMINISM: THE ROLE OF PATRIARCHY**

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In *Conjugal Crime* Terry Davidson outlines key contributors to, and signs of, wife abuse in a social history of wife abuse.<sup>53</sup> This was a history that occurred as far as the retrospective eye could see; a history of abuse toward wives and women that was sanctioned by organized religion and the law. From the Old Testament advocacy of stoning for any woman who could not prove her virginity, to the church's exhortation of men to uphold their "divine responsibility" of beating their wife, to *Gratian's Decretum*, a 12th-century "philosophical" basis for church law that decreed that

women should be subject to their men. . . . Woman is not made of God's image. . . . Woman's authority is nil. . . . Adam was beguiled by Eve . . . not she by him. It is right that he whom woman led into wrongdoing should have her under his direction so that he may not fall a second time through female levity.<sup>53</sup> (p. 99)

This view of women guided Christian ethics and laws throughout the Middle Ages, including the infamous Inquisition and the witch trials in Europe that saw 300,000 women burned at the stake. Fra Cherubino's *Rules of Marriage*, written in the 15th century and guided the Catholic Church for 400 years, gave husbands the following advice on conjugal conduct: "Scold her sharply, bully and terrify her. And if that still doesn't work, take up a stick and beat her soundly, for it is better to punish the body and correct the soul than to damage the soul and spare the body."<sup>53</sup> (p. 99). This notion of chastisement still appears in the rationalizations abusive men make for their violence toward wives.

Davidson's interpretation of gender history was that men were terrified by the mystery of women and their inexplicable ability to create

life. They converted the terror into control (something that abusers still do) and found sociolegal means of repressing and subjugating that inexplicable female force. This was accomplished partly by attributing “evil” traits to women, thereby justifying the need for such repression. These traits included, in the Middle Ages, susceptibility to the influences of the devil, described in detail in Jakob Sprenger and Heinrich Kramer’s *Malleus Maleficarum* (1486) and, in modern times, “penis envy” (Freud’s assertion that women generally suffer from feelings of inferiority and resentment because they don’t have a penis).<sup>54</sup> The institutions of religion, law, and psychotherapy have contributed to the male dominance of women. William Blackstone’s *Commentaries on the Laws of England* (1765–1769), which influenced U.S. law, saw nothing unreasonable about wife beating.<sup>55</sup> Because the husband was to answer for his wife’s misbehavior, the law thought it reasonable to entrust him with “the power of chastisement.” The Napoleonic Code, which influenced much of European law, viewed the husband as the absolute power in a “strong family.” The patriarchy was enshrined in the legal codes of the day. These codes served as recipes for abuse: Husbands should have absolute power over their wives; women were inherently weak and susceptible to the influence of the devil; and corrective punishment was the husbands’ duty.

Feminist scholars clarified the impact of this combination of religious doctrine, self-serving superstition, and legal code on the beliefs of the everyday man. From this historical evidence in combination with the everyday experience of women in the shelter movement and a new feminist academic scholarship, a perspective was created that focused on the role of patriarchy and male domination of women in perpetuating wife abuse. As Michelle Bograd<sup>22</sup> put it, “All feminist researchers, clinicians and activists address a primary question: Why do men beat their wives?” She distinguishes feminists from others who ask “What psychopathology leads to violence?” or “Why are people involved in violent interactions in families?” (pp. 11–26). Bograd goes on to write: “Feminists seek to understand why *men in general* use physical force against their partners and what functions this serves for a society in a given historical context” (p. 13).

From this perspective, wife assault was seen as a systematic form of domination and social control of women by men. All men could potentially use violence as a powerful means of subordinating women. Men as a class benefit from the restriction of women’s lives by their fear of violence. For this reason, men have traditionally been loath to restrict other men’s abusiveness: They benefit from it because of its symbolic implications for their own status vis à vis their wife. Wife abuse reinforces

women's dependence and enables all men to exert authority and control. The reality of domination at the societal level is the most crucial factor contributing to, and maintaining, wife abuse at the individual level. The maintenance of patriarchy and patriarchal institutions is the main contributor to wife assault. Wife assault is mainly "normal" violence committed not by madmen who are unlike other men but by men who believe that patriarchy is their right, that marriage gives them unrestricted control over their wife, and that violence is an acceptable means of establishing this control. In the words of researchers Russell and Emerson Dobash, "Men who assault their wives are actually living up to cultural prescriptions that are cherished in Western society—aggressiveness, male dominance and female subordination—and they are using physical force as a means to enforce that dominance"<sup>56</sup> (p. 24).

Clearly, sociological feminism has focused on social structure rather than individual factors as causing male abusiveness. Patriarchy is the major cause of wife assault rather than a guiding inducement that interacts with other causes. As Bograd puts it, "The reality of domination at the social level is the most crucial factor contributing to and maintaining wife abuse at the personal level" (p. 14). From the feminist perspective, domination of women is viewed as a cultural mandate, and violence against women is an instrument in achieving that mandate. This emphasis on the sociocultural level generated a general unwillingness to consider psychological causes of male violence, as these could serve to exonerate male violence and to deflect the focus from necessary social change. Hence, studies of psychopathology in batterers might deflect the focus from the "normal psychological and behavioral patterns of most men"; moreover, "trait theories [of abusiveness] tend to excuse the abusive man through reference to alcohol abuse or poor childhood histories" (p. 17). In other words, a poor psychological background is too often used as an excuse for an individual perpetrator, simultaneously exonerating him and undercutting our will to change the society that fostered his behavior.

The result of the feminist analysis of wife assault has been the acknowledgment of the powerful and complex role of social factors in creating the context in which violence occurs. It was this very context that psychiatric explanations overlooked. Men who assaulted their wives may or may not have been suffering from temporal lobe epilepsy, but even if they were, the direction of their rage at their wife suggested learned elements of violence.

Feminism pointed out that the learning of controlling behaviors was a product of male sex-role socialization. The need to be in control was very much a part of the male mythos. What's more, this control was



always directed outward. Males were woefully inept at monitoring or controlling what was within: emotions such as anger or jealousy. Feminist analysis shone a light into the abandoned context of male abusiveness and found power, domination, and male privilege that had been conveniently overlooked by male psychiatrists. Feminists were also not comfortable with the tone of sociobiology, which to their ears made male dominance, abuse, and philandery sound like a part of some inevitable biological blueprint drawn by hundreds of thousands of years of evolution.

Eventually research data began to accumulate that called for a more complex view of wife assault than one that saw only patriarchal social structure or male sex-role socialization as the sole cause. For one thing, all available evidence indicated that the majority of men, raised with the same sex-role socialization, showed great variation when it came to their behavior toward women. A variety of large sample surveys were conducted in the United States and Canada from 1975 to 1992.<sup>57</sup> These surveys used female interviewers, interviewed female respondents, and were extremely sophisticated in generating as much open disclosure as possible; in some cases face-to-face interviews were used to generate rapport. The results of all these surveys were remarkably consistent. In any given year, according to the women interviewed, about 89% of their male partners were nonviolent. Only about 3 or 4% repeatedly committed the kinds of acts that could be injurious, such as punching or kicking. In other words, most men were nonviolent, and a very small group of men were repeatedly and injuriously violent with their wives.

Just as variation exists in male physical abusiveness, considerable variation exists in family power arrangements. Diane Coleman and Murray Straus<sup>58</sup> assessed marital power by having respondents indicate "who has the final say?" in making decisions about buying a car, having children, what house or apartment to take, what job either partner should take, whether a partner should quit work, and how much money to spend on food each week. By classifying couples into whether the male or female had the "final say," four power types were generated: male dominant, female dominant, divided power, and equalitarian. Equalitarians make most decisions jointly, whereas divided power types divide responsibility or decisions. In a sample of 2,022 people from the 1975 U.S. national violence survey, 9.4% of couples were classified as male dominant, 7.5% as female dominant. The rest described their marriages as divided in power (54%) or as equalitarian (29%). These results seemed to indicate that a variety of power types exist and that male dominance is rarer than portrayed in feminist views. Furthermore, a

more accurate picture of physical abuse was one in which a small minority of men and women generate a high level of serious, repeated abuse. The majority of both genders, in the meantime, remain non-abusive.

These studies raised questions: *Why do some men become domineering and abusive whereas others do not? Were they not all raised under the same socializing influences in the same society?* These questions are difficult for a feminist analysis to answer because the feminist focus has been on gender—on those socializing influences that make males and females different—not on the psychological factors that might explain why some men are abusive whereas most are not. If men raised in the same culture exhibit such dramatic differences in their relationships with women, something else must be at work in their individual makeup. Something must have happened to these men to make some domineering and abusive in intimate relationships whereas others (the majority, if we are to believe the Coleman and Straus study) are not. Whatever is driving these men to be abusive, it has to involve more than just social norms.

Even more perplexing data were to come. In the early 1990s incidence data were published on lesbian violence by Claire Renzetti<sup>44</sup> and Gwat-Yong Lie and her colleagues.<sup>59</sup> Lie's study was particularly fascinating. She and her colleagues conducted a survey of 350 lesbians in Tucson. The women who responded were, on the average, about 34 years old, predominantly white, and well educated. The study asked the women to indicate whether they had been the target of sexual, verbal, or physical abuse "with an intimate partner." Of those who said they had, 88% indicated that they had either been victimized or used aggression against an intimate partner in the past, and 94% had had prior relationships with both women and men. The researchers then probed for the types of violence, the gender of the partner, etc.

These women provided a rare opportunity: They served, in effect, as their own control group for what are called "within-subject" comparisons. In effect, by comparing each woman's reports of being abused by men in her past with reports of being abused by women, the researchers could compare abuse victimization rates for heterosexual and lesbian relationships. Feminist theory would predict that abuse rates would be higher in the former, because intimate abuse is seen as propagated by male domination. The surprising result was that the women reported being abused more frequently in the past by lesbian partners than by male partners. This was true for all kinds of abuse victimization, even sexual abuse (a 42% victimization rate by men, 57% by women).

This study provided a rare opportunity to separate the effects of intimacy from the effects of male domination—something that had not happened in prior research on predominantly heterosexual couples.

One conclusion that is suggested by the findings is that there may be some emotional experience that is part of intimacy itself that plays a part in generating abusiveness. That experience might be connected to the type of feelings generated in intimate relationships. Renzetti's<sup>44</sup> study showed what some of these feelings might be. In her study of lesbian women, dependency and jealousy were major contributors to the use of physical violence. As we see below, these issues are also major contributors to violence by males against their wives, females against their husbands and boyfriends, and gay males against their intimate partners. At work is a set of psychological reactions to intimate relationships that serves to generate violence, not "gender domination." Gender politics became confounded with the universal and timeless problem of intimacy. Whatever this abusive profile may be, (and it clearly contains dependency and jealousy), it will exhibit variation in males and females. Although jealousy, for example, may have origins in the protection of one's biological mandate or in perceived societal expectations about maleness, both males and females vary in their experience and expression of jealousy<sup>15</sup> as well as violence in response to jealousy. Female IPV develops in a similar fashion to male IPV<sup>39</sup> and has the same incidence<sup>45</sup> and consequences for the (male) victim, which are more serious than previously acknowledged.<sup>41, 60</sup> Women report using IPV in order to control or punish their partner at the same rate as men do.<sup>61</sup> Theories that can explain human variation are not broad-based, as is sociobiology or feminism, but more individually focused; that is, psychological. The first and most comprehensive psychological theory of aggression is social learning theory. The next chapter introduces the contributions of social learning to understanding wife assault and its limitations.

## NOTES

\* Bowlby's work was not embraced by psychiatry at the time of his initial writings, and research on his work was carried out by psychologists such as Mary Ainsworth and Harry Harlow.

† "Dominance" in sociobiological terms is typically characterized as physical dominance or threat of physical violence.<sup>62</sup> Hence, indirect aggression, more common with females,<sup>63</sup> has commanded less attention from sociobiologists, who tend to focus on the adaptive value for females of bonding with a powerful male.

- ‡ The feminist response to Archer's study was to reject studies using the Conflict Tactics Scale (CTS) instead of government surveys. Actually, the CTS is 16 times more sensitive than "crime victim" surveys. However, the latter tend to screen out more male reports of abuse victimization and hence favor the feminist view.<sup>41</sup>

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## CHAPTER 3

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# Learning of Abusiveness

In 1963 a small group of nursery school children took part in an experiment that changed psychology. Depending on which group they had been assigned to, they watched (1) a child like them aggressively attack an inflatable “Bobo doll,” (2) a film of an adult doing the same thing, (3) a cartoon with an aggressive character in it, or (4) no film at all. Soon after, all the children were mildly frustrated by the experimenter. The frustrated children who had watched any prior exhibition of aggression behaved more aggressively than the children in the control group.<sup>1</sup> Follow-up studies by psychologist Albert Bandura showed that high-status adults were the most effective “models” for aggression, and that dependent children were the most effective learners.<sup>2</sup> Punishing the child for acting aggressively only inhibited the aggression in the presence of the punitive parent. It is driven underground and is displayed when that parent is absent. Aggressive adolescent boys had fathers who punished them severely for aggression at home.<sup>3</sup> The paradox was that the parents may have produced the very thing they tried to eradicate.

Derived from earlier learning experiments with animals, social learning theory analyzes the acquisition of habits (i.e., chronic, repeated ways of doing things). Taking learning into the human realm, social learning discovered that the principle means of human learning was through observation. From the perspective of social learning theory, physical abuse is a habit, a learned means of coping with stress. Every



time it succeeds in reducing the stress or eliminating the circumstances that produced the stress, it becomes more fixed, more entrenched. That success provides the “reward” that sustains and reinforces the habit. Because the reward pattern is typically intermittent, the habit is strengthened maximally. Intermittent reinforcement is the most powerful reinforcement pattern known, whether it’s in the service of playing golf (10 good shots/100 bad shots per round), pulling at slot machines, or developing powerful emotional attachments based on abuse coupled with intermittent reward.<sup>4-7</sup>

By understanding the “triggers” and reinforcers that contribute to this acquisition, the habit can be “undone” or altered. Social learning principles, as we shall see, formed the basis of the first treatment groups for abusive males. The goal of treatment was to get the males to analyze their use of anger and abuse and to learn other ways of expressing their anger.

All habits have three aspects or components that help us understand why they persist: the first is the origin of the habit, the second is the “instigator” (the event that triggers the habit), the third is the regulator (reactions to the habit that either diminish it or sustain it). One origin of a habit can be the very body we inherit. Large muscular men inherit a higher probability that they will be rewarded for physical actions, including violence. They might learn while still boys that conflicts can be resolved through aggression. But origins such as these simply set limits or create an opportunity for reward. The muscular male does not inherit the tendency to be physical (or violent); he inherits the body that makes physical actions more likely to succeed. Once the individual is rewarded for using physical actions, he or she is likely to repeat them. Experiments in both animal and human learning show that actions that are rewarded are repeated. Occasional reward (a reward, by definition, is anything that an experimental animal would press a cage bar to obtain; its extension to humans is anything for which we would exert effort to obtain) strengthens the tendency to use the action, and a habit develops. Activity level, physical stature, and musculature, for example, are all inherited and are viewed as (1) setting limits on the types of aggressive responses that can be developed and (2) influencing the rate at which learning progresses. The inherited muscular body, by itself, will not determine aggression, only create a learning–reward opportunity. In this way, social learning theory acknowledges biological influences on behavior (see Table 3.1). Learning can be governed by physical endowment, which can influence the probability of aggressive responses being rewarded. This does not mean, obviously, that all large, muscular people

**TABLE 3.1. Social Learning Analysis of Behavior**

Origins of aggression	Instigators of aggression	Regulators of aggression
Observational learning	Modeling influences	External reinforcement
Reinforced performance	Disinhibitory	Tangible rewards
	Facilitative	Social and status rewards
Structural determinants	Arousing	Expressions of injury
	Stimulus enhancing	Alleviation of aversive treatment
	Aversive treatment	
	Physical assaults	Punishment
	Verbal threats and insults	Inhibitory
	Adverse reductions in reinforcement	Informative
	Thwarting	Vicarious reinforcement
		Observed reward
		Observed punishment
	Incentive inducements	Self-reinforcement
	Instructional control	Self-reward
	Bizarre symbolic control	Self-punishment
		Neutralization of self-punishment
		Moral justification
		Palliative comparison
		Euphemistic labeling
		Displacement of responsibility
		Diffusion of responsibility
		Dehumanization of victims
		Attribution of blame to victims
		Misrepresentation of consequences

*Note.* From Bandura.<sup>2</sup> Copyright 1979 by Hans Toch. Reprinted by permission.

are violent. It simply is a probability statement that large size may be more likely to generate reward for physical aggression. Other factors such as acquisition of conscience, empathy, and self-restraint will also influence the development of an aggressive habit.

## THE ORIGINS OF AGGRESSION

The origins of aggression include our very first experiences at either observing an action carried out by someone else (observational learning) or testing the action (reinforced performance). Of course, everyone who grows up in modern “civilization” observes violence.

There are thousands of murders committed every year on TV and in video games, and “action” adventure films involve violence, death, and mayhem. The observational learning aspect of acquisition remains one of the major contributions of social learning theory. It has been used extensively to argue that television can increase aggression, in that men who watched violent TV as boys were more likely to have been convicted of a serious criminal offense by the time they were 30 years old.<sup>8</sup> Of course, others argue that both the TV preferences and criminal behavior were not a cause and effect but the results of a predisposition for violence. This predisposition may have been genetic and have led to both the selection of violent TV and later criminal activity. In response, social learning advocates argue that even in cases where exposure to observed aggression is not self-selected, subsequent violent behavior still increases. This may be due to what Rowell Huesmann calls the acquisition of *aggressive cognitive scripts*—blueprints or programs for aggressive behavior learned through observation.<sup>9</sup> These blueprints include evaluations of whether or not the other person can be controlled, the chances of success, and whether or not rewards or punishments might follow the use of aggression. In the case of spousal assault, rewards typically would mean winning a power struggle or “blowing off steam.” Punishments could include anything from police intervention to one’s partner leaving permanently, to one’s own emotional reaction (e.g., guilt, shame) for the use of violence. There are some questions left unanswered by this approach, such as why the repeated observation of violence would be required when hitting someone is such an easily implemented action and should be learned quickly. Also, the “blueprint” for aggression may get distorted when someone is enraged. The studies of social learning process, typically done only with the blessing of university research ethics committees, were not able to enrage or arouse subjects in a way that resembled the reality of intimate rage.

Witnessing violence in one’s own home between one’s parents has an impact on behavior in intimate relationships that goes beyond the impersonal violence of television. Murray Straus found in his national survey data that males or females who had observed their parents attack each other were three times more likely to have assaulted their spouses.<sup>10, 11</sup> The reported rates jumped from 10.7 to 35% for men and women who had been child witnesses of violence.\* If the parents had been observed hitting each other, the offspring’s chances of being a perpetrator or victim of spousal violence more than tripled. Straus’s survey, however, simply reported a correlation or association between the two. The kids who witnessed violence had other potential causes for their

adult violence: Their families were poorer, they were more likely to have been struck themselves by a parent, and their families had poorer social support and were generally more “dysfunctional.” All of these other factors were more likely to have been experienced in homes where the parents struck each other; hence, they are said to be confounded (or mixed up with) with the child’s observation of violence. In addition, the child’s inherited predispositions were also a possible alternative cause.<sup>11, 12</sup> To the scientist who likes to narrow things down, this natural “confounding” of potential causes for adult violence was a problem. The result was a debate over the rate and meaning of what is called “intergenerational transmission”—that is, the transmission of an abuse rate from one generation to the next. Violent parents clearly increase the “odds ratio” of their children having a relationship in which they, too, are abusive. Yet this does not occur for all. In fact, despite witnessing parental violence, most children go on to become nonviolent adults.<sup>10</sup> Could some other experiences occur in conjunction with witnessed or experienced physical abuse to “up” the odds of later abusive behavior?

One dissenting perspective needs to be recognized. Aggression seems to be prominent very early in life. Based on a review of studies using parents, teachers, and peer ratings, Tremblay and Nagin<sup>13</sup> found that aggressive outbursts peak in frequency before a child starts school (around 18–42 months) and then start to decline. At this early age, most humans have already used aggression, so, if imitation is involved in the acquisition of aggression, it is happening in the first 2 years of life, not from later media influences. However, because every child exhibited aggression early on, Tremblay and Nagin questioned whether observation is required. As they put it, “if models of physical aggression have an impact, it is probably by reducing the speed at which children learn not to use physical aggression. Indeed, the declining frequency of physical aggressions with age indicates that the vast majority of children are learning not to use physical aggression as they grow older”<sup>3</sup> (p. 94). As physical aggression declines in frequency with age, verbal and indirect aggression increase. Hence, the number of “instigators” or aggressive acts does not decline so much as the form of the aggressive act.<sup>†</sup> We learn first how to curb aggression and then how to express it in a more socially acceptable fashion.

The other main way that habits are acquired is through self-teaching or trial and error. Gerald Patterson ran the Oregon Learning Center, which specialized in managing unruly teenagers through the systematic application of social learning principles. Patterson and his colleagues have conducted thorough studies of aggressive boys. In one

study they observed boys who were initially passive at school.<sup>14</sup> Some of these boys stayed out of trouble by avoiding others; they remained passive, avoidant, and nonaggressive. Other passive boys were occasionally forced into battle. Some lost, got beat up, and remained passive and submissive. Others occasionally succeeded in halting attacks on themselves by fighting back—and something strange then happened with these boys. They not only learned to use aggression as a defensive tactic, but they went on the offense, looking for fights. They became predatory where once they had been avoidant. This type of learning is called trial and error. It gradually “shapes” behavior into a narrow form that we might call habitual. The action becomes fixed and rigid. The person’s repertoire for problem solving shrinks to this narrow band. All conflicts lead “automatically” and quickly to the learned habit: anger and a threat of aggression.

There is an interesting statistic on bullying that replicates the data from adult aggression. Boys who bully are likely to bully other boys; girls who bully target girls and boys about equally.<sup>15</sup> Girls are more likely to learn “social aggression” (malicious gossip and exclusion from the group), which is less likely to be detected than the physical aggression of boys. However, as the authors conclude from naturalistic observation studies, there is “much overlap” (in the forms and incidence) between girls’ and boys’ aggression. The question raised by these new findings is how girls come to learn social aggression. Is it acquired through the same observational processes as is physical aggression? At present, little is known about the development of female aggression, only that “anti-social” females at age 15 go on to become aggressive mothers and wives.<sup>16, 17</sup> Archer<sup>18</sup> found that in adulthood, males were more physically aggressive than females, but most of their aggression was directed toward other males. In looking specifically at aggression toward the opposite sex, females were more aggressive than males. Of course, trial-and-error learning is not the only origin or “acquisition mechanism,” as Albert Bandura called it. Acquisition mechanisms can also be popular advertisements. A well-known advertisement on boys’ comics in the 1950s and 1960s was the Charles Atlas bodybuilding ad. Set up like a comic strip, the ad showed a skinny male at the beach who gets sand kicked in his face by a muscular adversary. He goes home, builds himself up using the Charles Atlas training system, and returns to the beach to punch out the bully. His girlfriend, meanwhile, is impressed, and she feels his bicep.

The evidence for social learning processes focuses on the question of what percentage of abused children become abusing spouses or par-

ents. The answer to this question, based on retrospective studies, is about 40%. Psychologist Catherine Widom reviewed all available evidence bearing on this question and concluded that being abused as a child increased one's chances of being an abusive parent, but the pathway between the two was not simple or direct.<sup>12</sup> Too many of the studies were retrospective in nature. Starting with a group of abusive parents, they had worked backward to ascertain what percentage of these parents were abused as children. The rates were typically quite high. The problem with such an approach, however, is that it doesn't indicate how many abused children go on to become nonabusive parents. Because retrospective studies start with abusive parents as their sample population, nonabusive parents are "selected out" of the research. As a consequence, rates of victimization in the childhoods of nonabusive parents are unknown. To rectify this problem, Widom did a prospective study in which known victims of child abuse were traced years later to see if they were more at risk for adult violence. Abused children had higher subsequent rates of violent crime, especially abused male children. Dutton and Hart<sup>19</sup> found that the type of abuse (sexual, physical) even related to the type of criminal offense.

Developmental psychologist Byron Egeland, at the University of Minnesota, also did a prospective study to answer this question.<sup>20</sup> In this study, an identified group of abused children were followed *before* they committed abuse as adults. This is an important methodological shift because it eliminates the retrospective bias described above. Egeland found that 40% in his prospective sample were again abusive (i.e., maltreating their children).

Two conclusions are typically drawn from these findings. One is that abuse experiences or witnessing of abuse increases one's chances of being abusive. The other is that most abused children do not go on to become abusive adults. It's not really the contradiction it seems, of course. The finding simply means that modeling or observation has an influence on later adult abusiveness, but it doesn't totally determine whether someone will become abusive or not. Social learning theory argues that people can acquire a capacity to act aggressively through observation but that this capacity would not be translated into action unless violence serves some function for them as adults. Many abused children may not have had the need or adult opportunity to engage in violence. Others may have had long lists of what are called *protective factors*—positive events that could mitigate early negative experiences. A number of such protective factors have been identified: having one sup-

portive adult in an otherwise hostile early environment, being in an emotionally supportive family as an adult, or involvement in psychotherapy as an adolescent or young adult.<sup>20</sup>

The learning of physical violence seems relatively straightforward in that there is evidence for the learning opportunity: the exposure to the violent act. When we apply social learning processes to the learning of intimate abusiveness, however, some problems arise. For one, although it is relatively simple to learn how to make a fist and strike a blow, the intricacies of emotional abusiveness seem much more complex. How is finding a partner's weak point modeled when such weak points vary from one person to the next? How do abusive partners know what their spouse's vulnerabilities are? Did they observe their parents exploiting the same vulnerabilities in each other? Why do virtually all abusive men in English-speaking countries use the same four words to abuse their partners (*bitch, slut, whore, cunt*)? Why do most of these men never use these words in public? Why is abusiveness so often accompanied by extreme jealousy and avoidance of blame? Are these personality qualities also learned? We cannot answer these questions based on the available evidence. The other problem is that there is no evidence that men learn abusiveness toward women in order to fend off physical attacks. Is there some common set of feelings that a young victim of a schoolyard bully and a man arguing with his wife might feel? Both might feel powerless. In fact, men appear to feel generally powerless, threatened, and out of control in intimate conflict. But to say that an inner feeling rather than a measurable external event can trigger violence goes beyond the original stimulus-response formulation.

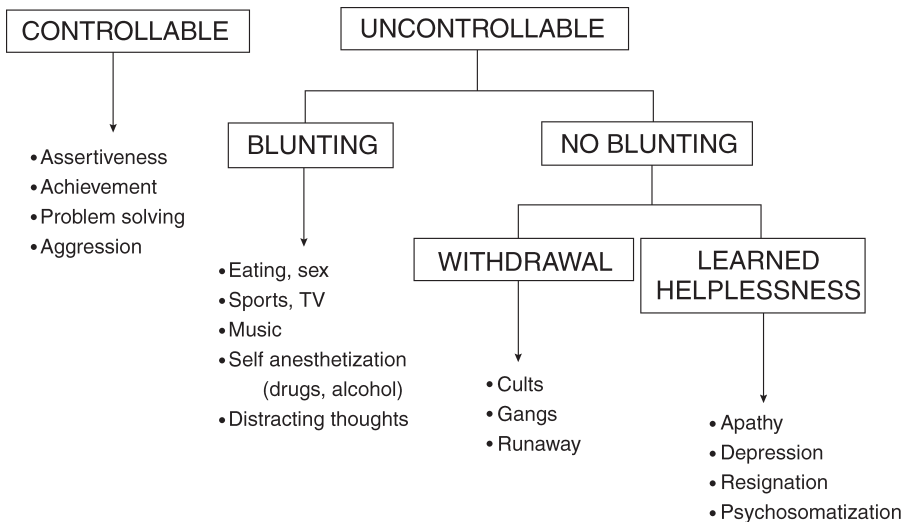
## THE INSTIGATORS OF AGGRESSION

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The *instigators* of aggression include all the triggering events in the current adult social milieu: for example, the previously bullied boy, now grown up, getting into barroom fights because someone makes fun of his weight. That perceived insult triggers an inner state of discomfort in him called "aversive arousal," a felt tension that the person has an urgency to reduce or remove. How it gets removed depends on the learning history of the person. That learning history is likely to make the person view the causes of aversive arousal in one of two ways; either he sees the event that caused the arousal as controllable or uncontrollable. If he sees it as uncontrollable, he may try to reduce the aversive arousal by escape or withdrawal from the event.

Suppose, for example, that the aversive triggering event is the actions of an abusive father—yelling, slamming doors, and throwing objects. Children in such households are terrorized by the person they depend on for their survival (and watching the other person they depend on being assaulted—an assault on their security base). This assault is generated by someone they cannot control, someone more powerful than they are. They learn quickly that this person (their father) cannot be confronted or controlled. What options do they have to reduce the aversive arousal they feel in the face of their fathers' abusiveness? They might try to seek cover, usually in their room, perhaps under their bed. They might play music to “tune down” their father's voice. But they can't escape, they are too dependent on their family. The only remaining resort is to dissociate, “tune out,” or self-hypnotize. These choice factors are outlined in Figure 3.1.

If they see it as controllable, the aversive arousal is converted into feelings of anger, which prepares them to take action and overrides other feelings that might interfere with action. Psychologist Raymond Novaco describes anger as an “emotional response to provocation” that serves a function of overriding less acceptable emotions such as guilt or fear.<sup>21</sup> Anger can carry built-in rewards and therefore be difficult to alter or change. Furthermore,



**FIGURE 3.1.** Responses to aversive life events. Adapted from Bandura (1973) and Seligman (1975), as cited in Stuart.<sup>50</sup>



the emotion that one experiences is a function of one's overt behavior in the situation. Physiological arousal (palpitations, sweating, etc.) will more probably be construed as anxiety if the person withdraws from or avoids the provocation and as anger if he or she challenges or approaches the instigator. In another sense, whether one experiences anxiety or anger is a function of one's coercive power relationship to the provoking person. As the perception of personal control diminishes, the arousal of anxiety during a provocation has an increased probability. Indeed, the arousal of anger can be evoked to generate a sense of personal control.<sup>22</sup> (p. 1124)

At some point in the past developmental reward history of the individual, anger led to coercive behaviors that were occasionally rewarded. When this pairing of coercive behaviors with reward occurred, a habit of reacting with anger and coercive or punitive behaviors began to develop. This habit will become remarkably durable for several reasons. First, it was established by intermittent reward, which is notoriously difficult to extinguish. If you want to see proof of the tenacity of habits formed through intermittent reinforcement, just witness people pulling hopelessly away at slot machines, which rewards on every thousandth pull, or "hackers" still pursuing the perfect golf shot (that may occur only once in a round of 100 shots). Second, the *expression* of anger can be intrinsically rewarding. It feels good to release body tension and it generates actions consistent with the man's notion of what "manliness" entails.

Novaco lists several functions that anger serves for the angry person: the energizing of behavior, expressive and communicative functions, and defensive functions. The energizing function increases the vigor with which the person acts and may increase the chances of being rewarded (termination of aversive events), especially when it enables the person to assertively confront provocation or injustice. Interpersonal problems in intimate relationships may never reach the discussion stage until one person becomes demonstrably angry. The "signal value" of the anger indicates that a problem exists and needs resolution *if* the anger is expressed in a problem-solving way rather than in a way that blames, hurts, and escalates into antagonism. Anger not only signals the presence of a problem but also has a self-promotional function in that it advertises potency, expressiveness, and determination. To the extent that these qualities are part of one's sex role or self-definition or are thought to be valued by the immediate group, then anger expression enhances self-image. The defensive function of anger works by short-circuiting anxious feelings of vulnerability. It is less distressing to be angry than to be anxious. In fact, one represses anger because of anxiety about its conse-

quences. When that anxiety is overcome, anger is expressed. If this function operates successfully, angry people should feel less anxious—although this diminishment of anxiety may depend on whether the anger is acted out. In this sense, anger also externalizes the conflict by directing attention to the other, the non-self.

Novaco describes two other functions of anger: anger arousal (1) generates a sense of potency and (2) removes the aversive stimulus via aggressive actions. To borrow a phrase from Erich Fromm, anger converts *a feeling of impotence into a feeling of omnipotence*.<sup>23</sup> Through this process, the entire experience of the self and the anger-provoking stimulus are altered. For example, in either the personal or the political arena, a sense of alienation and self-blame are transformed by anger into a feeling of power, self-worth, and conviction while the erstwhile oppressor is vilified and becomes a worthy target for anger (and possibly violence). In Fromm's words, "The feeling that one has little control over his own destiny may lead to attempts to restore oneself as an active agent. This may involve attacking those who appear to be influencing and controlling the individual"<sup>23</sup> (p. 1126).

Anger arousal and the thoughts associated with it can instigate aggressive actions that are expected to change the situation (remove the aversive stimulus). All of these aspects of the emotional life are shaped by culture; men are programmed to ignore fear and act anyway; that is, to be agentic. When situations feel as if they are getting out of control, men tend to react with anger.<sup>‡</sup> However, the anger response—that is, the action for expressing anger and its target (another man, an intimate female, a racial group)—varies enormously from man to man. In these ways, the emotional response to provocation is learned, and a habit of anger is sustained.

There is a dramatic illustration of the effects of "anger conversion" in Terence Malik's war film *The Thin Red Line*. An American soldier is engaged in an assault on a well-defended Japanese bunker, dug into a hill on an island in the South Pacific. The bunker has machine guns, and the soldier watches as several of his comrades are shot and killed. He experiences a moment of extreme terror, takes cover, and begins to cower (the thin red line that exists between madness and action). Suddenly, he finds resolve, screams and charges the bunker, successfully killing the enemy. The willful conversion of an approaching traumatic reaction into agentic action is an illustration of Fromm's and Novaco's descriptions. Usually the rage is used to ward off impending threat (not as clear and imminent as with this soldier), scoped out by the search engine called the hypothalamus, and fed into the general mix called "appraisal."

Chronic repetitive abuse by a parent wears down the child's will to use "active strategies" for reducing the aversiveness. The child learns passive withdrawal as a coping strategy for "blunting" the aversiveness. These children retreat into other worlds: television, computer games, "heavy metal" or hip hop, or television, all escapes that focus attention away from the abusive parent.<sup>5</sup> Such children are still physically present, but they are emotionally and cognitively absent. In the studies of trauma victims, one response to repeated trauma that shows up often is dissociation, a response whereby the person splits off his or her thought processes from the body's experience. A sexual abuse victim who cannot escape the abuse learns to "watch" her own victimization from a vantage point outside her normal consciousness. These individuals can describe, with apparent dispassion, their sexual victimization from a third-party vantage point. If dissociation becomes a learned survival strategy, they may later use it to support their work—and describe a "trick" in the same dispassionate tone. The prostitute may describe the facts of the sexual "work" as though she were reciting a shopping list.<sup>11</sup> She has learned to blunt all feeling associated with her sexuality and to self-hypnotize and distance herself from it when engaging in sex with a customer.

This form of "psychic numbing" is a frequent response to an uncontrollable traumatic event. Of course, when blunting or evasive tactics don't succeed in reducing the aversiveness of existence, victims may try something more radical, such as running away, getting sick, or attempting suicide. The main reason why many abuse victims don't become abusive is that they have learned other, more passive strategies for dealing with aversive arousal.<sup>24</sup> In fact, using aggression against an abusive parent is likely to be punished in the extreme. The action sequence may be stored in memory, but the impulse is stifled whenever circumstances do not seem controllable. Abusers do not seem controllable; they appear to have all the power. When abuse victims do successfully fight back, they are often amazed that their former perpetrator was vulnerable.<sup>#</sup>

Ironically, both aggression and achievement start from the perception that circumstances are controllable, and they both involve direct action designed to change those circumstances. Aggression however, is designed to control and change *people*. Even when the immediate target is inanimate, like the World Trade Center, the objective is to send a symbolic message to a group of people. The aggressor has learned to reduce tension by being violent. If you yell, stomp, scream, threaten, and hit, another person's behavior will likely fall into place. If the violence gets rid of the tension by changing the actions of the offending person, then it is rewarded, and the habit of violence becomes entrenched.

It is important to note that social learning theory sees the aversive arousal as being generated by external stimuli such as an argument or criticism from another person. We might also ask if aversive arousal could be generated internally in the absence of aversive external stimuli. Could it, like water behind a dam, build up with time? If so, the person experiencing internally generated aversive states would be in a serious predicament: He or she would feel bad *and* not have an explanation for the bad feeling. To what could it be attributed? Because the male orientation is toward the environment rather than to interior states, the explanation for the aversive arousal will probably focus on something or somebody else and involve blame. Blaming someone else has another advantage: It stokes the flames of getting angry with—maybe even yelling at—that person, thereby allowing the tension to be discharged through anger display. By virtue of their sex-role conditioning, males are unlikely to view aversive arousal as internally triggered. And trying to get males to keep daily diaries of inner states is extremely difficult. Furthermore, they are raised in a society that traditionally has believed that wives are responsible for men's feelings. Hence, if the man feels "out of sorts," it must be the wife's fault. Blaming his wife for his feelings of tension provides an easy, socially sanctioned explanation for why the man feels that way; it also provides an excuse to get angry. The anger, directed toward the wife, allows built-up tension to dissipate. Females, too, can direct their attention outward, focusing on "busy work," shopping, or the latest celebrity scandal (hence the huge circulation of tabloids, whose primary readership is women). Our very lifestyles, filled with culturally provided distractors in the form of television programs, computers, sports, and the latest high-profile trial, serve to keep us from appreciating the inner states that drive us.<sup>25</sup> At the cultural level, "blunting" from both inner turmoil or worldwide genocides and disaster is already built in.

Susan Pollack and Carole Gilligan performed a very creative investigation of gender differences in the perception of threat.<sup>26</sup> They showed men and women Thematic Apperception Test (TAT) cards and recorded their responses. The TAT presents ambiguous pictures to people and assesses their responses as indicative of unconscious themes. Because the pictures are ambiguous, we wind up "projecting" our own themes and fantasies when we describe what we believe is occurring in each picture. Pollack and Gilligan's work found that when people perceive danger in a picture or set of pictures, they write stories with violent themes in them. By counting the strength and number of violent themes, some measure can be made of the degree of threat or danger in the pictures. Women wrote the greatest number of violent

themes in response to pictures of “work situations,” whereas men did so in response to “scenes of men and women together.” The women’s response was interpreted by the authors as revealing threat in achievement-related situations. The men’s responses seemed to reveal threat or danger in intimacy. The authors suggested that this sex difference in the perception of relationship danger is a source of male–female conflict in intimate relationships. If they tend to feel less comfortable and in control in intimate relationships, then men may manifest anger, rage, and violence as a means of reestablishing feelings of control. Just as the violence works for the schoolyard bully by reestablishing control, so it works in the intimate scenario.

## JEALOUSY AND CONJUGAL PARANOIA

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Abusive people are frequently irrationally jealous about their spouses. Abusive men monitor their wives’ use of space and time, questioning all contact with other men. They are suspicious about any other man’s interest in their wife, assuming exclusively sexual motives. Some men question their wives’ choice of clothes as “too sexy.” One female client of mine had a husband who checked her soiled underwear for signs that she had had sex! Sociobiologists would interpret this behavior as generating control over reproduction. As reported above, Martin Daly and Margo Wilson found jealousy to be the most frequently cited motive for spousal homicides. At some point, however, one has to ask how *irrational* perceptions maximize the principle of genetic fitness. Are baseless suspicions genetically sound? Perhaps a sociobiologist would argue that you can never be too careful. In social learning terms, however, unfounded jealousy, termed a “delusional instigator,” is not viewed as a maximizing agent. Earlier I mentioned a man in my treatment group who became convinced that his wife was having an affair on the basis of returning to town and finding “a key with a man’s name on it” (the manufacturer’s). He was enraged to the point of homicidal fantasy. It’s hard to see how killing a faithful wife on the basis of a delusion serves “genetic fitness.” Apart from giving it this term, however, social learning has little to say about how delusional instigators develop and how sudden changes in intimacy can become an “aversive stimulus.”

In our treatment groups assaultive males talked about jealousy and abandonment themes a lot while still trying to maintain a distant, “cool,” or dismissing tone about their emotional dependency on their wife. This tone was expressed in a variety of ways. In the beginning of treat-

ment men complained about their wives' behavior, in part, as a way of deflecting the focus from their own abusiveness. It was not unusual for a man who had been complaining at length about his wife's worst habits to draw a blank when asked, "So why do you stay with her?" It was as though these men had never asked themselves that question—and the answers they gave were typically flimsy and transparent. What no man would ever say was that he needed her, found himself irreparably bound to her, and found the prospect of being alone terrifying. "Masked dependency" is the term that describes this behavior. The abuse "keeps the woman in place" while allowing the man to overlook his own unacknowledged needs. It serves the function of allowing the man to maintain his illusion of detachment.

To test these intimacy-related issues with abusive men, my (then) graduate student Jim Browning and I concocted an ambitious study in which we endeavored to capture, on videotape, the essence of the conflict issues described by men in treatment.<sup>27, 28</sup> We thought that if we had professional actors play couples in conflict in scenarios scripted by the issues of treatment and measured men's reactions to these videotapes, we might have some evidence for the role of intimacy issues in generating fear and anger, the forerunners of abuse. We measured reactions to the videotapes by self-reports; the men filled out lists of emotion scales reporting what they were feeling at the time or if they were the man in the conflict.

We wanted one conflict scenario to reflect abandonment themes as described by the men, one to reflect engulfment themes, and the third to be neutral with respect to this dimension of intimacy. We also wanted one to be male dominant and the other female dominant. The abandonment themes included the woman telling her husband that she wanted to visit a nearby city (Seattle) for a long weekend with female friends. He reacts with outrage, telling her that they will be "sitting ducks" in the singles bars he imagines them to be frequenting. She doesn't buy it, and then informs him that she will be joining a woman's "consciousness raising" group. In the engulfment tape, the woman complains that the couple has no quality time any more and that the man spends too much time on solitary pursuits. He says to her, in effect, "get a hobby." In the neutral scenario, the couple argues over where to spend their holidays, but because they will be spending them together in any event, the scenario is neutral with regard to changes in amount of intimacy. Each scenario had to be emotional and believable, of course, for it to have its desired impact on the subjects who watched it. Fortunately, once completed, everyone saw the tapes as realistic.

We struggled with a chronic problem of research psychology; how to get a representative subject sample. Although men were sent by the courts for mandatory treatment, there was nothing in their probation order that said they had to participate in research studies. We started by asking men in the group for volunteers, but there's something about the process of being strapped into a polygraph by psychologists who are then going to show you weird videotapes that is inherently unappealing—possibly conjuring images of Stanley Kubrick's classic film *A Clockwork Orange*. Eventually, we settled on monetary bribes. Then there was the problem of a control group. We decided that we needed at least three other groups: one comprised of dyads with marital conflicts, one of "happily married" couples, and one with couples who were violent, in general. Each would provide some interesting and vital comparisons with our group of men who were violent only in intimate relationships. The generally violent men were no problem; they, too, came from our treatment group. Participants for the maritally conflicted group were recruited from local couple counseling programs. It was the happily married group that proved to be the biggest problem. We ran advertisements on the sports pages of the local paper, and many men responded. Our selection procedure was to match the groups on demographic factors such as income and education and to use self-reports and partner reports of the men's use of violence on the CTS to generate group membership. Couples in the "maritally conflicted" group, for example, had as much marital conflict as the wife assaulters but did not use physical violence to resolve the conflict. To our dismay, however, about 20% of the "happily married" wives reported that their husbands used violence! These men, needless to say, were not used in the study.

The study itself involved two lab sessions. The first was spent entirely on collecting questionnaire and self-report data. This session showed that the wife assaulters had attitudes toward women that were no different from the men in the other groups. They did, however, have one set of characteristics that could contribute to their abusiveness: They had both a stronger need for power over others and poorer verbal assertiveness skills. In short, they did not have the verbal capacity to satisfy their power needs. The second session was used to show the subjects each videotaped scenario and record their self-reports of emotion and their perceptions of the conflict. The anger ratings are presented in Table 3.2.

The emotion self-ratings showed a difference between the groups of men. The wife assaulters reported the greatest anger and anxiety in response to the scenarios, in general, and the highest ratings to the aban-

**TABLE 3.2. Means and Standard Deviations (in Parentheses) for Anger Ratings**

Group	Dominance	Prerating	Intimacy condition		
			Abandonment	Engulfment	Neutral
Wife assaulters	Male	6.05 (4.61)	18.64 (6.10)	9.80 (5.90)	12.60 (6.70)
	Female	5.36 (3.05)	16.90 (5.90)	10.60 (6.10)	12.10 (6.20)
Generally assaultive	Male	6.00 (4.61)	13.00 (6.10)	10.33 (5.90)	13.44 (6.70)
	Female	5.22 (3.05)	15.22 (5.90)	11.00 (6.10)	12.67 (6.20)
Maritally conflicted	Male	8.22 (4.61)	15.78 (6.10)	13.11 (5.90)	14.78 (6.70)
	Female	5.11 (3.05)	14.78 (5.90)	12.67 (6.10)	11.78 (6.20)
Happily married	Male	5.78 (4.61)	12.22 (6.10)	11.11 (5.90)	10.67 (6.70)
	Female	3.78 (3.05)	8.33 (5.90)	6.11 (6.10)	6.67 (6.20)

Note. Scale range = 1–9.

donment scenario. There was something about this group that made them especially emotionally reactive (about two and a half times as reactive), and more rejection or abandonment sensitive than happily married men, the generally violent men, and the maritally conflicted men. For some reason, none of these differences showed up in the physiological measures. But these men saw themselves as angrier and more anxious. They also said that they would be more likely to use violence to resolve the conflict presented, if they had been the man in that situation. They perceived the man as being humiliated by the wife's demands, whereas the other men hardly even saw them as demands. The wife assaulters also saw the intimacy issues portrayed in the videotapes as more relevant to their relationship than did the other men.

This study was an important first step in getting “inside the head” of the wife assaulter. We now knew that he saw intimate conflict differently from other men—men who had been raised under the same socializing culture as he had. Abusive men saw more threat, felt more anxious and humiliated, and reacted with more anger than other men, even men who were violent in nonintimate relationships. There was a distinct emotional and perceptual response from the men whose violence was relationship specific. It began to appear that more than mere imitation of actions sustained abusive behavior.

At that time we could not account for the origin of these differences, and we did not know that they might be part of a larger psychological picture; we could only say that they existed. We knew nothing then of what we now call the “abusive personality.” Instead, we couched our description of wife assaulters in the vernacular of the day: social learning theory.



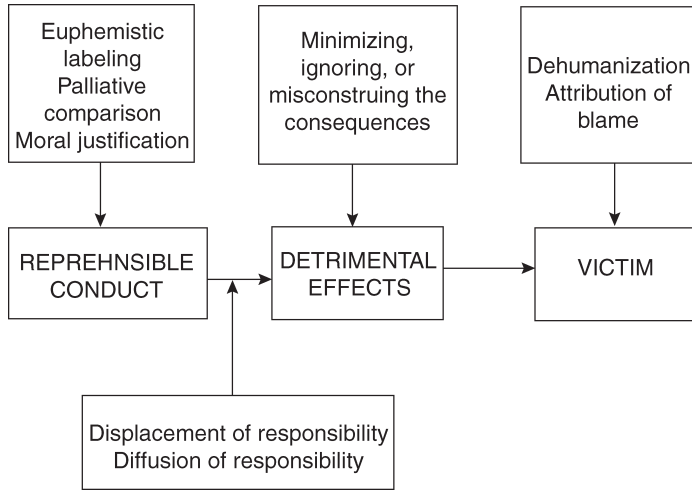
## NEUTRALIZING THE CONSCIENCE AND THE REGULATION OF VIOLENCE

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The last category in social learning analysis is called *regulators of aggression*. Because behavior is shaped by the immediate reactions it generates, these reactions function as regulators. The external rewards and punishments that occur after aggression (i.e., the reactions of others) and the “self-rewards and punishments” (i.e., the way we think about what we have just done) constitute regulators of aggression. In this category is what some would refer to as conscience. Two learning principles in the regulation of violence are especially important. One is that, in the absence of overt punishments from others, the violence is rewarded. Males who act violently are automatically rewarded through the means described above: by ending aversive tension and generating a feeling of agency and domination. These feelings are sufficient to regenerate the violence at a later time. Second, these feelings have to occur only occasionally to sustain the habit; if the violence is intermittently rewarded (and not punished), it will be sufficiently reinforced. Nevertheless, according to Straus’s surveys, about one-third of men who assault their wives stop being violent without the police getting involved. What happens in these cases to generate this “spontaneous desistance” is unknown.<sup>29</sup> The woman may have convinced the man that if he repeated the violence, she would leave; or the man may have been upset by his own reaction to his abuse.

