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THE BROKEN MIRROR: A Self Psychological Treatment Perspective for Relationship Violence

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The first four to six months we were together, I thought I was just walking on water. Everything I did was wonderful. Everything about me was cool. I felt great. It was almost like I looked at her and I would always feel great about myself. And then it all came crashing down. She doesn't look at me the same way any more. The kids demand a lot of attention. It's like she doesn't think I'm that great anymore. So now, I don't even talk to her about a lot of things because they might upset her and mess up her picture of me even more--even when I know that she'll get even madder at me later for lying to her. And then I get mad at her, like it's her fault that I don't feel like I walk on water any more!

One time my son, when he was nine, was trying to do this bike stunt where he would have to make his bike jump in the air and then come down over some boards. He couldn't do it. He was scared. I really got on him: "You're a baby, you're chicken, you're weak. I'm going to take your bike away from you!" I kept thinking he was letting me down! It was like he was disrespecting me.

When a man comes home to his wife and children, he expects that something will take place in the transaction between them that will offer him a state of emotional well-being, or what is referred to in self psychology as a state of self-cohesion. The need for self-cohesion is primary. Its origins lie in the original needs between the infant or young child and the most central attachment figure, usually the mother. The child has a compelling need to look into the face of his mother and see, reflected back to him, eyes that say "You are wonderful" and a smile that says "You make me happy."

This is his magic mirror, and the figure in the mirror is known in self psychology theory as the mirroring selfobject. The self psychology theory of normal child development (Shapiro, 1995) states that all children, at some point in their development, need validation and acknowledgment from parental figures. Over time, these lead to the child's capacity to feel pride and take pleasure in his or her accomplishments--to feel a sense of competence and efficacy.

Children who are deprived of these essential responses, or who instead are subjected to criticism and ridicule for the efforts to achieve, become arrested in their development of an internal sense of confidence and competence. As adults, they are always looking to some outside source of approval or recognition (mirroring). But no mother, no father, no teacher, no coach, and no therapist ever provide the perfect mirror. Some of these mirroring figures, as we all know rather too well, are often quite fragmented themselves and have little capacity to offer the loving and self-enhancing reflection that the child desperately requires. Or, in some cases, a mismatch between child and mirror-figure takes place such that the child eternally feels a lack of understanding, a dearth of genuine appreciation, and a fundamental gap in attunement. Even in the best of situations, it can be experienced as incomplete. The child thus develops gaps in his sense of self: he mistrusts and disrespects his own internal signals and states; he doubts his own self-worth and competence. He desperately turns elsewhere for validation and, even more than most of us, he becomes excessively sensitized to signals that might suggest that he is unappreciated, unneeded, or unsuccessful.

Thus, the adult man who has been deprived of these essential mirroring functions turns, unconsciously, to his closest adult relationships and activities to help him acquire what was never soundly established long ago. He enters a love relationship with defenses erected against too much intimacy, for fear of being hurt and missing

attunement once again. The needs resurface, inevitably, as the emotional connection develops. He hopes, he prays, that the good feelings he has about himself as he intertwines his life with his partner and family will buoy him for the rest of his life against the emptiness and deprivation that he has already experienced.

Some of this psychology can best be understood from an understanding of the power to generate a state of self-cohesion and well-being that men in our culture frequently offer women. Pleck (1980) outlines two very important dimensions of male reliance on female validation.

The first is that men perceive women as having *expressive power*, the power to express emotions. Many men have learned to depend on women to help them express emotions; in fact, women's richer emotional life and capacity for emotional expression provides an essential life spark for many men. Whether they can identify this or not, many men feel lost without the fundamental connection to this spark.

The second form of reliance is *masculinity-validating* power. Men depend on women to remind them, and reassure them, of their fundamental masculinity and masculine self-worth. When a woman refuses to offer this validation, or when a man's unrealistic expectations and subsequent distortions convince him that she is withholding this, many men feel lost. They desperately demand the restoration of their virility, masculinity, self-worth, and, ultimately, self-cohesion, by the powerful confirming source.

Thus, the reflection offered by these female mirrors is extremely powerful. And the man who craves mirroring finds, as the relationship moves on, that his wife, and now his children, and the job he has, and the life they have together have not sufficiently made up for what he has never received. When his wife seems more interested in talking to her sister than to him, and when their sex life wanes, and when his children do not show the respect to their parents that he envisioned, he becomes fragmented. When these responses are not forthcoming, these men are unable to maintain their sense of self-worth, self-esteem, or validity. Various types of behaviors reflecting this fragmentation may ensue (gambling, substance abuse, reckless sexual behavior, aggression, etc.).