The aggression of assaultive men generates a variety of responses from their partner, including calling the police, leaving, staying away for some time, threatening to leave the relationship, living in a chronically fearful and sexually guarded state, etc. Many of these responses, if taken seriously, generate punishment to the abuser. They may not be taken seriously, however, if they have been made before without follow-up action. They become “idle threats” without sanctioning power.

There are great differences in the conscience, or the self-punishment aspects, of abusers (see Figure 3.2). Psychopathic men, of course, do not suffer pangs of conscience. Most normally socialized men who are not psychopathic do go through some remorse for abusing their wives. This remorse is detectable in the denial and underreporting of the violence and its effects. The remorse, of course, feels bad and to avoid it, men go through what Bandura called the “neutralization of self-punishment.” In social learning terms conscience is the ability to punish the self for violating one’s own standards of conduct. In men with conscience, feelings



**FIGURE 3.2.** Mechanisms through which behavior is disengaged from self-evaluative consequences at different points in the behavior process. From Bandura.<sup>2</sup> Copyright 1979 by Hans Toch. Reprinted by permission.

of guilt or shame would follow the use of aggression against a loved one (and, if arrested and convicted, follow the man into a court-mandated treatment group).<sup>30</sup> The so-called “contrition phase” that Walker described would be generated by conscience. Of course, pangs of conscience are painful, so people find ways to “neutralize” this self-punishment by mentally rationalizing the “reprehensible” action that one has committed and reconstructing the whole event. Perhaps the most famous neutralization is Adolf Eichmann’s proclamations at the Nuremberg trial “I was only following orders” and “If I hadn’t signed the [death] papers someone else would have,” so thoughtfully described by Hanna Arendt in *Eichmann in Jerusalem: A Report on the Banality of Evil*.<sup>31\*\*</sup>

In the case of intimate aggression, this mental reconstruction of the act includes blaming the victim for having provoked the aggression (“If she hadn’t nagged me so much, this wouldn’t have happened—I told her not to make me angry”), ascribing the aggression to external factors such as alcohol consumption (“I only get that way when I drink”), and minimizing the severity of the act both through the language used to describe it (“the night we had our little incident”) and the comparisons made (“Most men are as violent as I am”). I have routinely asked court-

mandated men to estimate what percentage of men in the general population are as violent as they are. Their average estimate is 85% (the real incidence is about 3–4%). Ironically, wife assaulters and feminists both adopt causal models of wife assault that ascribe it to social factors. For the wife assaulter, this perceived social factor exonerates him from personal responsibility for his violence. He can use the inflated incidence as “evidence” that he is only following social dictates. Figure 3.3 shows some frequently used excuses.

Although some or all of these forms of denial may be present in most wife assaulters, victim blaming is by far the most prominent. Men in treatment groups regularly begin their contribution to group process by listing their litany of grievances with their wife. However, the assessment of this process is fraught with problems for the therapist. In large sample surveys,<sup>32</sup> mutual violence (equated for level of severity) is the most common form of violence, ranging from about 40% in civilian couples to 63% in military couples.<sup>33</sup> Hence, men who report that their partner is also violent may, in fact, be telling the truth. An assessment of the reported violence of both parties is recommended. Trying to stop violence with a man whose partner is still violent will almost inevitably lead to relapse, unless he leaves the relationship. In contrast to viewing all male reports of partner violence as denial, the new literature on female abuse perpetrators typically begins an assessment by asking about partner violence.

*Moral justification:* “The Bible (Koran, etc.) says I am the head of the household and she must submit.”

*Palliative comparison:* “I’m not a real batterer because I never used a weapon.”

*Displacement of responsibility:* “I was so drunk, I didn’t know what I was doing.”

*Diffusion of responsibility:* “It happens in every marriage.” “It’s no big deal in my culture.”

*Dehumanizing the victim:* “My old lady deserves everything I dish out.”

*Attribution of blame to the victim:* “She drove me to it.” “If she didn’t keep nagging me, none of this would have happened.”

*Minimization/selective memory:* “I got mad at her only once.”

**FIGURE 3.3.** Neutralizing self-statements.

## EMOTION AND BELIEF IN INTIMATE CONFLICT

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I and my colleagues<sup>34–36</sup> performed a series of laboratory analogue studies in which they exposed subjects to various intimate conflict scenarios (such as the one described above in the Dutton and Browning experiment). Instead of videotapes, these studies used audiotapes that were easier to compose and produced just as strong emotion in the audience. Subjects rated their emotional reactions upon completion of the conflict and responded to several questions concerning their beliefs about the conflict. Conflicts examined included couple jealousy, parent–teenager “lifestyle” issues, etc. Women tended to respond to the conflicts with generally higher ratings of anger and anxiety. Women, in general, seemed to use emotion scales differently, reporting emotions from both the weak and strong ends of the scale. Men tended to not report certain emotions such as anxiety but to report anger at rates somewhat lower than women. In domestic violence studies, “fear of partner” became a factor meant to differentiate female responses to violence from male responses,<sup>37</sup> but these studies showed that female reports of fear are not connected to any veridical danger.<sup>38</sup> Anxiety measured alone led to too many “false positives” where no danger was present. Extreme anxiety or anger responses clearly are inconsistent with positive problem-solving responses during intimate disputes. We also found<sup>36</sup> that a certain personality type (scoring high on a Propensity for Abusiveness Scale [PAS]), prone to anxiety about intimacy, identity disturbances, and anger, was especially reactive to these scenarios; so reactive that these individuals began to generate anxiety and anger in anticipation of witnessing intimate conflict. This personality type is discussed further throughout the remainder of this book.

## COGNITIVE DISTORTIONS AND ANGER

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Eckhard and his colleagues have improved on our dependent measure using something called the “articulated thoughts in simulated situations” (ATSS) technique. This measure stemmed from the work of Beck,<sup>39</sup> who outlined the cognitive biases (thinking distortions) associated with extreme anger (see Figure 3.4). These biases include *arbitrary inferences* (making assumptions or drawing conclusions in the absence of supporting evidence [e.g., “My wife bought a new dress so she must be having an affair”]); *selective abstraction* (understanding an experience on the basis of one detail taken out of context while ignoring salient aspects

Arbitrary inferences—making assumptions or drawing conclusions in the absence of supporting evidence.

Selective abstraction—understanding an experience on the basis of one detail taken out of context, while ignoring salient aspects of the situation.

Overgeneralization—constructing a rule from one or a few isolated incidents and applying the rule generally.

Magnification—overestimating the incidence of events and reacting incongruously to the presenting situation.

Personalization—the tendency to engage in self-referential thinking when presented with situations having little to do with the self.

Dichotomous thinking—categorizing an event in one of two extremes.

Hostile attributions—blaming the cause of an event on malicious and hostile intentions of another.

**FIGURE 3.4.** Cognitive biases associated with extreme anger. Data from Beck.<sup>39</sup>

of the situation [e.g., it was past 1:00 P.M. and the kids hadn't eaten lunch yet]); *overgeneralization* (constructing a general rule from one or a few isolated incidents and applying the rule generally [e.g., "My wife thinks money grows on trees"]); *magnification* (overestimating the incidence of events and reacting incongruously to the presenting situation [e.g., "All my wife ever does is shop"]); *personalization* (the tendency to engage in self referent thinking when presented with situations having little to do with the self [e.g., "I was responsible for my parents' divorce because I couldn't stop my father from hitting my mother"]); *dichotomous thinking* (categorizing an event in one of two extremes [e.g., if she disagreed with me, she didn't love me]); and hostile attributions (blaming the cause of an event on malicious and hostile intentions of another [e.g., "She only wanted me for my money"]). The interested reader is referred to Murphy and Eckhardt,<sup>40</sup> who have an excellent discussion of the treatment of such distortions.

## IRRATIONAL BELIEFS

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Ellis and Dryden<sup>41</sup> outlined four "core irrational beliefs" that they targeted in rational-emotive therapy, which was designed to "normalize" highly reactive-emotional people:

- “*Awfulizing*”—an exaggerated rating of the badness of an aversive event
- *Low frustration tolerance*—severe intolerance for discomfort (“I can’t stand . . . can’t tolerate . . . can’t take”)
- *Demandingness*—rigid, absolutist beliefs that events or people must be a certain way and that success and approval are absolute necessities
- *Self/other rating*—evaluations of the total worth of a human being on the basis of a specific behavior or attribute.

I<sup>42, 43</sup> showed how faulty attachment led abusive men to have deficits in their ability to self-soothe; instead, they would catastrophize an event, experience extreme arousal, and be unable to lower their arousal level. Often, the catastrophized event had an abandonment theme; hence, the psychiatric term “conjugal paranoia.”<sup>44</sup> Murphy and Eckhardt<sup>40</sup> found an increase in irrational beliefs for maritally violent men exposed to experimental anger conflicts. In predicting mild versus severe aggression groups, the attributes of demandingness, magnification, and awfulizing were all pronounced and were significantly correlated with being in a high-versus-low anger group. Hence, a combination of two irrational beliefs and one cognitive distortion typified the thinking of violent men, although other distortions and irrational beliefs were involved, to a lesser extent.

## CONCLUSIONS

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Social learning theory had one big advantage over previous theories of wife assault. It could account for individual variation. With its extensive research base, it could relate wife assault to a large body of general studies on aggression. However, there were still problems: For one, social learning, largely as a result of its research methods, views people as “responding to stimuli,” so that violence is seen as always triggered by an external event. Like a rat in a cage (from whence social learning theory developed), the spouse assaulter is viewed as responding to external events. He or she has no “inner life” apart from deciding that an “aversive stimulus” is controllable or not and the conscience-like reactions to his or her own behavior. What’s more, many of the “features” that perpetuate abusiveness (pronounced sensitivity to rejection, jealousy, tendencies to brood and externalize blame) are not overt behaviors to be observed and copied but, rather, private and internal reactions. How, then, are they transmitted?

This portrait of the aggressive person as *reacting to* the outer world is very unlike the one offered by abused spouses. Their descriptions portray the partner as generating tension and arousal in the absence of objective changes in the environment. He or she “becomes irritable for no apparent reason” and reacts with escalating verbal abuse and then physical abuse. He or she is pathologically jealous, drawing ludicrous conclusions about nonexistent affairs. He or she externalizes blame for everything, is never wrong, and experiences sleep disturbances, anxiety, and depression. He or she goes through building-tension cycles that are unrelated to surroundings. These cycles suggest inner tensions and an inner life that is much more complex than social learning depicts and that is, to a large extent, incapable of being “modeled” because it is interior and private. Abusers do not merely react to external stimuli but create a different view of the world—a view in which emotional bumps become earthquakes. Neither social learning nor feminist theory nor the psychiatric labels we have seen so far can account for these syndromes of rising and falling tensions and shifting phases of emotion, perspective, and attitude. A deeper, more pervasive form of personality disturbance seems to be at work.

## NOTES

\* Very few studies have attempted to examine the effects of exposure to abuse as a child by gender. One of the few exceptions was a study by Carmen and colleagues<sup>45</sup> that viewed being abused as a child as generating “extraordinary damage to the self, which then becomes the object of the victim’s hatred and aggression” (p. 382). In males, however, “acting out was seen as the response to being abused (“it is likely that these outward displays of aggression were defenses against intolerable feelings of helplessness and vulnerability”; p. 382). The authors concluded that “[abused] males had become more aggressive while the females had become more passive.” Later studies (reviewed in Chapter 10) indicate that this effect may be more related to sex-role conformity than to biological gender.

† Tremblay and Nagin<sup>13</sup> note (p. 89) that 4% of boys studied did not show the decline in frequency of aggression from 18–42 months on. They were a group who had the highest levels of physical aggression in kindergarten and increased their use of physical violence until adolescence. This group begins to come into conflict with the law more frequently during teen years, leading to increases in crime rates that appear positively correlated with teenagers but are generated largely by this small group of offenders. This group may well carry angry/hostile reactions to instigators as an inherited response that is only slightly modified by learning experiences as a function of social

circumstances. For example, poverty is associated with both sudden violent outburst and long-term habitual aggression (p. 89). Tremblay and Nagin did not report in their 2005 paper whether this 4% group had been victims of physical abuse, although it appears to be a plausible explanatory alternative to poverty and inherited traits.

‡ This reaction also occurs on a societal level. Lynchings of African Americans in the South peaked after the South lost the Civil War and declined when capital punishment began to take over their function of maintaining a rigid social structure.<sup>46</sup>

§ Any habitual strategy can also be shaped by cultural expectations instead of an individual parent. Consider anorexia,<sup>47</sup> based on a strong cultural bias for slim women, or *hikikomori*, a behavior occurring with increasing frequency in Japan, where young boys (ages 13–15 usually) withdraw to their rooms for long periods of time, watch DVDs, surf the Internet, and play computer games, venturing out in the middle of the night to pick up “*bento* boxes” (with the day’s food supplies) to take back to their room. The phenomenon is thought to be related to the enormous pressure put on Japanese youth (especially firstborn males) to “succeed” by excelling in increasingly competitive academic pursuits and the corporate world, coupled with pressure to uphold the family name by succeeding. One Japanese psychiatrist described boys with this “affliction” as presenting with lethargy and noncommunicativeness (*New York Times Magazine*, January 15, 2006, pp. 46–51). Few cultures, including our own, have a vocabulary for learned dysfunctional strategies that emerge in response to societal pressures. We are more familiar with a vocabulary for *crime* or *disease*.

|| This same dissociated, affectively flat recounting style can also occur with killers. Hatzfeld<sup>48</sup> reports the recountings of *genocidaires* in Rwanda who described killing Tutsi (the “enemy” tribe) with machetes as though they were cutting corn stalks to replant a field (see pp. 21–28).

# I was an expert witness in a “battered person self-defense” case in Washington State. A teenage boy named Israel Marquez had killed his abusive stepfather, who, in addition to other cruelties, had forced him to stand at attention while he screamed at the boy and flicked karate blows near his face (the stepfather had an advanced belt in karate). The boy was admonished to not “even think of fleeing because I can kill you whenever I want.” Hence the boy learned helplessness, and he learned that his all-powerful stepfather was invincible. At one point, the boy cracked and, in a suicidal fit, grabbed his policeman stepfathers’ service revolver and ran out the back door to shoot himself. The stepfather came after him. The boy wheeled and fired until the gun was empty. He then ran to the back of the yard and cowered for some time. He thought the stepfather was “creeping up on me,” using SWAT tactics. When he finally gathered himself and approached the garage, he saw his stepfather’s body and “knew he was playing possum.” In fact, the stepfather was dead.

\*\* In situations where extreme violence is used, the entire perception of the



violence, the victim, and the perpetrators role is altered. On trial for slaughtering unarmed women and children in My Lai, Vietnam, in 1968, Lt. William Calley described "the battle of My Lai," until, under cross examination, it became clear that no shots were fired from the "enemy side," and a private testified that babies (who were murdered) constituted a threat because their mothers may have lobbed them like hand grenades (pp. 251–253).<sup>49</sup> The perceptual distortions in such situations are so great that they resemble the statements of someone diagnosed with paranoid schizophrenia.

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## CHAPTER 4

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# The Psychology of the Cycle of Violence

As I look now at the interview notes I took from female partners of our clients, the phrases jump off the page at me: “He’s like two different people,” “He’s like Jekyll and Hyde,” “He’s completely different sometimes,” “His friends never see the other side of him—they think he’s just a nice guy, just one of the boys,” “I never know which one is coming in the door at night.” I have over 200 files with the same statements in them, all offered in response to my request for a description of their husbands. It wasn’t just those phrases either, it was the repetition in the descriptions of the men as moody, irritable, jealous, changeable. As one woman put it, “He’s like living on an emotional roller coaster.”

In 1979 psychologist Lenore Walker wrote her seminal description about the experiences of battered women. Based on interviews with 120 women in Denver, Colorado, *The Battered Woman* was an early and important combination of vivid description and quantitative analysis of victims of battering.<sup>1</sup> The descriptions of the abuse experience reported by these women served as the platform for Walker’s later development of the notion of a battered woman syndrome and its subsequent use as a legal defense. The battered woman syndrome was a constellation of reactions common to the experience of being subjected to chronic intimate abuse. For our present purposes, however, another aspect of the descriptions given by these women is of interest. They described a cyclical buildup of tension and abusive release that typified the behavior of

their abusive partners. Walker referred to this pattern as the “battering cycle.”

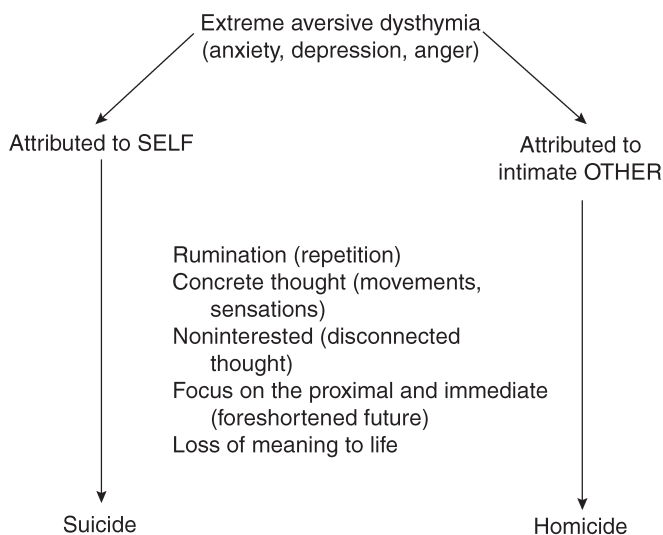
This cycle was described as having three phases that could vary in timing and intensity for the same couple and between different couples: (1) the tension-building phase, (2) the explosion of acute battering, and (3) the “calm, loving respite.” In the tension-building phase, the man escalates whatever form of abuse he has been using; possessive smothering, verbal harangues, “gaslighting” (i.e., undercutting the woman’s view of reality), or physical brutality. The woman typically goes into a survival mode and caters to his every whim in a desperate attempt to avoid the inevitable. She swallows her own anger. He becomes hypervigilant for signs of defiance. Because he projects so much of his own anger onto others, he may misperceive anger even when it’s not being expressed. The tension buildup continues to the point of the battering incident. Sometimes, sensing that it is inevitable, she defies him just to get it over with.

According to reports from battered women, only batterers can stop the violence, once initiated. Social psychologist Phillip Zimbardo calls this “deindividuated violence” and sees it as responsive only to the internal cues of the violence perpetrator.<sup>2</sup> In other words, it is unresponsive to cues from the victim. In circumstances that generate high physiological arousal and anonymity, consciousness changes, and reward is experienced from inner proprioceptive cues (i.e., from positions of the perpetrator’s body). This arousal–reward–arousal process generates spiraling rage. The process feeds on itself because each act of aggression, each blow or punch, is rewarding. The source of reward is the feedback from the body’s actions (punching, striking) and tension release. Hence, during the battering phase, batterers continue punching and kicking to the point of exhaustion. The release of energy lowers tension levels, and the batterer becomes addicted to this kind of release. It’s the only way he knows to get rid of the bad feelings building up inside, the so-called “aversive arousal.”

Although Zimbardo focused on the social features that increased the likelihood of deindividuated violence occurring, there is a parallel process for some men where a breakdown of individualized constraints occurs within their psyche. In the heightening arousal and consequent shift of focus from the victim, they lose the ability to imagine the victim’s fear or pain and the dreadful circumstances that might follow their abuse. Some, whom we call psychopaths, have permanently lost this human function. Others lose their ability to empathize in a cyclical or intermittent way. They undergo a transition to violence generated by a

combination of situational factors (e.g., the anonymity of being behind closed doors and the arousal triggered by exposure to intimacy threats) and personal psychological factors (e.g., the inability to self-soothe, to put on the brakes and reduce arousal). In upcoming chapters I argue that what I call the abusive personality has these twin deficits of arousal proneness and inability to self-soothe.

Psychologist Roy Baumeister refers to the “tunnel vision” type of altered consciousness that occurs just before people commit suicide as “deconstructed thinking” (see Figure 4.1).<sup>3</sup> This is a type of thought that is focused on concrete acts and has no sense of an extended future. Baumeister carefully analyzed suicide notes to see what clues to the thinking of the person were left by the linguistic aspects of the note. It occurred to me that this kind of tunnel-vision thinking precedes abuse outbursts as well.<sup>4</sup> The profile of murder-suicides, for example, indicates a prior long-term intimate relationship with a history of abuse, separations, and reunions. Perpetrators of murder-suicides often have histories of substance abuse and depression. The central clinical feature of the perpetrator’s personality is the presence of “morbid jealousy,” a type of endless rumination also called “conjugal paranoia.” Their depression deepens with the onset of what is apparently a final breakup, and this



**FIGURE 4.1.** Deconstructed thinking. Data from Baumeister.<sup>3</sup> Copyright 1990 by the American Psychological Association. Adapted by permission.

perception triggers the murder-suicide.<sup>5, 6</sup> The deepening depression and anxiety are fueled by an obsessional rumination on the “problem” of the other person; the wish to destroy this person becomes salient. The thoughts and darkening mood feed each other in a downward spiral. The rumination may take the form of “She can’t leave me, I’ll show her” or “If I can’t have her, nobody else will.” Occasionally, this “scorched earth policy” of destroying what once was most loved extends to children as well. In one case for which I was an expert witness, a man who had carefully and lovingly washed and pressed his children’s clothing every day and was voted “parent of the year” at their school, killed them both. He drowned them in the bath during a phone conversation in which his wife told him she was leaving him. He had no prior criminal record. His actions baffled and astounded all who knew him. (Obviously the evidence on these men comes from both reconstructing the lives of completed murder-suicides and from interviewing men who completed the murder but failed at the suicide attempt. We return to this topic below in the section titled “Catathymic Crisis.”)

Typically friends and coworkers overlook signs of the tension buildup that typically precedes abusive outbursts. These people are benignly described in the everyday vernacular as being “a little moody.” It was the split between the public and private forms of the behavior that led to the notion that all abuse was planned and deliberate. The perpetrator seemed to be able to monitor and control himself if he needed to do so. In many cases, though, there is some “leakage” of the private irritation to the public world. Leakage in tension-building phases can be noted in group sessions (see Figure 4.2). Men seem, at first, more serious, preoccupied, tense, always distracted, as if they were somewhere else. They complain more than usual about whatever social group is on their emotional “hit list” for the week. Small issues assume great weight and importance. Despite these repetitive patterns, warning signs, and eventual loss of impulse control, many state-funded treatment protocols still insist that impulsivity is never an aspect of abuse and that impulse control problems should not be treated.

The contrition phase of the cycle follows the tension release from the acute battering phase. The perpetrator has alienated his wife and now seeks to “woo her back” to the relationship. He promises reform and recruits others (e.g., her mother, the local priest, mutual friends) to persuade her to return. He promises to get counseling, give up alcohol, other women, or whatever she wants. He brings her flowers, gifts, cards, and pleads to be forgiven. He works on her guilt: She is the only one who can save him, and he’ll recover if she sees him through it because



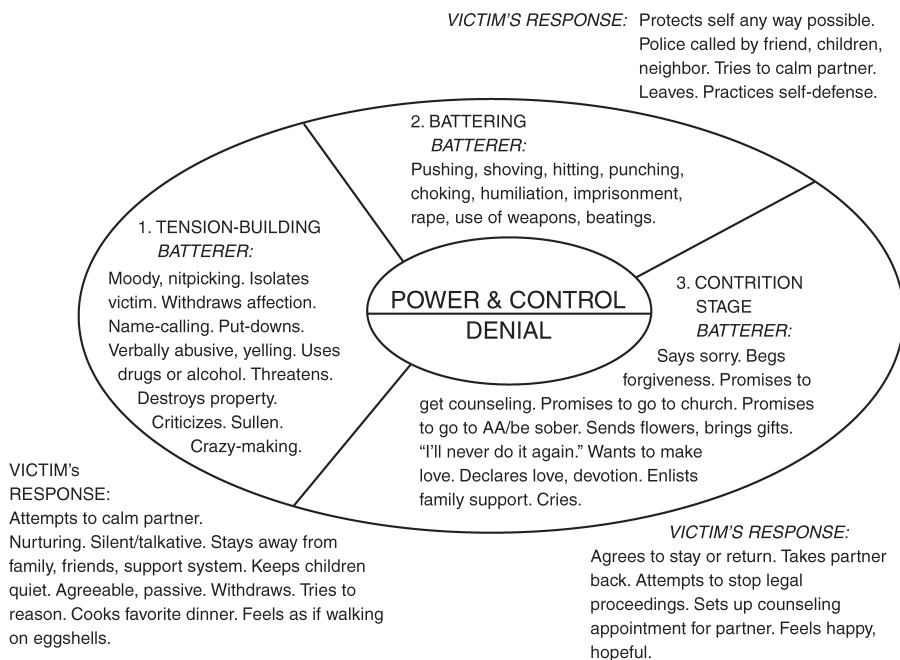


FIGURE 4.2. Cycle of violence.

love conquers all. He may threaten suicide if his pleas fail. She gets hooked on her need to rescue him and her hope of a possibility for the relationship. He appeals to her optimism and her nurturance. She becomes acutely aware of his vulnerability, desperation, loneliness, and alienation from any meaningful close human contact. These revelations often serve as added hooks that keep the woman in the relationship. Codependence evolves from these revelations. Both try to convince each other and themselves that they can battle the world. Religion, traditional female socialization, and guilt conspire to keep her in the relationship. Traditional socialization teaches the woman that the relationship is her responsibility, that she has to keep the family together. Many religions have taught that suffering is the path to salvation. This abusive man is her cross to bear. A "good woman" will "stand by her man." As if that were not enough, a process I call "traumatic bonding" begins to operate.<sup>7</sup> This process is an attachment to the abuser formed by the prior power differential in the relationship coupled with intermittent abuse. The result is a powerful attachment bond that begins to operate on the abuse victim with time away from the abuser. Negative memo-

ries recede, positive memories remain intact. The attachment increasingly colors both the past and the degree of optimism for the future. Temporarily, she holds all the cards, has all the power—and the relationship doesn't seem to have been so bad.

Walker's respondents describe what sounds like two different people in the tension-building and contrition phases. These two people are so different that we forget they inhabit one skin. Decades of research in trait psychology have led us to believe that people are basically alike from day to day. That notion—a product of the snapshot methodology of personality assessment—is misleading when it comes to intimate abusers. They have a split between their public and private selves and a split between their abusive and contrite selves. Each “self” is constructed around a phasic need to reduce anxiety stemming from an unbearable intrusion (during the tension-building phase) or an unbearable foreboding of aloneness (in the contrition phase).

When I set out to gain some understanding of a cyclical or phasic personality, I hit a dead-end right away. Academic psychology was more preoccupied with finding a spot on a map to locate the one dominant (and public) personality everyone was believed to possess. As noted, this map was called a circumplex (originally developed by Timothy Leary before he became interested in altered consciousness) because the personality types were believed to arrange themselves in circular fashion, like a pie chart divided into quadrants.<sup>8</sup> The top left-hand quadrant of this circular map contains arrogant, calculating people who are self-assured at best and coldhearted at worst. Antisocial personalities fall into this quadrant, as do narcissistic, self-absorbed people who feel they are “special” and the rest of the world is beneath them. Most celebrity batterers would fit here, as would many abusive professional men and all abusive would-be gurus. Directly across on the right-hand top quadrant are the flamboyant personalities, warm and gregarious at best, histrionic at worst. Below this group, in the lower right quadrant, are the dependent types, warm and agreeable at best, clingy at worst. Finally, across from them on the lower left are the aloof, introverted people, sometimes called schizoid or avoidant. Most of the overcontrolled abusive men come from this category. They really want to be alone and resent all attempts to make them remain, socially at least, in the everyday world. Intimate relationships make just this demand.

This circumplex represents what is currently believed to comprise the structure of personality; it is the map by which personality theorists order humanity. These four quadrants of response patterns continually reappear in the mathematical analyses of hundreds of thousands of ques-

tionnaires filled out by college students. The quadrants serve as a guide to the personality and indicate an individual's chronic way of experiencing and behaving in the world. Academic researchers measure this personality under public scrutiny and research subjects respond to the measure with a description of their public self at one point in time. This "snapshot" is something like a portrait; the subjects often put on their best face. They may not even know at this stage of their life that they have an abusive side in intimate relationships. If they do, it does not figure into the self-descriptions that they give the researchers. To get at that abusive aspect, something else has to be assessed.

The search was stalled for an understanding of the type of man who would do the things described by the battered women in Lenore Walker's study. Personality research wasn't particularly interested and didn't have much to offer. I needed a discipline that had studied not just a snapshot of personality but regarded it as a dynamic process, capable of undergoing predictable changes or phases. I turned to the clinical literature, especially to the psychiatric journals. I had read a copy of psychiatrist John Gunderson's book *Borderline Personality Disorder*.<sup>9</sup> In that book I made a startling discovery: Gunderson's "borderline personality" was a type of personality that went through three dramatically different phases. That is, it didn't always stay the same, the way the "snapshot" researchers had assumed (see Table 4.1).

Gunderson described a defense structure of borderline personality with three different levels that produced sudden shifts in the person's entire worldview. This meant that the individual's preoccupied perspective on his or her intimate relationship, emotions, and behavior would all shift from one phase to another, leading to a repetitive or cyclical form

**TABLE 4.1. Gunderson's Three-Phase Defense Structure of Borderline Personality**

Phase 1	A "dysphoric stalemate." Intimacy needs are unmet and the requisite motivation, insight, and skills to assert those needs are nonexistent.
Phase 2	The relationship is perceived as possibly lost. The defense structure expresses itself as anger, devaluation of the significant other, or open rage.
Phase 3	Occurs when the relationship with the significant other is lost. The borderline personality engages in behaviors designed to ward off the subjective experience of aloneness (e.g., impulsive substance abuse and promiscuity).

*Note.* From Gunderson.<sup>9</sup> Copyright 1984 by American Psychiatric Press. Reprinted by permission.

of personality. One of the essential features of this cyclical personality was that the individual experienced repeated dissatisfactions with whomever he or she was attached. In short, the individual's personality changed in a predictable way over time.

These phases sounded to me very much like the phases of the cycle of violence described by Lenore Walker's female respondents. It was this type of understanding of personality that I had been looking for; one that described predictable shifts, that altered cyclically over time, not just a dot on a personality map that remained fixed and immutable. What's more, the descriptions of personality Gunderson gave were remarkably like the descriptions of actions that Walker's battered women gave. It was as though one could be mapped onto the other; could, in effect, provide an explanation for the descriptions of Walker's respondents. Phase 1 of borderlines' shifting personality dynamics consisted of an internal buildup of tension—what Gunderson called a “dysphoric” stalemate in which they feel depressed and irritable but don't know how to verbalize the psychic discomfort. In relationships, borderlines are in a deepening downward spiral of bad feelings, needing soothing and intimate connection but unable to recognize this need or to express it. These people did not think in terms of “attachment theory” (which I review below). All they knew was that they felt bad and, somehow, it was the fault of their spouse or partner.

The dysphoric stalemate is made even more problematic by another essential clinical feature of borderline individuals: The intimacy serves the function of maintaining the integrity of the self. Whereas non-borderline persons can maintain their own self-integrity, the borderline individual requires another person to sustain this process. Thus, the loss of the other carries a risk of feeling a loss of self. In the vernacular, this is described as “coming unglued” or “coming apart at the seams.” It is experienced as a profound terror with no distinct origin. The borderline person transforms this terror into abuse through (1) the belief that the intimate partner should be able to ameliorate the bad feelings and (2) conversion of the terror into rage. As the distancing builds, borderline individuals act in a way that self-fulfills their “prophecy” or belief about being alone or abandoned. They become increasingly withdrawn and verbally abusive, generating in their partner self-protective withdrawal (“walking on eggshells”), the opposite of what they want—but what they *do* want they are unable to detect or ask for. Underneath the increasing anger is an intense demandingness, the plea for self-survival. John Bowlby viewed the first function of anger to be a reconnection with the “attachment object” (i.e., mother, in most cases), and he con-

sidered dysfunctional anger to be an expression that drives that other further away.<sup>10</sup> He used the phrase “arches away angrily while simultaneously seeking contact” to describe the ambivalent actions of separated children upon reunion with their mother. Borderline adults appear to recreate this intimacy conflict. This first stage, I believe, is the tension-building phase of the abuse cycle, during which frustrations increase. Walker’s respondents had simply described what it was like to be on the receiving end of a relationship with someone who has this type of intimacy conflict.

According to Gunderson, the unexpressed irritability builds until the borderline erupts into an angry outburst (Phase 2). If the angry outburst drives away the significant other, the borderline engages in desperate attempts to “ward off the feeling of aloneness” (Phase 3). Binge drinking, drugs, and promiscuity are the examples most frequently cited. It seemed to me that the contrition phase of the abuse cycle also fit this category. The abuser promises anything to get his wife back. These behaviors persist until the woman has tentatively returned; gradually the special appeasement treatment subsides, and, aloneness having been avoided, the cycle repeats itself.

Borderline personality organization is a clinical category developed in the psychiatric literature to describe clients who were neither psychotic nor neurotic but who existed on the “border” between the two, with occasional “transitory psychotic episodes.” As Gunderson describes the borderline personality (see Table 4.2), the essential defining criteria (in order of importance) are (1) a proclivity for intense, unstable interpersonal relationships characterized by intermittent undermining of the significant other, manipulation, and masked dependency; (2) an unstable sense of self with intolerance of being alone and abandonment anxiety; (3) and *intense anger*, demandingness, and impulsivity, usually tied to sub-

**TABLE 4.2. Essential Characteristics of the Borderline Personality**

- 
1. A proclivity for intense, unstable interpersonal relationships characterized by intermittent undermining of the significant other, manipulation, and masked dependency
  2. An unstable sense of self with intolerance of being alone and abandonment anxiety
  3. Intense anger, demandingness, and impulsivity, usually tied to substance abuse or promiscuity
- 

*Note.* From Gunderson.<sup>9</sup> Copyright 1984 by American Psychiatric Press. Reprinted by permission.

stance abuse or promiscuity. This profile sounded exactly like the husbands of the battered women I have known and those that Walker's respondents described. It was only the prevailing opinion of the time that prevented family violence researchers from searching for a personality explanation for these men. The emphasis was on "male violence," in general, as described in Chapter 2, not on the personality profiles of particular males. Psychiatrist Otto Kernberg estimated that 11–15% of the general population exhibits signs of borderline personality organization; of these, only 10–25% exhibits signs of the more severe version of borderline personality organization, called borderline personality disorder.<sup>11, 12</sup> A personality type becomes a disorder when it so fixed and rigid as to cause the person interminable difficulties. Personality-disordered individuals cannot escape from themselves. Even the less severe forms of some personality organization can be problematic, and just when the condition becomes a *disorder* is somewhat arbitrary in that it is usually based on comparing the scale scores of clients suspected of having the disorder with those of clients diagnosed with the disorder. My own approach has been to eliminate this arbitrary classification of disorder and instead to examine a continuum of scores on the key aspects of borderline personality. Recent research on the taxonomy of diagnostic classifications has supported the notion that borderline traits exist on a continuum (BPO) rather than as a discrete category or taxon (BPD).<sup>13</sup>

Psychiatrists have been most interested in the more severely disturbed clients and have focused on women with borderline personality simply because the bulk of their clinical outpatients was female. (The DSM-IV estimates that 75% of all borderlines are female.) Women seek help more easily; men get into trouble. Some of these troubled men wound up in our study. Borderline men, overlooked for so long, frequently appeared to be the cyclical wife abuser.

The term "borderline personality organization" is fuzzy and misleading, causing some researchers, such as psychologist Theodore Millon, to argue that the borderline should be called the *cyclical personality*, as it was in earlier times.<sup>12</sup> *Cyclical* describes the central feature of the personality better than the term *borderline*, which was used originally, as noted, to designate clients who existed on a "border" between psychosis and neurosis. Millon is right that the cyclical aspect is what is salient, and Gunderson's description of the three phases captures this particular aspect. In any event, I started to test wife assaulters for borderline personality organization, using a self-report instrument devised by a group of psychiatrists led by John Oldham. This questionnaire measured three

aspects of the borderlines personality: “identity diffusion” (an unstable self-concept), lapses in “reality testing” (sometimes not knowing whether sensations come from outside or within), and “primitive defenses” (such as the tendency to split women into “all good” [madonnas] or “all bad” [whores] categories without integration) or “projection” (the tendency to project all unacceptable impulses onto the other person). Men with borderline personalities typically experience a lot of ambivalence (dependency and hostility) toward intimates and a lot of expressed anger. To me, this sure sounded like a group that might become intermittently abusive.

From the beginnings of recorded medical and literary history, writers have recognized the coexistence within a single person of intense and divergent moods, such as euphoria, irritability, and depression. Both Homer and Hippocrates described with great vividness the related character of impulsive anger, mania, and melancholia, noting both the erratic variations among these “spells” and the personalities likely to be affected by them. Millon traced the historical antecedents of the current borderline label back to the 17th century, when the emphasis was on the impulsive and erratic moods of the borderline, which in the 20th century came to be called *cyclothymia*. The psychiatrist Emil Kraepelin called this circular personality “manic–depressive insanity” and saw it as due to metabolic dysfunction.<sup>14</sup> This “excitable personality,” as it was also called, was characterized by irritable temperament, unstable relationships and impulsivity. Later descriptions of what was then called the “labile personality” also cited an impulsive, preoccupied personality type.

Millon saw the “depth and variability of moods” as the central feature of the borderline diagnosis. These moods are “*unpredictable and appear prompted less by external events than by internal factors*”<sup>12</sup> (p. 347). The borderline predisposition is in place from early childhood and is marked by repeated failures at coping, which Millon describes as a kind of “merry-go-round” of repeated failures with no evidence of learning from mistakes. As he put it, “the borderline patient goes round in circles, covering the same ground as before, getting nowhere, and then starting all over again” (p. 348). Borderlines experience “transient periods” in which irrational impulses are exhibited and

fears and urges that derive from an obscure inner source take over and engulf them in an ocean of primitive anxieties and behaviors. Unable to grasp the illusory character of these inner stimuli, they may be driven to engage in erratic and hostile actions or embark on wild and chaotic sprees they may only

vaguely recall. These episodes of emotional discharge serve a useful homeostatic function since they afford relief from mounting internal pressures.<sup>12</sup> (p. 348)

For these reasons, borderlines have checkered work/school histories. They tend to exhibit extreme unevenness in fulfilling normal social functions and responsibilities.

Millon wrote a description of the “borderline cycloid” in 1975 for the DSM-III Task Force personality subcommittee that included the following description:

This pattern is typified by intense, variable moods and by irregular energy levels, both of which appear to be unrelated to external events. There is a notable fear of separation and loss with considerable dependency reassurance required to maintain psychic equilibrium. Strong ambivalent feelings, such as love, anger and guilt are often felt toward those upon whom there is dependence.<sup>12</sup> (p. 348)

Millon’s diagnostic criteria were the following (any three of which were present to a notably greater degree than in most people and were not limited to discrete periods or necessarily prompted by stressful life events):

1. *Intense endogenous moods*: Repetitive failure to maintain normal mood and this failure is not readily attributable to external sources; an emotional state noted by recurring periods of dejection and apathy interspersed with spells of anger, anxiety, or euphoria.
2. *Dysregulated activation*: Experiences wavering energy level and irregular sleep–wake cycles.
3. *Self-condemnatory conscience*: Reveals recurring self-destructive thoughts; redeems moody behavior through self-derogation.
4. *Dependency anxiety*: Preoccupied with securing affection and maintaining emotional support; reacts intensely to separation and reports haunting fear of isolation and loss.
5. *Cognitive–affective ambivalence*: Engages in a repeated struggle to express attitudes that are contrary to inner feelings; experiences conflicting emotions toward others, notably love, rage, and guilt.

With the exception of criterion 3 above, these all seem consistent with abusive men. If you changed criterion 3 to read “redeems moody behavior through derogation of a significant other,” you would have a description of wife assaulters. Millon describes the “most striking char-



acteristic of borderlines [as] the intensity of their affect and the changeability of their actions”<sup>12</sup> (p. 350). He referred to impetuous, unpredictable, impulsive mood shifts. Borderlines have considerable difficulty in maintaining a stable sense of self and hence lack purpose or direction. Their self-definition depends strongly on their surrounding social group. Another consequence of their unstable self-identity is a tendency to become exceedingly dependent on others for protection and reassurance. Borderlines are inordinately vulnerable to separation from these external sources of support. In other words, they suffer from intense separation or abandonment anxiety, dreading potential loss while chronically anticipating it, “seeing it happening, when in fact it is not” (p. 349). Here the adult characteristics of borderlines clearly relate to attachment or separation-individuation issues (which we explore in a later chapter). And their dependency will be masked in a male population and transformed into controlling actions—actions designed to ensure the woman’s constant availability. This control masks a fear of abandonment.

Millon goes on:

Since most borderlines devalue their self worth, it is difficult for them to believe that those upon whom they depend could think well of them. Consequently, they are exceedingly fearful that others will depreciate them and cast them off. With so unstable a foundation of self-esteem, and lacking the means for an autonomous existence, borderlines remain constantly on edge, prone to the anxiety of separation and ripe for anticipating inevitable desertion. Events that stir up these fears may precipitate extreme efforts at restitution such as idealization, self-abnegation, and attention-gaining acts of self destruction or, conversely, self assertion and impulsive anger.<sup>12</sup> (p. 352)

Some important and illuminating studies on borderlines have been done by Drew Westen.<sup>15-17</sup> Westen devised a fascinating method for obtaining descriptive information about borderlines. He had psychotherapists do a “Q-sort” (sorting descriptive statements into those that applied to their borderline clients or to other clients) and factor analyzed the results. The key results for borderlines are shown in Table 4.3. The factors read from top (most distinct) to bottom (less, but still statistically distinct of this personality disorder).

The descriptor called “emotions spiraling out of control” is relevant to both fear and to rage based on fear. Borderline individuals do not know how to self-soothe because they never learned this skill from their parents. They did not learn how to talk themselves through difficult times. Instead, when strong emotions are stirred up they become irrational and catastrophize, leading to a spiraling pattern of increasing fear and

**TABLE 4.3. Westen and Schedler's Descriptors of Borderlines**

- 
- Emotions tend to spiral out of control, leading to extremes of anxiety, sadness, rage, excitement, etc.
  - Tends to feel unhappy, depressed, or despondent.
  - Tends to feel he or she is inadequate, inferior, or a failure.
  - Tends to feel he or she will be rejected or abandoned by those who are emotionally significant.
  - Is unable to soothe or comfort self when distressed, requires involvement of another person to help regulate affect.
  - Tends to feel helpless, powerless, or at the mercy of forces outside his or her control.
  - Tends to be angry or hostile (whether consciously or unconsciously).
  - Tends to be anxious.
  - Tends to react to criticism with feelings of rage or humiliation.
  - Tends to be overly needy or dependent; requires excessive reassurance or approval.
  - Tends to feel misunderstood, mistreated, or victimized.
  - Tends to become irrational when strong emotions are stirred up; may show a noticeable decline from customary level of functioning.
  - Tends to get into power struggles.
  - Tends to "catastrophize": is prone to see problems as disastrous, unsolvable, etc.
  - Emotions tend to change rapidly and unpredictably.
- 

*Note.* Data from Westen and Shedler.<sup>15, 16</sup>

rage. They are literally like a boat on a stormy sea with no ballast below the waterline, tossed about and out of control. Wilkinson-Ryan and Westen further outlined the identity disturbance aspects of borderlines,<sup>17</sup> again using clinical ratings of a group of diagnosed borderlines, patients with another personality disorder, and a group with no personality disorder at all. The descriptors of identity disturbance in borderlines included "painful incoherence" (a subjective lack of coherence or identity diffusion), inconsistency (an objective incoherence in thought, feeling, and behavior), lack of commitment (e.g., to jobs or values), and role absorption (a tendency to define the self in terms of a single role or cause). Although all four factors distinguished borderlines, "painful incoherence" was the most distinct feature and also the feature strongly correlated with a history of sexual abuse.

Through the use of regression analysis and partial correlation, the researchers discovered two types of borderlines from their data clusters: one characterized by emotional dysregulation and dysphoria, the other by histrionic characteristics. Gender showed only small correlations with any of the four borderline factors. The only correlation of gender with a subfactor that exceeded .10 was role absorption: Females were slightly less likely to exhibit this factor ( $r = -.15$ ). This finding may indicate that many male borderlines could go undetected because of a feature of bor-

derline personality not previously realized: overidentification with a job or social role that serves to artificially stabilize the personality. When the job/role is absent, the borderline features may surface. This factor may explain the anecdotal reports of people who “flip out” on holidays, away from the everyday reminders of their job/role status. This oversight may have contributed to the psychiatric notion that most borderlines were female. The DSM-IV cites the borderline population as 75% female (p. 708); this figure may need to be recalculated.

Matters are bad enough for borderlines, given their problems with sustaining a consistent sense of identity (loss of object constancy—literally, losing a sense of who you are) and their intense separation anxieties, but they are also in conflict about their own dependency needs. In their quests for self-identity, many have been subjected as children to ridicule and isolation, resulting in feelings of distrust and anger toward others. Borderlines cannot help but be ambivalently anxious. Given their past, they know they can never entirely trust others, nor can they hope to gain the security and affection they need. Should their anxiety about separation lead them to submit to another’s demands as a way of warding off desertion, they expose themselves to even further dependency and thereby an even greater threat of loss. Moreover, they know they experience intense anger toward those upon whom they depend, not only because their dependency shames them and exposes their weakness but also because of the others’ power in having “forced” them to yield and acquiesce. This very resentment then becomes a threat in itself. If they are going to appease others to prevent abandonment, they must take pains to assure that their anger is under control. Should this resentment be discharged, even in innocuous forms of self-assertion, their security would be severely threatened. They are in a terrible bind. Should they “strike out” alone, no longer dependent on others who have expected too much or have demeaned them, or should they submit for fear of losing what little security they can thereby gain?

Borderlines, in other words, suffer from intense anxieties about both being alone and being in a relationship. Either can lead to a terror about the loss of self. Finally, if these factors were not problem enough, the entire set of emotional reactions is triggered by sexual involvement. A study of borderlines by Mary Zanarini identified symptom exacerbation once they became sexually involved.<sup>18</sup> For this reason, a person may not know he or she is getting involved with a borderline until it’s too late.

When I read Millon’s and Westen’s descriptions, I sensed the personality origins of controlling behaviors and masked dependencies in abusive men. But what is essential to understand about abusive men is

that these underlying feelings, although the sources of these actions, are strongly covered by the tendencies to control, to act out, to aggress, and to vilify the other as both a release from, and a reaction to, personal tensions. If a borderline man can blame his wife for these vague and semi-conscious personal deficiencies, he will not have to face them in himself—a process that would undermine his carefully crafted masculine agentic persona.

## CATATHYMIC CRISIS

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As I read further in the clinical literature, other personality explanations for the cycle of violence began to appear. Eugene Revitch and Louis Schlesinger, a psychiatrist and psychologist, respectively, developed the notion of what they called a “catathymic crisis.”<sup>6</sup> Originating in psychodynamic theories of violence, a catathymic crisis is defined as a process of “delusional thinking with the patient being driven to a violent deed without a rational motive, with the act having a symbolic meaning and the victim not counting as a person, but as part of an overwhelming image.”<sup>19, 20</sup> This process developed within “ego threatening relationships” and was divided by the authors into three stages, which they called the incubation stage, the violent act, and the relief stage. These stages again sounded to me like the phases of the cycle of violence. The authors offered the observation that “the most common catathymic murder occurs within the boyfriend–girlfriend relationship” (p. 137) and cite the following case: A man murdered his girlfriend who, for a period of 6–8 months, was the subject of the perpetrator’s obsessive preoccupations; this was coupled with homicidal and suicidal fantasies.<sup>6</sup> Eighteen years later, while on parole for this crime, he killed his second girlfriend and then committed suicide.