White and Weiner (1986) offer a valuable description from the self psychological perspective of the experience of the abusive parent, which is quite parallel to the experience of the frustrated, abusive husband. They identify the narcissistic rage over the inability to *make* the child react as if he or she were part of the parent's self and really know what was wanted. Here, the mirroring selfobject function is extremely important, and quite fragile. So long as a child (or partner) provides the appreciation needed, self-esteem is maintained. When the applause fails, the narcissistic rage erupts along with an inner experience of a fragmenting self. The narcissistically impaired adult needs to be respected and obeyed and made to feel worthwhile; when he does not see that positive reflection in the interpersonal mirror, he is left feeling vulnerable, helpless, and outraged.

I've been married ten years. The first six years were picture perfect. We had little spats, but that was all. But then this thing called parenthood came along. She was more critical of me, plus the heat from my career got way turned up. And she just got more and more of an attitude. And I'm thinking, "You're not the only one entitled to have an attitude." I became the sole breadwinner, and instead of making her an equal partner in our lives, my "father" came out of me.

I just became my dad! Instead of looking at the fact that she was stressed out, I just blew up. Everything that I had said I would never do, I did anyway!

I can drink myself into oblivion just to escape from my feelings. Of course, I can be just as mean sober. I have developed this incredibly painful jaw and neck. It can ruin my night. It has everything to do with all this stress and anger and attitude.

Some disappointment like this is inevitable in the course of human relationships and the recognition of limits. **The problem with the man who becomes abusive with his partner or children is that he has mistaken the flood of good feelings that comes from a close relationship with a promise that the good mirror will always shine.** So, in his eyes, the mirror breaks, his sense of self shatters, and he blames the mirror. **Because she promised.**

Stosny (1995) describes these men as "attachment abusers." When they see reflected back to them an image that makes them feel unlovable or inadequate, they feel ashamed. They blame the mirror for the reflection.

Some of these men become psychologically, sexually, emotionally, and/or physically abusive with their partners--because these psychological vulnerabilities, in combination with other social and environmental factors, set the stage for abusive acts in relationships. Dutton's (Dutton & Golant, 1995) research on the origins of male battering identifies the ways in which socialization combines with psychological influences to create an abusive personality: Contributing factors include a sense of powerlessness in early childhood and the experience of having been shamed and battered, couples with insecure avoidant-ambivalent bonding styles. Men who scored the highest for "fearful attachment" also scored highest for jealousy. "Jealousy," the authors note, "is the terror of abandonment" (p. 139). He goes on to demonstrate that these fears are at the center of many abusive acts.

The treatment implications of this are profound. The clinician who can genuinely understand the perpetrator's unmet needs for mirroring and affirmation--and who can suspend preoccupation with moralistically rejecting the immature and unacceptable forms through which these were expressed--is potentially of tremendous value. The selfobject needs of the perpetrator are *valid*. Recognizing how the behaviors which he chooses are intended to regain self-cohesion and some sense of power and control *over his crumbling sense of self* (not necessarily over *another person*) leads to a new, more accessible, and deeply respectful therapeutic encounter.

If we understand the driving force behind many of these men, we can recognize that most of them (with some notable exceptions, as will be explained below) are not that different from most other men or women. Their actions may violate moral or legal codes and may not be in the behavioral repertoire of many other adults, but the fundamental emotions, needs, and struggles are certainly not unique or foreign. The task of clinicians and educators, in offering treatment, is to understand this pattern and to offer these men a new narrative of themselves and a new set of tools for coping with these very human experiences. The self psychology perspective (Shapiro, 1995; White & Weiner, 1986), which emphasizes the breakdowns in the experience of self-cohesion leading to desperate acts, offers us a map.