In such cases, the authors argued, the incubation stage could last from several days to close to a year. During this stage the future offender is obsessively preoccupied with the prospective victim. This preoccupation is accompanied by depression and schizophrenia-like thinking (loose associations). Thoughts of suicide eventually intermingle with fantasies of murdering the “ego threatening subject.” The homicidal impulse eventually is dominant, and suicidal thoughts usually completely disappear after the murder. Both the homicidal act and the inner experience of the incubation period are perceived by the perpetrator as unreal and “ego-alien.” The feeling is one of anxiety, an impending loss of control, or as a need to commit violence. Often the perpetrator discloses to

a professional or close friend. His warning is usually misunderstood and ignored. The criminal act may impress the jury as planned and deliberate. However, the offender perceives the seeming premeditation not as a plan but as a thought divorced from action.

Revitch and Schlesinger said that jealousy or the victim's loss of interest were usually cited by the press as the cause of the murder. This fact brings to mind a study by Maria Crawford and Rosemary Gartner that showed that 45% of murdered women were killed by recently estranged husbands or boyfriends.<sup>21</sup> The authors see the extreme jealousy as preceding (and causing) the victim's attempt to leave the relationship. As they put it, "the cooling off of a relationship is actually due to the perpetrator's obsessive preoccupations, ambivalence, and pathological jealousy. . . . It is the very relationship that shatters the perpetrator's psychological homeostasis so that the released affect disrupts logical thinking"<sup>21</sup> (p. 137). The authors saw the accumulation of affect as characterizing relationships in which transference occurred and early conflicts (usually oedipal conflicts) were restimulated.

Psychologist Reid Meloy developed this line of thought further.<sup>20</sup> Meloy described catathymic violence as sudden, overwhelming emotion having symbolic significance that is unconscious at the time of the violence. In acute (single-attack) incidents, the perpetrator is overwhelmed by intense autonomic arousal, extreme anger during the violence, has a perception of the victim as an imminent threat to the ego structure, and simply wants to reduce that threat and return to "intrapsychic homeostasis." Meloy's description is consistent with the descriptions of deindividuated violence by Phil Zimbardo and the notion of deconstructed thinking described by Ray Baumeister. When we put the three together, we see that the symbolism of loss or impending loss generates extreme rage, agitation, and tunnel vision. In this state, the future perpetrator ruminates on the woman's malevolence, which drives his arousal and rage even higher. When he finally vents the rage, it is uncontrollable. He stabs or shoots until he is exhausted or the weapon is destroyed. He wants to annihilate the victim.

In the chronic form of catathymic violence, as described by Meloy, two types of incubation period are possible. In the first, which Revitch and Schlesinger described, the incubation is ego alien or, as clinicians call it, ego dystonic, and is experienced as an impending loss of control—a feeling that the center cannot hold, to borrow from William Butler Yeats's "The Second Coming." In other perpetrators, however, the homicidal ideas generate a pleasurable and anxiety-free sense. Rehearsal for the future homicide may include practicing at a shooting

range, experimenting to find the most suitable weapon, and attempting to construct alibis or form alliances with others who would mitigate responsibility after the offense. This latter form of catathymic buildup might be experienced by psychopaths or “vagal reactors,” as described by Neil Jacobson in Chapter 1. The ego-alien incubation process, as Revitch and Schlesinger described it, seems more like that experienced by borderline individuals. This connection was not lost on Meloy, who saw chronic catathymic violence as requiring either borderline or psychopathic characteristics. Meloy’s connection of incubation processes with psychopathic personality has another implication: In nonlethal ebbs and flows of abusiveness, both psychopathic and borderline perpetrators might experience some form of violence cycle.

The descriptions of cyclical personalities provided by Gunderson, Westen, Millon, Revitch and Schlesinger, and Meloy offer rich insights into the abuse cycle. The original research by Walker was descriptive; it did not seek to explain the origin of cyclical violence. The clinical material described in this chapter provides a virtual roadmap into the heart of darkness of the intermittently abusive man. It led me to attempt to search for the existence of cyclical personalities in assaultive males. We needed research studies to establish a link between cyclical personality in men and their partners’ reports of their abusiveness. How would we prove this connection? What if, despite the promising appearance of a psychological profile for abusiveness, it simply was not there? We turn our attention now to this empirical expedition.

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## CHAPTER 5

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# The Structure of the Abusive Personality

## THE DATA

In the last chapter we examined strong similarities between descriptions of abusive men and descriptions of cyclical or borderline personality. The test for the connection would involve assessing both borderline personality and abusiveness and then ascertaining if the two were reliably related. As Thomas Henry Huxley once put it, “Sit down before the god of fact and be prepared to give up every preconceived notion.”<sup>1</sup> As we have seen in earlier chapters, there are a lot of preconceived notions about the causes of IPV. We have also seen that most of these theories are contradicted by the data on abuse; that lesbian couples are as abusive as heterosexual couples, that women are as abusive as men, that situations involving real or symbolic abandonment trigger rage and violence, that anger seems to build from within, in the absence of any real stressors. The apparent similarity between borderline personality organization and the cycle of violence could be just another theoretical resemblance without fact or substance.

At this point I should reiterate that I am not arguing that all abusive men have borderline personalities. I outlined three different profiles of intimate abusiveness. The one that I believe fits a borderline profile is that of the man who is chronically and intermittently abusive, but only in the family. He has a split between his public persona and his private personality. He does not get into brawls with other men, as does the antisocial abuser. He is also very emotional and experiences high levels



of depression, anxiety, and anger. Unlike the overcontrolled abuser who erupts after long periods of unexpressed rage, and whose anger is usually a buildup of frustration to external events, the borderline batterer is repeatedly erupting to buildups of internal events. It is the cyclical personality that drives the actions known as the cycle of violence. From our data, about one-third of all men had peaks on the personality measures that assessed this profile. Others had it in lesser degrees; that is, they had borderline traits in varying degrees.

I should also point out that establishing a borderline personality structure is only the first step in building a model of abusiveness. Other qualities common to the profiles of abusive men will need to be added as our journey through the data progresses. A step-by-step unfolding of what I now call the abusive personality occurs throughout the coming chapters. Although this research was conducted largely on males in court-mandated treatment groups for spousal assault, I argue (in Chapter 10) that preliminary data suggest that this structure may exist for abusive females as well.

One always begins these empirical quests with some anxiety about the probability of being wrong. The day when the data are in the computer and about to be analyzed is a day fraught with tension, not unlike the dramatist's reaction to the opening of his or her play. Social scientists watch the data analysis the way politicians watch polling results and investors read stock reports. We started the studies of what we came to call the BPO by amassing the necessary ingredients: valid and reliable questionnaires to measure BPO and the features theoretically associated with it—anger, jealousy, blaming attributional styles, and alcohol use. We called these the “associated features” of abusiveness. Eventually, we added another associated feature: the chronic experience of trauma symptoms—even though, at the time we examined it, it was believed to be found only in abuse victims, not perpetrators. Our data proved that this view was incorrect. Our task was to measure these aspects in both abusive and nonabusive men. Then we needed to take the crucial step of finding out whether these personality reports related to actual abusiveness. This latter crucial step was taken by measuring both the men's self-reports of abusiveness and, more importantly, their intimate partners' reports of their abusiveness.

The most important measure is that of the BPO itself. How could we measure it when psychiatrists themselves could not agree on the diagnostic criteria? Psychiatrist John Oldham and his colleagues solved this problem for us by surveying various definitions of borderline personality and developing a self-report scale of BPO, one the men could

complete themselves, based on three characteristics of borderlines for which there was already some research evidence<sup>2</sup> (Figure 5.1). Borderlines (1) suffer from identity disturbances, (2) use “primitive” defenses, and (3) experience “transient psychotic states” during which they are unsure what is real. One very important feature of Oldham’s approach was that his scale treated borderline scores as existing on a continuum,\* not requiring a “diagnosis” of borderline personality disorder. We opted for this approach, which has been supported by subsequent research<sup>3</sup> and studies of changes in borderline symptomatology (such as the Zanarini Rating Scale for Borderline Personality Disorder [ZAN-BPD]<sup>4</sup>).<sup>†</sup>

These characteristics were assessed by writing items for each that could be directly reported as personal experiences or feelings. These feelings and experiences could, Oldham and his colleagues agreed, be assumed to be manifestations of unconscious processes. In other words, the scale was a way of translating the inner experience of these men into a measurable score on a self-report scale. The identity disturbance aspect, for example, includes a diffuse sense of identity, a changeable sense of self, or a lack of stability in the sense of self. Items that reflected this characteristic included “I see myself in totally different ways at different times,” “I find it hard to describe myself,” and “It is hard for me to be sure about what others think of me, even people who have known me very well.” All of these items assess an insecurity or uncertainty about the self. The item “I feel empty inside” taps another important dimension: a sense of inner emptiness. Would people who are insecure and struggle against a gnawing sense of emptiness experience greater anxieties about intimacy? Would they have greater expectations of their partner, ultimately expecting the relationship to fill the emptiness?

Another item reads “I feel that I’m a different person at home compared to how I am at work or school.” This item, although it has different meanings, taps into another central theme of abusiveness: that the abuse is private and that the abusive man appears quite differently to his workmates. This aspect of the BPO scale, referred to as identity diffusion by Oldham and his colleagues, was originally assessed with 58 statements. Eventually, only those 10 items that were most closely (mathematically) related to each other were kept (through an item-whole subscale correlation). That is, if someone answered “3” on a 5-point scale, on that item, he would give similar answers to the other related items. This is called the internal consistency of the scale.<sup>‡</sup> Of course, having a consistent scale isn’t much good unless the scale measures what it purports to measure, in this case, BPO. Oldham and his

For each of the statements below, please indicate how true it is about you by *circling* the most appropriate number beside each statement:

	1	2	3	4	5
	never true	seldom true	sometimes true	often true	always true
1. I feel like a fake or an impostor, that others see me as quite different at times.					1 2 3 4 5
2. I feel almost as if I'm someone else, like a friend or relative or even someone I don't know.					1 2 3 4 5
3. It is hard for me to trust people because they so often turn against me or betray me.					1 2 3 4 5
4. People tend to respond to me by either overwhelming me with love or abandoning me.					1 2 3 4 5
5. I see myself in totally different ways at different times.					1 2 3 4 5
6. I act in ways that strike others as unpredictable and erratic.					1 2 3 4 5
7. I find I do things which get other people upset, and I don't know why such things upset them.					1 2 3 4 5
8. Uncontrollable events are the cause of my difficulties.					1 2 3 4 5
9. I hear things that other people claim are not really there.					1 2 3 4 5
10. I feel empty inside.					1 2 3 4 5
11. I tend to feel things in a somewhat extreme way, experiencing either great joy or intense despair.					1 2 3 4 5
12. It is hard for me to be sure about what others think of me, even people who have known me very well.					1 2 3 4 5
13. I'm afraid of losing myself when I get sexually involved.					1 2 3 4 5
14. I feel that certain episodes in my life do not count and are better erased from my mind.					1 2 3 4 5
15. I find it hard to describe myself.					1 2 3 4 5
16. I've had relationships in which I couldn't feel whether I or the other person was thinking or feeling something.					1 2 3 4 5
17. I don't feel like myself unless exciting things are going on around me.					1 2 3 4 5
18. I feel people don't give me the respect I deserve unless I put pressure on them.					1 2 3 4 5
19. People see me as being rude or inconsiderate and I don't know why.					1 2 3 4 5
20. I can't tell whether certain physical sensations I'm having are real, or whether I am imagining them.					1 2 3 4 5
21. Some of my friends would be surprised if they knew how differently I behave in different situations.					1 2 3 4 5
22. I find myself doing things which feel okay while I am doing them but which I later find hard to believe I did.					1 2 3 4 5
23. I believe that things will happen simply by thinking about them.					1 2 3 4 5
24. When I want something from someone else, I can't ask for it directly.					1 2 3 4 5
25. I feel I'm a different person at home as compared to how I am at work or at school.					1 2 3 4 5
26. I am not sure whether a voice I have heard, or something that I have seen, is my imagination or not.					1 2 3 4 5
27. I have heard or seen things when there is no apparent reason for it.					1 2 3 4 5
28. I feel I don't get what I want.					1 2 3 4 5
29. I need to admire people in order to feel secure.					1 2 3 4 5
30. Somehow, I never know quite how to conduct myself with people.					1 2 3 4 5

**FIGURE 5.1.** Borderline Personality Organization Scale. From Oldham et al.<sup>2</sup> Copyright 1985 by American Psychiatric Press. Reprinted by permission.

colleagues gave the scale to patients who had been already diagnosed to ensure that this was so. That is, the diagnosed borderlines scored differently on the scale than did other clinical groups. Thus, the Identity Diffusion subscale originated. It measured “a poorly integrated sense of self . . . reflected in a subjective experience of chronic emptiness, or in contradictory perceptions of the self, contradictory behavior that cannot be integrated in an emotionally meaningful way”<sup>2</sup> (p. 14). This attribute was manifested through difficulties in describing the self, uncertainty about career or goals, contradictory behaviors, and instabilities in intimate relationships. Borderlines do not confuse themselves with another person the way that psychotic people might, but they have a “split” in their self-perceptions; part of themselves simply cannot be integrated with other parts. Naturally, I had to wonder if this split might be related to the Dr. Jekyll and Mr. Hyde descriptions given by the wives of abusive men.

The second and third subscales of the self-report instrument used to assess BPO were developed in an identical fashion; numerous items were written and then “boiled down” mathematically to the 10 items in each subscale that were most closely related to each other and best distinguished already diagnosed borderlines from nonborderline controls (see Figure 5.2). The second subscale was called Primitive Defenses, thus named because the defense styles it measures are believed to develop very early on (around the age of 2, in what is called the pre-Oedipal period).

One such defense mechanism is called “splitting” and refers to the division of the self and significant others into all good and all bad aspects. Although we all may do this to a degree, the borderline is incapable of integrating the two aspects at all. In the case of the significant other, that person becomes either idealized or demonized. I remembered how batterers would flip-flop from one week to the next in describing their wives. One week a wife was impossible, and life with her was a living hell. The next week, everything had changed; she was a “good woman” and it was the man who was wrong. These men could not hold and integrate the positive and negative qualities of their partner. In the cycle of violence, men in the contrition phase idealize their mates and devalue themselves. In the tension-building phase, they devalue their mates. I didn’t know how they felt about themselves at that point, but they acted with a sort of false omnipotence, a sense of entitlement and infallibility. This self-absorbed ego inflation always explodes into a deflation and sense of unworthiness. On the face of it, the scale was again tapping into our clients.

Identity Diffusion Items

- I feel like a fake or an impostor, that others see me as quite different at times.
- I see myself in totally different ways at different times.
- I feel empty inside.
- It is hard for me to be sure about what others think of me, even people who have known me very well.
- I'm afraid of losing myself when I get sexually involved.
- I find it hard to describe myself.
- I don't feel like myself unless exciting things are going on around me.
- Some of my friends would be surprised if they knew how differently I behave in different situations.

Reality Testing Items

- I feel almost as if I'm someone else, like a friend or relative or even someone I don't know.
- I find I do things which get other people upset and I don't know why such things upset them.
- I hear things that other people claim are not really there.
- I've had relationships in which I couldn't feel whether I or the other person was thinking or feeling something.
- People see me as being rude or inconsiderate and I don't know why.
- I can't tell whether certain physical sensations I'm having are real, or whether I am imagining them.
- I believe that things will happen simply by thinking about them.
- I am not sure whether a voice I have heard, or something that I have seen, is my imagination or not.
- I have heard or seen things when there is no apparent reason for it.
- Somehow, I never know quite how to conduct myself with people.

Primitive Defenses Items

- It is hard for me to trust people because they so often turn against me or betray me.
- People tend to respond to me by either overwhelming me with love or abandoning me.
- I act in ways that strike others as unpredictable and erratic.
- Uncontrollable events are the cause of my difficulties
- I tend to feel things in a somewhat extreme way, experiencing either great joy or intense despair.
- I feel that certain episodes in my life do not count and are better erased from my mind.
- I feel people don't give me the respect I deserve unless I put pressure on them.
- I find myself doing things which feel okay while I am doing them but which I later find hard to believe I did.
- I feel I don't get what I want.
- I need to admire people in order to feel secure.

**FIGURE 5.2.** Identity Diffusion, Reality Testing, and Primitive Defenses items from the BPO Scale. From Oldham et al.<sup>2</sup> Copyright 1985 by American Psychiatric Press. Reprinted by permission.

Another form of primitive defenses is called “projective identification,” a process first described by Anna Freud. Projective identification entails perceiving in the other person (usually someone close, with whom we have some psychological connection) those aspects that we can’t face in ourselves. The other person becomes like a blank screen for the movie that we write and direct. For abusers, this means, among other things, perceiving aggression in their wife while denying their own aggression. It means seeing the wife as flirtatious while denying their own philandering. The identification part does not mean that the abuser “identifies” in any sympathetic way with his wife. Rather, because he has an intimate relationship with her, she becomes the screen for his projections, expectations, and fears—all of which developed long before he ever met her.

A final defense tapped by the Oldham scale is called “primitive denial” and is defined as “their being aware that their perceptions, thoughts and feelings about themselves . . . are opposite to those they may have at other times, but this awareness has no emotional relevance for them”<sup>2</sup> (p. 14). In other words, the split itself may be detected or brought to conscious awareness, but it is emotionally denied. For example, the item “I act in ways that strike others as unpredictable and erratic” taps this tendency. Although most people sense contradictions about themselves, their responses do not generate a high score on the Primitive Defenses subscale. Borderlines endorse scale items in the extreme, far beyond a mere recognition of inconsistency. There is one aspect of the Primitive Defenses subscale that should be mentioned before moving on to the final subscale. That is, the two strongest items (those most strongly associated with total scores for the scale itself) measure themes of trust and abandonment (“It is hard for me to trust people because they so often turn against me or abandon me,” “People tend to respond to me by either overwhelming me with love or abandoning me”). Clearly, the scale assesses fear of abandonment, another characteristic of abusive men.

The final subscale of the Oldham scale is called Reality Testing. To a certain extent, this scale defines borderlines as distinct from psychotics and indicates how borderlines got their name. Whereas psychotics experience constant difficulty with reality testing, borderlines have only “transient psychotic states” during which they have difficulty distinguishing internally originating perceptions from those that originate externally (“I can’t tell whether certain physical sensations I’m having are real or whether I am imagining them”). Another feature of reality testing is the inability to differentiate the self from the non-self (“I’ve

had relationships in which I couldn't tell whether I or the other person was thinking or feeling something") and to evaluate one's behavior in terms of social criteria of reality ("Somehow, I never know how to conduct myself with people"). Other items that were retained in the final version of the scale include "I act in ways that strike others as unpredictable or erratic," "I tend to feel things in a somewhat extreme way, experiencing either great joy or intense despair," "It is hard for me to trust people because they so often turn against me or betray me," "People tend to respond to me by either overwhelming me with love or abandoning me." These items capture the extreme, "black-and-white" reactions of borderlines.

The final version of Oldham's BPO scale contained only the 30 items with the strongest associations to the subscale scores, boiled down from a much larger original pool. The average total score on the scale by a group independently diagnosed as borderline was 73, and by a nonborderline group was 59 (with an *SD* of 14). In other words, nonborderlines didn't score all that differently from borderlines. The average nonborderline score was 81% of the average borderline score. Could such a small difference really account for abusiveness?

The next step was to get the scale completed by men coming into treatment for wife assault. I approached the therapists in two treatment programs, one dealing almost exclusively with court-mandated men and another with "self-referred" men. The court-mandated men had been convicted of wife assault and were sent to treatment as a condition of their probation. Their motivation to participate in treatment and to complete psychological tests was mixed, to say the least. The self-referred men had shown up largely at the behest of their wives, who had basically drawn a line and insisted that, if the men didn't get treatment for their abusiveness, they were leaving. We came to call these men, "wife mandated." The self-referred men were easier to work with in some ways because they had at least got to the point of recognizing that they had a problem.

On the other hand, they often seemed more maladjusted than the court-referred men; angrier, more jealous, and more depressed. At first my cotherapists wouldn't agree to mandatory assessment of the men; they felt it was unethical to force men to complete questionnaires. So we made sure to let them know that questionnaire testing was voluntary. The outcome was that not many of the men (maybe about half) ever completed the tests. They would take them home halfheartedly and then "forget" to fill them out, concocting various excuses for noncompliance. Eventually, I was able to convince everyone that if we were

going to do the research properly (and reduce self-selection), we were going to have to make the assessments mandatory. Only in this way would we get questionnaires filled out by everyone referred to the program instead of a self-selected few. However, if we were going to tell the men that the assessment was mandatory, we would also have to give the men some feedback on their test scores. In other words, make it a real assessment instrument as well as a research measure. This posed a problem: How were we going to tell some of these men that they were a borderline personality?

There were still other problems, such as ascertaining the degree of honest reporting. Was it possible to see through the objective of the questionnaire and answer in a “socially desirable” way? The term “social desirability” refers to completing a questionnaire in a way that will make the person appear “good” to the researcher. Fortunately, there are ways to measure just how much respondents are “faking good” and ways to mathematically adjust their scores to take this maneuver into account.<sup>5</sup> With the scores corrected in this way, a new picture emerges, and the researcher sees the measures and issues that were most concealed. Table 5.1 reports the correlations of various measures with social desirability.

**TABLE 5.1. Correlations between Social Desirability and Other Measures**

	Whole sample ( <i>N</i> = 78)	Referral source	
		Court ( <i>N</i> = 38)	Self ( <i>N</i> = 40)
BPO total	-.40***	-.17	-.48***
Anger total (MAI)	-.42***	-.39*	-.38**
Trauma (TSC-33) total	-.23*	.13	-.43**
Jealousy	.05	.17	.44**
Dyadic adjustment	.28**	.11	.38
EMBU			
Father/rejection	-.29**	-.57***	-.08
Mother/rejection	-.49***	-.58***	-.43**
Father/warmth	.38***	.49**	.17
Mother/warmth	.43***	.47**	.36**
CTS			
Verbal abuse	-.26*	-.01	-.39**
Physical abuse	.15	.16	.17

*Note.* None of the between-groups comparisons of correlation coefficients were significant at the Bonferroni-adjusted level. MAI, Multidimensional Anger Inventory; TSC-33, Trauma Symptom Checklist; EMBU, *Egna Minnen Beträffande Uppfostran* (Swedish: “Memories of My Upbringing”); CTS, Conflict Tactics Scale. From Dutton and Starzomski.<sup>8</sup> Copyright 1994 by Sage Publications. Reprinted by permission.

\**p* < .05; \*\**p* < .01; \*\*\**p* < .001.



By finding out what the men are most embellishing about themselves, or conversely, what they are hiding, we get a snapshot of their conscience and of their sense of guilt and shame. Self-referred men underreport their high levels of anxiety, sleep disturbance, and depression, probably because these levels are so extreme that they feel “unmanly” admitting such problems. Notice the high negative correlations between parental rejection and social desirability (and high positive correlations between parental warmth and social desirability). Court-referred men tend to idealize their parents; they do not derogate their parents as a way of excusing their own abusiveness.

Table 5.1 includes scales measuring anger (the Multidimensional Anger Inventory; MAI), jealousy, trauma (Trauma Symptom Checklist-33; TSC-33) and recollections of parental treatment (Egna Minnen Beträffande Uppfostran [“Memories of My Upbringing”]; EMBU). The latter has subscales for paternal and maternal warmth and rejection. All of these scales are important in fully understanding the development and structure of intimate abusiveness. All are described fully in the following material.

One of the tests for social desirability is called the Marlowe–Crowne Social Desirability scale; another is called the Balanced Inventory of Desirable Responding (BIDR).<sup>6</sup> Correlations of this scale with other scales used in this research (anger and abuse) are shown in Tables 5.2 and 5.3. The Marlowe–Crowne scale measures “impression management”; that is, attempting to persuade the test giver that you are really a decent and responsible person. The BIDR goes a step beyond and assesses self-deception as well. Self-deception involves both the claim of positive attributes and denial of negative attributes beyond their actual level; this would obviously include the denial of abusiveness. People who score high on self-deception are fooling themselves; those who score high only on impression management are trying to fool the researcher. My graduate students and I conducted studies of these tendencies in groups of abusive men, working on the assumption that high associations of measures with these social desirability scores indicated some sense on the part of the respondent that whatever the scale measured was a “bad attribute.”<sup>6, 7</sup> In other words, these scales could be used to give us a window into the man’s sense of guilt or shame about himself (see Table 5.3). People would only deny, after all, those aspects of themselves that they suspected were unacceptable to others. The results were quite strong. The aspect most related to the tendency to engage in impression management was the man’s reports of his anger, especially “hostile outlook” and his tendency to let his anger out, followed by his

**TABLE 5.2. Correlations between Social Desirability Measures and CTS, and PMWI Scales for Perpetrator Sample**

	MC	BIDR: IM	BIDR: SD	SD: E	SD: D
CTS					
Reasoning					
You	-.05	-.29	.06	.01	.08
Partner	-.17	-.10	-.14	-.24	-.01
Verbal aggression					
You	-.38**	-.41**	-.31*	-.26	-.27
Partner	-.37*	-.35**	-.26	-.11	-.31
Violence					
You	-.20	-.32	-.10	-.06	-.10
Partner	-.01	-.15	-.09	.03	-.18
PMWI					
Dominance/isolation	-.57**	-.45**	-.56**	-.38*	-.58***
Emotional/verbal abuse	-.50**	-.33	-.40*	-.30	-.37*

*Note.* CTS, Conflict Tactics Scale; MC, Marlowe–Crowne Social Desirability Scale; BIDR, Balanced Inventory of Desirable Responding; IM, Impression Management; SD, Self-Deception; E, Enhancement; D, Denial; PMWI, Psychological Maltreatment of Women Inventory. From Dutton and Hemphill.<sup>6</sup> Copyright 1992 by Springer Publishing Company, Inc. Reprinted by permission.

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

reports of his emotional abusiveness and then by his reports of his physical abusiveness. Self-deception related most strongly to the man's reports of the range of situations that made him angry, to his hostile outlook, and to his emotional abusiveness. It was almost as if anger were harder to admit than abusiveness!

It is also of note that social desirability correlated significantly and negatively with the BPO. These men sensed, it seemed, that something was not quite right about their cognitions and emotions, and they did not want the researcher to know.

We plotted the profiles of court-referred and self-referred men and, to our surprise, the self-referred seemed more psychologically disturbed.<sup>8</sup> We found that the self-referred men scored significantly higher on BPO, anger, trauma, and paternal rejection. Both groups were equal on dyadic adjustment (number of arguments) and conflict tactics (frequency of physical and verbal abuse).

We interpreted the self-referred batterers' scores as indicative of a "pure" subgroup of assaultive males. These men were more likely to enlist for treatment during a contrition-phase bargain with their wives. The court-referred men, on the other hand, were more of a mixed bag.

**TABLE 5.3. Correlations between Social Desirability Scales and Multidimensional Anger Inventory Subscales**

MAI	MC	BIDR: IM	BIDR: SD	BIDR: D	BIDR: E
Anger					
Frequency	-.44**	-.31*	-.38**	-.44**	-.22
Duration	-.36**	-.28	-.27	-.30*	-.16
Magnitude	-.34*	-.25	-.36*	-.34*	-.28
Total mode of expression	-.44**	-.32*	-.40**	-.43**	-.26
Anger—in	-.30*	-.30*	-.31*	-.35*	-.16
Anger—out	-.48***	-.68***	-.46**	-.48***	-.33*
Guilt	-.01	-.11	-.25	-.22	-.20
Brood	-.45***	-.31*	-.23	-.26	-.13
Discuss	.18	.10	.01	.00	.04
Outlook	-.60***	-.49***	-.56***	-.60***	-.36*
Range	-.58***	-.47***	-.59***	-.57***	-.44*

*Note.* MAI, Multidimensional Anger Inventory; MC, Marlowe–Crowne Social Desirability Scale; BIDR, Balanced Inventory of Desirable Responding; IM, Impression Management; SD, Self-Deception; D, Denial; E, Enhancement. From Dutton and Hemphill.<sup>6</sup> Copyright 1992 by Springer Publishing Company, Inc. Reprinted by permission.

Two-tailed significance: \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

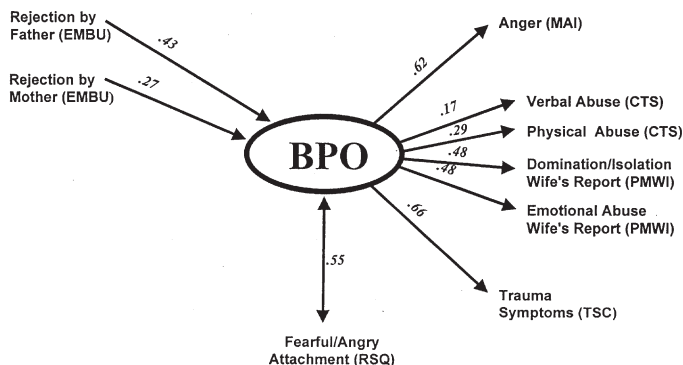
Because the criminal justice system occasionally works in capricious ways, we would have a mixed sample of men who were repeatedly violent: men whose fighting with their wife was a two-way street (the most common form of IPV),<sup>9</sup> men who had had one loud altercation that the neighbors overheard and reported to the police, and career criminals who got dumped on the treatment group out of court desperation. It was not surprising that the psychological profile of this group was varied!<sup>8</sup>

For over a year the self-reports of clients in the treatment groups came trickling in. It was hard work. Not only were many of the men unreceptive, but many of their partners were hard to find. Some had left after the violence, others wanted nothing to do with the man, his treatment, or some psychologist with questionnaires. Others, however, were grateful for the chance to talk and disclose their perceptions of the abuse. As the numbers began to reach an acceptable level, we decided to get a control group for purposes of comparison. Because most of the men in treatment were working class (as a function of how the criminal justice system operates), we obtained some blue-collar control data by getting 45 members of a local union (and their wives) to fill out the same questionnaires.

Finally, with the data collected and entered in the computer, we were ready to see the results. Would the suspected connection of BPO to abusiveness appear in the data? The first thing we looked at were the scores on Oldham's BPO self-report measure. The score for independently diagnosed borderlines was reported as 73, for "normal" nonborderlines, 59. What would assaultive males, as a group, look like? The scores for our group were as follows: controls, 61; court-referred batterers, 66; self-referred batterers, 74. The court-referred abusive men, as a group, scored about halfway between normals and diagnosed borderlines. The self-referred men scored just like diagnosed borderlines.

The next step was to directly measure the strength of the associations between BPO scores and other aspects of abusiveness not assessed by the BPO scale. Was BPO associated with other central clinical features of abusiveness, such as anger and jealousy? To answer this question, a correlation measure was computed. A correlation directly assesses the strength of a relationship between two measures. The higher the correlation, the more strongly associated are the two measures. A correlation, however, does not prove that either measure caused the other. Your age, for example, is positively correlated with the average distance between the stars (because the universe is expanding). As one increases, so does the other, but the cause-and-effect relationship is unknown. In our initial data, the BPO scales correlated significantly with the men's self-reports of abusiveness on Murray Straus's Conflict Tactics Scale (CTS).<sup>10</sup> The first hurdle had been crossed.

The schema shown in Figure 5.3 is a representation or summary of the set of associations obtained from our abusive sample of men. In our sample of all the control and assaultive men combined, we found strong correlations between BPO scores and self-report measures of what we called the "associated features" of abusiveness. These are the feelings and perceptions that set the stage for someone to be abusive. The features that were strongly related to borderline scores were anger (+.62), jealousy (+.41), and tendencies to blame women for any "negative" event in a relationship (see negative attributions in Table 7.2, p. 172). These were certainly consistent with the clinical descriptions of borderlines. Another feature appeared, however, that was unexpected and serendipitous. The higher the BPO score, the more the men experienced "trauma symptoms" (depression, sleeplessness, anxiety attacks; I say more about this point below). Common sense had suggested that only assault *victims* suffered trauma symptoms, not assault perpetrators as well! Also, the higher the BPO score, the greater the problems with alcohol. We



**FIGURE 5.3.** The centrality of BPO in an assaultive group of males ( $N = 160$ ):  $r > .52$ ,  $p < .00001$ ;  $r > .26$ ,  $p < .01$ ;  $r > .15$ ,  $p < .05$ . RSQ, Relationship Style Questionnaire.

wondered if these men drank to blot out the bad feelings that welled up inside them.

The jealousy, which they also experience intensely, seemed to me to be a fear of abandonment; that one will be left for a more sexually desirable person. The high BPO men also reported more abuse toward their partners, both physical and emotional. The higher the BPO score, the greater the overall psychological and physical abusiveness, even in a sample that was abusive as a baseline. Given the profile of these other characteristics, we weren't surprised. Again, let me emphasize that these associations held up after the data were corrected for socially desirable responding. It wasn't just a case of abusive men having a response style that led to increased disclosure. Even if that were the case, there was no reason to believe that they would report more anger or abuse than they had actually inflicted. Why make up something like that? In any event, we measured the men's tendency to disclose, their tendency to manage the impression they believed they were making, and even their level of self-deception. With all these sophisticated measures accounted for, the relationship of BPO to other key feelings and actions was robust. The BPO profile appeared to have passed its first test. BPO was strongly related to a constellation of abuse-related features: feelings such as anger and jealousy; perceptions of blame; and actions such as telling a woman she was unattractive and that no one else would want her, or of controlling her use of space and time, or hitting her.

The second and bigger test for the data was the wives' reports of their husbands' abusiveness. Because we already knew that the women

were generally honest in these reports,<sup>6</sup> their reports constituted the confirmation of the men's self-reported correlations between BPO and abusiveness (see Table 5.4). We examined the data for the men's abusiveness supplied by the wives and female partners of the men in our sample. We measured abusiveness using both the Straus Conflict Tactics Scale and the Psychological Maltreatment of Women Inventory (PMWI), developed by Richard Tolman at the University of Michigan.<sup>11</sup> The former concentrates primarily on physical actions such as pushing, shoving, kicking, punching, beating up, threatening with, or using a weapon.

The PMWI (see Figure 5.4 ) measures the frequency of two general factors of emotional abusiveness. The first is called Dominance/Isolation and refers to a man's attempts to control his partner's use of time and space. It includes items such as "Restricted my use of the telephone," "Refused to let me work outside the home," "Was stingy in giving money," as well as about 25 other such items. The other factor, the Emotional Abuse Scale, contains items such as "Put down my physical appearance," "Insulted me or shamed me in front of others," "Said something to spite me," as well as about 25 others. The PMWI is the most comprehensive measure of emotional abusiveness available.

We wanted the answer to the following question: How did the men's BPO scores relate to abusiveness (the scores their wives gave them on the CTS and the PMWI)? The result was vivid: Both verbal and physical abuse were strongly statistically related to BPO scores. Men

**TABLE 5.4. Correlations of BPO and Anger Scales with Victims' Reports of Psychological and Physical Abuse**

	PMWI		CTS physical abuse	
	Dominance/ isolation	Emotional abuse	Total	Severe
BPO total	.58***	.55***	.29**	.19
Identity	.55***	.52***	.21*	.14
Defenses	.53***	.53***	.33**	.11
Reality	.56***	.50***	.30*	.29**
Anger total	.52***	.48***	.07	.24*
In	.58***	.50***	-.07	.18
Out	.06	.00	.01	.27*
Duration	.32**	.30**	.20	.13
Magnitude	.63***	.56***	.12	.18
Frequency	.49***	.43***	.13	.28*

Note. From Dutton and Starzomski.<sup>7</sup> Copyright 1993 by Springer Publishing Company, Inc. Reprinted by permission.

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

For each of the following statements please indicate how frequently *your partner* did this to you during the last year by circling the appropriate number:

0	1	2	3	4	5
not applicable	never	rarely	occasionally	frequently	very frequently
1. My partner put down my physical appearance.					0 1 2 3 4 5
2. My partner insulted me or shamed me in front of others.					0 1 2 3 4 5
3. My partner treated me like I was stupid.					0 1 2 3 4 5
4. My partner was insensitive to my feelings.					0 1 2 3 4 5
5. My partner told me I couldn't manage or take care of myself without him.					0 1 2 3 4 5
6. My partner put down my care of the children.					0 1 2 3 4 5
7. My partner criticized the way I took care of the house.					0 1 2 3 4 5
8. My partner said something to spite me.					0 1 2 3 4 5
9. My partner brought up something from the past to hurt me.					0 1 2 3 4 5
10. My partner called me names.					0 1 2 3 4 5
11. My partner swore at me.					0 1 2 3 4 5
12. My partner yelled and screamed at me.					0 1 2 3 4 5
13. My partner treated me like an inferior.					0 1 2 3 4 5
14. My partner sulked or refused to talk about a problem.					0 1 2 3 4 5
15. My partner stomped out of the house or yard during a disagreement.					0 1 2 3 4 5
16. My partner gave me the silent treatment, or acted as if I wasn't there.					0 1 2 3 4 5
17. My partner withheld affection from me.					0 1 2 3 4 5
18. My partner did not talk to me about his feelings.					0 1 2 3 4 5
19. My partner was insensitive to my sexual needs and desires.					0 1 2 3 4 5
20. My partner demanded obedience to his whims.					0 1 2 3 4 5
21. My partner became upset if household work was not done when he thought it should be.					0 1 2 3 4 5
22. My partner acted like I was his personal servant.					0 1 2 3 4 5
23. My partner did not do a fair share of household tasks.					0 1 2 3 4 5
24. My partner did not do a fair share of child care.					0 1 2 3 4 5
25. My partner ordered me around.					0 1 2 3 4 5
26. My partner monitored my time and made me account for where I was.					0 1 2 3 4 5
27. My partner was stingy in giving me money.					0 1 2 3 4 5
28. My partner acted irresponsibly with our financial resources.					0 1 2 3 4 5
29. My partner did not contribute enough to supporting our family.					0 1 2 3 4 5
30. My partner used our money or made important financial decisions without talking to me about it.					0 1 2 3 4 5
31. My partner kept me from getting medical care that I needed.					0 1 2 3 4 5
32. My partner was jealous or suspicious of my friends.					0 1 2 3 4 5
33. My partner was jealous of friends who were of his sex.					0 1 2 3 4 5
34. My partner did not want me to go to school or other self-improvement activities.					0 1 2 3 4 5
35. My partner did not want me to socialize with my same sex friends.					0 1 2 3 4 5
36. My partner accused me of having an affair with another man/woman.					0 1 2 3 4 5
37. My partner demanded that I stay home and take care of the children.					0 1 2 3 4 5
38. My partner tried to keep me from seeing or talking to my family.					0 1 2 3 4 5

(Figure 5.4 continued on next page)

**FIGURE 5.4.** Psychological Maltreatment of Women Inventory (PMWI). From Tolman.<sup>11</sup> Copyright 1989 by Springer Publishing Company, Inc. Reprinted by permission.

39. My partner interfered in my relationships with other family members.	0 1 2 3 4 5
40. My partner tried to keep me from doing things to help myself.	0 1 2 3 4 5
41. My partner restricted my use of the car.	0 1 2 3 4 5
42. My partner restricted my use of the telephone.	0 1 2 3 4 5
43. My partner did not allow me to go out of the house when I wanted to go.	0 1 2 3 4 5
44. My partner refused to let me work outside the home.	0 1 2 3 4 5
45. My partner told me my feelings were irrational or crazy.	0 1 2 3 4 5
46. My partner blamed me for his problems.	0 1 2 3 4 5
47. My partner tried to turn our family, friends, and/or children against me.	0 1 2 3 4 5
48. My partner blamed me for causing his violent behavior.	0 1 2 3 4 5
49. My partner tried to make me feel like I was crazy.	0 1 2 3 4 5
50. My partner's moods changed radically, from very calm to very angry, or vice versa.	0 1 2 3 4 5
51. My partner blamed me when he was upset about something, even when it had nothing to do with me.	0 1 2 3 4 5
52. My partner tried to convince my friends, family, or children that I was crazy.	0 1 2 3 4 5
53. My partner threatened to hurt himself if I left him.	0 1 2 3 4 5
54. My partner threatened to hurt himself if I didn't do what he wanted me to do.	0 1 2 3 4 5
55. My partner threatened to have an affair with someone else.	0 1 2 3 4 5
56. My partner threatened to leave the relationship.	0 1 2 3 4 5
57. My partner threatened to take the children away from me.	0 1 2 3 4 5
58. My partner threatened to have me committed to a mental institution.	0 1 2 3 4 5

FIGURE 5.4. (continued)

who scored high on BPO were the ones whose wives rated them as highly abusive, and vice versa. Now, as noted above, correlations do not prove causality. However, numerous studies<sup>12, 13</sup> have shown that BPO seemed to be produced by early experiences. (I examine the role of early factors in upcoming chapters.) A man didn't become high in BPO later in life (although he might become abusive). The BPO scores, in other words, probably had been around for some time; they preceded the abusiveness, which, by definition, couldn't have started until the man was in an intimate relationship. In the correlational schema in Figure 5.1, you will note an association with a scale called the EMBU. I discuss the developmental aspect measured by this scale below.

## THE MILLON CLINICAL MULTIAXIAL INVENTORY (MCMI)

In Chapter 1 I mentioned the MCMI-II<sup>14, 15</sup> that measures both Axis-I “state” (i.e., temporary, acute) and Axis II “trait” (i.e., long-standing, persistent) psychological problems. The Axis II disorders, or personality disorders, are persistent, dysfunctional ways of feeling and



behaving in relation to events or people. I described how in 1985, preliminary assessments of abusive men by Hamberger had generated three subtypes,<sup>16, 17</sup> shown in Table 1.1. For our current sample, we also had MCMI-II data, and although we didn't initially factor-analyze the MCMI scores, we could see the following through observation of the average scores: There was a peak of high scores in the aggressive/sadistic and antisocial personality disorders, as was found by others. Both court- and self-referred samples had average scores above 85 on this measure, indicating clinical "centrality" of this type of personality disorder. These were people who used violence instrumentally and without empathy (see Table 1.6). There was also another cluster of avoidant and passive-aggressive personality disorders. This was no more pronounced in the self-referred group but clinically significant in both (above a cutoff point of 75 on the MCMI-II). Finally, there were the borderline scores. One point needs be made: Millon has a unique perspective on borderline personality, seeing it more as a level of dysfunction than as a specific personality type. On the MCMI-II, it is listed as "Severe Personality Pathology." That having been said, Millon's measure did correlate with the BPO measure (+.70) and itself indicated a clinically significant peak for self-referred men (mean = 79) but not court-referred men (mean = 66). We interpreted this correlation as influenced by the differential selection processes for the criminal justice system versus self-referral. Our results are consistent with the three peaks for personality disorder found in earlier studies of abusive men.

Abusive women, as later studies showed, also have personality disorder peaks. It is important, when we focus on abusive men, not to make the illogical leap that all abusers are male. From the longitudinal study of Moffitt,<sup>18</sup> which showed that "negative emotionality" (a combination of neuroticism and paranoia) determines abusiveness in a community sample of women, to studies that used the MCMI-III to assess women court-ordered for treatment,<sup>19</sup> personality disturbance is prominent in female offenders. The latter study, conducted by Chris Henning and colleagues<sup>19</sup> at Portland State University, found that women offenders were five times as likely as men to have borderline scores on the MCMI-III above 75. Compulsive/histrionic/narcissistic peaks also appeared for the female offender group more frequently than for male offenders. There is some evidence from the Collaborative Longitudinal Personality Disorders study<sup>20</sup> that male and female borderlines are diagnosed differently. Males are more likely to have other comorbid problems that may mask their borderline condition, including substance abuse disorder and narcissistic, sadistic, or antisocial personality disorder. These comorbid problems usually dominate the diagnostic arena.

Women were more likely to present with posttraumatic stress disorder (PTSD) and eating disorders. Again, these problems drew a differential diagnosis for the female group. All subjects in this study met criteria for BPD. The males were more likely to be diagnosed as criminal, the females as having an eating disorder.

What Moffitt called negative emotionality may also have an anger component. Diane Follingstad and her colleagues<sup>21</sup> generated a model for predicting dating violence in a sample of 412 college students, finding that anxious attachment (resulting from early life experiences) led to the development of an “angry temperament,” which, in turn, related to attempts to control, and use abuse against, an intimate partner. Follingstad’s causal model used sophisticated statistical procedures to separate anxious attachment from its chronic emotional consequence: anger. This emotional by-product produced the controlling behaviors that are the hallmark of abusiveness. The model predicted abuse perpetration for both genders. It was a deficient attachment style, not gender, that produced extreme control. Female abusiveness is discussed further in Chapter 10.

## BACK TO THE INTERPRETATION

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With our men, we would have to make the case for cause and effect on theoretical grounds. A large and independent set of studies indicated that BPO, for example, was initiated early in life. Psychiatrist Bessel van der Kolk, among others, has demonstrated this connection. Van der Kolk and his colleagues found that early trauma (abuse) was more frequent in the histories of adult borderlines than in other clinical groups.<sup>22–25</sup> As well, excessive separations, losses, or disruptions were more likely in the lives of borderline patients and federal prisoners convicted of violent crimes. This was especially true for those convicted of family violence. Van der Kolk suggests that physical abuse produces long-term difficulties in modulating emotion and aggression. The emotional problems appear as “affective numbing” and a constriction occasionally described as “alexithymia”—the inability to recognize and make use of emotional reactions. This hyperaroused state may be followed by hyperarousal (extreme arousal with very strong impulses, sometimes visible as a bulging neck vein, “speedy” actions, and sweating) and aggressive outbursts.

The form of the aggression seems to be influenced by sex roles, with abused boys identifying more with the aggressor and subsequently acting out, and abused girls turning to self-destructive acts.<sup>26</sup> However,

longitudinal studies on female violence suggest that we should not rush to demarcate differences along gender lines<sup>30–32</sup> because incidence rates for intimate abuse are as high or higher for female perpetrators.<sup>27</sup> The truth is, we do not know why some borderlines direct their aggressive impulses to others and some to themselves. Still others do both, shifting from a target that is the other to one of the self.<sup>28</sup> Psychologist Katherine Widom found that childhood victimization (by physical abuse) increased the overall risk for violent offending for both genders but more so for males.<sup>29</sup> Other long-term developmental studies have found more similarity than difference in the emergence of abusiveness in both genders.<sup>18, 30, 31</sup>

Although anger and jealousy may germinate at an early age<sup>32</sup> (see Chapter 3), the adult forms of these feelings and the intimacy issues to which they become attached appear to be shaped much later. The origins of the private personality, however, appear to precede the later social “persona” that people carry through life. The full development of the abusive personality may be a gradual process that occurs over years, but the path—the route by which the abusive personality creates itself—is set early on.

Why do these men get so angry and abusive in intimate relationships? The answer may lie partly in the meaning of intimacy to them. For men high in BPO, intimate relationships serve the unenviable task of gluing together their shaky ego integrity. With an unstable sense of self and an inability to tolerate aloneness, these men depend on their relationship with their female partner to prevent their fragile selfhood from disintegrating and to dissipate the pervasive anxiety that they feel. It is for this reason that earlier studies of abusive men reported a “masked dependency” on the victim. Yet that very relationship that is needed so desperately is fraught with “dysphoric stalemates”; inability to communicate intimacy needs, abandonment anxiety, and extreme demandingness. The intimate partner of the high-BPO scorer is asked to do the impossible, and when she fails, or appears to fail in his eyes, extreme anger follows swiftly because his very sense of self is threatened and because his use of projection as a defense tells him that it is *her fault*. He views her, at that phase of the relationship, as “all bad.” If that impasse resolves, he then tends to enter the contrition phase of the abuse cycle wherein he views her as “all good” and himself as bad.

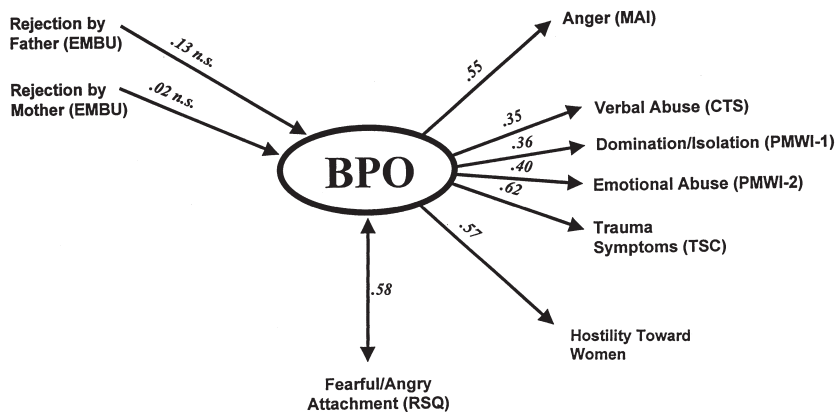
In other words, the borderline male has an ego held together tenuously; an arrangement that threatens at any time to fail and with much at stake—his very sense of ego integrity, of himself as whole. With a volatile combination of ego needs, an inability to communicate them,

chronic irritability, jealousy, and a blaming perspective, this man is programmed for relationship destruction.