Typology of Batterers

Before proceeding any further with this particular portrait of the dynamics of the abusive man, it is essential to clarify some of the different typologies that current research has outlined. Johnson (1995) categorized spousal abuse into two main groups: "patriarchal terrorism" and "common couple violence." The origins, motivations, and patterns are quite different, even if they do have the one central feature of physical aggression or intimidation in an intimate relationship to link them. He is convinced that different researchers in the field have identified quite different descriptions of spousal abuse because they have studied quite different populations: battered women's shelter populations versus overall population samples. "Patriarchal terrorism," based on research from women's shelter populations, is generally the more dangerous of the two. The violence occurs with greater severity and frequency. It is only male-to-female. Men in this category who commit acts of spousal abuse are characterized by a need to be in charge of the relationship and to control the woman by any means necessary. The males in these relationships are determined to maintain a structure of power and control, utilizing the various abusive strategies of physical violence, threats and intimidation, sexual

abuse, emotional/verbal/psychological abuse, economic control, and social isolation. They invoke the rights of male privilege and male entitlement.

"Common couple violence," in contrast, is an intermittent response to the occasional conflicts of everyday life, motivated by a need to control a specific situation. The complexities of family life produce conflicts that occasionally get out of hand. The violence is no more likely to be enacted by men than by women. This type of violence, concludes Johnson, is usually not a part of a pattern in which one partner is trying to exert general control over his or her partner. This form of spouse abuse is relatively nongendered.

The heart of the difference between these two types of family violence lies in the motivation. While patriarchal terrorism assumes that the violent behaviors represent the larger context of male power and control, male entitlement, and male dominance, common couple violence stems from a less specific purpose. The intent with this type of violence is not specifically to control the partner, but more to express frustration. Similarly, Prince & Arias (1994) identified two sets of men, one which seemed to use violence that is consistent with their personal preferences and convictions and the other for whom violence seemed to be a result of frustration--an expressive, misguided cathartic response. These distinctions have otherwise been described as "chronic batterers vs. sporadic batterers" or, simply, "battering vs. physical violence." Battering is physical aggression with a purpose: to control, intimidate or subjugate another person. It is always accompanied by psychological abuse. Many other acts of physical and/or psychological abuse may be designed to gain power and control in that specific situation, but they do not always represent a systematic pattern for that purpose.

MALE SPOUSE ABUSER SUB-TYPES

As in most other clinical populations, researchers cannot exactly agree on the typologies of men who commit acts of domestic violence. However, several different leading researchers have developed basic categories which generally overlap. In a review of the literature, Holtzworth-Munroe and Stuart (1994) found that the research pointed to three main categories. They referred to these categories as Type I, Type II, and Type III. Type I batterers are generally antisocial and more likely to engage in instrumental violence. Aggression "works" more successfully for them. They are limited in their capacity for empathy and attachment, and they hold the most rigid and conservative attitudes about women. They tend to be violent across situations and across different victims. They are more generally belligerent, more likely to abuse substances, and more likely to have a criminal history. They show little remorse. Surprisingly, they report low to moderate levels of anger. There is a certain population of battering or otherwise abusive men for whom the model of the broken mirror does not particularly apply, and for whom practically any treatment intervention appears quite unlikely to be successful. These are men who are now described as "vagal reactors" or "cobras" (Jacobson & Gottman, 1998b) or, by some descriptions, psychopaths (Hare, 1993). Psychophysiological-based studies by Gottman and colleagues (Gottman, et al., 1995; Jacobson & Gottman, 1998b) identified an unusual pattern among a subgroup of the most severe batterers which actually showed a reduction in measures of arousal during aggressive interactions with their partners--completely contrary to expectations and typical patterns during angry interactions. These researchers have identified these men as "vagal reactors" whose nervous system arousal is strangely disconnected from their behavior. These batterers are deliberately, manipulatively controlling what goes on in the marital interaction. Men who operate in this cold and calculating manner probably cannot be reached through treatment, at least treatment as we now know it (Jacobson & Gottman, 1998b). They now call these men "cobras" because of their ability to become still and focused before striking their victim--in contrast to the more typical "pit bulls" who do a slow burn in frustration and resentment before finally exploding. They display many of the characteristics of classic psychopathic behavior--not necessarily typical of all Type I abusers.

Type II batterers are described by several researchers as "family-only." They are dependent and jealous. They tend to suppress emotions and withdraw, later erupting into violence after long periods of unexpressed but

seething rage. They tend to commit acts of abuse only in the family. Their acts of abuse are generally less severe, and they are less aggressive in general. They are generally remorseful about their actions.

I suddenly realized that I had been through five years of not communicating anything to her! Then it all exploded over the fish tank. My fish tank was really important to me. This was not just a little goldfish bowl-- it was my 50 gallon aquarium that I had put a lot of work into. And I was ready to find a place for it in our house. So--trying to be polite about it--I said to her, 'Well, where do you think it should go?' and she just explodes with that nasty tone, 'I don't care where the fucking fish tank goes!' And I lost it. I pretended to grab a razor blade and wave it around. To show her how shitty I felt. She threw a hanger at me. I grabbed her, pushed her onto the ground. I didn't even know what I was doing. I started choking her and the next thing I knew she was grasping for breath and I eased up. I couldn't remember anything at first, and then it all came back to me. My self-talk? It's not fair...She's disrespecting me...She doesn't care about me...I've been holding this in for so long, now it's finally her turn to hear about it!

And I kind of woke up and looked around. "What the hell have I done?"

Type III batterers are usually identified as "dysphoric/borderline" or "emotionally volatile." They tend to be violent only within their family, but they are more socially isolated and socially incompetent than other batterers. They exhibit the highest levels of anger, depression, and jealousy. They find ways of misinterpreting their partners and blaming their partners for their own mood states. Depression and feelings of inadequacy are prominent. They are more likely to have schizoid or borderline personalities.

I had broken up with Danielle months ago. And I was screwing around with a couple of different girls at this point. But I still couldn't get her out of my head. A friend of mine told me that he had heard Danielle was dancing again in strip clubs because she was so broke. I went nuts. I stormed over to her place and I started fucking screaming at her: "I AM GONNA DISFIGURE YOUR WHOLE BODY IF I EVER FIND OUT YOU ARE DANCING AGAIN!" I'm not really gonna do it, but I felt like it. When I picture her dancing or having sex with another guy who doesn't have the utmost dignity and respect for her, I just want to kill her!

That girl gave me more than anybody in my life. She would do anything for me. She would fly to fucking Australia to bring me a sweater if I was cold. She was like my mother.

I just get in so much pain--where I need to find her. Last night I got hit with this wave of missing her and I went all over looking for her. I know it's not right.

But I feel like if I could just see her, she's be with me, the bad feelings would go away, and everything would be OK. I wouldn't have to worry anymore.

So it appears that a small percentage of the most severe batterers are beyond the reach of clinical and/or psychoeducational interventions, suited only for external consequences as possible controls on behavior. In fact, many of these more severely dangerous men (the "cobras," the psychopathic men, the severely antisocial) do not ever make it into the treatment system: some may be in jail for other crimes, while others slickly escape detection altogether, while still others somehow manage to avoid fulfilling court-ordered treatment requirements. But the encouraging findings are that so many other men in this population are not beyond our reach. They share a kinship with men and women who are not spouse abusers, and our understanding of fundamental psychological principles combined with the influence of cultural models of violence bring them within the realm of clinical connection.

SHAME

Dutton's model (Dutton & Golant, 1995) for understanding the multiple factors which set the stage for domestic violence is particularly illuminating about the male psychological experience. And it especially allows us to develop a more empathic understanding of these men. Dutton outlined several key background factors which set the stage for a boy growing up to become a man who batters. Although this paradigm was developed based on studies of only one category (emotionally volatile/Type III), the principles significantly overlap into the other categories as well. Dutton explains how the seeds come from three distinct sources: being shamed (especially by one's father), an insecure attachment to one's mother, and the direct observation of abusiveness in the home.

According to Dutton, shaming comes from public exposure of one's vulnerability. The whole self feels "bad." Abused children often shut off all emotion, to defend against rage and hurt at perpetrator. A father who shames has a need to punish. When he attacks his son, he is desperately attempting to regain some lost sense of self, to bolster or reassure his own shaky sense of self. For the boy who needs to feel loved by this main source of his male identity, it is a series of crushing blows.

My father used to put me down. He slapped me around, called me 'shit for brains,' told me he should have never had me. Now I get it. When my wife says something that sounds even a little bit critical, I hear the same damn thing in my head: "shit for brains, shit for brains..."

If I stacked something wrong in the store, he'd slap me upside the head in front of other people. He would call me stupid. I was always nervous about the type of job I was doing. He would slap me if I screwed up until I got it right.

I was a good enough athlete to play college ball in three sports--but he would always criticize me. I once got a whipping for not winning a race--he thought I hadn't put out full effort. The way my father brought me up caused me more problems. I'm not satisfied with who I am and I never will be.