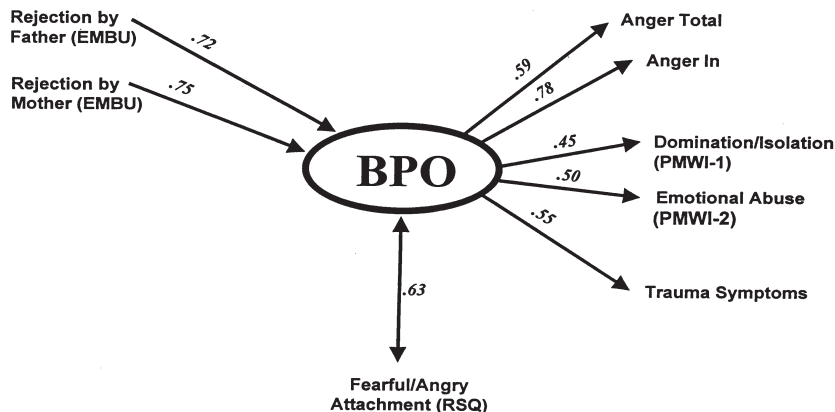
Thus anger is an unavoidable aspect of intimacy for borderlines and carries with it a high likelihood of blaming the partner and projecting unacceptable impulses onto her. Their personality scores on BPO also show measurable tendencies to blame the woman when things go wrong in the relationship. And to them, things are always going wrong. By setting nearly impossible standards for others, the abusive personality ensures that things will always go wrong. As their tension mounts, the need for perfect control in an imperfect world generates inevitable failures.

BPO also correlated with abusiveness in our blue-collar control group (see Figure 5.5), but only with emotional abuse, suggesting that they may have learned a different style of abusiveness. The mood cycles that characterize borderlines are essential features of the disorder, but the behavioral forms of abuse may be learned reactions, not just to external stress, but to the internal cues of dysphoria. It is for this reason that victims of the abuse describe it as self-generated by the perpetrator.

We also collected data for two other comparison groups. A clinical outpatient sample of males referred for any problem except intimate abusiveness revealed the same pattern of associations with anger and abusiveness (see Figure 5-6). These men, however, as with our blue-collar sample, were not physically abusive. BPO scores for them corre-



**FIGURE 5.5.** The centrality of BPO in a nonassaultive group of males ( $N = 46$ ):  $r > .40$ ,  $p < .0001$ ; n.s., not significant.



**FIGURE 5.6.** The centrality of BPO in clinical outpatient males ( $N = 45$ ):  $r > .41$ ,  $p < .0001$ .

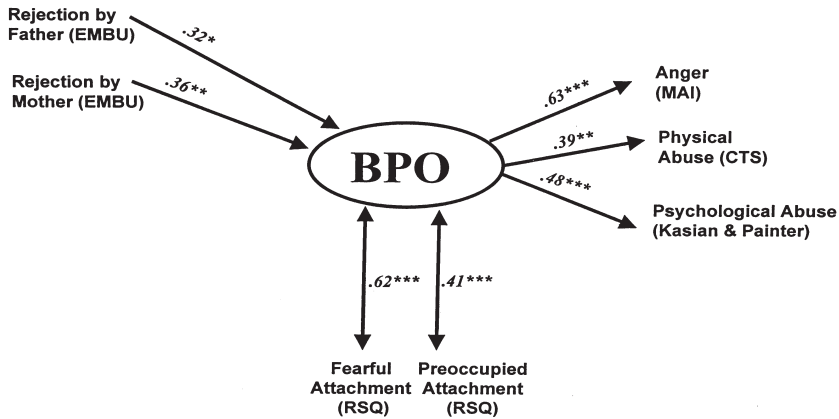
lated with psychological abusiveness. The difference seems to have been that both the blue-collar and outpatient samples were less likely to have witnessed physical abuse in their families of origin. Both, however, experienced psychological abuse.

The gay sample again replicated the basic pattern of prior groups. Of interest here is the notion that intimacy, per se, generates abusiveness in borderlines, regardless of their sexual orientation (see Figure 5.7). Partner assault here is not an issue of “male dominance,” it is an issue of intimate anger.

As the tension and dysphoria build, borderlines unconsciously require their partner to take it away, to soothe them, to make them feel whole, to make them feel good. But they do not express this need, are unaware of it, and so cannot express it. For this reason, communication skill-building exercises with borderlines is not sufficient. Even if they had the skills, they couldn’t identify the message. Instead, they begin to act counterproductively, generating actions that distance and hurt the partner and reach a crescendo with the acute abusiveness episode.

## THE MINDSET OF THE ABUSER

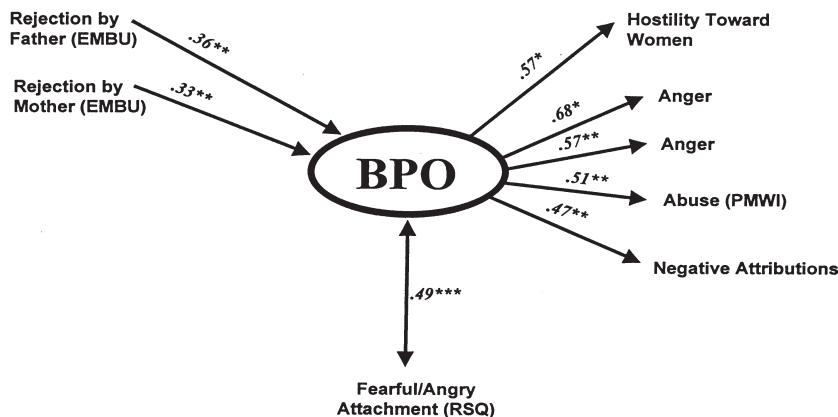
Of course, the way the abusive man thinks about the situation also paves the path toward abuse. Recall Oldham’s discussion of borderlines as engaging in a “primitive defense” called projective identification. This



**FIGURE 5.7.** The centrality of BPO in a sample of gay men ( $N = 104$ ): \* $p < .01$ ; \*\* $p < .001$ ; \*\*\* $p < .0001$  (two-tailed). The “psychological abuse” scale is from Kasian and Painter.<sup>38</sup>

defense involves projecting all of one’s own negative attributes onto one’s partner. My graduate student Andrew Starzomski tested the way in which borderlines thought about intimate events in a rather unique study (see Figure 5.8).<sup>33</sup> Instead of using abusers, Andrew used middle-class university males who had been in a serious intimate relationship. These 20-year-old males were assessed using the same questionnaires as we had used with our court-mandated group; then they listened to audiotapes of couples arguing. After each tape, they filled out a questionnaire, Relationship Attribution Measure (RAM), which assessed how they thought about the events that they had just witnessed. Specific words or actions were replayed from the original context, and the boys were asked “Why did he [or she] do that?” Their answers were placed in one of several categories supplied by the RAM.

Boys with higher scores on BPO had a strong tendency to blame the female for the conflict witnessed, and to see her actions as intended to hurt her boyfriend’s feelings. They also thought that she would continue to do these things in the future. They saw her personality as the cause of the problem and perceived her actions differently from the more securely attached boys. They also indicated this was how they saw problems with their own girlfriends. This “blaming mindset” keeps the anger level high and operates against negotiation in resolving intimate disputes. The high-BPO boy has thoughts (blaming) and feelings (anger) about intimacy that mutually reinforce each other and set the stage for



**FIGURE 5.8.** The centrality of BPO in two groups of college students: \* $N = 72$  (Starzomski<sup>39</sup>); \*\* $N = 77$  (van Ginkel<sup>40</sup>); \*\*\*both studies. Here  $r > .33$ ,  $p < .001$ ;  $r > .29$ ,  $p < .01$ ;  $r > .22$ ,  $p < .05$ .

abusiveness. It's a short step from anger and blaming to overt abusiveness. It's possible to be angry with someone who is crucial to your well-being, to blame the person for your own unhappiness and not be abusive, but it's unlikely. Once these feelings and mindsets are working in concert, the likelihood of abuse dramatically increases.

The high-BPO boys also had more negative attitudes toward women, in general, and much higher self-report scores on anger scales. A lot is made of how misogynistic attitudes "cause" violence. I think that both misogynistic attitudes and abuse can stem from one common source: BPO. I imagine that, as borderline teenage boys lurch from one failed relationship to another, sabotaged by their own impossible demands and anger, they blame the failures on the female. At first they blame one particular female, then, after some more failures, women in general. This attributional process is the midwife at the birth of misogyny. Some of the college men we assessed are the abusive husbands of the future; they have inchoate abusive personalities. If we assessed these dimensions in teenage boys and provided them with the right kind of treatment, we might prevent the abuse from being manifested.

Another measure was thrown in to our assessment package almost as an afterthought. Trauma symptoms were known to be high in abuse victims,<sup>34</sup> but no one suspected at that time that they might also be high in perpetrators. Psychologists John Briere and Marsha Runtz had developed the Trauma Symptom Checklist<sup>35</sup> (see Figure 5.9), which, as the

name suggests, measures the frequency with which respondents experience certain psychological symptoms. These symptoms, Briere and Runtz found, are more frequent in people who have been traumatized in their past. In fact, the frequency of these symptoms can accurately discriminate people who have been victims of childhood sexual abuse from those in a nonvictim group. This discrimination works for both females and males. The scale measures symptoms of depression (e.g., crying, sadness, feelings of inferiority), anxiety (e.g., tension, trouble

How often have you experienced each of the following in the last 2 months?  
Please circle the appropriate number:

	0 never	1 occasionally	2 fairly often	3 very often
1. Insomnia (trouble getting to sleep)	0	1	2	3
2. Restless sleep	0	1	2	3
3. Nightmares	0	1	2	3
4. Waking up early in the morning and can't get back to sleep.	0	1	2	3
5. Weight loss (without dieting)	0	1	2	3
6. Feeling isolated from others	0	1	2	3
7. Loneliness	0	1	2	3
8. Low sex drive	0	1	2	3
9. Sadness	0	1	2	3
10. "Flashbacks" (sudden, vivid, distracting memories)	0	1	2	3
11. "Spacing out" (going away in your mind)	0	1	2	3
12. Headaches	0	1	2	3
13. Stomach problems	0	1	2	3
14. Uncontrollable crying	0	1	2	3
15. Anxiety attacks	0	1	2	3
16. Trouble controlling temper	0	1	2	3
17. Trouble getting along with others	0	1	2	3
18. Dizziness	0	1	2	3
19. Passing out	0	1	2	3
20. Desire to physically hurt yourself	0	1	2	3
21. Desire to physically hurt others	0	1	2	3
22. Sexual problems	0	1	2	3
23. Sexual overactivity	0	1	2	3
24. Fear of men	0	1	2	3
25. Fear of women	0	1	2	3
26. Unnecessary or overfrequent washing	0	1	2	3
27. Feelings of inferiority	0	1	2	3
28. Feelings of guilt	0	1	2	3
29. Feelings that things are "unreal"	0	1	2	3
30. Memory problems	0	1	2	3
31. Feelings that you are not always in your body	0	1	2	3
32. Feeling tense all the time	0	1	2	3
33. Having trouble breathing	0	1	2	3

**FIGURE 5.9.** Trauma Symptom Checklist. From Briere and Runtz.<sup>35</sup> Copyright 1989 by Sage Publications. Reprinted by permission.



breathing, panic attacks), sleep disturbance (e.g., restless sleep, nightmares, early morning awakenings), dissociation (spacing out, flashbacks, dizziness, out-of-body experiences), and “post-sexual abuse trauma—hypothesized” (e.g., sexual problems, fear of the opposite sex, memory problems). This latter category is just what it says, *hypothesized*; it cannot be used to “prove” the existence of sexual abuse. Nonabused people score a much lower frequency of symptoms than do abused people. Crisis center clients, for example, generate scores of about 44, whereas university students, about 20. Males report lower scores than females, about 16 versus 27 in nonabused samples and 20 versus 40 in abused samples. Our first surprise was the scores of our respondents. The control group men scored at 19, the batterers at 26. For males, this was a very high score, 6 points higher than the normal score for abused males.

As we investigated further, some interesting patterns came to light. One was that BPO scores were highly related to trauma symptoms. In fact, our BPO respondents had trauma profiles identical in many key features to Vietnam vets diagnosed with PTSD.<sup>36</sup> Borderlines, it seemed, suffered more frequently from every aspect of trauma symptoms: depression, anxiety, sleep disturbance, and dissociation. Even more surprising was the finding that abusive men had a psychological profile similar to men in other studies who had been diagnosed with PTSD. This finding suggested another common early origin of BPO, one that we shall explore in detail in a later chapter. This origin suggests that, for assaultive men, some form of traumatic early experiences have lasting effects—effects that are far beyond the copying of violent actions. Every aspect of the man’s “intimate personality” is affected: how he sees his wife, how he feels, how he thinks about the causes of his problems.

For now, our picture was slowly clarifying. The abusive male scored high on BPO, which meant that he had difficulty maintaining a strong, clear self-image. To a certain extent, he expected his relationship to answer the question of who he was. The problem was, for reasons he couldn’t understand, he kept feeling bad in intimate relationships. He would intermittently feel tense, anxious, irritable, “off center.” He would start to get angry easily, over little things. He knew his partner was to blame for all the wrong things, and he tunneled in on her faults, which grew until they filled the entire screen of his consciousness. She was to blame for his feeling this way. “If only she didn’t. . . .” His strange “ego-dystonic” (unfamiliar to the self) feelings increased, he had trouble sleeping, he was depressed. He ruminated more on her faults. He began yelling at her, snapping over little things. He wanted to push her away, but sometimes he wanted her to come and get him, make him feel better,

soothe him. The feeling passed so quickly that he hardly noticed it. He went back to wanting to push her away, and that feeling stayed with him. She was such a bitch. If only he could get free of her, he would finally be happy. He started to drink more heavily—the alcohol seemed to dull the dysphoria. The problem was, he got less restrained and more aggressive. Sometimes it scared him, this energy from within. He felt that it might overwhelm him. Friends found him occasionally a bit withdrawn.

## NOTES

- \* Drew Westen of Emory University in Atlanta contributed this posting (which I have abbreviated) regarding a dimensional approach to psychopathology on the Borderline PD Listserv:

Across disorders, researchers are increasingly calling for dimensional diagnosis, either as the primary method of diagnosis or as a secondary way of summarizing diagnostic information. Calls for dimensional diagnosis of Axis I disorders have extended from mood and anxiety. For example, Appendix B of DSM-IV outlines a dimensional approach to diagnosis of psychosis, in which clinicians would rate the extent to which the patient has positive symptoms, disorganized symptoms, and negative symptoms, using a four-point severity scale (from “absent” to “severe”). Dimensional diagnosis is already a “shadow” diagnostic system used in both clinical trials and basic science research on mood and anxiety disorders. For example, most treatment research on depression uses MDD as the primary inclusion criterion but then largely relies on dimensional measures such as the BDI and HRSD to assess outcome because patients who fall just below the diagnostic threshold may not show clinically significant or lasting change. In classification research, researchers similarly rely almost exclusively on dimensional variables because they provide greater power, tend to be truer to the underlying distributions in the population, and are more useful in data-analytic procedures. The most obvious place for dimensional diagnosis in DSM-V is in the personality disorders

† On the ZAN-PD a sliding scale score is generated by having each of the nine items in the DSM-IV rated on a 0–4 scale by the assessor.<sup>4</sup>

‡ Also known as Cronbach’s alpha.

§ At a research meeting in Seattle, a prominent therapist who had become a radical feminist declared (in the middle of my presentation about borderline perpetrators) “I’ve never seen a borderline.” Paradigms, as they are called, are the set of categories we develop to explain a phenomenon such as IPV and which subsequently color our perceptions. The gender paradigm has led to the exaggeration of male violence (all convicted men are batterers), the underestimation of female violence,<sup>37</sup> and to unrecognized personality disorder.

|| Golier and colleagues<sup>25</sup> found that BPD was related to PTSD from early

trauma. However, it was not the only adult PD to be so related; paranoid PD was also related to trauma experience. High rates of early and lifetime trauma were found for the subject group as a whole. Compared to subjects without BPD, subjects with it had significantly higher rates of childhood/adolescent physical abuse (52.8% vs. 34.3%) and were twice as likely to develop PTSD. The associations with both trauma and PTSD were not unique to BPD; paranoid personality disorder subjects had an even higher rate of comorbid PTSD than subjects without paranoid personality disorder, as well as elevated rates of physical abuse and assault in childhood/adolescence and adulthood.

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## CHAPTER 6

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# The Primitive Origins of Rage

As we saw in the previous chapter, the BPO scale has a section called “Primitive Defenses” on which abusive men score high. The “primitive” defenses assessed on this scale include projection, splitting, and denial. Abusive men tend to deny aggressive and sexual impulses in themselves, project them onto their partners, and view their partners as either flawless or wicked (in some cultures, as Madonnas or whores). When psychiatrists refer to a defense as *primitive*, they mean that it formed very early in life, even before the “Oedipal stage” of development. Whereas Freud located the Oedipal stage at around 3 years, and emphasized the “Oedipus complex” of repressed emotion for the mother, later psychiatry has focused on the “pre-Oedipal” period (around 18 months) as having the greater importance for the formation of personality. During this earlier phase, our basic notions of selfhood develop as we interact with the mother through a series of “nonsense syllables,” gurgles, and coos, and wander from her embrace for the first time. We never realize that this is the most important relationship in our lives, our experience of it in these earliest years.<sup>1</sup> During this initial sojourn, it gradually dawns on us that we are a separate entity from our mother. This dawning awareness was described by psychiatrist Margaret Mahler as the “psychological birth of the human infant.”<sup>2</sup> It is also during this stage that rage is born and temper tantrums appear. A later paper by Tremblay and Nagin<sup>3</sup> (described in Chapter 3) reviewed studies in which parents kept daily diaries of their child’s “angry outbursts”; these

peaked in frequency around 18 months and then declined.\* Although these researchers were not guided by Mahler's theory, they found data that fit it to a tee.

What occurs during these first 18 months of life is astounding; we develop a sense of self as the brain develops simultaneously, leading to the obvious inference that the self-concept and neural development are highly interrelated. Both Daniel Siegel's<sup>1,4</sup> and Alan Schore's<sup>5-7</sup> brilliant works review numerous studies of neural development that strongly suggest that the "self" (and all the emotions and cognitions that constitute it), as well as normal consciousness, are creations of the developing brain. During the first year of life the brain grows from 400 to 1,000 grams, and neural connections proliferate. There are about 100 billion neurons with over 2 million miles in their collective length! Each has a spider-like net of neural connections with a range of "on/off" firing patterns. As groups of neurons fire simultaneously, they create a "neural network" or "neural map"<sup>1</sup> (p. 69). The patterns of firing in the map create the subjective experience of mind.<sup>8,9</sup> This "mind" is not located in one specific part of the brain but depends on the maturation and integration of brain hemispheres and their structures. That integration—and brain development itself—depends on healthy attachment with the mother.<sup>1, 5, 10</sup>

Conversely, features of the family of origin that diminish the attunement of maternal interactions will, as a result, diminish neural development and the child's ability to self-regulate emotion.<sup>1,6</sup> In short, development of the "psychological self" occurs through contemporaneous processes that parallel brain maturation. At one level, there is the process of interaction and separation that Mahler describes and which forms the basis of "object relations" theory. At another level, these interactions, separations, etc., are forming an integrated brain that influences such critical processes as the regulation of emotion, appraisal of threat, and the ability to self-soothe.<sup>1</sup> As Siegel suggests, the most important relationship in our life has already happened and we can't remember it.<sup>1</sup>

Autobiographical recall does not develop until the middle of the second year of life. Instead, we have only implicit memory (emotional and bodily) for what happened earlier. Cognitive science refers to this barrier to recall as "infantile amnesia."

Men who are abusive experience extreme and disproportionate anger in an intimate context that resembles an infantile tantrum and suggests some "primitive" (i.e., pre-Oedipal) origin of this anger in an equally intimate relationship. They experience extreme anger and fear at anticipated or real abandonment. The strongest example of this rage is

an abandonment homicide, the killing of a spouse who is about to leave or has left the relationship. Frequently these are savage killings, typified by “overkill”; violence beyond what is required to end the life.\*\* Paradoxically, these men act in such a way as to drive their partners away. These men are literally at their wives’ knees or throats.

We began the search for the origins of rage with the men themselves, bearing in mind that any answers they could provide would only be clues for further study. The men’s own recollections might not provide accurate measures of what really happened in their family of origin, and they would be constrained, as is everyone, by natural limitations on “explicit” memory (late- developing factual and autobiographical memory). Also, they could invent self-serving fictions of parental abuse to rationalize their own current abusiveness. However, our data patterns did not show these men as trying to blame their parents. If anything, patterns of social desirability in their responses showed them being somewhat protective toward their parents. Also, there is no reason to believe that the truth lay elsewhere; for example, in the reports of their parents. These may be self-serving as well.

We knew before we started the research that both boys and girls raised in families where they experienced parental violence were more likely to become abusive themselves.<sup>11-13</sup> The social learning explanation for this outcome was that the child observes the violence and models it; the propensity for violence is in his or her repertoire. When stress or conflict arises in his adult life, he responds with what he already knows. Clearly, we were going to have to measure whatever violence had transpired as the men we studied were growing up. From the beginning of the research, however, I had a notion that something more than the modeling or copying of abusive behaviors was occurring. I wanted to get beyond merely counting hits between family members and assess the emotional climate of the household. I felt that some men in treatment reacted as though their very sense of selfhood was threatened by events that, to an outsider, did not seem that threatening. I suspected that there had been emotional assaults on the self of these men at an early age.

Punishment of the self creates what Shengold describes as “soul murder.”<sup>14</sup> Also referred to as psychic murder, this term is defined as the “shutting off of all emotion, often by using autohypnosis,” and it emerges in abused children largely as a means of defending themselves against their hurt and rage at the perpetrator<sup>14</sup> (p. 24). The rage must be defended against, as any indication of it in the presence of the perpetrator could prove lethal. Although Shengold refers to cases of severe



ongoing sexual or physical abuse, it may be that shaming attacks on the self generate similar responses. By comparison, punishment that is neither public, random, nor humiliating did not seem to carry such a permanent imprimatur.

Clearly, there was more than mere modeling going on in abusive families; there was an entire climate that seemed to destroy the soul, a climate whose message was the unworthiness of the child's self. It began to become clear why identity diffusion was an aspect of the abusive personality. The "self" of these men was not being nurtured, and a stable, positive sense of identity could not develop. My imagination asked the following question: What if this climate had persisted since birth for this boy? The data of Straus and Gelles indicate that much violence begins early in a relationship, and this violence may have characterized their parents' relationships.<sup>15</sup> What other psychological processes that underlie the regulation of rage could be jeopardized by growing up in such a climate? Would any of these processes help in the understanding of intimate rage in all its aspects (e.g., cycling through phases, confined to family)?

## THE EARLY DEVELOPMENT OF THE SELF AND THE ORIGINS OF RAGE

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I began to read two major theory bases that have informed the field's search for the origins of rage: object relations and attachment theories. Both theories contain explanations for ambivalence in intimate relationships originating in the intermittent frustration of attachment needs. We examine object relations in this chapter and attachment theory in the next.

Object relations theory describes how infants form their first relationships with others—"attachment objects." It provides a basis for another theme that predominates in the abusive personality: a split awareness that views women in dichotomous terms as either Madonnas or whores. This split is related to the abuse cycle. Men in the dysphoric phase ruminate on their unacknowledged concept of their wife as a whore: unfaithful, sexually promiscuous, malevolent, and unloving. After the release of tension during an abuse episode, their entire pattern of perceptions regarding their wife and women in general changes. What's more, it changes literally overnight. They become temporarily docile, almost servile, and the wife is now a Madonna, idealized on a pedestal. (I am reminded of Gloria Steinem's dictum: "A pedestal is as much a

prison as any other small space.”) This intermittent reinforcement creates extremely strong bonds in the woman that make leaving the relationship difficult.<sup>16, 17</sup>

Object relations theory explains that the rage that follows upon frustration created by the all-powerful mother, is “split off” because expressing it risks annihilation. She is, after all, the source of all. The rage becomes dissociated to a “bad object” that remains separate from the “good object” (mother). Wives become later representations of that “good object,” but the fear of the bad object and of one’s own rage continues to haunt the male whose object relations are disturbed.

In their book *Love, Hate and Reparation*, psychiatrists Melanie Klein and Joan Riviere developed the basis of object relations theory.<sup>18</sup> According to them, the initial relationship between the infant (self) and mother (object) provides the origins of rage. As Klein put it, “For the infant child, the mother is the original and most complete source of satisfaction of the totality of wants and pleasures. Yet, this total pleasure is inevitably frustrated” (p. 39). The child experiences this frustration as a threatened destruction of the entire self because his or her existence at this level totally depends on the object (mother, breast). Frustration with such severe consequences generates strong reactions, notably rage, hatred, and a wish to annihilate the “bad object” (mother, breast). These destructive fantasies and impulses must be defended against, because their expression could jeopardize the all-powerful relationship with the object (mother, breast). “Primitive defenses” originate at this stage to defend against these strong emotions. One survival mechanism, basic to psychological growth, is that of splitting or dividing the object into good and bad parts. By preserving this distinction, fantasies of rage toward the “bad” object can be entertained without risk of destroying the “good” object. In normal development, the two aspects are eventually integrated. Sometimes, however, this process gets derailed and an integrated view of the mother does not develop. What remains are two segregated views of the object (breast, mother); one that is ideal and nourishing, and another that is punitive, withholding, and destructive.

In her first section of the book, Joan Riviere also described the development of projection at this early stage of development.

The first and the most fundamental of our insurances or safety measures against feelings of pain, of being attacked, or of helplessness—one from which so many others spring—is that device we call projection. All painful and unpleasant sensations or feelings in the mind are, by this device, automatically relegated outside oneself . . . we blame them on someone else. In so far as such

destructive forces are recognized in ourselves we claim that they have come there arbitrarily and by some external agency. . . . Projection is the baby's first reaction to pain and it probably remains the most spontaneous reaction in all of us to any painful feeling throughout our lives.<sup>18</sup> (p. 11)

These early reactions, according to Klein and Riviere, are the origin of rage and appear to occur as early as the pre-Oedipal stages of development (18 months to 3 years). The behavioral evidence<sup>5</sup> as well as the theoretical (and, as we shall see later, the neurological) points to this age as a critical period and to early onset of aggression. Tremblay and Nagin suggest that it is not aggression that is learned by trial and error but rather *inhibition* of aggression.

Abused women often describe their husbands as having tantrums. Rage in intimate relationships, whether it is expressed through violence or sexual acting out, appears out of all proportion to what triggered the action, as though the perpetrator's very life was threatened. This type of rage is usually found when one's essential identity feels threatened. Hence, such rage appears to originate during that developmental period in which identity issues are first formed. As Klein and Riviere put it,

A baby at the breast is actually dependent on someone else, but has no fear of this, at least to begin with, because he does not recognize his dependence. In fact a baby does not recognize anyone's existence but his own (his mother's breast is to him merely a part of himself—just a sensation at first) and he expects all his wants to be fulfilled. . . . But what happens if these expectations and wants are not fulfilled? In a certain degree the baby becomes aware of his dependence; he discovers that he cannot supply his own wants—and he cries and screams. He becomes aggressive. He automatically explodes, as it were, with hate and aggressive craving. If he feels emptiness and loneliness, an automatic reaction sets in, which may soon become uncontrollable and overwhelming, an aggressive rage which brings pain and explosive . . . choking bodily sensations; and these in turn cause further feelings of lack, pain and apprehension. . . . The baby's world is out of control . . . and this is because he loves and desires. . . . The hate and aggression . . . felt and expressed by grown up people are all derivatives of this primary experience.<sup>19</sup> (pp. 8–10)

## THE SPLIT-SELF

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The splitting off of unacceptable rage leads to dissociative splits of the everyday self from this rageful, bad, or shadow self. This splitting of the original object into unintegrated parts may constitute the later split

of the Dr. Jekyll (good, unaggressive, socialized self) from the Mr. Hyde (bad, aggressive, abusive, uncontrolled self). The two parts of the self are not integrated, and, to the extent that they appear in different situations, leave the person (and his or her partner) with the confusing task of reconciling two different selves. As battered women frequently say of their partner, "He's like two different people." The result is a failure to complete the developmental tasks of the stage of object constancy: the creation of a stable, consistent, positive sense of self and a stable inner representation of a comforting person that is sufficient to sustain ordinary periods of separation from a primary caregiver.

In persons without this sense, a vague but deep terror of disintegration is a constant experience. Aloneness is terrifying and any prospect of abandonment is horrific. At the same time, being socialized into a male culture where such feelings are unacceptable, the terror is submerged and stifled until it becomes a distant presence. The proverbial Hounds of Hell, locked in the basement of the unconscious, tearing at the lock on the flimsy door to the main floor where everyday life is lived. No wonder abusers report sleep disturbances, nightmares, and feelings of vague dysphoria. The abusive man vaguely senses that something isn't right; he feels a diffuse tension but he can't name it, can't find the words, never knew the words. His emotional lexicon is too limited; *weird* might come to mind, or *bummed out*. More likely, if asked he'll draw a blank about himself. His wife, however—that's another matter. She doesn't do right, doesn't keep the house clean, fix the meals, dress the kids. If she did, in the distorted reasoning of his mind, these strange bad feelings would disappear. If he yells at her or hits her, he gets rid of the feelings temporarily. The tension he was accumulating dissipates. If he drives her away, though, the terror worsens, and manifests in extreme actions to get her back, including threats of suicide. Several independent studies indicate that these threats are not merely manipulative; that men with these disturbances of self are prone to suicide during periods of threatened abandonments.<sup>20, 21</sup>

## OBJECT-SPLITS AND DON JUANS

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Psychologist David Winter used Klein and Riviere's analysis to explain the myth of Don Juan, "the most persistent and durable character in Western literature," and an image of an archetype that embodies the connection between sex and power<sup>22</sup> (p. 165). Don Juan alternately seduced and abandoned women, going to great lengths to publicly

humiliate them in the process. In his own words, “even more than seduction, the greatest pleasure is to trick women and leave them dishonored”<sup>22</sup> (p. 166). Hence, Don Juan’s sexual motivation had more to do with a lust for power and a desire to humiliate a woman than it had to do with sexual pleasure. What’s more, he alternates in his response, being obsessed with both approach (seduction) and avoidance (abandonment). Don Juan’s victims are typically involved with another man, preferably a man of high social standing.

At first glance, compulsive sexuality may seem to have little to do with anger. However, when the male is in a committed relationship in which conflicts are not getting resolved or his needs are not being met, the probability of anger-motivated sexual acting out increases. These “sexual tantrums” are not unknown to clinicians. Peter Trachtenberg has written an insightful analysis of what he calls the Casanova Complex,<sup>23</sup> by which he refers to a variety of sexual styles in which men engage to seduce a series of women. The problem faced by sexual addicts has a motivational base that transcends sex and derives from power and intimacy management. It was this issue that Winter tried to explain.

Seduction becomes a power play whereby the man evens the score. Sex, for these men, is a vehicle for power. When the sex is over, they can’t wait to leave. Severing relations without warning or farewell, Trachtenberg points out, is a way of annihilating the partner left behind, of punishing her for failing to meet the tyrannical demands of the ego. A subsidiary objective for some men seems to be protection from getting too close to a woman emotionally. Some men maintain a long relationship while also maintaining at least one other sexual/emotional connection with a woman or, occasionally, a series of affairs. Trachtenberg sees these men as having a fear of commitment and attachment, which they deal with by discontinuing relationships when they get to a point of making plans. Typically, they search for women whom they can control, especially in the sense of controlling the social and emotional distance in the relationship. Usually, this means keeping the woman at a distance but available when the man wants her. Polygyny is a useful safety valve for men who fear intimacy and commitment. As Trachtenberg put it,

an abundance of sexual choice makes it possible to see women regularly for years without feeling bound to them. . . . No need to worry that they will reveal too much of themselves to any one partner: they can get away with telling the same stories and same jokes a lot longer if the audience keeps changing. . . . Finally, polygyny greatly reduces the risk of rejection, providing jugglers with a reassuring safety net of sexual alternatives.<sup>23</sup> (p. 157)

This is also a power strategy, since demands from any one lover can be met by increased investment in the woman's "rival." As Trachtenberg notes, this tactic is a convenient way of diverting anger, because the women are more likely to vent their resentments on competitors than on the men they need. Hence, the "other woman" can be turned into a scapegoat for the intimacy tensions in the relationship, as an example of what the man wants in a woman (or doesn't want). The jealousy, envy, and anger that one woman engenders provide emotional control devices for the man that can be used to move the woman emotionally closer or further away. Trachtenberg summarizes: "The struggle for dominance, with its ceaseless manipulation and testing of the beloved, is both a struggle for unconditional adoration and a defense against the threat of engulfment that is always implicit in such love"<sup>23</sup> (p. 161). The psychic costs of such arrangements include a lack of spontaneity (because the juggler is trapped by his "socioemotional position"), boredom (because women are reduced to pawns in a game), and insecurity (because the strains of the system of demands is too difficult to satisfy for long). As Freud put it, "where such men love they have no desire and where they desire they cannot love" (as quoted in Trachtenberg, p. 278). In this sense the split between "good girls" and "bad girls" or Madonnas and whores represents male conceptual categories that themselves are emotionally based; the former representing the socialized and repressed idealized male view of mother as asexual and the latter an emotional catchment for those repressed drives. In a sense the male rage demonstrated toward "bad girls" (e.g., the victim in slasher films is always portrayed as the sexually promiscuous female) may be a form of defensive projection, whereby the hated and repressed longing for the mother is projected onto the bad girl, who is then punished. All form of personal costs can accrue to feed this habit, which Trachtenberg sees as an addiction. He cites the case of presidential aspirant Gary Hart, who threw away a promising political career.

Psychoanalyst Otto Rank interpreted the Don Juan legend in Oedipal terms: "The many women whom Don Juan has to replace again and again represent to him the irreplaceable mother, while his adversaries, deceived, fought and eventually killed, represent the unconquerable mortal enemy, the father"<sup>22</sup> (p. 168). Winter rejects this interpretation, however, in favor of the pre-Oedipal analysis developed by Klein, in which "Don Juan cruelly abandons women because he expects that the mother will eventually desert him. . . . These elements of the legend represent a disguised wish for reunion or fusion with the mother. . . . Rage and aggression toward women are more important in the Don Juan figure than sexuality as such"<sup>22</sup> (pp. 170-171). Winter

then cites Klein and Riviere's section from their book that deals with contempt as a defense mechanism: Contempt "can be a useful and widespread mechanism for enabling us to bear disappointments without becoming savage"<sup>19</sup>(p. 19).

Klein and Riviere saw contempt as a masked form of "turning away from what we really admire and desire" and viewed it as the main source "of all the countless varieties of faithlessness, betrayal, desertion, infidelity, and treachery so constantly manifested in life . . . especially by the Don Juans." Klein and Riviere saw this pattern as one of insatiable longings leading to inevitable dissatisfaction and then contempt and hatred for the source of the disappointment<sup>19</sup> (pp. 20–21). Then:

All the evil impulses in themselves—the hate, greed and revengeful disappointment—they then expel psychologically into the person . . . from whom they had expected so much . . . and naturally feel it necessary to turn away and flee from that person. . . . In fleeing from a good thing that has become bad in our eyes, we are—in our minds—preserving a vision of goodness which had almost been lost; for by discovering it elsewhere, we seem . . . to bring it to life in another place. We try to make a fantastic "reparation" by acclaiming the goodness unharmed elsewhere.<sup>19</sup> (p. 20)

Of course, one cannot always flee physically. Some men, bonded by legal marriage and a sense of commitment, flee emotionally or else stay and express their contempt via abusiveness.

This tendency in its extreme form was described by Klein and Riviere as being essentially narcissistic (the hallmark of people who look to others to constantly nourish them) and is related to the original frustration at the breast and the turning away from the "bad object." The perpetual search for the Holy Grail, in the form of a better lover, is seen as a means of maintaining the notion of the "good object."

In his brilliant, Pulitzer Prize-winning work *The Denial of Death*, Ernest Becker amplifies this theme of inevitable disappointment in the love object.<sup>24</sup> This disappointment was the doomed "Romantic Solution" to spiritual-existential malaise that plagued modern people, deracinated as they were from both a sense of community and spirituality. Becker pointed out how love songs deified the lover as angelic and that, in so doing, the lover attempted to elevate his or her own self to the ideal and, in the process, obliterate his or her own conflicts, contradictions, shortcomings, and sense of separation from the cosmos. The burden, which is too much for any human relationship to bear, leads to inevitable disappointment and rage. The very problem is that the love

object, being human, has imperfections, including a will of his or her own. As Becker put it:

When we look for the “perfect” human object we are looking for someone who allows us to express our will completely, without any frustration or false notes. We want an object that reflects a truly ideal image of ourselves. But no human being can do this; humans have wills and counterwills of their own, in a thousand ways they can move against us, their very appetites offend us. . . . If a woman loses her beauty, or shows that she doesn’t have the strength and dependability that we once thought she did, or loses her intellectual sharpness, or falls short of our own peculiar needs in any of a thousand ways, then all the investment we have made in her is undermined. The shadow of imperfection falls over our lives. . . . This is the reason for so much bitterness, shortness of temper and recrimination in our daily lives. We get back a reflection from our loved objects that is less than the grandeur and perfection that we need to nourish ourselves. We feel diminished by their shortcomings. Our interiors feel empty or anguished, our lives valueless, when we see the inevitable pettiness of the world expressed through the human beings in it. For this reason, too, we often attack loved ones and try to bring them down to size.<sup>24</sup> (pp. 166–167)

Becker attributes the rage of intimacy to the partner’s inability to permanently free us of the collective existential concerns of the day. Klein and Riviere attribute this rage to a “vision of goodness that has been lost,” that is, a memory of perfect fusion with the breast. (This memory, as neuroscience research tells us, is “implicit memory” that contains somatosensory forms of recall and is the only form of memory available during the first year of life.<sup>1</sup>) This memory is not stored in verbal categories; rather, it may be triggered by right-hemisphere associations of touch or emotions stirred by music. “Paradise lost” may be found again in the right hemisphere.

Whatever the source, these authors view intimacy as rage producing. Neither, however, tells us much about individual differences in levels of intimate rage. Again we are faced with the same problem of sociobiological versus feminist analyses regarding the problem of individual variation. Suffice it to say that if a one man felt emptier and more anguished than another, felt less connection, value, or meaning, he would place a greater burden on his intimate relationship. Men who score high on BPO feel emptier. One of the items of the Identity Diffusion subscale reads “I feel empty inside.” Anguish is a constant demon for these men. Trauma symptoms such as insomnia, depression, and anxiety are daily experiences. Usually these are blotted out by alcohol,



drugs, or rage, which overrides these more painful feelings. Rage is the magic elixir that restores an inner sense of power. What's more, the abuse itself can be functional: A woman convinced that she is unattractive or deficient is less likely to attempt to bond with another man. In an instant of rage, the man's unacknowledged powerlessness and jealousy evaporate.

There is a way out of this perpetual process of unrealistic expectations and cyclical disappointment: Mourn the loss of what was never attained and attempt to integrate the good and bad aspects of what is still possible. Most people, however, rather than acknowledge the loss of what was desired and not attained, turn from it and hold it in contempt. They devalue it, dismiss it, run from it, or abuse it. As recent studies in attachment research show, a sizeable number of people have "unresolved grieving" as an attachment style (sometimes referred to as a "disorganized style"<sup>25, 26</sup>) that produces strong, conflicting emotions when the attachment behavioral system is aroused (I describe this system in more detail in the next chapter). The models for male grieving are few. Perhaps, that's why the blues, as a music genre, is so much more popular with men than women: It provides a socially sanctioned form of expression for this lost and unattainable process. Why introspect on personal loss when it can be done vicariously through endless songs of booze, woe, and women who've caught the train and gone. When Robert Johnson sings, "I've been mistreated and I don't mind dyin,'" a multitude of men feel their own unmet yearnings and nod in assent. "I'm hurt, and it was *her* fault."

Winter, too, tried to grapple with the problem of individual differences in levels of intimacy rage. Although as children, all boys probably experience the mother as a source of both frustration and pleasure, all men do not resort to pathological behaviors as adults. Therefore, frustration and pleasure must be combined in some special way in men who go through approach-avoid/destroy-humiliate cycles with women, in order to produce the insatiable longing and the aggressive, deprecating rage. The basis of this cyclical behavior, argues Winter, seems to be a special kind of ambivalence, or alternating behavior, in the mother: She mixes both rejection or frustration with affection or pleasure in such a complex way that the child cannot separate them. In short, the child cannot develop a consistent and unconflicted attitude toward the mother, and hence later, toward women in general. For him, women will always be alluring, loving, faithless, and treacherous; they are both irresistible and dangerous. If the abandonment of the boy Don Juan came in the form of the mother's withdrawal of emotional availability, then the

adult Don Juan cannot simply reject women, for he is bound to them in the classic dilemma of dependence: fusion with the mother (i.e., with all women) is both an ultimate source of pleasure and identity *and* the source of frustration and threatened destruction. Don Juan is thus driven to approach women, but, at the same time, he is threatened by them, flees them, and is driven to an exaggerated male striving for “sexual control, power and prestige”<sup>22</sup> (p. 171).

Some contradiction and ambivalence is inevitable in maternal behavior, but why should a mother behave in an especially binding way? To control the child as an object of her own power and satisfy her own needs? Winter speculates that mothers act ambivalently toward male children as an act of retaliation against men, specifically against the child’s father and her own father. This retaliation is most likely to occur in societies where there is a great degree of differentiation of the sexes, and women are suppressed and restricted by men. The ensuing anger felt by women infuses their relationship with their son, interspersing nurturance with rejection. A father who is rejecting and abusive toward his son affects the boy in many ways. Not only might the son model the father’s actions or feel hurt by the father’s rejection, but the father’s behavior will also impact the boy’s mother and influence her relationship with her son. It is for this reason that specific maternal behaviors, even if they generate psychological damage to the son, cannot be blamed on the mother. She may be a link in the tortuous chain of a dysfunctional family. Her own power needs, indirect rage, and ambivalence toward her son may be generated by an intermittently abusive relationship with her husband, a society that disempowers her, or both. Winter opens a new pathway for us here by suggesting that the origin of differences in male dependency and rage may reside in early attachment relationships. We explore this idea more in the next chapter.

## MARGARET MAHLER

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Another brilliant perspective on the origin of rage was being developed about the same time at the Masters Children’s Center in New York by Margaret Mahler and her associates.<sup>2</sup> They, too, were interested in the “splitting” of internal perceptions of the mother into all-good or all-bad categories. They saw this process occurring during what they called the “rapprochement sub phase” of separation–individuation at age 16–26 months. In their developmental model, the earliest stages are autism (awareness contains only physiological needs and wish fulfill-

ment), symbiosis (the infant becomes aware of the mother's role in need satisfaction and experiences her as a part of self in a dual entity), and differentiation (the infant begins to differentiate the mother and self from other external objects, from 4–10 months).

When infants become toddlers and can walk away from mother (in the practicing subphase, from 10–14 months), some dramatic changes occur in their emotional world. They begin to exhibit frustration—anger and separation anxiety; in other words, a growing awareness of separation and of differentiation of the self from the mother. The child begins to realize that he or she is separate and on his or her own. As this awareness of separation increases (in the rapprochement subphase, 15–24 months), the infant seems to have an increased need for the mother to share with him or her every new skill and experience. The child's need for closeness, held in abeyance throughout the previous developmental period, becomes evident at the very time he or she is developing the capability of creating physical distance between self and mother. As Mahler and colleagues put it, “One cannot emphasize too strongly the importance of optimal emotional availability of the mother during this subphase”<sup>2</sup> (p. 77). Of course, if that mother is coping with an abusive husband, she may find “optimal emotional availability” difficult to provide. This aspect of abusiveness is entirely overlooked by social learning theory, despite its important ramifications for the development of a rageful self.

At this stage, the infant searches for, or seeks to avoid, body contact with the mother; voice as well as touch become prominent. The infant engages in “shadowing” (incessant watching of, and following, every move of the mother) and “darting away,” indicating his or her wish for reunion with the love object and simultaneous fear of reengulfment by it. The child has only recently achieved autonomy and experiences ambivalence. He or she enjoys the new freedom but doesn't want to lose the love object. The child begins to learn that he or she is not omnipotent but small and dependent. At the same time, because this autonomy is new and exciting, the dependence must be denied or suppressed. The experiential result is vacillation between desire for reunion and merging and desire for separateness and autonomy. In their actions, children express this vacillating desire as intense demandingness and clinging, alternating with intense negativity and battling. In this sense, it is their first experience with the paradoxical demands of intimacy: to be themselves and yet be part of a relationship and with the intense ambivalence this generates. As Mahler and colleagues put it, “the period was thus characterized by the rapidly alternating desire to push mother away and to cling to her—a behavioral sequence that the word ‘ambitendency’

describes most accurately. But already at this age there was a often a simultaneous desire in both directions; that is, the characteristic ambivalence of children in the middle of the rapprochement subphase"<sup>2</sup> (p. 95).

The toddler's ability to tolerate being apart from the mother depends on his or her developing "introjects" or "inner representations" of the mother. If he or she develops an introject of a warm, nurturant base to whom he or she can return whenever desired, then the child is likely to wander farther afield. At the same time he or she still needs to return to the mother frequently. However, when he or she gets there, he or she is also likely to "veer away" from her. The trick for the mother at this stage is to remain emotionally available while still allowing the toddler to set out on his or her own. If the mother becomes too unavailable, the toddler invests too much energy in "wooing her" and doesn't have enough left for the challenge of other developmental steps. On the other hand, if the mother is too anxious and begins her own shadowing process, then the toddler's efforts to separate are foiled. The child forces his or her attention to the outside world to avoid intrusion and does not easily return to the mother. As Mahler and colleagues state:

Conceptualization of these rapprochement phenomena was made even more complicated and puzzled by the fact that this blurred identity of mother in the outside world coincided, quite frequently, with a tendency on the mother's part to react adversely to her separating, individuating toddler. The mother's reaction at that time was often tinged with feelings of annoyance at the toddlers' insistence on his autonomy.<sup>2</sup> (p. 96)

Again, one wonders how an abused mother can possibly provide these crucial and sensitively tuned responses? Abuse in the family of origin will have repercussions beyond imitation of behavior. It will interrupt a crucial developmental task.

In summary, Mahler views the child's developmental task as one of reconciling powerful urges to develop and maintain a separate identity with equally powerful urges to reunite or fuse with the mother. Mahler extended this view to the human lifespan by viewing life as a dance between the desire for autonomy and the desire for fusion. Put somewhat differently, relationship issues become issues of optimal distance. Too little distance carries threat of reengulfment and identity loss; too much distance carries threat of loss of the other. The origins of this dance occur during the separation-individuation phase of development when the toddler first learns to walk away from the parent.

Compare this notion of optimal distance with the earlier reports of research with wife assaulters. These men reacted with extreme anxiety and anger to scenarios of abandonment that seemed innocuous to other men. Some males in intimate relationships react to perceived uncontrollable changes in socioemotional distance or intimacy with emotional arousal that they label as anger. An "optimal zone" for each person was defined as the degree of emotional closeness or distance between the man and his partner, with which the man feels comfortable at any given time. Departures from this optimal zone produce the most extreme rage in assaultive men. Assaultive men also have personality deficits that render them most susceptible to dependence on, and anxiety about, relationship loss. The psychological result of perceived loss of the female for assaultive men was panic and hysterical aggression. This reaction is not surprising, given their typical emotional isolation and exaggerated dependence on the female, accompanied by their often traditional sex-role attitudes.

At this point I would suggest that the roots of such emotional patterns may be found during the separation-individuation phase. My own hunch is that a by-product of a dysfunctional or abusive family is a mother who cannot possibly balance the difficult demands of such a family life. Thus the abusiveness, even if it is not physical abusiveness, has important ramifications for the boy's personality, not just his behavior. In a later chapter we will see that the abusive personality is related to abusive behavior, but the form the abuse takes can vary greatly. Some men are emotionally abusive, others physically and emotionally abusive. Both types of men probably came from families with rejecting or abusive fathers; the physically abusive men more likely had fathers who were physically abusive in addition.