People who have been exposed to shame will do anything to avoid it in the future. They develop a hypersensitive radar to the possibility of humiliation, and they are almost phobic in their overreactivity. They tend to project blame and perceive the worst in others. These men are, tragically, usually the ones most desperate for affection and approval but they cannot ask for it. Sometimes the smallest signs of withdrawal of affection will activate the old narcissistic wounds--and they lash out at the perceived source of this new wound. They can describe none of these feelings; they don't even know where they have come from.

Furthermore, if the mother of this young child is only intermittently capable of offering emotional connection and support, he spends too much time trying to bring her closer; this drains him of the attention, energy, and confidence needed for moving forward developmentally. Conversely, if she is too anxious and needs too much attention or validation from *him*, she intrudes upon him and he cannot separate. He never fully develops an inner sense of a lovable, stable, valuable core self. This boy develops an ambivalent attitude toward her and later towards women in general: they are the providers of essential emotional life-support, but they are only intermittently trustworthy and available.

As attachment is necessary for survival, the male learns early that his mother (and, by association, any intimate woman) has monumental power over him. True emotional safety and security are initially associated with the physical presence of a woman--but it is only inconsistently available. As adults, these men try to diminish their anxiety about being abandoned by exaggerated control of their female partner.

With my wife--she gets on me about moving the furniture, that I'm not doing it right: "You always do this, you never do that, you never think about anyone else, you're only thinking about yourself..." The leg of the sofa breaks, now I'm the dummy who did it. She runs me down about money. But I excel at lots of things, and

I seem to get criticized anyway. The minute she gives me any sort of criticism, I get mad enough to fight.

As Dutton (Dutton & Golant, 1995) describes it, "A boy with an absent or punitive father and a demanding but unavailable mother learns that men don't give emotional comfort, and that women appear to be supportive but are ultimately demanding and can't be trusted" (p.114).

This is the cry of the little boy within the grown man: "Why can't she make me feel better?"

When these psychological variables are combined with the observation of abusive behavior in the home, we have a future prescription for male relationship violence. Research studies have indicated that males who witnessed parents attacking each other were three-to-four times more likely to eventually assault their wives (Straus, et al., 1980). Although being on the receiving end of physical and emotional abuse is a prominent variable in the population of spouse abusers, witnessing male-female adult abuse is even more significant (Kalmuss, 1984; Hotaling & Sugarman, 1986).

Evolution of Treatment Approaches

Advocates of the "power and control"-based interventions, the approaches Johnson refers to as based on theories of patriarchal terrorism, describe their treatment as educational--in fact, not as "treatment" at all, if "treatment" implies "therapeutic" (Pence & Paymar, 1993). The "Duluth" model is the most prominent model advocating this approach, and the dominance of this model is most clearly evident by the fact that many state legislatures, including California's, have dictated that only programs based on this model can be used by court-approved treatment providers. Even programs that have developed a more integrated cognitive-behavioral approach have included major philosophical components of the "Duluth" model. The goal of this model is the reeducation of men in their use of power, male privilege, and male entitlement in their relationships with women. Based on the sociocultural, feminist perspective of male patriarchy and relationship violence, battering is identified as a natural outcome of a society which reinforces male power and dominance. The social norms and attitudes are identified as the central culprit in spousal abuse.

The dominance of programs based on this model grew out of the sociocultural analyses of the 70's and 80's. The interventions--always in groups--were in direct response to the previous dominant clinical intervention style: identify the problem as a relationship dysfunction, work with the couple, identify ways in which both partners contributed to the conflicts, examine the pressures on the perpetrator, focus on how the victim's psychological disturbances would cause her to stay in such a relationship, etc. In contrast, sociocultural-based programs which held men directly accountable for their actions, which removed the stigma from women as having "caused" the violence, and which insisted that "men helping men" was the most potent forum in which to examine the fundamental attitudes governing spousal abuse were a very welcome and valuable addition to the field. In these programs, men were confronted consistently on their denial of abuse, their minimization of the severity of its effects, their rationalizations about how they were provoked, and their blame of external factors for their behavior (alcohol, stress, etc.)