Around 21 months, "the clamoring for omnipotent control"—the extreme periods of separation anxiety alternating with demands for closeness and autonomy—begin to subside the child moves toward an optimal distance from the mother. This optimal distance is defined by Mahler and colleagues as "the distance at which he could function best" and represents a compromise between separation anxiety (if too far from mother) and engulfment (if too close)<sup>2</sup> (p. 101).

As Mahler would put it, "splitting" of internal perceptions occurs in response to problems in differentiating the self from the object (mother) during this developmental period. Because mothers are the source of both delight and frustration in infants, rage emerges when pleasure is withheld, as it inevitably must be. The child's sense of his or her own rage is terrifying because it carries with it the possibility of destroying

(or wishing to destroy) the source of delight. Hence, infants have to defend mother against their own rage. They do this by “splitting” her into good and bad parts. The “bad mother” is initially the mother who withholds or is absent. The “good mother” is the one who gratifies. If the child’s rage is projected onto the bad mother, then she is seen as dangerous. In a male child, this split in the psychic representations of mother, if maintained, could form the basis of the view that women (or some category of women) are dangerous, evil, or both. Given that males show more evidence of externalizing than do females,<sup>27</sup> this splitting of the opposite gender into good and bad based on an object representation would be more common for them.

Both Klein’s and Mahler’s analyses suggest that abusive men may divide women into two categories that originate with splitting of the mother into good and bad parts. These categories will then be colored by social values obtained later in development, but they will have their basis in this original split. For this reason, an apparently inexplicable set of rage-driven behaviors may be directed toward the bad-mother category. This category may include any woman experienced by the man as frustrating or rejecting—and more strongly so, of course, if she is an intimate—or it may extend to a generalized category of women as “whores.” The good-mother representation is reserved for “Madonnas” who are “the kind of girl you take home to Mother.” The whores become the recipients of all repressed emotions: rage, sexuality, and all blends of the two. The Madonnas are “respected” (i.e., sexuality toward them is suppressed). Both categories suffer a horrible fate; the former is abused and the latter stifled and compared to an ideal. In the end, no full human relationship with either is possible. In-between lies a continuum of ambivalence into which other relationships with women may fall. Don Juan is driven to approach women, but at the same time he is threatened by them, flees, and is driven to an exaggerated male striving for sexual control, power, and prestige.

When in their “normal” phase, most assaultive men are unable to assert intimacy needs or dissatisfactions. As tension and feelings of being unloved and unappreciated build, the man’s “rageful self” (held in abeyance and outside of consciousness) begins to emerge, and his view of his wife becomes increasingly negative. He has “split off” because expressing his frustrations to the all-powerful, life-sustaining “good object” (Madonna/mother) would risk not just rejection but annihilation (as the risk was experienced in infancy). He ruminates on the concept of his wife as a whore: unfaithful, sexually promiscuous, malevolent, and unloving. After all, doesn’t society teach men that wives are somehow

responsible for making them feel good? Then, if they feel bad (and men with this kind of disturbance will often “feel bad”), it must be their wives’ fault.

Because an incomplete rapprochement task plagues abusive adult males, they share certain similarities in early and later dysfunction. These include the inability to use language in a way that generates a sense of control, or as it is called in adults, “spouse-specific assertiveness.” Instead, these men are either extremely *unassertive*, leading to occasional explosions (the “overcontrolled” abuser), or extremely *domineering*, leading to exertion of every form of control (financial, emotional, physical) instead of negotiation. The development of “positive introjects” (images of a nurturant attachment object even when that object is not present) does not occur, so adult abusive males cannot soothe themselves or handle stress well. All adults with remnants of rapprochement conflict have a tendency to lose sight of themselves in intimate relationships and hence experience anxiety about both closeness and separation, poor spouse-specific assertiveness, and poor tolerance of aloneness (or conversely high dependence). Assaultive males present this very profile, as do borderlines.<sup>28</sup> Abusive males search for women whom they can control—especially in the sense of controlling the socioemotional distance in the relationship—perhaps as a way of finally generating control over the original trauma of a failed rapprochement. When we try to control something/someone, there is usually anxiety and anger behind the behavior.<sup>†</sup> The anxiety signals a threat, and the anger generates agentic or active responses to control the threat. When the need for control is high, it is safe to assume that anxiety and anger are also present and strong. When that control is threatened, anxiety and anger quickly appear.

Thus, pre-Oedipal notions contain key psychological issues that seem relevant in adult relationships: issues of need satisfaction, frustration, rage, identity, and ambivalence. It is at this pre-Oedipal age (17–24 months) that temper tantrums reach their peak.<sup>3</sup> In other words, expressions of rage temporally coincide with the advent of separation-individuation issues. Object relations theory also describes the development of internalized representations of self and others from a more psychoanalytical perspective. Regardless of which theory we choose, the question arises, would these emotional reactions persist into adulthood? My view is that they persist only in a latent form, becoming evident only when another relationship occurs that carries emotional threats in a similar fashion to the early relationship. Intimate romantic relationships are the closest the male comes to recreating this early union, especially if

he suffers from identity issues that make him feel more vulnerable in the adult relationship. In a recent longitudinal study, it was found that men (and women) who were violent with their intimate partners had borderline (Cluster B) personalities that persisted.<sup>29</sup> The notion is that many early adolescents act in a borderline fashion (with the dramatic pushes and pulls toward the romantic partner), but most show a diminution of this profile. Those who do not show a diminution are the ones who most at risk for continued partner violence. The extreme, out-of-control nature of an infant's rage is similar to the descriptions abused women make of abuse incidents. In fact, this extreme violence is often referred to as "infantile rage."

David Celani developed an object relations view of battering relationships that analyzes the identity problems of both the batterer and his victim. In *Illusion of Love*,<sup>30</sup> Celani describes the three basic ego processes that result in healthy development as *differentiation* of the self from the mother (sometimes referred to as separation or individuation), *introjection* of the mother's positive soothing statements into the self, and *integration* of the good and bad aspects of others. Celani sees failures in all three processes manifested in abusive relationships. The lack of differentiation manifests in the extreme codependence abuse perpetrators and their victims have on each other.<sup>31</sup> Similarly, the lack of introjection is revealed by descriptions of inner emptiness and by their inability to self-soothe. The lack of integration reveals itself in the "splitting" described above. Celani traces these developmental failures in both abusers and victims back to mothers who were so involved with their own needs that they were unable to nurture the next generation. Using the fictional example of Sophie Portnoy from Phillip Roth's *Portnoys' Complaint*, Celani describes the power that Sophie realizes through rejection of her son, leaving him with an "unresolved dependency": an emotional Catch-22 in which he cannot separate until he feels fulfilled by her (who cannot or will not cooperate). Such individuals carry deep emotional needs into adult relationships, where they often choose partners who resemble the rejecting parent or demand that the partner right the wrongs inflicted by the parent. When the partner fails to do the impossible, rage erupts. In one of the most famous experiments ever done in psychology, Harlow showed how infant monkeys would cling to "evil surrogate mothers" who extruded spikes and air blasts. The need for attachment overcame the abuse these baby monkeys experienced.<sup>32</sup>

Subsequent empirical studies by Drew Westen and his colleagues have verified that disturbed object relations (measured by assessing the complexity, affective tone, and capacity for emotional investment in the



“representation” (i.e., concept) of the father and mother) were generated by pre-Oedipal experiences involving the relationship with the mother and the continuity of attachment.<sup>33</sup> These same early experience variables also differentiated borderlines from control inpatients.<sup>34</sup> Borderlines, in particular, experienced simplistic (unidimensional) representations of people as “all good” or “all bad” on categories of benevolence or malevolence. As Westen puts it, “these patients [with borderline personality] tend to make highly idiosyncratic, illogical and inaccurate attributions of people’s intentions”<sup>35</sup> (p. 679). Hence, from several sources, there is evidence for disturbed object relations caused by childhood maltreatment underlying borderline personality. From Westen’s work<sup>33, 35</sup> it is clear that both disturbed object relations and perceptions of malevolence in others are characteristic of the borderline, and Celani offers some theoretical basis for these problems with abusive borderlines.

Object relations focuses on the origin of a split in the human psyche, a split that could later become the twin personality of the abuse perpetrator. The rageful personality manifests itself in the tension phase of the abuse cycle, fraught with unexpressed yearning and building negativity. The “socialized” personality becomes the contrite, repentant self who idealizes the wife, who has nearly been lost to him through the ravages of previous abuse.

The problems with object relations theory include the objection that the theory is too subjective, stemming from the theoretical ruminations of psychoanalysts, and too focused on early development to the exclusion of later ameliorative experience. Indeed, the imaginative research of Drew Westen (cited above) was an empirical exception to the first objection. However, as we shall see below, new developments from an unexpected source lend empirical support to object relations notions. Also, it was true that Klein and Mahler focused on a narrow temporal band of child development. Soon a new approach would come to dominate research on social development. That later approach, called attachment theory, would focus on a broader temporal spectrum and would begin to close the gap between studies of infants and studies of later adult personality. We examine attachment theory in the next chapter.

## **IS THERE A NEURAL BASIS FOR OBJECT RELATIONS?**

Before we turn to attachment theory, there is another important issue to consider in the development of abusiveness. Siegel<sup>1</sup> has reviewed

the exciting new field of neural development, a field made possible by the development of scanning instruments such as MRI scans and other brain-scan technology. This field has made it possible to ascertain how the brain develops; that is, which neural structures develop at which ages. One fundamental finding from developmental neurobiology is that neural development is predicated upon optimal communication during early mother–child interaction (see also Schore<sup>5</sup>). Of note for our present purposes is Siegel’s description of the process of brain development<sup>1</sup> (p. 85). He describes this process as one of brain structures (1) maturing and differentiating (component parts become distinct and well developed in their structural uniqueness) as the brain system becomes more complex, and (2) then integrating whereby the brain coheres into a functional whole (which Schore calls “self-organizing”). Optimal brain development requires both levels of development.

Integration is a synergistic process that produces an end product: what we call the “mind.” If integration is lacking, separate selves may develop (i.e., dissociation) through compartmentalization of one self from the other. Sometimes a split develops between the left brain (linear, syllogistic reasoning) and the right (holistic, somatosensory experience). This type of split might present as a logical work-oriented person in one self and a sensualist in the other. Of interest is that Siegel’s description of the process of brain development is identical to Celani’s (above) description of the development of the self. Brain development, according to Siegel, is essential for the development of a self embodied by the consciousness we know as adults. This consciousness only becomes possible during the second year of life with the maturation of brain structures (such as the hippocampus in the medial temporal lobe). This maturation, in turn, allows for the development of “explicit memory” (factual, autobiographical memory that constitutes the cognitive component of the self). Both cognitive neuroscience and object relations use identical descriptors of process (*differentiation, integration*) but with different foci (*brain, self*). Also, both describe processes that occur at the same time developmentally (walking away from mother, hippocampal development at 18–24 months). This neuropsychological research presents an alternative explanation for the early development of emotion, cognition, and the self. It is now increasingly possible that Klein’s and Mahler’s behavioral observations and hypothesized “representations” were based on manifestations of neural development (of which they could have no knowledge). As we shall see in Chapter 8, the Jekyll and Hyde aspect of abusive personalities may also have a neurological origin.

## NOTES

\* Four percent of the children did not show the decline in aggression after 18 months. These were boys who had the highest levels of aggression in kindergarten and remained the most aggressive until adolescence<sup>3</sup> (p. 89). The authors argue that “if models of physical aggression have an impact, it is probably by reducing the speed at which children learn not to use physical aggression. Indeed, the declining frequency of physical aggression with age indicates that the vast majority of children are learning not to use physical aggression as they grow older” (p. 94).

\*\* I was an expert witness for the prosecution in the O.J. Simpson murder case in which Simpson was accused of killing his wife after a failed reconciliation; Nicole Brown Simpson was nearly decapitated. Try as I may, I will never forget the crime photos. The defense tried to shift the blame to nameless professional killers, but these murderers typically kill in a straightforward manner (e.g., one bullet between the eyes). Simpson was found not guilty in his criminal trial but criminally responsible in a wrongful death suit.†

It is for this reason (among others) that so-called “psychoeducational” interventions (for court-mandated perpetrators of spousal assault) are doomed. Focusing on “power and control” without addressing its psychological origins is a waste of therapeutic time.

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## CHAPTER 7

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# An Anger Born of Fear

## ATTACHMENT RAGE

One problem with object relations, of course, was that Klein's notions were based on conjectures about the inner life of infants without regard for the actions of parents that may have caused those inferred thoughts and feelings. As was true of most psychoanalysts from that era, Klein viewed the infant as living in a vacuum with a faceless "mother" who was little more than a role, a menu, a shopping list of responses, possessing no qualities or characteristics of her own. This absence was obvious when David Winter applied Klein's theory to his own analysis; he was forced to use his own speculations about what kind of maternal actions might produce ambivalent men; the answer was not forthcoming from Klein's writings. In Klein's theory, whatever happened to generate splits or primitive defenses occurred as part of an inevitable and unilateral maturational process. The actions of the parent were not implicated and Winter had to supply his own speculations as to what they might be. Mahler had considered the question in terms of "variations within sub phases," as she put it. She wanted to determine "points of vulnerability" in development that might be influenced by "early mother-child interaction and relationship," but concluded that the process "tended to appear rather complex . . . and no regular relations among the various factors could be discerned in the middle range of normalcy with our present research tools"<sup>1</sup> (p. 110).

One of Klein's students was particularly disturbed by this inattention to the context of mothering. John Bowlby was about to provide a theory that would put the mother back into the equation. What's more, this theory would eventually prove testable, thanks to the innovative research skills of Mary Ainsworth and others. It would integrate psychoanalysis with the then-fledgling theory of sociobiology.

## THE SOCIOBIOLOGY OF ATTACHMENT

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Over the course of millions of years, large skulls developed in our early ancestors (hominids) to hold highly developed brains, probably because changes in climate forced some hominids, such as *Australopithecus*, to become hunters. These larger skulls require a prolonged period of growth after birth. There was now a much longer period of developmental immaturity with human infants than with other species. Developmental immaturity requires prolonged dependence on a person who can provide safety and a pervasive feeling of security; it has the biological function of protecting the infant from physical and psychological harm. Attachment is thus a sociobiologically determined universal phenomenon whose behavioral manifestations disappear only under prolonged and extreme threats to survival.<sup>2</sup> This process of attachment is of paramount importance for humans, and its emotional consequences are enormously strong. John Bowlby built a bridge between sociobiology and what later came to be known as "attachment theory." There was, Bowlby argued,<sup>3-5</sup> a strong case for claiming sociobiological origins of infant attachment. In addition, what transpired between the infant and its caregiver could send that infant along a number of individual paths, each influencing his or her personality and emotional reactions, especially in intimate relationships. These reactions remain "from the cradle to the grave." The anger or anxiety that someone feels in reaction to his or her mate leaving for a vacation or staying away too long may have origins in early attachment.

The shift from forest dwellers to hunter-gatherers had two other important consequences for this issue of prolonged dependence: Human-kind became "specialized," with males doing the hunting and females nurturing the infants, and "pair bonding" emerged. Hunting required great cooperation and a minimum of sexual rivalry, hence:

[the] allotment of one female for one male on a semi-permanent basis. In turn, this pair-bonding allowed for a great increase in hunting cooperation, in what

can be termed male-bonding. Obviously, the weaker males could no longer be frustrated by stronger ones as among other primates; successful hunting required the cooperation of all males, all of whom had to be sexually satisfied. Perhaps the most important result of this pair-bonding was the birth of the nuclear monogamous family structure for the benefit of the young: one male provided for one female and her offspring. Pair-bonding was undoubtedly related to a radical change in sexual posture. The hominids personalized sex by adopting face-to-face mating, something that is of utmost importance in pair-bonding because it links the specific partners more intimately.<sup>6</sup>

This hunting-gathering arrangement survived for about a million years, yielding only in the last 10–12,000 years to agricultural ways of life. A division of labor by gender, pair bonding, and prolonged infant attachment to a female caregiver have characterized the normative family social arrangement for over a million years.

We live the first years of our lives in total dependence on a person who literally has life-and-death power over us. Attachment is necessary for survival, and males learn early on that Mother (and, hence, intimate women) has a life-and-death power over them. An enormous felt power differential exists between the male child and the apparently omnipotent mother. All socioeconomic analyses that focus on “earning power” and draw conclusions about male subjective feelings of power based on these later adult indicators miss the reality of this early power deficit vis à vis a woman.

Power differentials, per se, promote bonding. They are, for example, central to the bonding that occurs between victim and captor in hostage-taking situations, creating the infamous “Stockholm syndrome” wherein captives bond to their captors and identify with the captors’ perspective as a survival defense mechanism.<sup>4, 7</sup> Hence, one reality that may differentiate males from females is that males develop a stronger bond to an opposite-gender person at an earlier developmental stage. This bond contains a sense of powerlessness that may persist into adult intimate bonding.

Do feelings of this magnitude occur from the original powerlessness? And are they assuaged only by loving contact with the mother? Does sexual contact in adult life arouse these feelings of vulnerability and the attendant anxiety? Does this anxiety translate easily into anger for males? True emotional safety and security are initially associated with the physical presence of a woman. This association may be why adult males find it easier “to open up” with a woman. Conversely, when these security needs are frustrated early on by a woman, the resulting



emotional reaction may be extreme and long-lived. For females, these emotional lessons apply more to the same sex because women are the primary caregivers in most cultures.

### JOHN BOWLBY'S ATTACHMENT THEORY

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In 1939, in a paper to the British Psychoanalytic Society, Bowlby outlined his views on the type of childhood experiences that lead to psychological disorders, later described in a classic trilogy.<sup>3, 5, 8</sup> Freud, of course, as far back as 1895, had argued that childhood trauma (i.e., premature sexual contact with an adult) caused later psychological problems in women. The ideas in that paper, although brilliant and far ahead of their time, were subsequently abandoned by Freud because the negative reaction to them by his colleagues appeared to threaten his career.<sup>9</sup> Victorian psychiatry could not believe that the incidence of familial sexual abuse could be as common as the incidence of "female hysteria."<sup>10</sup> Freud turned instead to an intrapsychic view: that these sexual contacts were, in fact, imaginary, a process called "wish fulfilment." These "wishes," rather than any actual sexual contact, became the focus of psychoanalysis.

Bowlby did not broach this intellectual minefield. Instead he quietly suggested that the process of interviewing adult patients led to a neglect of the actual occurrences of childhood trauma experiences. Child health care workers of the day focused on the "home environment" in only coarse and general ways. Was the family "intact"? "Did family members go to church?" "Was the house well kept?" In so doing, they missed what Bowlby considered the most important aspects of early childhood: prolonged separations from mother and the mother's emotional attitude toward the child. That attitude manifested itself in how she handled the feeding, weaning, toilet training, and daily aspects of maternal care. Some mothers demonstrate an unconscious hostility toward the child that shows up in small signs of dislike accompanied by an overprotecting attitude designed to compensate for the hostility. This overprotection is comprised of "being afraid to let the child out of their sight, fussing over minor illness, worrying lest something terrible should happen to their darlings"<sup>11</sup> (p. 169). The underlying hostility emerges in "unnecessary deprivations and frustrations, in impatience over naughtiness, in odd words of bad temper, in a lack of sympathy and understanding which the usually loving mother intuitively has"<sup>11</sup> (p. 169).

In a landmark series of books titled *Attachment and Loss*, Bowlby developed the notion that attachment is of ultimate importance for human emotional development because it serves a vital biological function indispensable for the survival of the infant. In his view, the human need for secure attachment is the result of a long-term evolutionary development that rivaled feeding and mating in importance. In other words, attachment has sociobiological significance or survival function. Crawling toward mother to “attach” serves this function. Providing nourishing physical contact to one’s infant does the same. Bowlby’s ideas went beyond sociobiology, in that his views encompassed the possibility of individual differences. The individual differences came to be called “attachment styles” and referred to constellations of thoughts and feelings about intimacy. These differences, he theorized, came about because of different aspects of maternal attachment behaviors. Reactions to the satisfaction or dissatisfaction of early attempts at attachment set up lifelong “attachment styles,” which he described as secure, fearful, or dismissing. Individuals whose attachment was dismissing tend to be wary of, and stay out of, relationships, whereas those with secure attachment in their early childhood are comfortable with closeness. Those with fearful attachment are stuck in the middle, exhibiting an ambivalence toward intimacy and toward those with whom they are emotionally connected. This push–pull reaction resembles the ebb and flow of the cyclical personality. Could the cyclical personality have its origin in intermittent maternal unavailability?

Attachment is governed by three important principles: First, alarm of any kind, stemming from any source, activates an “attachment behavioral system” within the infant. That is, whenever stressed or alarmed, the infant crawls or walks toward the mother, or cries for her, seeking soothing physical contact. Second, when this system is intensely active, *only physical contact with the attachment figure* will serve to terminate it. Nothing else will do. Finally, when the attachment system is activated for a long time without reaching termination, *angry behavior* is observed in the infant. Hence, a fundamental conclusion of attachment theory is that *anger follows unmet attachment needs*. The “original anger” stems from frustrated and unsuccessful attempts to attach. When the stressed infant seeks soothing contact and it isn’t available, the result is rage, followed by depression and then indifference. In other words, *the original motive for anger is to reestablish soothing contact*. In adults, endogenous tension cycles bear an eerie resemblance to attachment processes in children. The tension builds from within a person who cannot self-soothe. The need for

soothing is not identified or articulated. Hence, desired contact from the partner is not forthcoming. As the tension continues to build, the predominant motive is escape—with a hidden wish that the other will come and rescue—then rage when rescue does not happen. The adult cycle recapitulates the early process described by Bowlby.

Bowlby defined attachment as a bond developed with “some other differentiated and preferred individual who is conceived as stronger and/or wiser”<sup>4</sup> (p. 203). Proportional to this sense of the other as having absolute and unrestricted power over the infant, threats or separations to that secure attachment should produce emotional responses that are extremely strong—responses such as terror, grief, and rage. In males these fundamental and primitive emotions are initially connected to a woman. Because that woman life-and-death power over the male infant, powerful emotional tracks are laid.

Bowlby reported observations of the reactions of children (ages 15–30 months) in nurseries who were separated for the first time from their parents. These reactions underwent three distinct phases that he identified as protest, despair, and detachment. It is instructive to hear Bowlby's own description of these reactions:

[In] the initial phase [protest], the young child appears acutely distressed at having lost his mother and seeks to recapture her by the full exercise of his limited resources. He will often cry loudly, shake his cot, throw himself about, and look eagerly towards any sight or sound which might prove to be his missing mother. All his behaviour suggests strong expectation that she will return. . . . During the phase of despair, . . . his behaviour suggests increasing hopelessness. The active physical movements diminish or come to an end, and he may cry monotonously or intermittently. He is withdrawn and inactive . . . and appears to be in a state of deep mourning. . . . [In] the phase of detachment, when his mother visits it can be seen that all is not well, for there is a striking absence of the behaviour characteristic of strong attachment normal at this age. So far from greeting his mother, he may hardly seem to know her; so far from clinging to her he may seem remote and apathetic; instead of tears there is a listless turning away.<sup>5</sup> (pp. 27–28)

The actions associated with the first (protest) phase of separation can be construed as manifestations of anger. All the actions are generated agentically (outward on the world) to produce a result (in this case, the return of the mother). Loud crying and shaking of the cot are prototypical forms of signaling and demanding her return.

The first and primary function of anger is to reestablish soothing contact with the attachment figure. By adulthood these actions are

reshaped so that crying is replaced by shouting, shaking the cot by throwing or smashing objects. Control over the partner's emotional distance becomes a preemptive strike precluding the need to display rage for his or her return, except when the control breaks and he or she leaves. At these junctures the suppressed dependence explodes in a pyrotechnic display of rage and desperation. But the motive is the same, even if the behaviors have changed: an attempt to regain control through physical actions. With the infant, it is only after prolonged failure of actions to lead to a successful recreation of the mother's presence that subsequent emotions of depression (mourning) and eventual detachment appear. With adult males, the realization that a wife or lover is leaving or has left produces deep depression and suicidal ideation (or threats/actions) after the anger and violence have failed. Suicide threats are common in abusive men whose lovers are leaving them, and suicide is common in men whose wives have left.<sup>12</sup> In more psychopathic males these threats may be purely manipulative; in the borderlines, the suicidal ideation is real.<sup>13</sup>

## SEPARATION AND ANGER

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Anger is the typical response to separation from the mother. Bowlby<sup>3</sup> cites research in which observers noted significant differences in hostile play between separated and nonseparated children (p. 284). Separated children "tended to attack parent dolls." This anger toward the parent often is expressed intermittently and is interspersed with affection. In such cases Bowlby refers to it as ambivalence. Separated children or children who have suffered some disruption in the attachment bond respond with ambivalence toward their mother for up to 20 weeks after reunion. Such children were described as "*arching away angrily while simultaneously seeking contact*" with their mothers.<sup>3</sup> The ambivalence, in other words, was expressed in their conflicting bodily reactions.

Anger in these situations serves two functions: It assists the child in overcoming obstacles to reunion and discourages the loved one from going away again. (Bowlby viewed dysfunctional anger after a death as occurring because the bereaved does not yet accept the death and continues to believe that the departed will return. Hence, the bereaved person is functioning emotionally like a separated child.) As Bowlby stated:

Angry coercive behaviour is not uncommon. It is seen when a mother, whose child has foolishly run across the road, berates and punishes him with an anger

born of fear. It is seen whenever a sexual partner berates the other for being or seeming disloyal. . . . Dysfunctional anger occurs whenever a person, child or adult becomes so intensely and/or persistently angry with his partner that the bond between them is weakened, instead of strengthened and the partner is alienated. Anger with a partner becomes dysfunctional also whenever aggressive thoughts or acts cross the narrow boundary between being deterrent and being revengeful. . . . Separations, especially when prolonged or repeated, have a double effect. On the one hand, anger is aroused; on the other, love is attenuated. Thus not only may angry discontented behaviour alienate the attachment figure but, within the attached, a shift can occur in the balance of feeling. Instead of a strongly rooted affection laced occasionally with "hot displeasure" . . . there grows a deep running resentment, held in check only partially by anxious uncertain affection.<sup>3</sup> (pp. 287–288)

Here Bowlby foreshadows the notion that separation anxiety serves as a substratum for anger in adult romantic relationships. He observes that 15- to 18-year-old youths with behavioral problems seem to have been disciplined by parents who threatened to abandon them if they didn't behave. Such a child is made "furiously angry by a parent's threat to desert, on the other hand he dare not express that anger in case it makes the parent actually do so. This is the main reason . . . why in these cases anger at a parent usually becomes repressed and is then directed at other targets"<sup>3</sup> (pp. 289–290).

Bowlby expands: "It seems not unlikely that a number of individuals who become literally murderous towards a parent are to be understood as having become so in reaction to threats of desertion that have been repeated relentlessly over many years"<sup>3</sup> (p. 290). Because anger (protest) is the first-phase reaction to separation and is an "anger born of fear," this fear must be fear of loss. The anger is designed to recreate that lost object or prevent its disappearance. It is a form both of signaling and controlling. Unfortunately, anger itself generates a subjective state of distance from others. The lack of closeness felt during anger can enhance the sense of separation, which, in turn, generates more anger. Also, if the fear and anger become extreme, are expressed abusively, or are used in a vengeful manner, they further distance the other person and then produce even more fear and rage in response to that increased distance. For these reasons, anger in response to separation can produce an emotional spiral that culminates in rage. The "anger born of fear" constitutes an important source or origin of rage.

Bowlby saw the expression of anger as serving a regulatory function in attachment relationships. His description of the initial actions of separated infants conveys a sense of rage as an attempt to *will* the lost mother

back into existence. In this sense it is a prototype for the rage adults feel at the loss of a loved one. One of the more difficult feelings for grieving clients to work through is their rage at the deceased and their guilt over feeling that rage. As Bowlby put it:

When a relationship to a special loved person is endangered we are not only anxious but are usually angry as well. . . . As responses to the risk of loss, anxiety and anger go hand in hand. . . . When a child or spouse behaves dangerously, an angry protest is likely to deter. When a lover's partner strays, a sharp reminder how much he or she cares may work wonders. When a child finds herself or himself relatively neglected in favour of the new baby, the child's assertion of claims may redress the balance. Thus in the right place, at the right time, and in right degree, anger is not only appropriate but may be indispensable. It serves to deter from dangerous behaviour, to drive off a rival, or to coerce a partner. In each case the aim of the angry behaviour is the same—to protect a relationship which is of very special value to the angry person. The specific relationships, threats to which may arouse anger, are of three main types: relationships with a sexual partner—boyfriend, girlfriend or spouse, relationships with parents and relationships with offspring. . . . When these relationships are threatened, a person is anxious and perhaps angry.<sup>14</sup> (p. 11)

Maladaptive violence is the distorted and exaggerated version of potentially functional behavior.

## REJECTION AND ANGER

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According to Bowlby, a maternal rebuff intensely activates the attachment system, and only physical contact with the attachment figure will serve to terminate the activation. If a mother rebuffs or threatens her infant but shortly thereafter permits access, no lasting conflict situation is created. But if the mother sees physical contact with the infant as distasteful (either, in general, because of some acute trauma, or due to unresolved anger or the infant's personality), she will not permit access afterward. The resultant conflict within the infant must then be serious, deep, and nonverbal. A single movement on the part of the mother, intended to drive her child from her, at least initially brings the child toward her. Yet, the child cannot contact the mother, even though only contact can terminate the anxious activity of the attachment behavioral system. The renewed recognition of the mother's inaccessibility should further activate the system and conflict behaviors should be expected to appear in the infant. When the attachment behavioral system is activated

without termination, angry behavior is seen in the infant. At the same time, withdrawal tendencies conflict with approach tendencies, and the impossibility of approach arouses an anger that can probably be no more safely expressed than can attachment. Eventually, the physically rejected infant may experience anger and withdrawal in every situation that normally arouses love and attachment. The rage expressed during “abandonment homicides” is a residual of this attachment system process.<sup>15, 16</sup>

Bowlby foreshadowed the concept that attachment patterns persist into adulthood. As he put it:

When an individual is confident that an attachment figure will be available to him whenever he desires it, that person will be much less prone to either intense or chronic fear than will an individual who for any reason has no such confidence. The second proposition concerns the sensitive period during which such confidence develops. It postulates that confidence in the availability of attachment figures, or lack of it, is built up slowly during the years of immaturity—infancy, childhood, adolescence—and that whatever expectations are developed during those years tend to persist relatively unchanged throughout the rest of life.<sup>3</sup> (p. 235)

These expectations—or as they sometimes called “working models” or “internal representations” of self and relationship partners—are central components of personality that comprise “a set of conscious or unconscious rules for the organization of information relevant to attachment, attachment related experiences, feelings and ideations”<sup>17</sup> (p. 70). These “internal representations” (Klein called them *introjects*) (1) contain a model of the self as worthy or unworthy of care and love, (2) generate unconscious expectations about the consequences of attachment, and (3) provide a context for later social relationships. Although these models can be restructured, it is difficult to do because once they are organized, they tend to operate outside conscious awareness and resist dramatic change. Furthermore, they produce self-fulfilling prophecies: That is, the expectations contained in the internal representation generate behaviors that repeatedly make them come true.

## ADULT ATTACHMENT STYLES

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Bowlby pointed out that attachment patterns correlate with the patterns of social and play behavior with adults other than the mother. This correlation remained “during both the second and subsequent

years of life,” although research evidence available at the time of his writing already indicated continuity into the 5- to 6-year-old range. Now, of course, attachment styles have been related to adult romantic attachment styles, risk for suicide, depression, and in our own research, adult abusiveness.<sup>12, 18–21</sup> Fonagy and colleagues,<sup>21</sup> in reviewing major longitudinal studies of attachment classifications, reported that 68–75% of adults had the same attachment style classification they’d had as children. Before we get to the relationship of attachment to adult abusiveness, it is important to describe in more detail the nature of attachment styles and their relationship to what I call chronic intimate anger or “an anger template.”

Mary Ainsworth began the empirical study of the specific differences in responding to attachment and to separation from the caregiver. These responses were first noted in what has come to be called the “Strange Situation,” in which a child is experimentally separated from his or her parent. On the basis of the observations of the behaviors elicited, infants were assigned to one of three categories: secure, anxious-avoidant, and anxious-ambivalent.

The first category of infants, called “secure,” greeted their mother with pleasure when she returned, stretching out their arms and moulding to her body. They were relatively easy to console and were distinguished from the other groups by the frequency with which they sought emotional sharing with their mother and this ability to seek comfort and be calmed by her when distressed. About 62–75% of a North American middle-class population fits this category.<sup>18</sup> These infants have caregivers who readily perceive, accurately interpret, and promptly and appropriately respond to them as infants. These caregivers (predominantly mothers) provide a predictable and controllable environment that promotes the infant’s regulation of arousal and sense of efficacy.<sup>22</sup> Sometimes referred to as “attunement,” the essential feature of this maternal responsiveness is that the parent matches the emotional state expressed by the infant (e.g., through facial expression, sounds). Although there are vast differences in mothers’ abilities to do this, the importance of attunement cannot be overemphasized. In his landmark work *Affect Regulation and the Origin of the Self*, Allan Schore argues persuasively that nothing less than healthy neural development depends on proper maternal attunement during critical periods of neural maturation. The actual physical development of the neural structures that govern emotion is affected by attachment processes.<sup>23</sup> Schore’s groundbreaking ideas on the essential nature of attachment for neural development has been expanded in other works by him<sup>24, 25</sup> and others.<sup>26</sup> Not only the devel-



opment of neural structures but their ability to communicate in an integrated fashion with each other—in other words, the essence of brain function—depends on healthy attachment.

A second attachment style described by Ainsworth, “anxious-avoidant” (also called dismissing), gives the impression of independence. These infants explore a new environment without using their mother as a base, and they don’t turn around to be certain of their mother’s presence (as did the securely attached). When separations occur, anxious-avoidant infants do not seem affected, and when the mother returns, she is snubbed or avoided. Infants who exhibit anxious-avoidant attachment communicate with their caregiver only when they are feeling well. When distressed, these infants do not signal the primary caregiver, nor do they seek bodily contact. At 6 years of age, many of these behaviors are still evident. Anxious-avoidant children direct attention away from their mother upon reunion, move away from her physically, seem ill at ease discussing separation, and turn away from other family members in family photographs.<sup>17</sup> This set of responses thus defines the anxious-avoidant style: minimal displays of affect or distress in the presence of the caregiver and an avoidance of the attachment figure under conditions that usually (i.e., with the securely attached) elicit proximity seeking and interaction. These infants attend to the environment while actively directing attention away from the parent. Robert Karen describes this group as follows:

The avoidant child takes the opposite tack (to the ambivalent child). He becomes angry and distant (even though he becomes no less attached). His pleas for attention have been painfully rejected, and reaching out seems impossible. The child seems to say, “Who needs you—I can do it on my own.” Often in conjunction with this attitude, grandiose ideas about the self develop: I am great, I don’t need anybody. . . . Bowlby believes that avoidant attachment lies at the heart of narcissistic personality traits, one of the predominant psychiatric concerns of our time.” (p. 50)

About 32% of Ainsworth’s sample fit this category. Mothers of anxious-avoidant children are insensitive, unresponsive, and understimulating, and they also have an aversion to physical contact. These mothers reject their babies’ bids for comfort and reassurance, using comments to override any emotional displays. If these verbalizations don’t succeed in quelling the babies’ affective displays, they are followed by “sadistic misattunement” (i.e., the expression of misaligned feelings). Such mothers tend to be unable to remember details of their own childhoods, or

they idealize their relationship with their parents—even though they remembered contradictory experiences of rejection. Psychologist Kim Bartholomew observed that although anxious-avoidant children's behavior could be interpreted as reflecting a lack of need or desire for contact, there is compelling evidence to the contrary. For example, anxious-avoidant children exhibited cardiac acceleration in response to separation, in spite of a lack of overt distress.<sup>27</sup> Bartholomew concludes that their apparently innocuous focus on inanimate objects may be a form of displacement behavior.

Furthermore, although anxious-avoidant children show little aggression in the Strange Situation, they show considerable anger toward their mother at home.<sup>28, 29</sup> Also, the greater the avoidance upon reunion with the mother, the greater the display of anger and dependent behavior toward her over the ensuing weeks. This finding again underscores Bowlby's argument that anger is a protest behavior aimed at increasing proximity with a caregiver. Hence, the anger that avoidant children express toward their mother in less stressful circumstances (presumably in response to her rejecting or unresponsive treatment) can be taken as evidence of their lack of indifference. In response to separation, avoidant infants feel angry with their mother, but the expression of anger in this situation risks decreased proximity, so angry impulses are suppressed and replaced with "cool," detached avoidance.<sup>22, 30</sup> The angry impulses are expressed when conditions are less stressful. Chronically rejected infants experience particularly strong impulses of anger with high avoidance of any display. Again, in less stressful circumstances the anger is expressed indirectly. Bartholomew argues that a strong and unresolvable approach-avoidance pattern may underlie the behavior of chronically avoidant people: Threats lead to tendencies to approach the attachment figure, who rejects physical contact, thereby generating withdrawal accompanied by even stronger need for attachment. A self-perpetuating feedback loop ensues that leads to chronic avoidance (presumably accompanied by chronic unfulfilled attachment needs). Hence, anger is central to the anxious-avoidant attachment style. This description raises the question of whether this particular pattern represents the emotional origin of later withdrawal styles in which anger is suppressed. Gayla Margolin found similarities in the communication styles of physically abusive and withdrawn couples.<sup>31</sup> Both were characterized by low assertiveness and conflict avoidance.

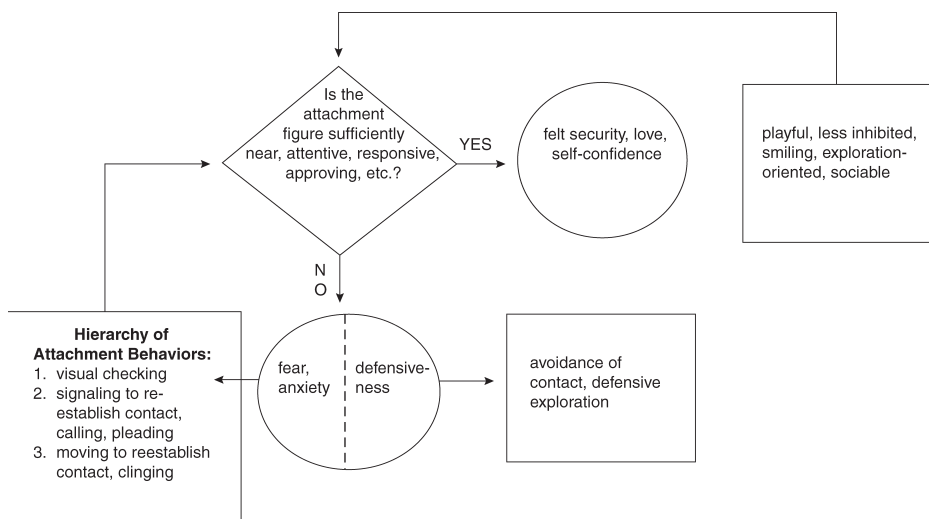
A third category of infants, called anxious-ambivalent (or fearful or preoccupied), tended to cling to their mother and resisted exploring the room on their own. They became extremely agitated on separation, often

crying profusely. These babies typically sought contact with their mother when she returned but simultaneously arched away from her angrily and resisted all efforts to be soothed. The implication of this behavioral pattern is that these infants somehow incorporate anger into their terror at being abandoned by the mother. The mothers of these infants tended to be inconsistent and least confident at coping with early caregiving tasks.<sup>30</sup> Later this category was split in two groups: anxious or preoccupied and ambivalent or fearful. The former group is consistently anxious in intimate relationships, the latter exhibits the push–pull of ambivalence.

Karen describes the resulting behavioral style as follows:

The ambivalent child (ambivalent children represent about 10% of children from middle-class U.S. homes) is desperately trying to influence [his mother]. He is hooked by the fact that she does come through on occasion. He picks up that she will respond—sometimes out of guilt—if he pleads and makes a big enough fuss. And so he is constantly trying to hold onto her or to punish her for being unavailable. He is wildly addicted to her and to his efforts to make her change.<sup>11</sup> (p. 50)

These styles of attachment are represented in Figure 7.1.



**FIGURE 7.1.** A flowchart model of the dynamics of attachment and exploration.

These ambivalent children sound similar to physically abusive men.<sup>32, 33</sup> The intensity of the behavior and the need for impact on the woman are reminiscent of the descriptions of the abusive personality and of Winter's description of the power motive that he sees as driving the "Don Juan," the sexually promiscuous male who is addicted to a successive pattern of sexual conquest–abandonment.<sup>34, 35</sup>

In a longitudinal study Allen Sroufe found that third-grade children with anxious attachment had the poorest social skills and clear psychiatric disturbances.<sup>29</sup> Anxiously attached individuals seem to have diminished capacity to form bases of social support and to seek help from those bases when needed. Hence, a lifelong pattern of isolation may derive from early lessons that support from others is unreliable. Assaultive males are characteristically isolated individuals. Also, gender-specific expectations develop. For example, with an absent father and demanding (but unavailable) mother, a boy learns that males are not available for emotional support, and that women appear to be supportive but are ultimately demanding and can't be trusted. As a result, he isolates and withdraws inside himself, while at the same time feeling a gnawing anger.

## **FAULTY ATTACHMENT: DEVELOPMENTAL PSYCHOPATHOLOGY**

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Intuition tells us that an infant who is intermittently abused by a parent may not form an attachment to that person. However, there is evidence that strong bonds do form under such circumstances—bonds that are characterized both by closeness and by repressed anger. As Bowlby put it, "We may presume that an attack from any source arouses some fear and withdrawal tendencies. What is peculiar to the situation in which the attack comes from the haven of safety is, of course, the arousal of conflicting tendencies. From this single threat or signal at least two conflicting messages are received: to go away from and to come toward the haven safety"<sup>4</sup> (p. 209).

In a now classic study by H. Harlow and M. Harlow, "evil surrogate mothers" exude noxious air blasts to baby rhesus monkeys, extrude brass spikes, hurl the infant monkeys to the floor, or vibrate so violently as to make the infants' teeth chatter. None of the above disrupted the bonding behavior of the infant monkeys, leading the authors to conclude that "instead of producing experimental neurosis, we have achieved a tech-

nique for enhancing maternal attachment”<sup>36</sup> (p. 206). In effect, the Harlows had produced an experimental analogue of child abuse where contact comfort was intermittently disrupted by noxious behaviors. To their surprise, the attachment process was strengthened, not weakened, by this process.

The effects of maltreatment on human infant attachment systems have been examined by researchers such as Patricia Crittenden and Dante Cicchetti.<sup>21, 37-40</sup> Most of this research has involved the study of maltreating families who have come to the attention of local social service agencies. In examining abused children’s attachments, it is again apparent that they are characterized by both anxious-ambivalence and anger and also by excessive closeness that appears as compulsive compliance. The authors see this behavior in abused children as a way of both maintaining attachment and denying pervasive anger with the abusive “caretaker.” In other words, abused children could be the over-controlled spouse assaulters of the future, and the anxious-ambivalent pattern could be the raw material for the cyclical personality of the future. Filled with rage, unable to express it, possessing negative representations of him- or herself and women/men but still cyclically drawn in a repetitive push-pull pattern, the anxious-ambivalent child is a prototype for an abusive adult.

With abusive parents, the child is locked into forming an attachment to a primary caregiver who is also a source of pain and injury. The rage that is experienced with such a parent is repressed. It will not be expressed until a similar intimate attachment is formed later in life. In the meantime, the child will pass into adolescence and become consumed by developing his or her public persona. The turmoil will remain dormant until an intimate attachment, later in life, triggers the emotional template developed in the original attachment experience.<sup>41-43</sup> Abusive males or females who experienced physical violence in their family of origin are also at risk for anxious-ambivalent attachment.<sup>44, 45</sup> Although this “intergenerational transmission” of violence was initially seen as based on behavior modeling, attachment theory and research suggest that something more is going on, as noted earlier in the book. That something more involves the development of faulty internal schemas, damaged self-concepts, and expectations of attachment to others fraught with fear and rage. It also involves the lack of neural structure and integration that would produce healthy emotions during conflict. The groundwork for abusiveness is set. Abusive childhood experiences produce something more than just learned behavior patterns. They produce anxious-ambivalent bonding styles that gener-

ate tendencies to be overly demanding and angry in adult romantic attachments—a profile often reported by battered women about their husbands and again consistent with the descriptors of borderlines pathology.

## ADULT ATTACHMENT AND PROBLEM BEHAVIOR

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One intriguing bit of evidence for the longevity of attachment style is the research reported by psychologist Robert Silverman.<sup>46</sup> Claiming that there are “powerful unconscious wishes for a state of oneness with ‘the good mother of early childhood’ and that gratification of these wishes can enhance adaptation,” Silverman and colleagues presented subliminal stimuli (4 milliseconds in duration) that read “Mommy and I are one.” These presentations produced ameliorative effects on a variety of problem behaviors ranging from schizophrenia to smoking. Silverman describes this technique as “activating symbiotic-like” (oneness) fantasies whereby “representations of self and other are fused and merged” when the mother is experienced very early in life as comforting, protective and nurturing.”<sup>46</sup> (p. 1297). Gender differences appeared in their research, with males showing the ameliorative effect more than females. Silverman speculated that this finding may reflect the dynamic that daughters have less of a basis for differentiating themselves from their mothers than do sons. Studies in which “Daddy and I are one” or “My lover and I are one” produced ameliorative effects on schizophrenia and anxiety in female subjects. Silverman speculated that the activation of oneness fantasies alleviates anxiety and gratifies dependence-related needs, providing empirical results to support these notions. Although Silverman and his colleagues reported studies on 40 groups of subjects with a variety of adult problems, they did not report tests that varied attachment style. Given that insecurely attached adults experienced less of the ideal nurturing mother than securely attached adults, one might expect a difference in the ameliorative effect of the subliminal stimulation in these two groups.

The bridge from infant to adult attachment was finally built in a landmark study by social psychologists Cindy Hazan and Phillip Shaver, who made the empirical leap from infant attachment to adult attachment styles in an influential paper titled “Romantic Love Conceptualized as an Attachment Process.”<sup>18</sup> These authors made the argument that adult romantic love had attachment properties that may derive from infantile forms. They state:

Personal continuity, in fact, is primarily due to the persistence of mental models, which are themselves sustained by a fairly stable family setting. . . . We are ready to suggest more explicitly that all important love relationships—especially the ones with parents and later ones with lovers and spouses—are attachments in Bowlby's sense. For every documented feature of attachment there is a parallel feature of love, and for most documented features of love there is either a documented or a plausible feature of attachment.<sup>47</sup> (p. 73)

Using a self-report instrument measuring adult romantic attachment style, the authors found that in an adult population of over 700, attachment styles fell into approximately the same proportions as Ainsworth had found for infant populations: 56% self-described as securely attached, 25% as anxious-avoidant, and 20% as anxious-ambivalent. The anxious-ambivalent lovers experienced love as involving obsession, desire for reciprocation and union, emotional highs and lows, and extreme sexual attraction and jealousy. They claimed that it was easy to fall in love and said that they frequently feel themselves beginning to do so, although they rarely find what they would call "real" love. They had more self-doubts and felt more misunderstood by others.

Attachment history was assessed by asking respondents to describe how each parent had generally behaved toward them (and toward each other) during childhood. Anxious-ambivalent respondents described their mothers as more intrusive and unfair (than secure respondents did) and their fathers as unfair and threatening. The term *intrusive* was the main one used by Ainsworth and colleagues in their description of mothers of anxious-ambivalent infants. Descriptions of the mother paralleled Ainsworth's characterization of the mothers of anxious-avoidant infants as more thoroughly negative than the mothers of anxious-ambivalent infants, who were more inconsistent. Hazan and Shaver's research was an important first step in relating early attachment to adult relationship functioning.

Since this seminal research, attachment in adults has exploded as a research topic. Although debate continues, it is generally accepted that four distinct adult attachment styles exist: secure, dismissing, preoccupied, and fearful.<sup>48</sup> Moreover, a "disorganized" style is also getting a lot of research attention.<sup>21, 49</sup> The disorganized style also experiences strong, conflicting emotions when the attachment behavioral system is aroused. Individuals with this style show both semantic and syntactic confusions in personal attachment narratives (written stories about personal relationships) and are prone to dissociation. Although we found a strong link between "fearful attachment" and borderline personality organiza-

tion, Fonagy and his colleagues found a connection between disorganized attachment styles and borderlines.<sup>21\*</sup> Reviewing developmental studies, they argued that borderlines appear to have had caregivers who reacted to their highly aroused distress with “withdrawal, communication errors, role confusion, negative, intrusive or frightening behavior.” Consequently, “these children come to experience their own arousal as a danger signal for abandonment. . . . It brings forth an image of the parent who withdraws from the child in a state of anxiety or rage, to which the child reacts with a complementary dissociative style” (p. 113). At present there is still no clear research demarcation between the two categories, except that the disorganized category involves dissociation.

Secure people had positive self-schemas and positive expectations about intimate relationships; they expected that the best would happen and were untroubled by closeness. The dismissing individuals, as Hazan and Shaver described them, had “signed off” from close relationships. They were independent to a fault; they didn’t need anybody. The preoccupied were the clingy types, the ones who worried a lot about being rejected by the other person and were falling over themselves to please and gain approval. The fearful group was, from my perspective, the most interesting because the individuals in it seemed simultaneously drawn to, and repelled by, intimacy. As Kim Bartholomew put it, the fearful “desire social contact and intimacy but experience pervasive interpersonal distrust and fear of rejection”<sup>27</sup> (p. 176).

The connection of attachment style to abusiveness is made because of the chronic feelings generated by insecure attachment and the way those feelings might translate into behavior for men who had abusive role models in their early life. Men with early attachment problems are more likely to experience anxiety about intimacy regulation. The arousal, anxiety, and anger these men experience originate in deep-seated anxiety about the original attachment object.

Abusive males have exaggerated needs for control in intimate relationships because their need corresponds to a felt anxiety and the control represents behaviors designed to lower the anxiety/anger. These men try to diminish their anxiety about being abandoned by exaggerated control of their female partner. As developmental psychologist Patricia Crittenden puts it:

Anxious attachments may occur at any age. Some of the indications of anxious attachment in older children and adults resemble the indications of anxious attachment in infancy: undue preoccupation with the whereabouts of the attachment figure and undue difficulty in separating from him or her, lack of



trust in the attachment figure, chronic anger and resentment toward him or her, inability to seek or use support from the attachment figure when such support is needed, or absence of feeling toward him or her.<sup>38</sup> (p. 131)

Crittenden goes on to suggest that other attachment disorders are less frequent but seem to be generated by “traumatic or depriving separation from the attachment figure” (p. 133).

## THE ATTACHMENT-ABUSE CONNECTION

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Although an explosion of attachment research occurred after the Hazan and Shaver paper in 1987, none of it focused specifically on abusiveness. Along with some graduate students, Kim Bartholomew and I set out to empirically test the connection between insecure attachment and abusiveness.<sup>19</sup> Kim Bartholomew was experienced with a variety of ways of measuring attachment, from structured interviews to self-report scales. I was experienced with assessing abusiveness using self-report scales such as the CTS and the PMWI.

Kim Bartholomew had developed a brief self-report scale to assess attachment style, the Relationship Style Questionnaire (RSQ; see Figure 7.2). This questionnaire asks people to indicate the extent of their agreement with 30 statements describing reactions to attachment. The questionnaire was tested to ensure that it agreed with attachment ratings of respondents derived through more elaborate interview techniques. A person who was dismissing in the interview also scored dismissing on the self-report scale. This scale generated scores on the four main attachment styles: secure, dismissing, preoccupied, and fearful (see Figure 7.3).

As noted, I was most interested in those rated as fearful because they experienced strong and unresolvable push-pulls in intimacy and were hypersensitive to rejection. They had negative internal representations of themselves, which meant that they would find it difficult to self-soothe. They also had negative expectations of others, meaning they might expect the worst (abandonment) from their partner and be hypervigilant and controlling. Bartholomew had worked mainly with women and male college students in her previous research. When these people perceived threats of abandonment, they withdrew in an angry, distanced pose. My knowledge of abusive men suggested that we would find another response to threat of abandonment: rage and abusive control.

I thought the “fearful” men would be the most abusive; I also thought it was a bit of a misnomer to call them *fearful*. Although attach-

Please read each of the following statements and rate the extent to which it describes your feelings about *romantic relationships* by circling the appropriate number. Think about all of your romantic relationships, past and present, and respond in terms of how you generally feel in these relationships.

Not at all like me		Somewhat like me		Very much like me
1	2	3	4	5
1. I find it difficult to depend on other people.				1 2 3 4 5
2. It is very important to me to feel independent.				1 2 3 4 5
3. I find it easy to get emotionally close to others.				1 2 3 4 5
4. I want to merge completely with another person.				1 2 3 4 5
5. I worry that I will be hurt if I allow myself to become too close to others.				1 2 3 4 5
6. I am comfortable without close emotional relationships.				1 2 3 4 5
7. I am not sure that I can always depend on others to be there when I need them.				1 2 3 4 5
8. I want to be completely emotionally intimate with others.				1 2 3 4 5
9. I worry about being alone.				1 2 3 4 5
10. I am comfortable depending on other people.				1 2 3 4 5
11. I often worry that romantic partners don't really love me.				1 2 3 4 5
12. I find it difficult to trust others completely.				1 2 3 4 5
13. I worry about others getting too close to me.				1 2 3 4 5
14. I want emotionally close relationships.				1 2 3 4 5
15. I am comfortable having other people depend on me.				1 2 3 4 5
16. I worry that others don't value me as much as I value them.				1 2 3 4 5
17. People are never there when you need them.				1 2 3 4 5
18. My desire to merge completely sometimes scares people away.				1 2 3 4 5
19. It is very important to me to feel self-sufficient.				1 2 3 4 5
20. I am nervous when anyone gets too close to me.				1 2 3 4 5
21. I often worry that romantic partners won't want to stay with me.				1 2 3 4 5
22. I prefer not to have other people depend on me.				1 2 3 4 5
23. I worry about being abandoned.				1 2 3 4 5
24. I am somewhat uncomfortable being close to others.				1 2 3 4 5
25. I find that others are reluctant to get as close as I would like.				1 2 3 4 5
26. I prefer not to depend on others.				1 2 3 4 5
27. I know that others will be there when I need them.				1 2 3 4 5
28. I worry about having others not accept me.				1 2 3 4 5
29. Romantic partners often want me to be closer than I feel comfortable being.				1 2 3 4 5
30. I find it relatively easy to get close to others.				1 2 3 4 5

**FIGURE 7.2.** Relationship Style Questionnaire (RSQ). From Griffin and Bartholomew.<sup>64</sup> Copyright 1994 by Jessica Kingsley. Reprinted by permission.

ment fear might have been at the core of their reaction to anticipated rejection, anger was the prominent feature of their emotional and behavioral expression. Whether this anger was a reaction to underlying fear or a vestige of what Bowlby called “the anger born of fear” didn’t really matter. These men were “angrily attached.” Bowlby recognized this dynamic in his early writings and our research bears it out. Fearfully attached infants simultaneously “seek proximity (to mother) and simultaneously arch anxiety away”<sup>3</sup> (p. 289).

		Model of Self (Dependence)	
		Positive (Low)	Negative (High)
Model of Other (Avoidance)	Positive (Low)	<i>SECURE</i> Comfortable with intimacy and autonomy	<i>PREOCCUPIED</i> Preoccupied (Main) Ambivalent (Hazan) Overly dependent
	Negative (High)	<i>DISMISSING</i> Denial of attachment Dismissing (Main) Counterdependent	<i>FEARFUL</i> Fear of attachment Avoidant (Hazan) Socially avoidant

**FIGURE 7.3.** Bartholomew's<sup>27</sup> model of attachment. Copyright 1990 by Sage Publications. Reprinted by permission.

First the data: The men's attachment reports were correlated with their female partners' reports of abusiveness. The results are summarized in Table 7.1. The table lists correlations between attachment styles, BPO, and self-reports of anger and jealousy. Finally, attachment styles are correlated with female partners' reports of the men's abusiveness. As I suspected, men with high "fearful" attachment scores were also high in

**TABLE 7.1. Correlations of RSQ with Total Scores on Other Measures for the Entire Sample (N = 160)**

	Secure	Fearful	Preoccupied	Dismissing
BPO	-.35***	.58***	.42***	-.04
Trauma symptoms	-.28***	.50***	.34***	-.03
Anger	-.36***	.49***	.20	.02
Jealousy	-.16*	.34***	.18*	-.015
Verbal abuse (PMWI)				
Dominance/isolation	-.30*	.46**	.27*	.06
Emotional abuse	-.09*	.52***	.26*	-.20

*Note.* From Dutton, Saunders, Starzomski, and Bartholomew.<sup>19</sup> Copyright 1994 by Blackwell Publishing. Reprinted by permission.

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

BPO and high in chronic anger, jealousy, and trauma symptoms. They didn't sleep well, felt depressed a lot, and experienced dissociative states. Their attachment scores were more highly associated with reports of abuse by their female partners than any other attachment style. In fact, we put a formula of scores together that accurately predicted abusiveness reports with 88% accuracy. The ingredients in this formula were BPO scores, anger scores, and fearful attachment. Combining these three scores provides a profile of the core of the abusive personality.

Recall that in our earlier videotape studies we had found that physically abusive males demonstrated greater arousal, anxiety, and anger while viewing video conflicts in which a woman expresses her need for greater independence from the man in the scenario. At the time I referred to this as abandonment anxiety; however, no attempt was made to find out if some assaultive males showed this pattern of responding more than others. Now, in retrospect, I believe that "fearful (angry) attached" males would have likely shown it the most. At the time we published this paper, there were no other studies linking attachment style to abuse. I reread our literature review from the original paper; it was all based on theoretical articles by Bowlby and Hazan and Shaver.

Since then, however, others have examined attachment style and abuse perpetration and victimization. Mikulincer<sup>50</sup> found relationships between insecure attachment and likelihood of expressing anger—what he called "anger-proneness."<sup>51</sup> Henderson and colleagues<sup>52</sup> used the RSQ to assess attachment style in a community sample of 1,249 males and females. With this group preoccupied attachment was most strongly associated with abusiveness, regardless of gender (males and females were about equally violent in this sample). However, when bidirectionality of abuse was controlled, attachment no longer predicted abuse. The authors interpreted this finding as indicating that preoccupation was associated with reciprocally abusive relationships. Bookwala and Zdaniuk<sup>53</sup> controlled for relationship problems (i.e., lack of relationship satisfaction) and examined the attachment–aggression relationship in 85 undergraduates in dating relationships. Individuals with preoccupied or "fearful-avoidant" attachment styles were again more likely to be in reciprocally aggressive relationships.

Holtzworth-Munroe and her colleagues<sup>54</sup> used both the Adult Attachment Interview (AAI)<sup>55</sup> and the RSQ in a study of violent versus nonviolent husbands. The results indicated that violent men had "more insecure, preoccupied attachment (anxiety about abandonment)" more dependence on, and preoccupation with, their wives, and more jealousy. They also found that the AAI was more likely to classify men as insecure

than was the RSQ. Men classified as “fearful” on the RSQ (i.e., our abusive group) were classified as “unresolved” on the AAI, what is sometime referred to as “disorganized.” Attachment classification, like the categories of the Axis-II disorders in the DSM, are constantly being revised. The Holtzworth–Munroe finding, however, indicated that “disorganized” attachment should also be considered a risk for IPV.

Bond and Bond<sup>56</sup> examined attachment styles in 41 “discordant couples” in marital clinics and found that a combination of fearful females and dismissive males was a predictor of violence in couples, when combined with poor communication skills. Fearful females and dismissing males were most often victims of IPV. Babcock and her colleagues<sup>57</sup> gave the AAI to domestically violent husbands and maritally distressed but nonviolent husbands. Violent husbands were 38% more likely to be classified into one of the insecure categories than non-violent, maritally distressed husbands. Reports of home arguments indicated that preoccupied violent men were most likely to become violent when their wives withdrew. The authors concluded that in “‘preoccupied batterers’ violence and emotional abuse [are] related to expressive violence in response to abandonment fears” (p. 391). Clearly, insecure attachment is a risk factor for abusiveness. The conclusion reached by Babcock and colleagues was the same as Kim Bartholomew and I had reached for fearful batterers. The precise nature of the categories of insecurity remains a work in progress.

## ATTACHMENT AND PERSONALITY DISORDER

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In Chapter 5, I reported strong correlations between fearful/angry attachment and BPO scores (see, e.g., Figure 5.7). One perspective of “attachment disorder” is that they become chronic. That is, the individual is characterized by a permanent dysfunctional way of experiencing emotion and perceiving interpersonal relationships—in short, a personality disorder. Mauricio and colleagues<sup>58</sup> tested this notion in a sample of 192 men in a court-mandated treatment program for spousal assault. The men completed a battery of questionnaires assessing attachment style (Experiences in Close Relationships Questionnaire), antisocial and borderline personality disorders (Personality Disorder Questionnaire) and abusiveness (CTS, PMWI). They found that anxious attachment and borderline personality disorder scores were highly correlated. Surprisingly, anxious attachment was also correlated with antisocial personality scores. The authors used a sophisticated statistical technique (path mod-

eling) to develop a model of abusiveness (both physical and psychological) that included attachment and personality disorder variables. In so doing they found that anxious attachment was related to abusiveness along two pathways: antisocial and borderline personality disorder scores. In other words, the personality disorder mediated the effects of attachment insecurity on abuse. The insecure attachment had crystallized into a personality disorder and manifested as abusiveness. Given that personality disorder is a major risk factor for abusiveness,<sup>59</sup> studies that obtained this finding may have been capturing a masked attachment disorder.

## ATTACHMENT AND THE CAUSES OF CONFLICT

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My graduate student, Andrew Starzomski, unearthed some interesting data to support this idea of a masked attachment disorder in his master's thesis. He found that college undergraduates who were fearfully attached (and also high on BPO) reacted with more arousal and anger to audiotapes of family conflicts. He also found something else about fearfully attached men: They constantly blame their partner as the cause of negative events.<sup>60</sup> Using an instrument called the Relationship Attribution Measure (RAM), Starzomski assessed correlations between the men's attachment style and their way of assessing responsibility and causality for negative actions occurring in an intimate relationship.<sup>61</sup>

A "Her Fault" scale measures how much responsibility the male respondent places on his partner for causing the negative event. A "Stable in Future" scale reveals the extent to which the male respondent believes that his partner's negative behavior (which caused the event) is unlikely to remain unchanged in the future. A "Generalizes" scale taps the man's perceptions about how a particular negative event is likely to cause difficulties in other areas of the relationship. The "Intentional" scale is a gauge of the extent to which the negative behavior was seen to be planned and executed by the partner. The "Selfish Motives" scale reveals a participant's evaluation of his partner's tendency to be driven by uncaring or disrespectful motivations. The "Blameworthy" scale assesses tendencies to blame the partner in general.

From Table 7.2 it is clear that attachment style has an impact on the attribution of cause for negative relationship events. Fearfully attached men saw their partners as more blameworthy and saw this attribution as remaining in the future. In other words, they externalized blame more and saw the blameworthy features as immutable. They also saw the

**TABLE 7.2. Correlations of Attachment Dimensions with Distress-Maintaining Attributions from Actual Relationships**

Negative attributions about partner behavior	Attachment dimensions			
	Secure	Fearful	Preoccupied	Dismissing
Her fault	-.05	.20	.20	.23*
Stable in future	-.30**	.48***	.07	.36**
Generalizes	-.12	.19	.03	.14
Intentional	-.17	.26*	.11	.25*
Selfish motives	-.05	.30*	.27*	.14
Blameworthy	-.13	.43***	.31**	.17

Note. From Starzomski and Dutton.<sup>65</sup>  $N = 72$ .

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$  (two-tailed).

action as intended and selfish. The same action by the female was perceived differently by fearfully attached men, as compared to securely attached men.

Fearfully attached men were also high on BPO scores. One characteristic of BPO is projective identification, the tendency to project blame onto another person for intimate problems. The fearful (angry, BPO) men did just this. Using a measure that asked men to assign a cause for a variety of actions they witnessed on taped scenarios, Starzomski found that the fearfully attached men blamed the women. Furthermore, their way of viewing the cause for relationship problems kept their anger level very high. It was always “her fault” and their expectation was that “she would do it again.”

## ATTACHMENT AND TRAUMA SYMPTOMS

Since our initial study of attachment and abuse, several other studies (cited above) have confirmed insecure attachment as a risk factor for IPV. Given that attachment may be the strongest human motive yet assessed, having roots in our very sense of survival, this finding is not surprising. The full expression of attachment-related impulses may only just be beginning to be identified. A doctoral thesis waiting to be done would assess the relationship of attachment style to thoughts and reactions to the micro-separations we experience in everyday life. We realized in treatment groups that daily reunions were potentially anger inducing for insecure men, especially

if the other person were late, in which case jealousy and anxiety sequences were commonplace. These sequences were full of the “thinking distortions” that have been found to lead to anger in abusive men<sup>62</sup> (e.g., persuading oneself, without evidence, that the partner was unfaithful because of a character flaw). Separation from the attachment-other is qualitatively different from any other stressor; it not only introduces stress through a perception of possible loss but is experienced, by definition, in the absence of the person who ameliorated stress in the past. Because the attachment-insecure and identity-threatened person cannot easily self-soothe, the separation may trigger an arousal spiral that culminates in extreme arousal and rage.

As we are about to see in the next chapter, assaultive men have psychological profiles on the MCMI that closely match men diagnosed with posttraumatic stress disorder, even when the assaultive men have no identifiable stressors in their adult lives. Furthermore, fearfully attached men fit this profile the most; they have the highest scores on BPO measures and the highest chronic levels of stress symptoms.

In our sample fearfully attached men had the highest levels of depression, anxiety, dissociative states (sometimes accompanied by rageful acting out), and sleep disturbances. Fearfully attached men appear to have been traumatized somehow, probably by extreme attachment disruptions, and react with chronic rage whenever they are in intimate relationships. They appear to have difficulty self-soothing and cannot ameliorate their symptoms. Instead, they expect their wife to do so magically, and when the symptoms do not disappear, the woman is blamed for her “failure.” They have little insight into the causes of their problems and avoid seeking help, believing “it will only make things worse.” Fearfully attached men experience extreme and chronic anger as an inevitable by-product of attachment yet have extreme difficulty living alone (without a woman). They blame this anger, especially during their dysphoric phases, on their wife. They cannot conceive, and do not understand, the anger in attachment terms. Their thinking—the way they attribute causes for events, including their feelings—is individualistic. That is, they blame bad feelings on an individual, usually someone close to them. Fearfully attached men also have cognitive styles that blame their wife for negative events, including their dysphoric moods. They attribute their bad feelings to something she does. In reality, the feelings stem from early attachment and its emotional consequences for fearfully attached people. What we still need to clarify, though, is exactly what happened to these men to make them this way.



## NOTE

- \* There is probably some empirical connection between disorganized or unresolved attachment (the adult parallel of the disorganized) and fearful attachment, mostly because both are associated with the most difficult prior backgrounds and the most problematic outcomes. In the childhood scheme, disorganization is shown in both avoidance and anxiety, which would line up with the adult fearful pattern. Shaver and Clark<sup>63</sup> argued for a link with fearfulness, but, conceptually, they are distinct. In short, it is problematic to try to relate disorganization to the RSQ patterns.

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## CHAPTER 8

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# The Sociopsychoneurobiology of Attachment

Since the development of brain scanning technology (functional magnetic resonance imaging,\* positron emission tomography scans), some major breakthroughs have occurred in discovering how brain structures mature and function. This research is important in understanding adult emotional regulation and the hardiness of the self-concept. What's more, since, as it now appears, this neural development is predicated on healthy attachment to the mother, another level of explanation arises to support the importance of attachment. Just as Bowlby broke through the parochial motivational views of Freud's psychoanalysis by replacing the concept of sexual repression with that of survival-related attachment, so did the work of developmental neurobiology expand the concept of attachment to include the very basis of the formation of the system that regulates all emotion. I touched on some of this work in Chapter 2.

Siegel<sup>1, 2</sup> outlined a research-based analysis of how collaborative interpersonal interaction between the mother and child is the key to healthy development of neural structures. The synapses develop through experiences of "attuned interaction" with the mother, and they eventually become "pruned" to adult levels by the end of puberty. The adult brain remains "plastic"—open to more changes through experience—throughout the lifespan, but the major developmental spurt occurs during the first years. This quality of plasticity is the basis for remedial ther-

apeutic work with clients whose affective developmental problems began literally with their birth. In year 1, the brain grows from an average weight of 400 grams to 1,000 grams, and, more importantly, specific brain circuits begin to develop. These circuits will be primarily responsible for governing emotion, memory, behavior, and interpersonal relationships.<sup>3-5</sup> A *brain circuit* involves neural connections among neurons and brain structures (such as the hypothalamus or amygdala). Neuronal connective circuits are sometimes referred to as “neural networks,” and the degree of connectivity involved is staggering. A single neuron (of which there are 100 billion in the average human brain) connects to 10,000 other neurons. The human brain contains *2 million miles* of neuron length<sup>1</sup> (p. 69). The brain processes influenced by these neural networks include the generation and regulation of emotion; the capacity for response flexibility and mindful, reflective behavior; the construction of a self-narrative (autobiographical self); and the ability to engage in interpersonal communication. Independent studies in attachment indicate that patterns of interaction between the caregiver and child have an important impact on the development of these processes.<sup>6-8</sup> In short, our brain systems are dramatically affected by our early interaction with our mothers. There is now a developmental literature that supports the psychoanalytic notions regarding the importance of early development.

## THE DEVELOPMENT OF SELF

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The awareness of self (or self-concept) and normal adult consciousness appear to depend on the maturation of brain structures and their subsequent integration. Damasio<sup>9</sup> suggests that neurological studies of normal and diseased brains reveal forms of self within the deep brain structures. What he terms the “proto-self” (direct experience of the brain with the outside world) is a first-order representational process that constitutes a neural map of the outside world. Then a second-order process involving an image of the proto-self as it is changed by interaction with the world is found in higher brain circuits. This second-order process can compare the pre-interaction self with the post-interaction self and focus on the “object” that produced any change (e.g., a physical object in the outside world, something in the body proper, an image in the mind). Damasio calls this “core consciousness.” Extended consciousness stems from third-order neural maps that store changes of the core self over time. This latter consciousness is what is called autobiographical memory. We have *potential* access to huge stores of information about

ourselves. Why, then, do so many of us *not* have access to this stored information? The answer, according to Damasio, is that the core self is greatly impacted by early exposure to trauma so that it becomes bound in the “here and now” and unable to access this deeper information. As we review evidence for a trauma model of IPV in the next chapter, it is important to keep these far-ranging sequelae of early trauma exposure in mind. The development of consciousness and the self-concept requires consistently attuned dyadic communication between the mother and infant. Disruptions, such as those produced by abuse, alter the core sense of self.

Disruptions interfere with brain growth. Development shapes the brain by altering the strength of the synaptic connections within the brain. These alterations can take several forms: (1) synapses formed from genetically encoded material can be strengthened, weakened, or eliminated; (2) new synapses can be formed in response to experiences; (3) temporary increases in the linkages among neurons can occur in the case of short-term memory; (4) a myelin sheath around the neurons develops to increase their functional connectivity; and (5) regardless of their origin, toxic information, stressful experiences, or absent experiences can lead to the elimination of synapses. Hence, the very development of the brain and a normal sense of consciousness can be affected by early exposure to trauma.

### **PERRY’S WORK ON TRAUMA AND CHRONIC BRAIN DYSFUNCTION**

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Perry and his colleagues<sup>10,11</sup> have shown how physiological hyperarousal and dissociation are responses of a developing brain to trauma, and other things being equal, the more hyperarousal experienced in childhood, the greater the number of neuropsychiatric symptoms. These hyperaroused and dissociated states (which are adaptive responses) occasionally persist and become traits; the origin of personality disorder. The brain system that forms in response to the original trauma is a brain circuit, a web of interconnected neurons. When a later trauma-like stimulus refires the circuit, the entire web fires, recreating the original dissociation and terror<sup>10</sup> (p. 275). Because the brain develops rapidly in the early years, many “critical periods” for maturation and growth are experienced. These periods require optimal environmental conditions for healthy development. If the environment is disrupted (e.g., through lack of sensory experience or child maltreatment), the organization of brain

functions is disrupted. As Perry and colleagues put it, “abnormal micro-environmental cues and atypical patterns of neural activity during critical and sensitive periods . . . can result in malorganization and compromised functions such as humor, empathy, attachment and affect regulation”<sup>10</sup> (p. 276).

Perry and colleagues cite a “lack of healthy attachment experiences” as a powerful clinical example of an “abnormal micro-environmental cue.” They focus on disruptions of the stress response because of early exposure to trauma. These disruptions preclude development of normal alarm reactions and lead to a “hyperarousal response” involving an increased release of hormones, norepinephrine (adrenalin), and cortisol, which mediate the fight-or-flight response. These hormones and neurotransmitters regulate arousal, vigilance, affect, behavioral irritability, locomotion, attention, the stress response, sleep, and the startle response. After traumatic stress exposure, these systems can be reactivated by reexposure or just by thinking about the original stressor. This reactivation occurs, according to Perry, because a “neural network” of co-activated and interconnected neurons is refired upon memory of the original stressor. (Hence, one-time exposure to a stressor during an early critical period can be as disruptive as repeated exposures.) Also, specific “reminders” in later life generalize (e.g., gunshots generalize to loud noises) so that the reactivation of the stress response occurs repeatedly, leading to permanent changes in brain function. The most likely areas to be altered permanently are the brainstem and neurotransmitter systems, which become deregulated by the persistent reactivation, and this deregulation leads to hypertension, anxiety, behavioral impulsivity, and sleep problems. Perry describes the trauma-exposed child as having an exaggerated reactivity and as being overly sensitive (to imagined threat?). Someone who exhibits this deregulation would score high on the Trauma Symptom Checklist-33, as did the men in our sample (see Chapter 9). Perry’s work has shown how exposure to trauma in childhood can lead to permanent dysfunction of the brain areas regulating emotion and to a tendency to dissociate (also noted in “disorganized attachment”).<sup>12</sup>

Dissociation, Perry argues, is generated by the neurobiology of defeat. Defeated animals who are about to die also go into a dissociative state,<sup>13</sup> and both humans and animals release endogenous opioids to the point of hypoalgesia (lack of sensation) when injured or about to die.<sup>13, 14</sup> The African explorer David Livingstone was once caught by a lion that seized him in a death grip. The lion was shot, and Livingstone subsequently described the strange state of calm and lack of pain that he



experienced. Van der Kolk reviewed studies showing that injecting morphine reduces distress calls in a number of species<sup>14</sup> (p. 41), and he concluded that a well-functioning opioid system controls separation distress. The development of the brain system that regulates opioid receptors is diminished by social isolation or trauma exposure, especially during critical developmental windows. Hence, one psychobiological consequence of nonoptimal attachment is a disturbance of opioid secretion and reception. As van der Kolk puts it, “there is now some evidence that pain perception, separation distress and affiliative behavior are all mediated . . . by the brain opiate system, and that all three are related to discrete and interconnected anatomical areas”<sup>14</sup> (p. 41).

### **SCHORE’S WORK ON MATERNAL ATTUNEMENT, BRAIN DEVELOPMENT, AND AFFECT REGULATION**

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Schore has developed a brilliant trilogy of books reviewing studies connecting maternal behaviors to neural development and affect regulation. Schore’s monumental and original work is far too comprehensive to review fully here. Nevertheless, his core ideas are of central importance, bearing on the development of the capacity for affect regulation so central to IPV. Schore reviews studies of psychobiological attunement (sounds, gestures, and an ensuing energy flow) between mother and child and finds that this attunement is essential for the development of emotional regulation. This regulatory ability emerges with the development of right-hemispheric brain structures in the first year of life, followed by left-hemispheric development. Clearly, if abuse occurs in the family of origin at this time of the child’s development, attunement will be hampered. However, it is possible to experience no abuse but have misattunement between mother and child, due to affective communication deficits in the mother.

Attunement requires a synchronicity in “protoconversations”—preverbal exchanges involving sounds, utterings of “nonsense syllables,” responsive mimicry, and facial expressions—resulting in a “resonance in the dyad” that permits the coordination of positive affective brain states. The infant first begins to recognize the mother’s emotional facial expressions at 10 months. Schore goes further to argue that brain growth in the infant requires this brain–brain interaction (p. 9).<sup>4</sup> The affective outpourings of the mother serve as a stimulus and a template for the developing patterns of right-hemispheric connectivity that underlie behavior (p. 10). The mother’s face triggers high levels of

endogenous opiates in the infant's brain, releasing dopamine to the reward centers and promoting bonding. The visual input coupled with the dopamine release triggers autonomic nervous system arousal and elation. The caregiver also modulates nonoptimal levels of stimulation, thereby regulating supraheightened levels of sympathetic arousal. In this manner, the attachment relationship functions as a regulator of physiological arousal.

This interaction also promotes the structural growth of brain regions that are essential for later socioemotional development. As a result of the attachment experience with the mother, the infant develops mental images, especially of her face. The image of her face is imprinted so that emotional responses to other "objects" can be maintained even in her absence. For this mental representation of the secure base to form, certain brain structures must develop. Schore describes the process as an "experience-dependent structural development of a corticolimbic system that can generate and store abstract templates of prototypical facial emotional expressions"<sup>4</sup> (p. 16). This brain system is densely connected to other cortical and subcortical brain systems through myriad neural connections. Hence, it plays a central role in integrating external information with internal feeling information. It begins to serve as the neural mechanism for emotional evaluation of external objects and events—the soothing or self-regulating process passed on through attachment and referred to as an "internal working model" by attachment theorists.

Schore<sup>4</sup> cites Mahler's observational work (see Chapter 6) on the development of autonomy, whereby the infant learns to walk away from mother, then experiences stressful encounters with the environment and becomes aware of his or her continuing need for mother's acceptance, and then engages in reunion or rapprochement. This sequence, according to Schore, is entirely orchestrated by facial cues and vision. Thus the visual domain regulates high-intensity emotional transmissions without the need for physical contact. This process constitutes a "mutual regulatory system" (p. 12) that modulates levels of arousal in the child and is dependent on synchronizing the brain and bodily states of mother and child. The mother both generates arousal and inhibits arousal that is going out of control through the process of shaming or deflating the child's natural grandiosity by sending a message that the infant is important but no more important than others. This "braking" or inhibiting mechanism develops during the infant's second year. An attuned caregiver can alter the downward emotion of shame by reconnecting with the child and reestablishing attachment (what Schore calls "interactive repair"). Through this dyadic process of regulating positive and negative

states, the child learns to autoregulate. Hence, shame, a toxic emotion later in life, serves an essential function in early development.

The essential function of attachment is to promote the synchrony or regulation of biological systems on an organismic level. Brain growth depends on this regulation. The mother's facial expressions serve as cues to the child in appraising danger/safety in the environment. Sensing safety, the secure child is energized and explores more, which promotes further brain growth (including the elaboration of synaptic connections). Schore hereby provides a biobehavioral basis for Bowlby's description of the "secure base."

The capacity for attachment matures into a homeostatic self-regulatory system near the end of the first year of life.<sup>15</sup> Schore presents evidence that this maturation occurs through dyadic communication that generates intense positive affective states and high levels of dopamine and endogenous opiates. These neurotransmitters, in turn, promote growth in the prefrontal cortex, especially the orbitofrontal cortex, which develops in this early stage and is uniquely involved in social and emotional behaviors and in self-regulation of body and motivational states. Attachment therefore has a neuropsychological aspect that is itself based on dyadic interaction with the mother during the first year of life (before the development of the left-hemispheric structures that regulate verbal abilities or language acquisition).

At the end of the first year, internal working models appear; in the latter part of the second year these are superseded by more complex symbolic representations that can be accessed in memory to modulate distress. This maturational advance is made possible by development of the orbitofrontal cortex, which undergoes growth spurts during the first year of life and again in the second. The second spurt coincides with maternal interactions that involve shame and what Schore terms "disruption-repair" sequences (affective reconnection between the mother and infant after disconnection). Hence, for optimal development the neural development and the dyadic interaction must co-occur.

Positive reactions release endorphins; shame reactions release corticosteroids and inhibit endorphin release. Brain biochemistry regulation is also a part of this developmental process; it is influenced by dyadic interaction between mother and child and in turn influences gene regulation and brain growth. Also, limbic structures mature in the middle of the second year, suggesting that emotional and autobiographical (factual memory) are both possible. Now emotional memories can be accessed that trigger "psychobiological state transitions" (p. 23) and emotional

states in response to stressful challenges by the social environment. As a result, the infant can switch internal bodily states in response to changes in the environment that are appraised to be personally meaningful. This neural process embodies the essence of the function of “working models of attachment.” As Schore puts it, “success in regulating smoothness of transition between states is a principal indicator of the organization and stability of the emergent and core self” (p. 23). It is the emerging “affective core” or emotional template that will centrally characterize the affective tone and stress response of the adult personality.

Recall that Follingstad<sup>16</sup> found what may be the emotional aspect of this affective core in a study of IPV in a dating sample. She called this aspect an “angry temperament.” Maiuro and his colleagues<sup>17</sup> referred to it as hostility. Whatever it is called, it may be a common component of those personality disorders connected to IPV. Borderline PD, for example, has anger as a central clinical feature (it is one of the DSM-IV diagnostic criteria for borderline PD). In our research, self-reports of chronic anger were significantly correlated with BPO (see, e.g., Figure 5.3). Schore’s work and the general thrust of neural developmental research indicates that this emotional template develops early, perhaps before language acquisition. This finding suggests that nonverbal aspects to treatment may be required.

## **RIGHT-HEMISPHERIC DEVELOPMENT AND INSECURE ATTACHMENT**

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The early developing right hemisphere regulates empathy, an attribute that is notably missing in abusive adults. It also mediates the ability to regulate the intensity, duration, and frequency of both positive and negative affective states that some developmental psychologists consider to be the essence of the self.<sup>18</sup> As noted, this hemisphere develops earlier than the left and develops before the acquisition of verbal ability. The complex symbolic representational system of evocative memory allows the child to access an image of a comforting other that is not stored in words but in visual and somatosensory sensations. The essence of the self-soothing, self-regulating functions is nonverbal<sup>3</sup> (p. 24). Schore argues that “the output of the mother’s corticolimbic regions, especially right frontal regions, serves as a template for the imprinting of the infant’s corticolimbic regions”<sup>3</sup> (p. 25). Schore sees the dyadic exchange as right-hemisphere to right-hemisphere communication that pre-

cedes left-hemispheric development: "This dyadic psychoneurobiological mechanism ontogenetically sculpts the enduring temperamental features of the child's emerging personality. . . . Psychobiological studies of the development of temperament stress the importance of self-regulation and neurobiological studies focus on the role of the orbito-frontal cortex as a neural substrate of temperament in the first one and a half years of life"<sup>3</sup> (p. 25). This dyadic relationship with the mother is essential for brain development and temperament (emotional tone). How then might it generate insecure attachment?

The psychobiologically attuned caregiver maintains the child's arousal within a moderate range that is high enough to engage in interactions (by stimulating the child out of low arousal states) but not so intense as to cause distress and avoidance. This ongoing modulation requires that the mother actively initiate and participate in mirroring (arousal amplifying) and shame socialization (arousal lowering) transactions with the infant. Mothers of insecurely attached infants are inaccessible for these modulation-maintaining interactions, and they react inappropriately to their infants' expressions of emotions or stress. These mothers typically manifest an aversion to physical contact that constitutes a "rebuff from the haven of safety"<sup>19</sup> (p. 27). As a result, these infants cannot learn to modulate stress or the painful emotions aroused by maternal behavior (aversive instead of empathic). This feeling of maternal aversion is communicated via the right hemisphere of the brain. Schore differentiates the "insecure-avoidant" mother from the "insecure-resistant." The former rebuffs the infant and produces suppressed anger; the latter is intrusive and generates high arousal that does not get modulated. The former produces the fearful attachment style; the latter produces the dismissing attachment style. The children of these mothers, as Schore puts it, "are susceptible to underregulation disturbances and to undercontrolled, externalizing developmental psychopathology" (p. 29). In other words, they are susceptible to angry outbursts and impulse control problems learned in, and produced by, an intimate relationship.

## **MEMORY AND NEUROPSYCHOLOGICAL DEVELOPMENT**

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According to Schore, the only memories of the first 1.5 years of life that are available to us as adults are "somatoform" memories (i.e., crude

memories of bodily sensations or feelings). Because the part of the brain (the left hemisphere) that controls verbal memory and logic does not develop until 18 months, “explicit memory” (also known as autobiographical memory) is not yet possible. Research shows that there is no autobiographical memory earlier than 18 months. As Siegel notes, “the maturation of the hippocampus in the medial temporal lobe does not occur until after the first birthday, and is thought to be essential for explicit encoding”<sup>1</sup> (p. 74). Hence, we cannot recall the maternal interactions that shaped our capacity for emotional regulation, except in a somatoform sense. These somatoform memory circuits may constitute the neural basis of the unconscious.

There are two ways of looking at these powerful findings from psychoneurobiology. One is to view them as making object relations and attachment studies obsolete. My preference is the view that the new psychoneurological research validates object relations concepts and provides a basis for understanding the acquisition of emotional deregulation and the resulting emotional and cognitive deficits. The observations of Klein and Mahler are now substantiated by a technology that did not exist when they did their work. It’s as if Sherlock Holmes was vindicated by DNA. Yes, a healthy sense of the “self object” may have a neurobiological component, but it is still predicated on early interactions that we cannot remember. The *unconscious* may refer to those unremembered (since they were never stored in verbal memory, they are not “forgotten”) interactions and the symbolic stimulus array that triggers strong emotions through neural networks. The latter are constellations of symbols triggered through a common set of firing neurons.

The problems that people with abusive personalities have with attachment and emotional regulation have their basis in early dyadic interaction, in a process to which they have no access in memory. The most important, influential, and long-lasting effect of early family dysfunction and abuse is not the imitation of specific abusive acts but the inability to regulate emotion and experience secure attachment. The inability to regulate emotion will manifest in lifelong reactions to micro-separations or rejections as trauma, reinstigating the “attachment behavioral system” in alarm mode. There may well be a difference in the intergenerational transmission of abusiveness between those families where the abuse occurs after the first 2 years of life for the infant (and where imitative learning will occur but early neural structures may be normal) and families where the abuse occurs during the first 2 years, rendering the dyadic requirements for optimal growth unlikely.

## NOTE

- \* A magnetic resonance imaging (MRI) scan is an investigation that produces pictures of the inside of the body. Unlike an X-ray, however, an MRI scan does not use radiation; instead, a magnetic field is used to make the body's cells vibrate. They then give off electrical signals that are interpreted by a computer and turned into very detailed images of "slices" of the body. Functional MRI (fMRI) scans measure the increase in blood flow to the local vasculature that accompanies neural activity in the brain. This activity results in a corresponding local reduction in deoxyhemoglobin because the increase in blood flow occurs without an increase of similar magnitude in oxygen extraction. Deoxyhemoglobin is sometimes referred to as an endogenous contrast-enhancing agent and serves as the source of the signal for fMRI. Using an appropriate imaging sequence, human cortical functions can be observed without the use of exogenous contrast-enhancing agents.

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## CHAPTER 9

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# The Early Antecedents Studies

Many of the subtle processes reviewed in the last chapter, such as attunement, that determine successful attachment cannot be studied retrospectively in adults. They are more properly the subject matter for developmental psychopathology and research on infants (which is essentially what Schore reviewed). We were restricted to studying the memory traces of early upbringing in our sample of abusive men. Some have argued that abusive men will report abusive childhoods in order to excuse their own use of violence. Our research found just the opposite: Men sent to us by the courts for wife assault idealized their parents' treatment of them. It wasn't until we cleansed their reports for "socially desirable responding" that a closer approximation of the truth came out: Things at home had been terrible. Most clinicians who ask these questions report a similar experience. Early in the group treatment process these men typically describe their father as "stern" or "strict." Later on, when asked specifically what each parent did to express anger, a fuller—and more horrifying—story emerges. In his book on abused children who kill their parents, *When a Child Kills*,<sup>1</sup> lawyer and writer Paul Mones recounts a startling story. The most difficult cases for him to defend were boys who had killed fathers or stepfathers. They didn't want to talk about the abuse they had suffered and would steadfastly defend the parent.

This strange loyalty has been likened to the paradoxical bonds that form between hostages and victims in what is sometimes referred to as the “Stockholm syndrome” (so-called because a bank teller in Stockholm, Sweden, reportedly fell in love with the man who had held her captive).<sup>2</sup> Anna Freud coined the phrase “identification with the aggressor” to describe this process.<sup>3</sup> When a person is in a life-and-death situation where he or she is powerless against another person who is potentially dangerous, the captive person comes to identify with the captor as a means of warding off danger. According to Anna Freud, if a potential victim could attempt to see the world through the eyes of the aggressor, he or she could better try to ward off violence toward him- or herself. Bruno Bettelheim described this process occurring in Nazi prison camp inmates who would emulate their captors in a last-ditch attempt to prevent random punishment.<sup>4</sup> This brutality was explicitly displayed in the film *Schindler's List*, where a sadistic Nazi officer (played by actor Ralph Fiennes) randomly shoots prisoners walking in the prison yard below his balcony. The psychological key here is that the punishment was severe and *random*. When the random aspect is added, people will do virtually anything to try and restore a sense of control, to make the random seem nonrandom, controllable. One of the things they do is to try and see the world through the eyes of those in power.

I experienced this phenomenon in an assessment I did with a 16-year-old teenager who had killed his stepfather in Washington State.<sup>5</sup> The boy (whose name was Israel Marquez) was being tried for murder as an adult and the defense was a battered person self-defense that would argue that the perpetrator was entrapped by abuse from the eventual victim, essentially seeing no way out of the predicament (I worked for the defense). Israel's stepfather was a decorated member of the county police and a member of the SWAT team, with a seventh-degree black belt in karate. As it came out, he was also physically abusive with both his wife and stepchildren. When I first asked Israel to describe his stepfather, he said he was “an all right guy.” Later he amended this description to “he had a bit of a temper.” Eventually it came out that Israel's stepfather had made him stand at attention while he flicked karate blows that stopped less than an inch from Israel's head. While this punitive behavior was going on, his stepfather would verbally berate him and remind him that he could kill him at any time. One night, when he was physically abusing Israel's mother, Israel asked him to stop. His stepfather responded, “What are you going to do about it, LITTLE MAN?” On one evening when Israel could not take it any more, he grabbed his stepfather's service revolver and ran outside, his stepfather in pursuit. Israel

turned and fired several shots, killing his stepfather. Then he crouched at the back of the yard “waiting for him to try that SWAT stuff on me,” in total disbelief that his stepfather could be injured, let alone dead.

A similar process also occurs with battered women. In 1980 Susan Painter and I called this process “traumatic bonding” and argued that it was based on two aspects of an abusive relationship: a power differential and intermittent abuse.<sup>2</sup> Some 10 years later we finally had the data to support this view.<sup>6</sup> From the beginning we argued that there was no special deficit in battered women that made them susceptible to getting trapped in an abusive relationship. To the contrary, the features of the relationship itself were sufficient to account for the trapping: a power differential and intermittent reward–abuse. The same can be said of abused boys. There is little they can do to extricate themselves from an abusive home.

The boys are aided in their eventual emotional cover-up by a socializing culture that for centuries has taught men not to be emotionally expressive. The double whammy of personal shame and cultural conditioning makes the abused boy retreat inside. Safely ensconced there, he begins the task of expunging every possible source of shame from his identity.\* Anything that he associates with feeling shamed during this developmental stage will be altered or eliminated. We learned about the socializing role of shame in early development in the previous chapter on developmental neurobiology. In this respect, shame is essential to “down-regulate” arousal. This shame can be generated merely by a look of disapproval from the all-powerful mother. In a later developmental period, shaming takes on a more destructive quality based on verbal reprimands that attack the still developing sense of self.

The shame is caused, I believe, from early family dynamics; the social labels that are potential shame sources are learned later through school classmates. The way in which shame operates suggests that the psychological precedes the social. There is a pool of rage and shame in abusive men that can find no expression—not until, that is, an intimate relationship occurs, and with it the emotional vulnerability that threatens their equilibrium. The vulnerability and dysphoria are frequently accompanied by flashes of shame. Because the feelings of shame are intolerable, they converted immediately (and without awareness) to anger and blame; the partner is blamed for the intolerable feelings. If it happens repeatedly with more than one woman, these men go from blaming “her” to blaming “them.” Their personal shortcomings become rationalized by an evolving misogyny. The misogyny then feeds on itself, contributing further to their rage toward women. At this point the abu-

siveness is hard-wired into the system. They are programmed for intimate violence. No woman on earth can save them—although some will try.

When I started running treatment groups, I was struck by the similarities of the men's descriptions: the emotional poverty of their thought and speech, the flat affect, the noncommittal responses about their parents. They described actions that people performed, but those descriptions rarely reflected the inner realm. We would talk facetiously of the men being in "emotional kindergarten," but it was not really a joke. Part of the treatment involved describing and defining the emotions.

As with Israel Marquez, descriptions of growing up were typically euphemized. Dad had a "bad temper sometimes" or "wasn't around much." He "didn't think much of me—I guess he liked fishing more." The folks "did their best under the circumstances." It wasn't until we started asking specific questions and probing extensively that the real stories would come out. We would ask questions such as "What did your dad [mom] do when he [she] was angry?" "How did your father show you that he loved you? Can you remember any specific time that he did this?"

It is not unusual for an abusive man to have difficulty recalling and describing his childhood. Attachment researchers refer to these sketchy recollections as an "incoherent narrative."<sup>7</sup> Both as therapists and as researchers we had to piece together childhood recollections from probing questions to our clients, interviews with their wives (who usually knew and recalled the most), and occasionally from interviews with their mothers (who may or may not have wanted to disclose their own history of victimization or their guilt about not protecting their sons). Furthermore, when we started to collect research data on abusive men, we found the same problem existed with fuzzy memories. From the beginning of the research, however (and before I'd read Bowlby or Schore), I had a notion that something more than the modeling or copying of abusive behaviors was occurring with these men. I wanted to get beyond merely counting hits between family members and assess the emotional climate of the household. The "hit count" could be done with the CTS, adapted for the family of origin. To get at the emotional climate, however, we turned to a self-report instrument called the *Egna Minnen Beträffande Uppfostran* (EMBU).<sup>7</sup> The English translation from the Swedish is "Memories of My Upbringing." To literary fans of Marcel Proust, this sounds similar to his great work, *Remembrance of Things Past* (*À la Recherche du Temps Perdu*). The similarity goes beyond the title. Just as Proust was attempting to systematically connect all adult

sensations to their origins, the EMBU can provide, for those of us less reflective than Proust, a type of retrospective lens back into our childhood. By asking questions that we may not have pondered for years, the EMBU opens up feelings and memories. Of course, these memories are colored by time and current circumstance. They do not necessarily represent veridical recordings of past events. But the memories or interpretations themselves can be illuminating. I say more about this below.

The English translation of the EMBU had been widely used in research on other clinical populations, such as depressed men. It assesses recollections of parental treatment separately for mother and father. We were mainly interested in memories of parental warmth and rejection. Both seemed to be broader aspects of parenting than actual incidence of violence. The EMBU has 43 items or statements bearing on these particular aspects of parental treatment.

First, we wanted to know if wife assaulters scored differently on these scales than men in the control group. Referring to Table 9.1, it becomes evident that the answer was yes. The recollections of assaultive males were characterized by memories of fathers who were rejecting and cold. This difference between the two groups was the largest and

**TABLE 9.1. Correlations of Early Experience Factors with Discriminant Function for Abusive Personality**

	Discriminant function
EMBU	
Paternal rejection	.89
Paternal warmth	-.63
Maternal rejection	.39
Maternal warmth	-.39
Conflict Tactics Scale (CTS: FOO)	
Physical abuse (father to you)	.64
Verbal abuse (father to you)	.41
Physical abuse (mother to you)	.34
Verbal abuse (mother to you)	.34
Physical abuse (father to mother)	.24
Verbal abuse (father to mother)	.36
Physical abuse (mother to father)	.27
Verbal abuse (mother to father)	.38

*Note.* FOO, Family of Origin. From Dutton, Starzomski, and Ryan.<sup>24</sup> Copyright 1996 by Plenum Publishing Corporation. Reprinted by permission.

most salient. The second difference was that the fathers of assaultive men were more violent—but it was more than violence that helped create the difference between the two groups of men. EMBU scales measuring rejection came out as more important than CTS scores measuring physical abuse in influencing abusiveness, and paternal treatment came out as more important than maternal treatment. It seemed that the emotional aspect of paternal treatment was paramount. Being punished in a rejecting way by the father was the worst thing that could happen for the son, far worse than simply being punished.<sup>9</sup>

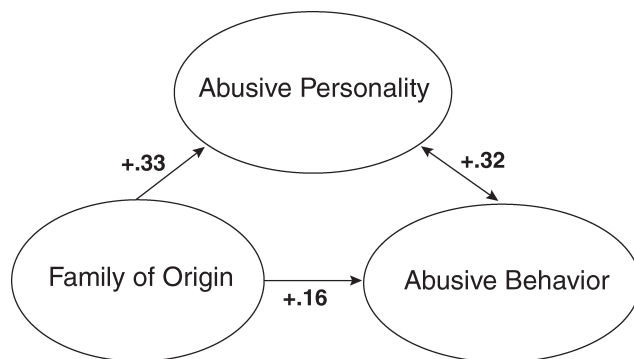
## FATHERS AND SONS

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To our surprise we found that the biggest childhood contributors to adult abusiveness were (in order of importance) feeling rejected by one's father, feeling a lack of warmth from one's father, being physically abused by one's father, being verbally abused by one's father, and feeling rejected by one's mother. We had expected that the relationship with the mother would have been the more important, but that wasn't what the data told us. The picture that emerged from the data was of a cold, rejecting, and intermittently abusive father. The impact of such fathering was to produce a boy with a poor sense of identity (identity diffusion).

In his classic *The Art of Loving* Erich Fromm describes mother love as “the home we come from, nature, soil, the ocean.”<sup>10</sup> All yearning for connection is a yearning to return to the perfect, all-embracing love. Of course, neuropsychological studies show that this yearning is not always requited. Father's love, on the other hand, comes with conditions attached. Fromm characterizes it as an earned or deserved love that carries an unspoken message “I love you because you fulfill my expectations, because you do your duty, because you are like me.” Fatherly love sets limits, punishes, judges, and rewards. When this type of love is generated by an abusive or rejecting father, the child is doomed. He cannot please, nothing is ever good enough for the father, so the boy feels unlovable—and this unlovability becomes the main source of his male identity. Figure 9.1 summarizes these relationships.

The men who initially balk at filling out CTS reports for their family of origin subsequently turn out to be the ones who were the most abused. They had blanked out or fuzzed over the memories. We would have to nag them to complete the questionnaires. They would complain to the researcher that they couldn't remember these things. Those who



**FIGURE 9.1.** Model of family-of-origin effects on abusive personality and behavior corrected for social desirability.

scored highest on impression management scales or social desirability also described their parents as warm and accepting people. It wasn't until we corrected for socially desirable responding that a truer, less flattering picture emerged: Their fathers were either absent, rejecting, or downright punitive. They were generally more positive about their mothers, although a pattern of alternating warm and cold "currents" was revealed. Mother was available at some times, whereas at others she was cold or angry. (I suspect, although I cannot prove it from my data, that these women were frequently trying to provide maternal support while coping with an abusive husband. Unfortunately, the result was an alternation between warm availability and cold frustration. I think it's important to state that this appears to be a reasonable reading from the aggregate scores. It's also important to note that this uneven quality could be generated by the abusive situation vis à vis the father's personality; it is not necessarily inherent to the woman's mothering style).

When we started to focus on these early aspects of their parental treatment, the picture that emerged showed three parallel learning processes. One was an emotional process that was instrumental in forming their abusive personalities. It was based largely on the emotional attacks and shaming experiences by parents and left them with, as the BPO scale called it, "identity diffusion"—a wounded and vulnerable self that they shored up by going on the offensive.

The second process was based on physical abuse either directed at them or at their mothers. It gave them the opportunity to witness how to be abusive, the model for behavior through which to express their personality style. Usually, the two processes occurred together. Emo-

tionally abusive parents were typically physically abusive as well, and faulty attachment was often a result of this poisonous home atmosphere. Occasionally our research uncovered cases where emotional abuse occurred without the physical, although these were rare. The adult men who had experienced only emotional abuse were more likely to be emotionally (but not physically) abusive to their partners. We found these cases, to our initial surprise, in our control group samples comprised of blue-collar workers, college students, and psychiatric outpatients. The third process, insecure attachment, I described in Chapter 7. The fearful attachment of the men in our sample ensured that the anger and rage into which they converted their fear would be played out in the context of an intimate relationship. This combination generated, in vulnerable boys, a type of traumatic experience that later led to the abusive personality. We had no way of assessing for the neuropsychological issues raised by Schore, Perry, and Siegel. Suffice it to say that if abuse was occurring during vulnerable developmental periods, optimal attunement with the mother would be impossible.

## TRAUMA SYMPTOMS

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Although previous studies had found an effect of witnessing violence in the family of origin on adult abusiveness, our studies revealed that something far more profound than imitative actions was transpiring. Our first clue that something more serious had taken place in the childhood of these men was the unexpected finding that they experienced high chronic levels of trauma symptoms and that these were strongly related to their memories of parental rejection, shaming, and abusiveness. The memories alone might not have given us a clue to the extent of the mistreatment. It is one thing to rate your father as cold and rejecting, but the combination of *memories* and *trauma symptoms* was telling. When that rejection related to present experiences with depression, suicidal thoughts, anxiety, and sleep disorders, the larger impact of the rejection was revealed.

We used the TSC to assess depression, dissociative states, sleep disorders, and anxiety.<sup>11</sup> Respondents indicate how frequently they experience a variety of trauma symptoms. The trauma symptoms are so highly associated with BPO scores that we came to view them as a by-product of what we called the abusive personality.

Further analysis revealed the greater significance of the trauma symptoms; that they were related to experiences in upbringing.<sup>12</sup> What

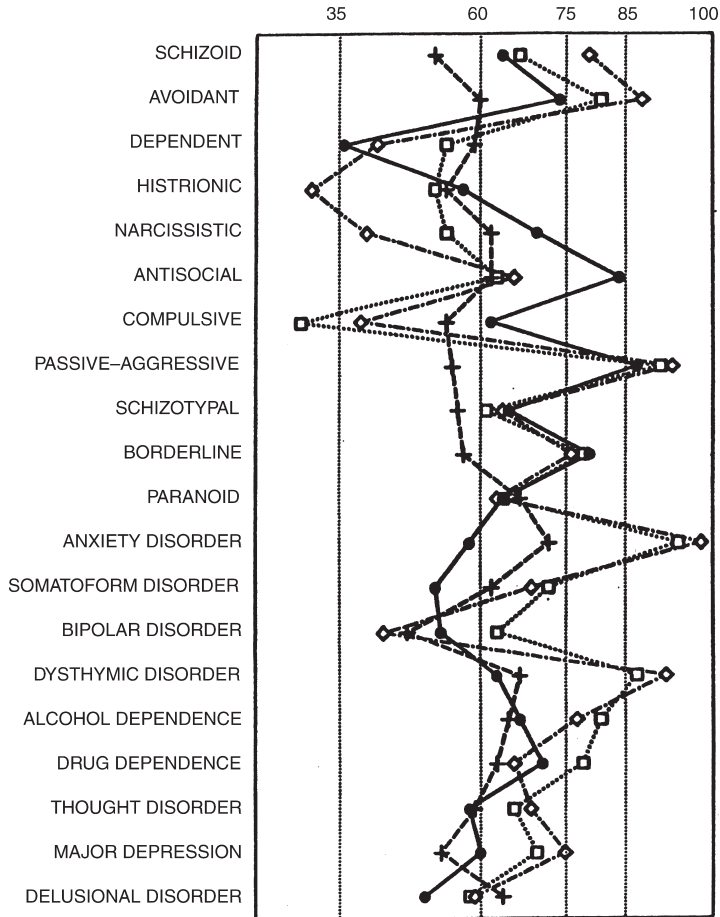


we found was that men who reported cold, rejecting parents also reported experiencing more severe, extensive, and frequent trauma symptoms. Also, as described at the end of the last chapter, men who were fearfully attached experienced more trauma symptoms. We also developed a scale of parental shaming actions, which I describe below. Results on the shaming scale, too, were strongly related to adult trauma symptoms. This correlation suggested that these adult levels of chronic trauma symptoms might originate in childhood experiences. This idea, of course, is not new. Freud himself suggested it for women's "hysteria" in his infamous 1895 paper on sexual abuse.<sup>13</sup> More recently, psychiatrist Bessel van der Kolk described rage reactions and difficulties in modulating aggression in traumatized children.<sup>14</sup> His research also implicated trauma as the basis for borderline personality. Our data pointed toward a combination of (1) shaming, (2) emotional and physical abuse by the father, and (3) insecure attachment to the mother as a source of this trauma. The trauma symptoms that the men reported as adults were strongly related to their chronic anger level and to their adult abusiveness.

Other studies developed psychological profiles of men diagnosed with posttraumatic stress disorder (PTSD).<sup>15, 16</sup> Using the MCMI-II, a measure of psychopathology, these studies found what is called an "82C" profile for men suffering from PTSD. This profile means that these men scored extremely high on three scales of the MCMI: Negativity (8), Avoidant (2), and Borderline (C). When we sketched the profile for assaultive men on this same inventory, we were startled to see the same 82C profile emerge. Assaultive men closely match psychological profiles for groups diagnosed with PTSD (see Figure 9.2). On almost all psychological measures, assaultive males are indistinguishable from men diagnosed with PTSD. The only differences are that (1) PTSD men feel worse and (2) assaultive men release more aggression. This aggression may release anxiety and bad feelings in the manner described in Chapter 7.

What's more, when we matched scores on the MCMI by attachment style, it became apparent that the fearfully attached group was the most similar to diagnosed PTSD groups. The men with this attachment style experienced the highest chronic levels of depression, anxiety, dissociative states (sometimes accompanied by rageful acting out), and sleep disturbances.

Trauma victims have exaggerated separation anxiety, anger, and a clinical description that is similar to that of persons diagnosed as having a borderline personality disorder. This profile also includes problems



**FIGURE 9.2.** MCMI profiles of PTSD, wife assault, and control groups. □, PTSD (Roberts et al.<sup>14</sup>); ◇, PTSD (Hyer et al.<sup>15</sup>); ●, wife assaulters; +, non-PTSD (Roberts et al.<sup>14</sup>).

with regulation of affect and impulse control, an intense dependence on primary interpersonal relationships, and an inability to tolerate being alone. van der Kolk hypothesizes that childhood trauma may play a significant role in the development of borderline personality disorder. Childhood trauma, of course, almost always involves attachment disruptions for the child.

As Table 9.2 shows, the experience of chronic trauma symptoms in the men is significantly related to both anger and abusiveness. Now

**TABLE 9.2. Pearson Correlations of TSC-33 and Measures of Wife Abuse in Wife Assaulters ( $N = 132$ )**

	TSC-33 total	Depression	PSAT	Anxiety	Sleep disturbance	Dissociation
Self-reports						
Anger (MAI)	.55***	.54***	.47***	.46***	.43***	.44***
Physical violence to wife (CTS)	.28**	.18	.29**	.03	.23*	.29**
Verbal abuse to wife (CTS)	.27**	.26**	.27**	.14	.23*	.29**
Wives' reports						
Dominance/ isolation (PMWI) by husband	.43***	.30**	.36**	.55***	.37***	.33***
Emotional/verbal abuse by husband (PMWI)	.41**	.30**	.36**	.41***	.16*	.18*

Note. PSAT, Profile of Sexual Abuse—Theorized; MAI, Multidimensional Anger Inventory; CTS, Conflict Tactics Scale; PMWI, Psychological Maltreatment of Women Inventory. From Dutton.<sup>11</sup> Copyright 1995 by Plenum Publishing Corporation. Reprinted by permission.

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

another dimension was emerging in the overall picture of abusiveness. BPO scores were highly associated with both trauma symptoms and fearful attachment. The profile of the Abusive Personality now contained high BPO, fearful attachment, frequent anger, a blaming style, and frequent trauma symptoms. There were two strong clues that the trauma symptoms were related to something in the men's early upbringing: the relationship of their trauma symptoms to their reports on the EMBU and to their attachment style. Both were strong statistical relationships and suggested that cold, rejecting, or shaming parents and fearful attachment generated frequent adult trauma symptoms. Of course, the data were only correlational, so other interpretations were possible. Whatever the case, they had little insight into the causes of this constellation of problems and avoided seeking help, believing that "it will only make things worse."

Several signposts pointed toward the men's childhood as the initial problem. Assaultive men have high BPO scores; borderline personality organization has its origins in early trauma.<sup>17</sup> They also have high levels of trauma symptoms, and these are related to their memories of unpleasant childhoods. We couldn't prove that these experiences really happened, of course, but the men seemed to remember them, and their

memories were not presented in a self-exonerating way. Furthermore, they experienced trauma symptoms consistent with their recollections.

## SHAMING AND THE ABUSIVE PERSONALITY

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Another clue to the nature of these early traumatic experiences came through the work of social psychologist June Tangney.<sup>18</sup> Drawing on earlier work by Helen Block Lewis on “humiliated fury” and “the shame–rage spiral,” Tangney developed the Test of Self Conscious Affect (TOSCA) in which respondents describe which of several reactions they would have to a variety of everyday mishaps. Tangney differentiated between what she called a “shame-prone” and a “guilt-prone” style. The latter was characterized by accepting blame for the mishap but seeing it as a specific mistake. The shame-prone style, on the other hand, is characterized by a view that every mishap is indicative of a core flaw. Shame-prone individuals cannot make the distinction between a specific mistake and a pervasive character flaw. The shame prone emotional style is accompanied by “hostility, anger arousal and tendencies to blame others for negative events”<sup>18</sup> (p. 673).

I went back to the EMBU to look specifically for descriptions of events that could be shame inducing. The guideline was that the recalled action by the parent induced a felt attack on the whole self. For example, being told “You’re a bad boy” or “You’ll never amount to anything” attacks the whole self; being told “I don’t like what you did” does not. In addition to global verbal attacks, we found two other categories that were potentially shame inducing: being publicly humiliated or punished in front of others and being punished at random. The latter, as noted above, makes it impossible to know what specific act was deemed wrong; the effect is to generalize the “wrongness” to the whole self. The items shown in Figure 9.3 are from the Shame Scale that we developed.

We came up with a 22-item (11 items from each parent) Shame Scale based on the EMBU (see Figure 9.3), which we related to the measures of abusive personality and abusiveness described above. After the social desirable response styles were “cleansed,” the reports of shaming started to come out of the data loud and clear—experiences of being humiliated, embarrassed, shamed—global attacks of the self. The parents of these men often humiliated them publicly or punished them at random. Often parents verbalize their global attack, saying, “You’re no good, you’ll never amount to anything.” The global sense of who the child was, his self-integrity, became the object of attack. The results were

1. As a child I was physically punished or scolded in the presence of others.
2. My parent would narrate or say something about what I had said or done in front of others so that I felt ashamed.
3. I was treated as the "black sheep" or "scapegoat" of the family.
4. I think that my parent wished I had been different in some way.
5. I felt my parent thought it was my fault when he or she was unhappy.
6. I think my parent was mean and grudging toward me.
7. I was punished by my parent without having done anything.
8. My parent criticized me and told me how lazy and useless I was in front of others.
9. My parent beat me for no reason.
10. My parent treated me in such a way that I felt ashamed.
11. My parent would be angry with me without letting me know why.

**FIGURE 9.3.** Selected items from the EMBU assessing a shaming experience. From Ross, Campbell, and Clayter.<sup>24</sup> Copyright 1982 by Munksgaard International Publishers Ltd. Copenhagen, Denmark. Adapted by permission of Blackwell Publishing.

very powerful. Shaming experiences, again primarily by the father, were strongly related to BPO, anger, trauma symptoms, and to the men's partners' reports of their abusiveness. The results were so strong that, if I had to pick one single action by the parent that generated abusiveness in men, I would pick being shamed by the father. Of course, fathers who shame their sons also tend to be physically abusive, so again the boy is getting the "double whammy" of both attack on the self and abuse modeling. But it is possible to separate being physically abused from being shamed through a statistical operation called partial correlation. This operation enables the researcher to look at the direct effects of shame on abusiveness as though physical abuse by the father had not happened. When we applied partial correlation, we found that shaming experiences were still strongly related to both BPO and anger scores. The opposite, however, was not true. With shame removed from the equation, paternal physical abuse by itself did not predict BPO, anger, or even abusiveness. A lethal combination of shaming and physical abuse was required to generate the kind of abusiveness I described above. Unfortunately, that lethal combination was the rule rather than the exception; shaming experiences were strongly related to having a father who also physically abused the boy.

Shaming creates a vulnerable sense of self that can be easily attacked. The shame-prone person feels the first flashes of humiliation at

the slightest affront and responds quickly with open rage—what Helen Block Lewis called “humiliated fury.” This fury appears so out of proportion precisely because it is being used to prevent *idiocide*—a felt death of a self severely weakened by early attacks. Psychiatrist Leon Wurmser quoted one of his patients, who said, “I have never been myself except in anger”<sup>19</sup> (p. 34). The title of his book, *The Mask of Shame*, conveys the image of the exposed, vulnerable self hiding behind a mask. The word *shame* comes from Old High German root *scama*, meaning “to cover oneself.” Anger provides such a covering, and the externalization of blame prevents shame from being reexperienced. Both are essential criteria of the abusive personality.

The EMBU contains several items that assess parental shaming actions. Shame is targeted by three sets of actions that attack the global nascent self: public humiliation, random punishment, and direct verbal “global attacks.” With random punishment (as with the terrible trauma of random violence in Nazi prison camps, described by Bettelheim above), the specific act that “caused” the punishment cannot be ascertained. Hence, the punishment generalizes to the entire self, which comes to be experienced as bad or unlovable. By blurring the connection between any specific action that the boy had done and its ensuing punishment, shaming parents create a generalized corrosive attack on the child’s sense of self. The punishment is seen as punishment of the self rather than punishment of the act.

Table 9.3 shows the direct correlations of shaming actions by the parent with the men’s abusive personality (BPO, anger, trauma symptoms) and abusiveness (reported by female partner). Shaming actions by the father are significantly more highly correlated with adult abusiveness than shaming actions by the mother. Shaming and guilt-inducing words and actions by the parents were highly intercorrelated with physical abuse. The physically abusive parent was also the one who shamed and induced guilt in the child. When we performed partial correlations on the relationship between parental actions and each man’s current abusiveness toward his partner, we found that physical punishment by the parents was no longer significantly correlated with the man’s abusiveness once shame was mathematically dropped from the equation. The same effect occurred for guilt. Similarly, when we statistically controlled for physical abuse, shame and guilt lost their significant relationship with current abusiveness. *In other words, it is the combination of physical punishment and psychological abuse that is so toxic.* The abusiveness these men exhibit in their adult intimate relationships is produced by a combina-

**TABLE 9.3. Correlations of Shame, Guilt, and Unloved Experiences to Associated Features of Abusiveness (Anger, Trauma Symptoms, and Borderline Scales) and to Abusiveness in a Population of Assaultive Me (*N* = 140)**

	Shame		Guilt		Unloved	
	Mother	Father	Mother	Father	Mother	Father
BPO						
Total	.37**	.55***	.31*	.38***	.27**	.23***
Identity diffusion	.29*	.58***	.27*	.46***	.25*	.27***
Primitive defenses	.31*	.45***	.29*	.44***	.23*	.26**
Reality testing	.27*	.55***	.17	.49***	.22*	.17***
Anger (MAI)	.43***	.43***	.28*	.30**	.28*	.23**
In	.38**	.46***	.19	.25**	.23*	.20*
Out	.25*	.62***	.28*	.34***	.05	.29**
Magnitude	.35**	.29*	.25*	.26*	.11	.18*
Frequency	.41***	.35**	.32**	.19*	.27**	.17*
Hostility	.41***	.42***	.32**	.30**	.27**	.21*
TSC						
Total	.27*	.38***	.26*	.37***	.25*	.19*
Sleep deprivation	.26*	.29*	.23*	.21*	.18	.20*
Depression	.29*	.41***	.28*	.33**	.19	.34**
Anxiety	.28*	.36***	.26*	.30**	.19	.34**
Dissociation	.21*	.27**	.20*	.24*	.21*	.31**
PSAT	.18	.24*	.14	.20*	.22*	.30**
PMWI 1	.39***	.35***	.33**	.31**	.29***	.27**
PMWI 2	.34***	.33***	.32**	.30**	.10	.08
CTS Physical						
Man's self-report	.38**	.31*	.12	.09	.41***	.35***
Wife's self-report	.24*	.26*	.18	.17	.55***	.50***
CTS: FOO						
Phys. DY	.66***		.41***		.36**	
Phys. MY	.59***		.50***		.11	

Note. MAI, Multidimensional Anger Inventory; TSC, Trauma Symptom Checklist; BPO, Borderline Personality Organization Scale; PSAT, Profile of Sexual Abuse—Theorized; PMWI 1, Factor 1 of the Psychological Maltreatment of Women Inventory (Dominance/Isolation); PMWI 2, Factor 2 of the Psychological Maltreatment of Women Inventory (Emotional Abuse); CTS, Conflict Tactics Scale; FOO, Family of Origin; Phys. DY, Physical violence by Dad to you; Phys. MY, Physical violence by Mom to you. From Dutton, van Ginkel, and Starzomski.<sup>8</sup> Copyright 1995 by Springer Publishing Company, Inc. Reprinted by permission.

\**p* < .05; \*\**p* < .01; \*\*\**p* < .001.

tion of physical and psychological maltreatment they experienced as children. This combination not only models abusive actions, it attacks the boys' sense of self.

## HUMILIATION AND SHAME

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As Lenore Terr puts it in her excellent book *Too Scared to Cry*,<sup>20</sup> shame comes from

public exposure of one's own vulnerability. Guilt, on the other hand, is private. It follows from a sense of failing to measure up to private, internal standards. . . . Exchanges of guilt for shame begin to occur very early in life, too early . . . for a child to possess a fully formed conscience. But if the child has just finished passing through infancy, the most vulnerable period of life, the youngster will hate having this vulnerability exposed. Rather than risking shame, the toddler will be able to create some guilt to cover over this humiliation. The new "convert" to autonomy, in other words, is the most adamant of converts. No person is more mortified by the loss of autonomy and personal control than is a traumatized three year old. And so, even the relatively young pre-schooler will make this trade off—guilt for shame. (pp. 113–114)

Shame gets converted to guilt to spare the infant the uncontrollable attacks from without—the *public* condemnation. If we learn to blame ourselves, the blame-inducing instances can be avoided and we can feel a sense of control over any future occurrences of "bad behavior." Shame and humiliation are strong and common for toddlers precisely because at this age the sense of self is still quite tenuous and therefore easily subject to public attack.

In *Seduction of Crime*, Jack Katz defines humiliation as a loss of control over one's identity.<sup>21</sup> Wouldn't it seem that an individual with a shaky sense of self would be more prone to humiliation? And wouldn't men who suffered from faulty mothering during the separation-individuation phase have a shakier sense of self? Interestingly, Katz sees a common underpinning to rage and humiliation that accounts, in his view, for the rapid transformation of humiliation into rage. In both, for example, the individual experiences him- or herself as an object compelled by forces beyond his or her control. Control of identity is lost when humiliation occurs. The person becomes "an object of ridicule." As Katz puts it, "Thus, a husband knows that others know he is a cuckold, and he senses that they always will see him that way. Suddenly,



he realizes that his identity has been transformed by forces outside his control some fundamental way. He has become morally impotent, unable to govern the evolution of his identity" (p. 114). Similarly with anger, the perpetrator says, "I got carried away, I didn't know what I was doing," describing the rage as somehow external and taking over the self.

Both are oceanic feelings experienced as transcending bodily limitations. In humiliation, the person is overcome with an intolerable discomfort. Rage, too, "draws the whole body to its service"<sup>21</sup> (p. 64). The conversion of humiliation to rage is a swift transition, according to Katz, because one is the opposite of the other: Humiliation is defined as the experience of being reduced to a lower position: "To disparage someone, [we] might say that he 'sucks' . . . as a reference to the infant's sucking at the breast. . . . In its sensuality humiliation makes one feel small. In humiliation, one feels incompetent and powerless as if one's stature has been reduced to that of a baby"<sup>21</sup> (p. 115). Humiliation works from the top of the head down; rage, in the opposite direction, starting in the belly and working up until we "blow our top" or "rise up" in anger. The question that is raised but left unanswered in Katz's analysis is why men who feel humiliation at, for example, their wife's infidelity have so much of their identity riding on their ability to generate sexual loyalty in the wife. Sociobiologists such as Martin Daly and Margo Wilson believe that aggression toward unfaithful wives occurs because the women cannot guarantee their husbands' contribution to the gene pool. This answer does not speak, of course, to the problem of humiliation. In order to do so we have to examine the construction of male social identity and explain why so much of that identity requires sexual control of the man's woman/wife/partner.

Early upbringing plays a major part in formation of the self. At young and vulnerable ages, children are open and susceptible to the vicissitudes of family function and dysfunction. The impact of such experiences as violence between parents, angry divorce, rejection and shaming can take a toll on everything from the self-concept and the ability to self-soothe/tolerate aloneness, to the ability to modulate anger and anxiety, to the elaboration of opiate receptors in the brain, *and even the development of neural structure*. At every level from the physiological-neurological to the psychological, the abused/rejected/shamed boy is primed to use violence. It is not merely the learning of an action that occurs in violent families, it is the configuration of an entire personality. Figure 9.4 summarizes the psychological and behavioral sequelae of

	<b>Antecedent</b>	<b>Psychological sequelae</b>	<b>Behavioral sequelae</b>
I	Rejection, shaming	<ul style="list-style-type: none"> <li>• Inflated self-esteem, anger</li> <li>• Affect regulation dysfunction</li> <li>• Anger/rage</li> <li>• Externalizing blaming attributions</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent rage proneness</li> <li>• Emotional abuse: PMWI</li> </ul>
II	Insecure attachment	<ul style="list-style-type: none"> <li>• Jealousy/attachment, anger</li> </ul>	<ul style="list-style-type: none"> <li>• Control: PMWI</li> <li>• Intimate focus to rage</li> </ul>
III	Victim of physical abuse Witnessed physical abuse	<ul style="list-style-type: none"> <li>• Decreased empathy for victim of violence</li> <li>• Violence patterns in memory</li> <li>• Absence of positive resolution strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Abuse: CTS</li> </ul>
I and II	Rejection, shaming, insecure attachment	<ul style="list-style-type: none"> <li>• Anger focused on intimate relationship</li> </ul>	<ul style="list-style-type: none"> <li>• Intimate rage</li> </ul>
I, II, and III	Rejection, shaming, insecure attachment Victim of physical abuse Witnessed physical abuse	<ul style="list-style-type: none"> <li>• Reliance on relationship for ego integrity</li> </ul>	<ul style="list-style-type: none"> <li>• Control/abuse/ stalking</li> </ul>

**FIGURE 9.4.** Disentangled antecedents of abusiveness.

each antecedent described in the preceding chapters. Here I tease out, or disentangle, the antecedents into discrete processes. In real life, of course, they are confounded.

This configuration lays the foundation for the abusive personality by creating certain pathways or ways of responding that lead to further reinforcement for abuse; rage with girlfriends; possessiveness; and selection of male friends who tolerate or even envy the violent streak. As the “preabusive” boy enters his teen years, he passes from a latency period when girls were irrelevant to a new phase of life with peer groups and messages from the culture and his subculture about what it means to be a man. I believe that abused/rejected boys interpret and accept this information differently, even seek out different information. The message they want to hear is the one that tells them they’re all right, that their anger is justified, that women are the problem.

One of the criticisms of retrospective research is that, by focusing on a “problem” group (such as abusive men) and searching for background causes, the problems found may be overestimated. We have tried

**TABLE 9.4. Trauma Effect on Children and the Observed Deficit in Batterers**

Trauma effect on children	Observed deficit in batterers
<ul style="list-style-type: none"> <li>• Restricted affect (van der Kolk, 1987)</li> <li>• Limited cognitive problem-solving skills (Dodge et al., 1995)</li> <li>• Arousal dyscontrol problems (van der Kolk, 1987)</li> <li>• Insecure attachment (Cicchetti &amp; Barnett, 1991)</li> </ul>	<ul style="list-style-type: none"> <li>• Restricted affect (Dutton, 1984)</li> <li>• Blaming orientations (Dutton &amp; Starzomski, 1994)</li> <li>• Extreme arousal patterns (Gottman et al., 1995)</li> <li>• Insecure attachment (Dutton et al., 1994)</li> </ul>

*Note.* From Dutton and Holtzworth-Munroe.<sup>21</sup> Copyright 1997 by University of Rochester Press. Reprinted here with permission of the publisher.

to answer this criticism partly by using nonabusive controls. Another approach is to turn to a different research paradigm and ascertain the fit between the findings of the two approaches. Amy Holtzworth-Munroe and I did this, comparing the developmental factors found in the backgrounds of adult abusive males with the results of studies in “developmental psychopathology.”<sup>21</sup> These latter studies were prospective in nature, ascertaining that abuse of a child had occurred and then monitoring or assessing that child-victim at a later point in time. Comparison of these two sets of research findings, which mutually reinforced each other, are displayed in Table 9.4. Longitudinal studies of abused children found problems in regulating emotion, insecure attachment, and deficits

**TABLE 9.5. Trauma Model of Abusiveness**

Family of origin	Adult deficits
Physical abuse	
Between parents	Cognitive problem resolution deficits
Directed at child	Violent response repertoire
Parental rejection/shaming	
Public punishment	Externalizing/blaming attributional style
Random punishment	High chronic anger
Global criticism	
Insecure attachment	Rejection sensitivity
	Ambivalent attachment style
	Disturbed self-schema
	Inability to self-soothe
	Anxiety, depression

in constructive problem solving.<sup>23</sup> Our retrospective results on adult abusers found the same. I believe it is just a matter of time until these two research paradigms close the age gap and present a comprehensive lifespan developmental portrait of the long-term consequences of early abuse experiences. Boys in violent families do not simply “witness abuse”; they are traumatized by the variety of sources described above. Table 9.5 presents the trauma model of the development of intimate abusiveness.

## NOTE

- \* This process is no more clearly represented than in the case of the entertainer Michael Jackson, who, in response to an abusive childhood, attempted to expunge every aspect of his visual identity, including his race, through repeated operations on his nose and skin bleaching.

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# Longitudinal Development and Female Abusive Personalities

As we saw in Chapter 2, the notion that only males perpetrate IPV has been called into question by recent research. The best and most comprehensive studies reveal female IPV to be roughly similar in incidence to male IPV. Not only is the incidence similar but the effects for men are worse than previously imagined,<sup>1</sup> and female IPV seems to be proactive and predictable by the same psychological features as for males. In Chapter 2 I cited Renzetti's<sup>2</sup> study of lesbian IPV perpetrators, which found dependence and jealousy to be major predictors of lesbian violence. As we have now seen, these features are also important for male perpetrators and are related to BPO. There is far more work on the development of IPV in males, but the new research on women's "developmental trajectories" (reviewed here) shows some similarities to the male profiles.

Attachment dysfunction, affective dysregulation, shaming, and exposure to abuse do not only occur for boys. The only difference is that for boys, most of the early exposure occurs in an opposite-sex relationship. Research on IPV has been directed by a gender-based perspective<sup>3</sup> that has generated neglect or outright dismissal of female abusiveness. In the preceding chapters I have tried to make it clear that, although our focus was on male perpetrators, we could not infer that all perpetrators were male. Many studies drew subject samples from either court-mandated treatment (for males, typically) or from shelter samples (for

females) and then drew unjustifiable conclusions about the general direction of IPV. Dutton and Nichols<sup>3</sup> reviewed this “gender paradigm” and concluded that the result was an overestimation of the incidence of IPV in males and an underestimation of the incidence and severity of female IPV. When researchers examined the incidence of IPV using community samples instead of criminal justice samples, a gender equivalency in incidence rates resulted, even after controlling for severity of violence. Typically, female IPV had been dismissed as “self-defense” or as having a different context. However, researchers who took the time to examine female motives, consequences, and the context of IPV found a great similarity between female and male IPV.<sup>4–8</sup> The differences in injury were not nearly as great as the gender paradigm would have us believe. John Archer, in his meta-analysis of 82 studies examining gender differences, found women to use IPV slightly more often (about 1/20 of an *SD* difference) and to be injured slightly more often (about 1/6 of an *SD* difference) than men. Women required medical treatment slightly more often than men (about 1/10 of an *SD*)<sup>9</sup> (p. 657). Although it is possible to imagine an egregious case of IPV wherein the genders seem irreversible, the frequency of these cases is rather small. IPV that involves repeated “battering” occurs about 2.6–4.2% of the time in large community samples.<sup>10</sup> Surprisingly, the 2.6% was reported by male victims. When they analyzed the U.S. national data, Stets and Straus found that women were three times more likely to use severe violence against non-violent or minimally violent men than the reverse gender pattern<sup>11</sup> (p. 234).

## LONGITUDINAL STUDIES OF THE DEVELOPMENT OF FEMALE AGGRESSION

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The argument of the self-defense motive was also not supported by studies of female motives for IPV<sup>4</sup> (they had the same motives as men) or by studies of the development of IPV in both sexes.<sup>6</sup> These latter studies have used longitudinal peer cohorts (representative samples of an entire age peer group) and have revealed female physical abusiveness to be at least as common as its male counterpart. Typically, these studies have begun around adolescence and traced patterns of aggression into the early 20s, when assessments of IPV have been conducted.

These studies have several methodological advantages over prior “snapshot” studies in that they all use large and demographically representative samples and follow these samples over extended time periods.

Hence, the etiology of abusive behaviors can be traced prospectively. The study can be generalized to all members of the peer cohort. This set of studies, focusing specifically on developmental trajectories of female aggression, has been largely ignored by domestic violence journals and policy makers. A collection of 13 independent studies of female aggression examines the development of both traditional forms (indirect) and more direct forms (against children and intimates)<sup>12</sup> of this behavior.

One of these studies, by Lisa Serbin,<sup>13</sup> reports on the Concordia Longitudinal Risk project<sup>13</sup> involving data collection from a longitudinal study of 4,109 school children (grades 1, 4, and 7) in Montreal. Children were initially (in 1976) categorized into aggressive and withdrawn categories using teachers' ratings. Extremes in aggression were developed by taking children who scored above the 95th percentile on aggression (compared to all classmates) and below the 75th on withdrawn. This subsample yielded 101 girls and 97 boys, who were then followed over time. (Similarly, reverse criteria yielded a withdrawn group of 129 girls and 108 boys.) Age-matched comparisons were developed by taking children who were between the 25th and 75th percentile (average) on both aggression and withdrawal. Serbin and colleagues describe their sample as community based and therefore "avoiding biases inherent in clinic-referred samples" (p. 266).

Aggressive children of both sexes had lower IQs and academic achievement than comparison controls. Both were more physically aggressive during play. Girls' aggression was associated with a preference for male partners who were also aggressive. Follow-up studies on this group revealed that, as they approached adolescence, the aggressive girls had elevated rates of smoking and alcohol and illicit drug use, and they "continue[d] to seek out behaviorally compatible peer groups, probably comprised of boys and girls with similar aggressive or "predelinquent behavioral styles" (p. 268). They also had elevated rates of gynecological problems and were more likely to go on birth control sooner. They had elevated rates of sexually transmitted diseases between ages 14 and 20 and elevated levels of depression and anxiety disorders by late teens. When they married their children had higher health risks, and they had become aggressive mothers, exhibiting maternal childhood aggression and more visits to the ER, specifically for treatment of their children's injuries. In other words, this subgroup of aggressive girls exhibited many characteristics of antisocial behavior and the aggression was proactive, eventually, directed toward the children. Since the bulk of the study was conducted at school, little is known about home factors that may have contributed to the girls' aggression or whether they had a diagnosable



personality disorder. It is tempting to acknowledge the antisocial aspect of this group of girls, but the impulse control problems and the depression and anxiety disorders clearly suggest borderline features as well.

The Dunedin peer cohort study by Lynn Magdol and her colleagues<sup>8</sup> followed a birth cohort of 1,037 subjects in New Zealand throughout adolescence to their early 20s. As Magdol and colleagues put it, “Early studies of partner violence assumed that men’s perpetration rates exceeded those of women, in part because these studies relied almost exclusively on clinical samples of women who sought assistance or of men in court-mandated counselling programs”<sup>8</sup> (p. 69). At age 21, 425 women and 436 men from the cohort who were in intimate relationships answered CTS questions about their own violence and their partners’ use of violence. Both minor and severe physical violence rates were higher for women, whether self- or partner-reported. The severe physical violence rate for females was more than triple that of males (18.6% vs. 5.7%). Stranger violence was also measured and was again more prevalent in women than men (36% vs. 25%), indicating that the aggression of these women was not confined to IPV.

In a detailed analysis of this same sample, Terrie Moffitt and her colleagues<sup>6</sup> reported that antisocial traits in females (measured at age 15) made them more likely to become involved in a relationship with an abusive man and to perpetrate IPV, even after controlling for partners’ physical abuse (at age 21). With their partners’ violence statistically controlled, “women with a juvenile history of conduct problems were still more likely to commit violence against their partners”<sup>6</sup> (p. 65). With a longitudinal study earlier data can be used to forecast later behavior. This sample was originally selected when they were quite young and was demographically representative of persons their age.

Preexisting characteristics in the Dunedin women, called “negative emotionality” (see Figure 10.1)—consisting of approval of violence, excessive jealousy and suspiciousness, a tendency to experience rapid negative emotions, and poor self-control—predicted whether women would engage in violence toward their partners (and non-intimates, too) 3 years later.<sup>6</sup> Negative emotionality has similar characteristics to the abusive personality: jealousy, impulsivity, rapidly fluctuating emotions, and poor self-control. The latter manifests itself in sexual and drug- and alcohol-related problems. Whereas Moffitt and colleagues focused more on the antisocial aspect (conduct disorder) of these females, a slightly different perspective may have revealed borderline features. With the men in our sample, these features were related to borderline traits that were independently assessed. These psychological aspects, in fact, are

- Moffitt and colleagues found that “negative emotionality” predicted abusiveness in both genders. Negative emotionality was measured by 49 true–false items from the Multidimensional Personality Questionnaire.<sup>19</sup> These, in turn, measured:
  1. Reactions to stress: “I often get irritated at little annoyances.”
  2. Experience of emotion: “Sometimes I feel strong emotions like anxiety or anger without knowing why.”
  3. Expectations of others: “Most people stay friendly only so long as it is to their advantage.”
  4. Attitudes toward using aggression: “When someone hurts me, I try to get even.”
- High scorers describe themselves as nervous, vulnerable, prone to worry, emotionally volatile, and unable to cope with stress.
- They say that they have a low threshold for feeling tense, fearful, hostile, angry, and suspicious.
- They see the world as being peopled with potential enemies and seek revenge for slights, enjoy frightening others, and could remorselessly take advantage of others.
- Negative emotionality measured in women at age 15 predicted their use of violence toward an intimate other at age 21, regardless of whether that person fought back or not.

**FIGURE 10.1.** Negative emotionality (Moffitt, Caspi, Rutter, & Silva<sup>6</sup>).

central to definitions of borderline personality but were not formally assessed in the Dunedin women (although negative emotionality has been found to be significantly correlated with borderline traits). From the descriptors given by Moffitt and colleagues, however, it sounds as if an identical “abusive personality” may exist for female perpetrators of IPV. Moffitt and her colleagues<sup>15</sup> performed a statistical analysis of “latent constructs” (i.e., personality features) of persons who committed IPV and general crime and concluded that female and male IPV perpetrators had similar personalities.

Ehrensaft and her colleagues<sup>7</sup> reported that, in the Dunedin birth cohort of 980 individuals, 9% were in “clinically abusive relationships,” defined as those that required intervention by any professional (e.g., hospital, police, lawyers).<sup>11</sup> In these relationships they found comparable rates of violence: 68% of women and 60% of men self-reporting injury. Both male and female perpetrators evidenced signs of personality disturbance. The authors noted, for instance, that the women had “aggressive personalities and/or adolescent conduct disorder” (p. 267). As the authors put it, “These findings counter the assumption that if clinical abuse was ascertained in epidemiological samples, it would be primarily

man-to-woman, explained by patriarchy rather than psychopathology” (p. 258).

In sum, the Dunedin study found that antisocial behavior measured in females at age 15 predicted their use of intimate aggression against males at age 21. Women’s conduct problems correlated significantly with their later use of violence against their partners (with partner violence statistically controlled). It also correlated significantly with their partners’ use of violence against them (the women). The antisocial female sample had earlier puberty, earlier initiation of intercourse, and more older and delinquent friends (p. 50). Essentially, the pattern of correlations between early conduct problems and later IPV and partners’ use of violence was found for both sexes. The similarities outweighed the differences. The authors also make a provocative argument, based on their impressive data set, that males engage in two kinds of antisocial behavior, one against strangers (that may be neurologically based) and one against intimate females. Females engage in one type: against intimate males. The sophisticated path analyses (statistical method of differentiating independent, moderator, and dependent variables) used by the authors on this huge and representative sample give added weight to their findings.

Another longitudinal study was done in Oregon by Capaldi and colleagues on a community-based sample (Oregon Youth Study).<sup>15</sup> By young adulthood, 9% of men and 13% of women were identified as engaging in frequent IPV. Consistent with prior findings, frequent violence was most common in relationships with bidirectional abuse. As far as injuries were concerned, 13% of the young men and 9% of the women indicated that they had been hurt at least once by partner violence, and again injury was also likely to be mutual. No gender differences were found regarding fear of partner abusive behavior. As with the Moffitt study, women’s prior antisocial behavior and depressive symptoms predicted both their own IPV as well as their male partners’ abuse. Notably, the women’s characteristics were predictive over and above the contribution of their male partners’ antisocial characteristics. (Moffitt had also found this result by statistically controlling for male IPV.) These findings suggested what Capaldi referred to as assortative mating for antisocial behavior (i.e., people with the problem seek out similar others), as well as the independent contribution of women’s risk factors to the development of violent relationships. Stability of aggression with age was found for both genders. As Capaldi and colleagues concluded, “aggression thus appears to be predominantly bidirectional” (p. 235). The picture that emerged was of people with personality problems (e.g.,

depression) and histories of antisocial behavior who seek out each other and then participate in bidirectional IPV.

The Montreal, Dunedin, and Oregon studies present clear examinations of the development and expression of aggression toward others in a female sample. They show the developmental trajectory and the “trait” character of this aggression. All three studies indicate that these women will select aggressive men and contribute to intracouple aggression.

Ehrensaft and colleagues<sup>16</sup> followed an unselected sample of 543 children in New York State over 20 years to test the effects of parenting, exposure to domestic violence between parents (ETDV), maltreatment, adolescent disruptive behavior disorders, and substance abuse disorders on risk of violence to and from an adult intimate partner. Conduct disorder (CD) at age 22 was the strongest predictor of IPV perpetration (at age 31) for both sexes, followed by ETDV. Essentially, in some individuals the CD developed into a variety of adult personality disorders, which Ehrensaft and colleagues referred to as *personality disorder trajectories*. A component of Cluster B personality disorder, characterized by aggression (e.g., antisocial, borderline) was especially predictive of future IPV. A failure of personality disorders to decline, for example, those that predicted intimate violence in both sexes. Women with a pattern of distrust, interpersonal avoidance, unusual beliefs, and constricted affect and whose traits persisted were more likely to commit IPV. Personality disorder, not gender, predicted violence. The authors concluded “personality functioning measured prospectively from adolescence to early adulthood can distinguish individuals who will go on to perpetrate partner violence.” Put somewhat differently, the results indicate that although all teenagers all have some level of what appears to be a personality disorder (identity problems, relationship problems), most experience a diminution of these problems into their 20s. For those who do not experience a diminution of these problems, IPV is more likely—for both genders. If, based on these new studies, we are to design therapy for the 21st century, two points are evident: It must be capable of treating women, and it must focus on the multifaceted dynamics of personality disorder.

## **COURT-MANDATED FEMALE PERPETRATORS**

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Although longitudinal studies of peer cohort samples are more representative of population profiles than are court-mandated samples, it is instructive, for the sake of comparison with the male court-mandated

sample discussed throughout this book, to see what a female court mandated sample might look like.

Chris Henning and his colleagues<sup>17</sup> reported the demographic, childhood family functioning, and mental health characteristics for a large sample of male (2,254) and female (281) domestic violence offenders in Tennessee. They found few demographic differences between men and women arrested for domestic violence. Women were more likely to have attended college but were less likely to work outside the home. Analyses comparing childhood experiences (e.g., physical abuse, interparental physical aggression, parental criminal behavior or substance abuse) that might result in adulthood adjustment difficulties or psychopathology revealed few gender differences. Men were more likely than women to report corporal punishment by primary caregivers, and women were more likely to report witnessing severe abuse between their parents. More gender differences were evident with regard to the subjects' mental health histories and current mental health status. Men were more likely than women to report prior treatment for substance abuse/dependence, to be rated high risk for substance dependence currently, to have had child conduct problems prior to age 16, and to have a desire to continue the relationship with the victim. The women were more likely than the men to have been prescribed psychotropic medication and to have had a prior suicide attempt. Men and women were equally likely to report clinically significant distress. *MCMI data for male and female perpetrators revealed that females were about five times more likely to have borderline peaks above 75 (considered clinically significant).* In the final chapter on treatment, the issue of treating borderline functioning in abuse perpetrators is explored in more detail. In all, the Axis-II personality disorder patterns found by Henning and colleagues indicated high levels of psychopathology in female offenders, suggesting that treatment focusing on personality disorders may be valuable for IPV perpetrators of both sexes.

The obvious "missing link" in the developmental studies reported above is the study that connects the early developmental literature to the long-term developmental trajectories reported above. Schore's work would make specific predictions about the mother-infant dyad, the neural structure, the emotional regulation capabilities, and the ensuing adolescent emotional issues (such as negative emotionality). Ehrensaft and colleagues<sup>7</sup> did find "exposure to interparental abuse" to be a risk factor for committing IPV, but this form of abuse is just one aspect of a toxic environment in the family of origin.

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# The Treatment of Assaultiveness

If one conclusion stands out above the rest from the preceding chapters, it is that abusiveness has a deep-seated intrapsychic origin. It is not merely a robotic imitation of action or a “sexist attitude.” The actions of abusiveness are supported by ways of looking at and feeling about the world of intimate relationships that began to develop early in life and are selectively reinforced through later socialization. Treatment of such issues does not, as psychoeducational groups insist, merely bring “excuses” into play, it opens up the infrastructure of abuse to remediation. In the case of male assaultiveness, the attitudes toward the partner or toward women, in general, emanate from personalities developed over a lifetime and destined to destroy intimate relationships and blame their demise on the partner. The abuser, whether male or female, is easily shamed and therefore tends to externalize problems by blaming others. He or she experiences high levels of anxiety and depression. This latter tendency can generate substance abuse problems as an attempt to dull the dysphoria and sustain “abuse cycles” comprised of accumulated tension, abusive “blowouts” of tension (drug bingeing or IPV), and consequent contrition. Clearly, this will constitute a difficult client population.

Intimate male abuse perpetrators are filled with contradictions for the therapist. Given their tendencies to shame easily, they must not be confronted too quickly or too strongly. On the other hand, given their pronounced denial system and tendency to minimize the consequences of



their abusiveness, they have to be confronted at some point of treatment (however, the reasons for confrontation and an explanation of the process of confrontation should precede actual confrontation). Similarly, given their isolation from other men, a group treatment format will seem intimidating, yet individual treatment is expensive and frequently prematurely abandoned. Men sent to treatment by the criminal justice system often feel that their partner bears some responsibility for their being in treatment. The tendency of court-mandated treatment has been to treat this perception as “victim blaming,” yet Jan Stets and Murray Straus’s national survey<sup>1</sup> study found some truth in this perception: 45% of all IPV is bilateral, matched for severity of abuse. The truth is, the criminal justice system defines people as either *perpetrators* or *victims*. That dichotomous definition may be a simplification that does not reflect the reality at home. How can a therapist differentiate the men telling the truth from those who are truly victim blaming? If therapists believe everyone, those in denial will not be confronted. If they believe no one, those telling the truth will be lost—they will feel unheard and they will be right. To reiterate, contradictions exist in implementing treatment for abusive men. The effective therapist learns that treating this client group is a balancing act that can tilt all too easily to either side. Finally, if these general problems are not enough, there is the question of subgroups with the court-mandated group and whether these subgroups require special treatment that can be integrated with general treatment.

What is currently offered to men or women who are court mandated for spousal assault treatment lacks a focus on the infrastructure of the abusive personality. There is little or no focus on personality disorder in court-mandated treatment. Impulsivity is not only *not* treated, it is specifically ruled out as a treatment target in several states.<sup>2</sup>

Treatment groups divide into two main orientations. Duluth “psychoeducational models” eschew treatment altogether in lieu of feminist thought reform<sup>3</sup> and instruct “facilitators” to “use slavery” as a model for their clients’ relationships (p. 49). Male “sexist beliefs” are deemed to be at the heart of IPV, which is seen as exclusively male perpetrated. The facilitator confronts these beliefs. Clients who do mention anger, impulse problems, their partner’s abuse, or the abuse they experienced in their family of origin are told by the facilitator that they are in denial. Needless to say, a therapeutic bond cannot form, and outcome studies reveal a near-zero effectiveness.<sup>4,5\*</sup> Despite mounting evidence that this format is therapeutically contraindicated, it remains in place, largely because of policy that is based on a misconceptualization of the causes of IPV as due to gender, rather than to psychological, factors.

A potentially more effective form of postconviction intervention is a cognitive-behavioral program that has the advantage of addressing all relevant feelings and perceptions that sustain abusiveness, doing so in a relatively short treatment period, and having the flexibility to incorporate attachment, trauma, and borderline issues. I have written extensively on cognitive-behavioral treatment (CBT) for abusiveness and will not repeat that material here. The interested reader is referred to Dutton<sup>6-8</sup> and also to several excellent sources<sup>9-11</sup> for a review of CBT programs. In particular, Murphy and Eckhardt's<sup>9</sup> excellent treatment book covers all aspects of CBT, breaking it into four phases: stimulating and consolidating motivation to change, promoting safety and stabilization, enhancing relationship functioning and promoting trauma recovery, and preventing relapse.

I have argued elsewhere<sup>8</sup> that an advantage of CBT is that it has the flexibility to be adjusted to encompass the psychological features of abusiveness reviewed above. Attachment,<sup>12</sup> shame-proneness,<sup>13</sup> trauma reactions,<sup>14, 15</sup> and borderline personality<sup>16</sup> issues have all been treated by CBT or a variant, and this treatment can easily be included in court-mandated treatment focusing on IPV. The following describes the basics of a CBT group treatment program that has been revised to include these psychological features of abusiveness (I have reviewed the research for these in preceding chapters). I think of these as "abusogenic" features; they support and prolong tendencies to use IPV. I describe this procedure for a male treatment group, but it could also be used for female groups. Upon completion of the group, and where appropriate, this treatment should be followed by couple treatment.<sup>17</sup> Any couple that shows some tendencies toward bilateral and dysfunctional conflict resolution and where physical abuse has, by consensus, stopped would qualify for the treatment. Here, the conflict resolution strategies, such as DESC (*describe, express, specify, consequences*) scripts, could be practiced by the couple (as developed in a book on assertive communication<sup>32</sup>). However, let us focus primarily on treating a court-designated perpetrator.

## **BLENDED BEHAVIORAL THERAPY**

### ***Intake Sessions***

At intake, clients are given a "time-out" card and instructed to leave high-risk situations until calm, not to return until calm, and to leave again if they become reangered. They must inform their wife of

the procedure. At this point, no training is done in thought substitution to lower anger. At intake, it helps to assess the man's motivation for group participation. Prochaska and his colleagues<sup>18</sup> have described a readiness to change process. Most men who come through court-mandated paths are in what Prochaska describes as the "precontemplation phase"; that is, the men are not yet aware that they have a problem. Prochaska and his colleagues showed how this stage is not indicative of a therapeutic outcome, and Debbie Levesque<sup>19</sup> showed that this finding was true of court-mandated treatment for IPV as well. Hence the intake session is extremely important. At very least, the client and therapist must agree that there (1) there is a problem (without necessarily agreeing to its cause), (2) the client has some role in relapse prevention, and (3) the treatment program goals (which should be discussed with the client) can help in relapse prevention. This latter aspect of intake is called "motivational interviewing" and has been carefully explored by Murphy and his colleagues.<sup>9,20</sup> Murphy describes this as a "collaborative working alliance"<sup>20</sup> (p. 607). Note also that Linehan's dialectical behavior therapy<sup>16</sup> (discussed below) works through any foreseeable impediments to client completion of the treatment. For a detailed description of the clinical challenges at this stage, see Murphy and Eckhardt,<sup>9</sup> Chapter 5.

### ***The Therapeutic Bond***

Whatever it is called, there is one "process" point on which virtually all good therapists agree: There must be a "therapeutic bond" between the client and therapist. That is, there has to be a connection wherein the therapist feels that he or she can relate to the client at an emotional and human level despite the client's problem behavior. This, in turn, creates conditions wherein the client can feel secure in the treatment group. Linehan called this "radical acceptance"<sup>16</sup> and, although no therapist is being asked to accept abusive behavior, in working with an abusive client a question arises: Can I relate to this person as a human being, who, despite his or her abuse, has some aspect that merits redemption? In the 15 years I have spent working with abusive men, there were times when I lost patience with clients who buried their fears under bravado, anger, and condescension. At these times, I consulted with my fellow therapists and we "spelled off" on clients who were a problem for us. This important aspect of therapy is impossible in Duluth programs. As Murphy and Eckhardt put it<sup>9</sup>:

These [psychoeducational] approaches are often quite confrontational in nature. . . . Persistent confrontation and forceful disputation of the clients' beliefs early in treatment may fail to promote the non-specific conditions of therapeutic change, most notably a strong working alliance between client and therapist reflecting the goals of therapy and the tasks needed to attain those goals. (p. 53)

This absence of connection between therapist and client is problematic because the formation of a therapeutic bond is predictive of the client's continuance in the group and of treatment success.<sup>21, 22</sup> Indeed, recent research has shown the importance of these "process variables" (i.e., interpersonal relations in the group).

### ***Assessment Issues***

We found that intake sessions were not optimal for written psychological assessment. Clients were too guarded and mistrustful of "the system" to give us useable assessments. We began to defer psychological testing until the therapeutic bond had had a chance to form. However, one other issue could not be deferred. Some (but not all) men who were referred for treatment insisted that their partners were also violent. Although this perception could be a form of victim blaming in order to avoid responsibility for violence, it could also be a veridical perception of the relationship. In the only study that assessed levels of violence and relationship type in a national survey,<sup>1</sup> Stets and Straus found that about 38% of marriages and 45% of cohabitating respondents reported bilateral violence (equal forms of the same level of violence). However, the police usually choose a designated perpetrator,<sup>23</sup> who then is processed through the criminal justice system. This dichotomization creates a problem for therapists, one that has been routinely avoided in descriptions of treatment delivery. There is no simple solution. However, in my view, it is essential to interview and assess the designated victim as well as the perpetrator. I recommend using a CTS-2 and PMWI as well as a structured interview that asks both the identified perpetrator (in intake) and the victim (soon after the perpetrator's intake) to independently describe the "first, worst, and last" incidents of abuse. These should be reviewed for both bilaterality and initiation of abuse/violence. If bilateral abuse is indicated, treatment with the perpetrator should proceed but with the understanding that the skills obtained will be later used to diminish his role in an interactive process. Subsequently that interactive

process must be addressed.<sup>17</sup> It is important to ask the partner about her use of violence while carefully assessing for self-defensive versus proactive violence and abuse on her part. The sometimes artificial distinctions imposed by the criminal justice system can be an impediment to therapy. If the truth of the relationship dynamic is denied by the therapist, treatment will stall and the client will distrust the therapist and withdraw emotionally. The development of a therapeutic bond requires an accurate assessment of the interpersonal structure of the IPV.

### ***Opening Night in a Treatment Group***

As can be seen in Figure 11.1, CBT focuses on responsibility for abusiveness, cognitive reframing of abusogenic thoughts, assertiveness, and awareness of anger. Most men who are sent by the courts for wife assault treatment have had no experience with psychotherapy. Wallace and Nosko<sup>13, 24</sup> have described the opening night ritual (in which men are asked to describe the “event that led to your being here”) in such groups as a “vicarious detoxification” of shame. Most men who come to these groups, assuming that they are “normally” socialized (and their own violence correctly assessed), experience high levels of shame as a result of their violent behavior (as evidenced by their denial and minimization of the assaultive events). Hearing other men in the group discuss their own violence allows individuals to vicariously detoxify; that is, to face their own sense of shame. This sense of shame, were it not detoxified, would maintain the men’s anger at a high level (to keep the

- Establish a therapeutic alliance.
- Allow group cohesiveness.
- Generate acceptance of client/explain role of confrontation.
- Focus on unacceptability of abuse: confrontation with an emphasis on attitude and choice.
- Generate client agreement with unacceptability of abuse: “Violence Contract.”
- Generate commitment to therapy.
- Skills training: emotional labeling, anger management (anger diaries), self-soothing (Reichian breathing), redirected power needs, assertiveness.
- Focus on specific “problem” emotions: anger, jealousy, anxiety, depression.
- Attitudinal challenge: use of violence, women.
- Violence potential awareness, contact with partner: crisis strategies.
- Connection of learned patterns in family of origin to present dysfunctional action patterns.

**FIGURE 11.1.** CBT objectives.

shame at bay) and preclude their opening to treatment. Anger allows blame to be directed outwardly, thereby preventing shame-induced internalized blame. This is one reason why Duluth psychoeducational models have a counterproductive orientation. Because they amplify the shame instead of reducing it, they preclude further therapeutic work. Figure 11.2 shows a sample didactic and group process structure for a short (16-week) CBT group. Note that in week 5 a “violence policy” is established that asks men to complete the sentence “I think the use of violence is justified when. . . .” Most men respond with self-defense or defense of family as an answer. From that point on the therapist can

Week	Didactic Exercise	Group Process Goal
1	Describe the assault that led to your being there; participation agreement	Shame detoxification; group cohesiveness; assessment of denial levels; authority issues
2	Conflict issues: Emotions, actions	Group cohesiveness; shame detoxification
3	What is “abuse”? Definitions; power wheel	Hierarchy in group; authority issues
4	Explanation of confrontation; first group check-in	Attitude confrontation
5	Violence policy	Authority issues; personal responsibility
6	Anger diaries	Emotion detection
7	Stress management: Reichian breathing	<i>Repeat of above</i>
8	Abuse cycle	
9	DESC scripts	
10	Family of origin: How did your dad/mom show his or her anger?	
11	Continuation: How did you/your siblings feel?	
12	DESC scripts; role play	
13	Detection of other prevalent emotions (e.g., resentment, guilt, shame)	
14	Consolidation of communication skills	
15	Preparation for end: Relapse prevention	
16	What did you learn? What continues to be a problem? What other therapies are available?	

**FIGURE 11.2.** Treatment outline.

frame all therapy as an attempt to allow the men to learn to live up to their own violence policy. This approach serves to undercut resistance to the imposed aspect of the treatment.

There may be men in the group who are guarded, not forthcoming, and who continue to rationalize their use of violence. These men must have their violence and abusogenic attitudes confronted as counterproductive to change. The violence policy is extremely helpful in this respect, allowing a specific focus on the problem and an agreed-upon objective to refocus the men's negativity.

Around this time in the group (week 5) friendships begin to form. We capitalize on this development by forming helping triads. Men self-select into groups of three. They realize that in making the choice of friends, they are committing to be on a 24/7 emergency helpline for the other two members and that these other men will do so for them. Help triads are to be used whenever a time-out has failed, anger is escalating, and an overnight cooling off period is called for. All that is expected is a place to stay and some support. Alcohol and drugs are forbidden.

The anger diary (week 6) is a basic tool to help the men improve their ability to detect and manage their anger (see Figure 11.3). It requires them to state what triggered their anger as objectively as possible (under the trigger column), to list how they knew they were angry (what physical or cognitive cues told them so?), to rate their anger severity on a scale where 10 is their own personal extreme, and to describe their "talk-up" (their thoughts as their anger escalates) and their "talk-down" thoughts (their thoughts as their anger diminishes). Most clients have some initial difficulty with the latter. Bear in mind, clients will see their anger as elicited by whatever immediate stimulus preceded it. However, plenty of clinical material resides in their talk-up description of their internal process. This description provides a key to how the men interpret the event and the degree to which their interpretation is fraught with jealousy, insecurity, and catastrophic distortion. Reviewing the diary provides a clinical opportunity to explore these themes with the entire group.

Comparison of the trigger and the talk-up columns of the anger diary will assist the therapist in identifying the interpretations and assumptions that generate and sustain anger as a consequence of the client's perception of the trigger (see also Ellis<sup>25</sup>). Assumptions of malevolent intent or what Beck<sup>26</sup> called "hostile attributions" (that the action of the other person was done intentionally, to hurt them) are frequent with angry clients. Eckhart and his colleagues<sup>27,28</sup> found that the cognitive factors from Beck's analysis that were most predictive of abusiveness

Date of Event	How Anger Known	Rating (1-10)	Self Talk	
			Trigger	Talk-Up / Talk-Down
Nov.17	STARTING FEELING MORE UPTIGHT THE MORE SHE WENT ON.	4	WIFE KEPT BROTHERING FRIEND OF SON BY REPEATEDLY ASKING HIM QUESTIONS ABOUT A BOOK HIS FATHER WROTE.	WHY DOESN'T SHE LEAVE THE BOO KID ALONE. WHY DOESN'T SHE JUST SHUT UP AND WATCH THE MOVIE LIKE EVERYONE ELSE.  I FEEL ANGRY ABOUT THE WAY SHE'S TROTTING THIS KID BUT MAKING A SCENE ABOUT IT IN FRONT OF THE KIDS WILL ONLY BRING ME TO HER LEVEL.
Nov.18	NECK + BACK FELT TENSE + HAD EMPTY FEELING IN GUT.	7	WIFE CONTINUALLY NAGGING AT ME + POINTING HER FINGER IN MY FACE.	THIS BITCH IS PUSHING ME TO THE LIMITS. WHY CAN'T SHE BACK OFF AND TRY TO WORK THINGS OUT QUIETLY.  I FEEL REALLY MAD BUT I WON'T LOSE CONTROL. I BETTER GET AWAY FOR AWHILE AND HOPE THINGS COOL DOWN.
Nov.19	FEEL UNUSUALLY NERVOUS + UPTIGHT	3	WIFE NOT HELPING WITH ANYTHING AROUND THE HOUSE BECAUSE SHE SAYS SHE IS SICK.	THE ONLY REASON SHE FEELS SO SICK IS BECAUSE SHE DRANK ALL WEEKEND AND NOW I HAVE TO TRY TO IMPROVE OUR RELATIONSHIP MORE WORK TO DO.  I'M GETTING ANGRY AGAIN FOR THE SAME OLD REASON SHE'S DRINKING. I WON'T LET IT GET TO YOU. THINGS WILL HAVE TO IMPROVE OR OUR RELATIONSHIP WON'T LAST.
Nov.20	FELT MY ADRENALIN START TO FLOW AND STARTED HOWLING AROUND HOUSES AT A QUICK PACE	4	ENDING OUT WIFE HAD COME HOME ALL NIGHT.	SHE'S DONE IT AGAIN. GONE OUT WITHOUT AS MUCH AS A NOTE OR PHONE CALL TO MOTHER SO SHE IS. THAT BITCH DOESN'T GIVE A SHIT ABOUT MY FEELINGS.  THIS ISN'T THE FIRST TIME I MIGHT REALLY GET WORKED UP. I'M SURE SHE WILL SHOW UP TO MOTHER SO I MIGHT AS WELL GO BACK TO BED. ACTUALLY I FEEL BETTER THAT SHE HATES HERE.
Dec.1	ENTIRE BODY BECAME TENSE AND STOMACH GOT UPPY UPSET.	9	WIFE STARTED YELLING AT ME WHY DIDN'T YOU LEAVE HEADING TO SAY WHERE YOU WERE. CALLED ME AN ASSHOLE, ETC. WENT TO TRY TO MAKE DINNER BECAUSE EVERYTHING BELONGED TO HER. SAID BOTTLE OF RUM ON COUNTER.	THAT FUCKING BITCH. HOW DARE SHE QUESTION + TALK TO ME LIKE THIS WHEN SHE DISAPPEARED LAST NIGHT WITHOUT ANY EXPLANATION. SHE'S DRUNK AND I'M FED UP WITH HER. YET I'M HERE.
Dec.2	MUSCLES BECAME TENSE + FACE BECAME HOT.	7	BARGING IN HOUSE DRUNK LATE AT NIGHT AND STARTED YELLING TO COME NEAR HER. THEN SHACKED ME WITH HER HAND RIGHT IN THE LEFT EYE.	WHAT A FUCKING NERD. I'VE NO INTENTION OF GOING ANYWHERE. I'LL BE THERE JUST GO TO BED AND PASS OUT. I DON'T WANT ANYTHING TO DO WITH YOU.
				I'M FURIOUS WITH HER BUT I'M NOT GOING TO RETALIATE OR OVE TO PAY FOR ALL THIS SHIT SHE'S CAUSING.

FIGURE 11.3. Anger diary. Provided by a client in the Assaultive Husbands' Project.



were (in order of importance) hostile attributions, magnification, dichotomous thinking (which is also a borderline trait), and arbitrary inference (see Figure 11.4). These cognitive biases associated with prolonged and extreme anger need to be explored and corrected.

Group discussion should clarify to the men that alternative interpretations of their spouses' actions are both possible and probable. Ask group members if they would see it the same way as the man describing the event and what other ways of seeing it are possible. This exercise can also be used to evaluate clients' ability to empathize with others. For example, if the client's perception of his wife's action is accurate (this should be checked with the partner), the therapist should assess the extent to which the client can imagine and accept another interpretation for his wife's feelings. Lack of empathy sustains an anger response<sup>29</sup>

**Arbitrary inference**—making assumptions or drawing conclusion in the absence of supporting evidence. Example: "She has a new outfit; she must be having an affair."

**Selective abstraction**—understanding an experience on the basis of one detail taken out of context while ignoring salient aspects of the situation. Example: "She's irresponsible; she went shopping for clothes when we needed some food items."

**Overgeneralization**—constructing a general rule from one or a few isolated incidents and applying the rule generally. Example: "Women only want one thing from a man—his paycheck."

**Magnification**—overestimating the incidence of events and reacting incongruously to the presenting situation. Example: "She's a big fan of X—too big a fan, if you ask me."

**Personalization**—the tendency to engage in self-referential thinking when presented with situations having little to do with the self. Example: "I just couldn't get my mother to be happy; it was my fault that she was unhappy."

**Dichotomous thinking**—categorizing an event in one of two extremes. Example: "If she won't help me now, she never loved me."

**Hostile attributions**—blaming the cause of an event on the malicious and hostile intentions of another. Example: "I know my son is just misbehaving in order to upset me."

**FIGURE 11.4.** Cognitive biases associated with extreme anger. Data from Beck<sup>26</sup> and Ellis and Dryden.<sup>69</sup>

and has been therapeutically handled by “compassion workshops” for spousal abuse.<sup>30</sup>

Week 7 should introduce feelings that might become converted to anger (e.g., jealousy, guilt, shame, humiliation). Setting the theoretical basis for this conversion can aid understanding (i.e., that anger is more compatible with agency or sex-role identification) whereas the other feelings are associated with “weakness.”

Because jealousy issues frequently arise in the anger diaries, this may be a good time to introduce the topic of attachment issues to the group (see Chapter 7). There are several sources for using attachment theory in court-mandated groups (e.g., Sonkin<sup>12, 31</sup>), and introducing it achieves three goals: it (1) serves as a secure theoretical base for the therapist, (2) expands the client’s awareness of how he may have acquired attachment insecurity, and (3) expands the client’s awareness of how that attachment insecurity may color his current responses and how he thinks about these responses (e.g., how jealousy can be generated by attachment insecurity, rather than his wife’s actions, and how his perceptions of her actions can be colored by attachment insecurity). We review how secure attachment serves to reduce alarm reactions and how the positive features of attachment can be reversed when attachment becomes dysfunctional by driving the other person away (more on this point below).

Regarding group process, we never confront a client without first explaining what confrontation is and what it is designed to achieve. Men in these groups may have been shamed and belittled but typically have little familiarity with constructive confrontation that is designed to get them to reevaluate a response (their perception, interpretation, and action). For the confrontation to be effective, some of the “sting” needs to be taken out of it by this prior explanation.

Once anger can be recognized, it is time to turn that recognition into open expression (i.e., assertiveness). DESC scripts introduce the men to assertive communication. The client is asked to describe the action that upset him (the Trigger column of the anger diary), express the feelings he felt as a result of that action (the Talk-Up column of the anger diary), specify what he would like his partner to do instead, and acknowledge the positive consequences of the new action. This sequence is introduced as a negotiation strategy, not as a miracle way of getting one’s way. The rules for use of the DESC script are outlined in Figure 11.5.

Later sessions address “self-soothing” as a stress reduction technique that also serves to lower anger arousal. Wilhelm Reich<sup>33</sup> describes char-

Your DESCRIBE lines

- Does your description clarify the situation, or does it just complicate it?
- Replace all terms that do not objectively describe the behavior or problem that bothers you. Be specific.
- Have you described a single specific behavior or problem, or a long list of grievances? Focus on one well-defined behavior or problem you want to deal with now. One grievance per script is generally the best approach.
- Have you made the mistake of describing the other person's attitudes, motives, intentions? Avoid mind reading and psychoanalyzing.
- Revise your DESCRIBE lines now, if necessary.

Your EXPRESS lines

- Have you acknowledged your feelings and opinions as your own, without blaming the other person? Avoid words that ridicule or shame the other person. Swear words and insulting labels (*dumb, cruel, selfish, racist, idiotic, boring*) very likely will provoke defensiveness and arguments.
- Have you expressed your feelings and thoughts in a positive, new way? Avoid your "old phonograph record" lines that your partner is tired of hearing and automatically turns off.
- Have you kept the wording low key? Aim for emotional restraint, not dramatic impact.
- Revise your EXPRESS lines now, if necessary.

Your SPECIFY lines

- Have you proposed only one small change in behavior at this time?
- Can you reasonably expect the other person to agree to your request?
- Are you prepared to alter your own behavior if your partner asks you to change? What are you prepared to change about your behavior?
- What counterproposals do you anticipate, and how will you answer them?
- Revise your SPECIFY lines now, if necessary.

Your CONSEQUENCES lines

- Have you stressed positive, rewarding consequences?
- Is the reward you selected really appropriate for the other person? Perhaps you should ask what you might do for the other person?
- Can you realistically carry through with these consequences?
- Revise your CONSEQUENCES lines now, if necessary.

**FIGURE 11.5.** Writing your own DESC script.

acter armor as the result of storing tension in the fascia or connective tissue of the body. Because many assaultive men react to a buildup of internal tension, it is important to teach them how to maintain tension within acceptable levels through daily routines of breathing and stretching. A variety of useful stretching programs exist that can be combined with breathing and breath-control exercises to develop useful stress and tension self-management techniques (see, e.g., Kabat-Zinn<sup>34</sup>). The didactic goal here is to teach effective tension management so that the reliance on abusive outbursts to diminish tension is lessened.

Work from cognitive science, attachment theory, and personality pathology (cited in the above chapters) clearly demonstrates that an inability to self-soothe is central to IPV. Borderline clients can benefit from this aspect of the group because cyclical tension buildups are a major part of their abusiveness. In working with cyclical or borderline clients, it is also important to ensure that the therapist is consistent from week to week. Any alterations in the therapist's relationship with the client can then be pointed out as part of the client's changeability, and cues can be elicited to help the client track his or her changes. When empathic listening, anger control, and assertiveness skills reach an acceptable level, men are prepared for group completion. Some men are asked to repeat the group. Relapse prevention includes listing high-risk situations and having a clear plan for management, staying in touch with "24/7 support buddies" (chosen during group), and returning to group voluntarily when anger or stress levels begin to increase.

## OUTCOMES OF EXISTING CBT

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My colleagues and I,<sup>35</sup> using national police data in Canada, followed group completers and dropouts for up to 11 years, tracking them for recidivism. Group completers had a 23% recidivism rate for up to 11 years after completion of the group (noncompleters had a 50% rate). The presence of personality disorder in clients reduced treatment success, pointing to the necessity of addressing this problem.<sup>36</sup> However, these data were obtained from quasi-experimental designs that confounded treatment with client motivation. When randomly assigned designs have been evaluated, results have been mixed and assessment has been confounded by CBT–Duluth hybrid programs, atypical (skewed) distributions of posttreatment violence (most commit none, some commit a few acts, a small number are continuing recidivists), and by a failure to disentangle bilateral from unilateral abusive relationships.

Babcock and colleagues<sup>4</sup> established an effect size ( $d'$ )\* of .34 (1/3 of an  $SD$ ) in quasi-experimental designs for the 22 treatment groups they studied. These were mainly hybrids of Duluth and CBT, however. Babcock and colleagues concluded that a case could not be made for one type of treatment over another (since few "pure forms" were found). Techniques that enhance treatment retention increased the effect size for a CBT group,<sup>22</sup> which Babcock and colleagues indicated "could be viewed as a harbinger of potentially powerful intervention"

(p. 24). My own view is that given that the best performing groups in the Babcock study were CBT, and that four independent studies of Duluth models found zero effect size, the Duluth components in these blended groups were counterproductive.<sup>19, 37–39</sup> The therapeutic bond, which supplies the missing “attuned attachment” with the caregiver, is not possible in a Duluth group.<sup>40, 41, 42</sup> Without it, therapy, no matter what it is called, is no more than “thought reform”<sup>43</sup> and will generate its effect as public compliance obtained through guilt, having a persisting effect only under surveillance. Hence hybrids of CBT and Duluth, although well intended, contain unsustainable therapeutic contradictions.

### **IMPROVING THE TREATMENT MODEL: ATTACHMENT, TRAUMA, AND BORDERLINE CYCLES**

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There are several ways to increase the treatment success of court-mandated therapy. All rely on established CBT techniques used for other problem areas and recognized as relevant to court-mandated IPV treatment. The research on the infrastructure of abusiveness reported above (my own and that of others) provides a view of the new treatment foci.

#### ***Borderline Personality Organization and Assaultiveness: The Theoretical Connection***

In effect, a constellation of personality features described in earlier chapters (BPO, high anger, fearful attachment, chronic trauma symptoms, and recollections of paternal rejection) serves as the infrastructure for abusive behavior. To the extent that infrastructure can be altered, an enhanced therapeutic effect in reducing abuse should occur.

#### ***Attachment and Abusiveness***

As I described above, Bowlby viewed interpersonal anger as arising from frustrated attachment needs and functioning as a form of “protest behavior” directed at regaining contact with an attachment figure. Of course, attachment needs are often frustrated because they are unrecognized for what they are and go unexpressed by the person with the needs. Bowlby viewed dysfunctional anger expressions as increasing the distance from the attachment object. In turn, chronic childhood frustra-

tion of attachment needs may lead to adult proneness to react with extreme anger (which I refer to as “intimacy anger”) when relevant attachment cues are present. Thus, attachment theory suggests that an assaultive male’s violent outbursts may be a form of protest behavior directed at his attachment figure (in this case, a sexual partner) and precipitated by perceived threats of separation or abandonment. A fearful attachment pattern was most strongly associated with intimacy anger in our sample, but other types of insecure attachment are also involved in abuse.

Recently Fonagy<sup>44</sup> and Sonkin<sup>12,31</sup> developed clinical approaches to working with attachment issues in abusive men. Fonagy speaks about the hallmark of secure attachment being the ability to reflect on one’s internal emotional experience and make sense of it and, at the same time, reflect on the mind of another. Sonkin views the therapist as an attachment figure and focuses on the nonverbal “flash moments” that occur during therapy. He sees the therapeutic bond formed between therapist and client as an opportunity for reparation, for a final learning that secure relationships of trust can exist. As Sonkin puts it:

In psychotherapy, most communication between the therapist and patient occurs on this non-verbal level. The role of the therapist is to watch for non-verbal signals (a right brain to right brain process) and work to interpret them and respond to them appropriately. This seems so elementary and each of us probably remembers a talk in graduate school about the value of non-verbal communication. Yet, if what these writers are telling us is true, then it seems that the ability to read and interpret these non-verbal signals is more than a therapeutic trick we occasionally pull out of our bag. It is the basis of developing the therapeutic alliance, which in turn is the key to positive therapy outcome.<sup>12</sup> (p. 47)

Once the group has stabilized and some trust has developed, I recommend conducting a didactic session on attachment and its relation to jealousy—an initial exploration of each client’s early attachment relationships and their impact on current feelings of loss or abandonment. This attachment process addresses the issue of the nonverbal aspect of treatment raised by Schore<sup>40</sup> in Chapter 8.

### ***Early Trauma from Shaming and Exposure to Violence***

In abused boys a prominent sequela of victimization is hyperaggression. Carmen and colleagues<sup>41</sup> suggested that abused boys are more likely than girls to identify with the original aggressor and to

eventually perpetuate the abuse on their spouse and children. In their view, an effect of physical maltreatment by a parent is to exaggerate sex-role characteristics, possibly as a means attempting to strengthen the damaged self. Although the connection of trauma to gender remains relatively unknown,<sup>†</sup> there is a consistent finding that trauma can lead to aggression.

Van der Kolk<sup>45, 46</sup> and his colleagues, among others,<sup>47</sup> have noted that traumatized children had trouble modulating aggression and included being physically abused as a trauma source. Our own work<sup>71</sup> has confirmed early trauma problems in abusive males.

Herman and van der Kolk<sup>44</sup> noted how PTSD includes poor affect tolerance, heightened aggression, irritability, chronic dysphoric mood, emptiness, and recurrent depression and was “described in patients who have been subjected to repeated trauma over a considerable period of time” (p. 114). This profile also, of course, describes spouse abusers. I presented research connecting trauma to spousal abuse. The source of trauma, as revealed in this work, was physical abuse combined with shaming by the father and with a lack of secure attachment to the mother. Consequently, the latter could not provide buffering against the former.

Surprisingly, until now these features of an abusive personality—insecure attachment, borderline traits, and trauma reactions—have not been a focus of CBT for spouse assault.

## **CBT AND DIALECTICAL BEHAVIOR THERAPY**

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Currently, there is no focus on borderline traits in standard CBT treatment for assaultiveness. Given the prevalence of borderline traits in this population, they should be generally treated in court-mandated groups. Linehan’s dialectical behavior therapy (DBT) for borderlines<sup>10</sup> has traditionally been used with clients who are having problems with suicidality. Hence, a well-developed behavioral therapy treatment for borderlines exists, although it has two different foci from CBT for batterers: It focuses on self-directed aggression and adopts “radical acceptance” as a starting point. According to Linehan, “radical acceptance” is an acceptance of the client’s essential self and is intended to mitigate an assumed lifetime of nonvalidation within the family of origin. In the case of abusive clients, a lifetime of shaming may constitute the form of invalidation. Nevertheless, it is a behavioral therapy with

many processes similar to CBT: Both teach skills, emotion regulation, interpersonal communication, arousal management, and stress tolerance (called “core mindfulness”; involves self-soothing). The integration of CBT–DBT requires simultaneous acceptance (and buttressing) of the client’s nonabusive self, while contracting with the client to sustain an effort to change abusive behaviors. It does not, however, require a doubling of the didactic content of the treatment; there is much overlap between CBT and DBT. One particular strength of the DBT program is the careful preplanning component that is intended to circumvent obstacles to program completion. DBT requires daily skill practice and diary keeping.

In a recent editorial in the *American Journal of Psychiatry* it was argued, in referring to borderlines, that “in no other disorder is the therapist’s ability to establish a therapeutic alliance so tested”<sup>48</sup> (p. 750). This referred to the tendency of borderlines to vacillate from positive to negative reactions to the therapist. Given the borderline traits in spouse abusers, this dictum is of utmost importance. Specific identification of attachment-generated phenomena and concomitant management techniques form another part of attachment therapy. For example, difficulties in reacting to separation (even daily separations and intolerance of lateness) should be chronicled and addressed in group. Abuse cycles, whether addressed as a borderline trait or as an aspect of ambivalent attachment, need to be addressed. What thoughts does the client have on a daily basis regarding his or her partner and the relationship? Does he or she cognitively express concern over the partner’s departures or dissatisfaction with the partner’s closeness? Abuse cycle management can be handled by addressing the questions listed in Figure 11.6. Note that in the behavioral list, all commitments (e.g., missed appointments, etc.) made by the client during the contrition stage should be elicited from both the client and spouse and put into a contract form.

## CBT FOR TRAUMA

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Abusive men reported elevated levels of trauma symptom, as described above. Foa and colleagues<sup>49</sup> and Follete and Ruzak<sup>15</sup> have outlined a variety of treatments for PTSD, including psychopharmacological treatment and CBT. Murphy and Eckhardt<sup>9</sup> devoted a chapter to treating trauma in an abuser-group format. In Foa and colleagues’ book, Rothbaum and colleagues<sup>50</sup> review the use of CBT as a treatment for trauma, outlining eight different approaches: exposure therapy, system-



**Have you done any of the following in the last week?**

- Missed an appointment with a therapist.
- Missed an appointment with a priest, rabbi, or minister.
- Missed an AA meeting.
- Made fewer phone calls to friends or family enlisting their support to get your spouse to return.

**Have you had any of the following thoughts in the past week?**

1 = occurred once; 2 = happened twice; 3 = happened 3–5 times;  
4 = had that thought a lot

- I think the worst with her is over now; she's back.
- Why can't she let go of things and forgive and forget?
- She trying to punish me now.
- I'm starting to remember why she bugs me so much.
- I'm getting back into the same old rut.
- If I'm going to be lonely, I'd rather live on my own.
- She's really not able to give me what I need.
- I'm slipping down again.
- Why can't she make this pain go away?

**FIGURE 11.6.** Abuse cycle management for CBT.

atic desensitization, stress inoculation training, cognitive processing therapy, cognitive therapy, assertiveness training, biofeedback, relaxation training, and various combinations. From this outline of CBT with abusive men, it can be seen that assertiveness training, relaxation training, and some forms of stress inoculation training are already in use. Nevertheless, little is done to address specific anxiety sources (e.g., abandonment fears, jealousy) that are the motivational basis of the interpersonal controlling behaviors in these clients. Identifying anxiety sources in treatment and then using systematic desensitization, relaxation, and stress inoculation to enable the client to control the anxiety would be the recommended strategy in CBT for PTSD. This approach would involve construction of anxiety gradients and relaxation practice (including breathing retraining) to master each increasing level. Potential anxiety sources include childhood exposure to physical abuse, lack of a safe haven, and abandonment. Skills would be developed in group with an expectation of their being used in real-world situations. Use of “24/7 support buddies” (with clients cocontracting to provide haven/support for each other on an around-the-clock basis) is a recommended safety procedure. Again, adding a focus on trauma symptoms to treatment of abusers does not require extensive additional content, because many

trauma-related issues are already covered by CBT and/or DBT. It simply requires a specific identification of the trauma symptoms and teaching of stress-tolerance skills (which are part of DBT training).

## CBT FOR ATTACHMENT ANXIETY

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Bowlby<sup>51</sup> identified several therapeutic tasks for insecure attachment: (1) creation of a safe place or secure base from which the client can explore thoughts, feelings, and experiences regarding self and attachment figures; (2) exploration of current relationships with attachment figures; and (3) exploration of the relationship with psychotherapist as an attachment figure. What is essential for attachment therapy (and, I might add, success of CBT with other foci) is the establishment of a therapeutic bond between the therapist and client. Not until this bond is established will veridical descriptions of threat stimuli be forthcoming from the client. Figure 11.7 demonstrates some aspects of CBT for attachment insecurity.

## CBT FOR SUBSTANCE ABUSE

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Marlatt and his colleagues<sup>52, 53</sup> have developed a cognitive-behavioral treatment for addictive behaviors, especially substance abuse. Substance abuse is so closely connected to spousal abuse<sup>54</sup> that many programs require contemporary treatment for substance abuse before beginning treatment of men for spousal abuse. From the trauma model outlined

1. Find new ways of regulating attachment anxiety—**emotion regulation**—when the attachment behavioral system is activated: stress reduction techniques, **mindfulness**, thought stopping, etc. (see Kabat-Zinn<sup>35</sup>);
2. Explore the relationship between early childhood attachment experiences and current relationships, especially the formation of “self-schemas” and “other schemas” (sometimes called “introjects” or “internal representations”).
  - a. Could also involve tracking/diaries of attachment issues.
  - b. Could also involve assertive expression of attachment issues to partner (as opposed to anger/abuse/withdrawal).
3. Couple therapy—application of attachment issues bidirectionally.
4. Awareness—reframing of jealousy causes as coming from one’s own attachment insecurity rather than the partner’s actions.

**FIGURE 11.7.** Aspects of CBT for attachment insecurity.

above, we know that substance abuse is connected to BPO because it provides medication for aversive arousal in a population that cannot self-soothe and both drinks and batters to dissipate tension.<sup>55</sup> Hence substance abuse problems are frequent in spousal abuse populations and require modification. Marlatt's CBT model includes meditation, covert sensitization involving negative imagery, and contingency management (which restructures the addicted individual's environment in such a way that positive behaviors are reinforced and negative behaviors receive negative or neutral consequences). As described above, CBT for spousal abuse also uses contingency management techniques, including the establishment of the "24/7 support buddies" to act as emergency support for each other. These sources can also supply positive social support for alcohol cessation. Larimer and Marlatt<sup>56</sup> reported success of these operant procedures in a small outcome study. Skills training included "drinking skills" (monitoring and cessation), blood alcohol discrimination, interpersonal skills, and vocational skills. Skills training is part of both CBT and DBT; hence the concept of skill acquisition is already established in a blended CBT program. In addition, assertiveness and interpersonal skills are part of the core curriculum of both CBT and DBT. Also, given that alcohol abuse is often a dysfunctional form of stress reduction, the stress management skills used in a CBT program (relaxation, stretching, breathing exercises) aid this aspect of substance management.

One of the stronger aspects of the substance management program is relapse prevention, again an aspect of both CBT and DBT. For substance abuse, as with anger management, individuals are trained to identify high-risk situations and the discriminative stimuli that signal the approach of a high-risk situation, as well as coping skills (assertiveness, alternative behaviors) with which to handle the situation. CBT for spousal abuse also contains all these coping skills, the latter being covered by time-out cards that list instructions to be followed when the client is angered (tell your spouse you are taking a time-out, leave the house, do not drive or drink, walk until negative thoughts subside, remind yourself that you are angry, replace the negative thoughts with positive thoughts, repeat until calm; if unable to calm the self, call a 24/7 buddy). Substance abuse treatment also involves cue exposure wherein the client is exposed to a sight or smell of a substance without consumption. This is parallel to the role playing of a conflicted argument with the client's spouse in CBT for spousal abuse. Marlatt's outcome studies found that relapse was most likely in clients who lacked effective

responses to high-risk situations.<sup>52</sup> The substance abuse treatment literature suggests that increasing role-play practice of conflict skills may be an effective method of reducing recidivism. Because separate CBT approaches to many of these associated features have been developed and tested already, their integration into a “blended model” is relatively easily accomplished. Figure 11.8 shows the degree of overlap in the approaches.

In other words, all systems involve therapeutic alliance: consistent, accepting (nonjudgmental) therapist; all systems balance acceptance of self with allied strategy to change problem behavior; all systems involve increased emotional awareness, regulation of emotions via mindfulness, stress management; all systems involve improved interpersonal effectiveness

## CBT FOR PSYCHOPATHY

No area of treatment outcome is more controversial than whether psychopaths are treatable, yet men with antisocial tendencies (some of whom may be psychopathic) are frequently mandated for spousal assault treatment.<sup>57</sup> As Hare and Wong put it:

The prevailing view is that the attitudes and behaviors of psychopaths are difficult or impossible to modify with traditional forms of treatment, intervention, and management. Indeed, many clinicians will not even attempt to treat

CBT anger	DBT borderlines	Attachment	Trauma
Therapeutic bond	Therapeutic consistency	Secure base	Therapeutic consistency
Acceptance of client (empathy)	Radical acceptance	Nonjudgmental attunement (empathy)	Empathy
Anger diary	Core skills	Attachment–fear diary	Anxiety–trauma symptom diary
Change anger/abuse	Change impulsivity	Change attachment anxiety	Lower trauma-based anxiety

**FIGURE 11.8.** Overlap of therapeutic treatments.

psychopaths, and an increasing number of forensic institutions take the position that it is cost-effective to exclude psychopaths from their treatment programs. The reasons for the recalcitrance of psychopaths are not hard to find. Unlike other individuals, including most offenders, psychopaths often appear to suffer little personal distress, seem perfectly satisfied with themselves, see little wrong with their attitudes and behavior, and seek treatment only when it is in their best interests to do so, such as when attempting to avoid prison or when seeking probation or parole. It is, therefore, not surprising that they appear to derive little benefit from traditional correctional programs, particularly those aimed at the reduction of intrapsychic turmoil and the development of self-esteem, empathy, and conscience.<sup>57</sup> (p. 3)

Several early studies suggested that psychopaths did worse after treatment (e.g., Ogloff et al.<sup>58</sup>; Harris et al.<sup>59</sup>). However, Wong<sup>60</sup> concluded that we actually know very little about the treatment of psychopaths. He noted that most available studies were deficient in one or more of the criteria considered necessary for a methodologically sound outcome study: (1) the valid and reliable assessment of psychopathy based on clinical tradition and the work of Cleckley<sup>57, 71</sup> and operationalized in the Hare Psychopathy Checklist-Revised (PCL<sup>57, 72</sup>); (2) an adequate description of the treatment program; (3) an appropriate treatment evaluation with an adequate follow-up period; and (4) a suitable control group. Out of 74 empirical studies of the treatment of psychopathy, sociopathy, and antisocial personality disorder, only two met all criteria. One persistent problem in this work is that subgroups of “pseudopsychopaths” (who may be treatable) are mixed in with psychopaths.<sup>61</sup>

Losel<sup>62</sup> believed that some therapeutic success could be achieved with psychopaths in a highly structured “token economy” environment where acting according to the rules was in self-interest. However, most court-mandated treatment programs meet once a week and cannot provide this type of 24/7 structure. Mulloy and colleagues<sup>63</sup> argued that these prior studies were unduly pessimistic, that definitions of psychopathy varied from study to study, and that no longitudinal follow-up was conducted. They used a “multi-modal CBT” program where the predominant treatment modality was CBT and emphasis was placed on the creation of a prosocial group norm and negotiation. Recent developments in the discovery of subcategories of psychopath<sup>61</sup> also suggest differential treatability; for example, individuals in the category called “pseudopsychopath” emulate psychopathic indifference but retain empathic capabilities.

How might assessed psychopaths be dealt with in court-mandated treatment? Hare and Wong<sup>57</sup> have written a manual on the correctional treatment of psychopaths. They stress a focus on (1) clients' responsibility for their own behavior, (2) the need for clients to learn more prosocial ways to function *or* (3) the consequences of breaking the law (i.e., self-interest), and that (4) clients have strengths and need to apply them to a lawful enterprise. Hare and Wong do not attempt to increase empathy/conscience, just to diminish violence and antisocial acts by showing it is in the clients' self-interest to learn to behave in a more prosocial fashion. Needless to say, effective policing is essential for this model to be convincing in a criminal justice system that rarely resembles a token economy. Also, the Hare and Wong model was designed for institutional treatment. It is not known whether this treatment would work effectively with an outpatient population treated for a few hours each week. In short, given the current constraints on treatment for spousal assault, psychopaths would not be considered treatable.

## SCHORE ON TREATMENT

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Because we spent considerable time on the work of Bowlby and Schore in examining the origins of abusiveness, we should examine those authors' recommendations for treatment. Bowlby's goals of attachment treatment were outlined above. Here is Schore's list.<sup>40</sup>

1. Self psychopathology is arrested affect regulation; the treatment model should be matched to the developmental level of the patient.
2. Right-brain affect regulation is a fundamental process that needs to be addressed in therapy.
3. Therapeutic empathy serves to attune client to therapist via right brain.
4. Clients' capacity for attachment combines with therapists' facilitative behaviors to generate therapeutic working relationship.
5. Autonomic states must be synchronized.
6. "Primitive affects" (shame, terror, rage, despair) as unidentified unconscious affects need to be identified and integrated.
7. Therapy becomes more process oriented.
8. Defenses are seen as right-hemispheric nonconscious strategies

of emotional regulation for avoiding affect that is too difficult to tolerate and can “traumatically disorganize the self system.”

9. Process relationship is viewed as “interactive repair.”
10. Primary objective of treatment is the restoration of the client’s capacity for self-regulation—to flexibly regulate emotional states through interactions with others and alone (autoregulation).

Is Schore’s list too demanding? Does it rule out working-class clients? Is it too psychodynamic? Perhaps, but what is being done at present can be improved. Bear in mind that “right-brain affect regulation” is something on which anger diaries and self-soothing skills also focus. It might make the most sense to consider a blended behavioral therapy format as “step 1” of a court-mandated regimen. If time, money, and the requisite motivation are present, Schore’s more demanding list could be considered step 2.

## THE FUTURE

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When I wrote the original edition of *The Abusive Personality*, the newspapers were full of obituaries for the North American family. Divorce rates had soared and a population blip of fatherless boys was threatening to drive up teenage crime rates as the millennium approached. Most studies of dating violence found higher rates of abuse than those reported in the broader age surveys of Murray Straus. At the same time, new experimental studies of court-mandated treatment began to show that this treatment had a minimal effect, if any, on recidivism.<sup>5</sup> Intimate abuse was not disappearing, and the old, gender-based interventions did not work. Meanwhile new research on community samples showed clearly the role of personality disorder in generating IPV across genders.<sup>64, 65</sup>

In short, the demand for treatment of aggression, intimate and otherwise, is not likely to subside. Although prison time may be an option for severely physically abusive perpetrators, prisons themselves are expensive and create a policy problem of housing perpetrators who are no longer violent or generating even greater likelihood of violence through exposure to a violent setting. In many states IPV treatment must now meet the demands of treating arrested females and expanding beyond “cookie cutter” psychoeducational models.<sup>66</sup> In this climate, will wife assault again come to be regarded as a “family problem”? Social historian Elizabeth Pleck has shown that social policy toward wife abuse depends largely on whether it is viewed as a private or a social prob-

lem.<sup>67</sup> When it is seen as having ramifications that affect society as a whole, criminal justice solutions are invoked. When it is seen as a private problem, social work policy is used. My own view is that some state-funded treatment is required and that treatment must address the psychological underpinnings of abusiveness. For reasons outlined above, wife abuse is hard to detect and frequently reaches the attention of the state only after some duration. Treatment groups have fairly good outcomes compared to offender treatment, in general.

It is tempting to incorporate the work on borderline personality, attachment deficits, and trauma to standard treatment. Such issues may require more in-depth treatment, however, and the cognitive-behavioral approach to borderline thinking described above can be used as an adjunct to existing wife assault treatment programs. If the client is sufficiently motivated to continue treatment, these issues should be considered in a longer treatment format. Clients need to learn (1) distinctions between attachment insecurity and jealousy, (2) that trauma symptoms are not their partners' responsibility but stem back throughout their own lifetime to an early origin, (3) and that cyclicity is an aspect of their internal process, not a result of an ever-changing external world. These tasks face the therapist at this next and extended level.

## NOTE

- \* Effectiveness in these evaluations is measured by  $d'$ , which reports the average difference in recidivism scores between experimental and control groups as a fraction of a standard deviation ( $d'$ ). Outcome effectiveness measures are influenced by (1) obtaining an adequate experimental group, where the treatment is delivered to a representative sample of clients by a therapist who is adequately trained and motivated to deliver that form of treatment; (2) obtaining an adequate control group, because administrators are reluctant to "wait-list" a potentially dangerous client; and (3) obtaining an effective measure of recidivism (i.e., not self-reports in a forensic context).
- † Pimlott-Kubiak and Corina<sup>68</sup> found, in a U.S. national sample, that men who were traumatized had emotional reactions that were as severe as women who were similarly traumatized.

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