As the sociocultural-based programs have proliferated in the 80's and 90's, however, several problems in effectiveness have emerged, and it is this author's belief that many of these criticisms are justified. These programs have been criticized for relying too much on a confrontational style, for only acknowledging male violence and discounting the frequency and significance of female or "bidirectional" violence, and for treating all men who have committed acts of spouse abuse as being motivated by "patriarchal terrorism." As Stosny (Jacobson & Gottman, 1998a) puts it, "Most treatment programs focus on how men's domination causes domestic violence. We say that the real gender variable is that culture doesn't teach men to regulate their negative emotions, or sustain trust, compassion, and love....But you can't [treat domestic violence] with a gender war....By demonizing the batterer, it makes him more isolated." (p. 82). They have also been criticized

for not fully emphasizing skill-building and for completely forbidding any couples' treatment for any cases.

While for the purposes of this paper the differences between the "patriarchal terrorism" treatment approaches and the "common couple violence" are highlighted, in actual practice the interventions originating from both of these camps are often integrated. However, some fundamental philosophical differences emerge which cannot be overlooked.

EFFECTS OF CONFRONTATIONAL APPROACHES

In these approaches advocated for much of the past decade in treating domestic violence offenders, the focus is always on gender and power issues. All attempts to "psychologize" the problem are confronted as a form of denial or abdication of male responsibility. In this view, the perpetrator should consistently be confronted on rationalization, denial, and victim-blaming. Group members are pushed to admit, from day one, that they have committed violent and abusive acts and to describe these acts in detail without minimization, rationalization, or denial. The analysis of aggression is based primarily on its instrumental value in maintaining power and control in male-female relationships. These approaches are, in many ways, "shame-based" in that men are confronted with their misconduct prior to any establishment of rapport or recognition of the male experience.

In studies of individual psychotherapy, however, Henry, Schacht, and Strupp (1986; 1990) recognized that clients with deeply damaged sense of self-esteem and issues of personal shame (typical of many domestic violence perpetrators) were highly sensitized to negative messages from therapists. They emphasize how introjects--the ways in which people learn to treat themselves as they have been treated by others--help form a relatively stable structure for how an individual treats his or her "self." They found that therapists who consistently offered positive support and positive reframing of client behaviors and who accepted and encouraged client autonomy (who were "affiliative") produced responses from clients which were characterized by increased self-expression and better self-esteem. Much like the control-mastery theory of Weiss and Sampson (1986), they concluded that therapists must find a way to pass the unconscious "tests" of these clients by offering them a different perspective: an experience of acceptance rather than rejection, of respect rather than shame, and of autonomy rather than control.

Murphy and Baxter (1997) reviewed confrontational approaches in treatment settings. They concluded that therapist criticism and aggressive confrontation of client defenses are often counterproductive. Highly empathic therapists are more effective than highly confrontational ones.

In reviewing research on rape education programs, Fischer (1986) concluded that confrontational sociocultural-based programs which emphasized the portrayal of men as brutes and women as helpless victims actually decreased the likelihood of success--even leading to undesirable backlash effects.

Although the more confrontational approaches appear logical in terms of challenging the distorted cognitions and attitudes, there is many a slip from the cup to the lip between good intentions and good outcome. The crucial clinical variable of offering and modeling respect is often missing in these approaches. "Such practices and attitudes engage the batterer in an old, familiar game of power and control, victim and victimizer, with a temporary turn of the tables" (Murphy & Baxter, 1997, p. 609). When it comes to the values of respectful relationships, not only do treatment providers need to preach them, they have to show them. There is a danger of establishing a power hierarchy in the treatment setting that subtly reinforces power tactics--and that alienates the very population we want to reach.

As Dutton (1998) points out, abusive men must not be confronted too strongly or too quickly because of their hypersensitivity to the experience of shame. The more they experience the treatment setting as a forum for increased shame, the more likely they are to defend against this experience by defensive digging in of the

heels: intensified anger, rationalization of violence, and projection of blame.

Even if the sociocultural analysis of domestic violence applied to all cases referred for treatment-- which it does not--insisting that men recognize (right from the beginning of treatment) that they are representing a male patriarchal culture, that they are engaged in power and control tactics with their partners, and that their partner' violence towards them was strictly an act of self-defense will alienate many of them. Hardening defenses will not serve the men we treat, nor their partners whom we are ultimately trying to protect.

Client-Centered Approaches: Respect

While this paper is most centrally focused on the self psychology perspective, there are a number of kindred approaches which emphasize similar principles and values. Although these approaches may differ in terms of length of treatment, emphasis on psychoeducational content or use of skill-building techniques, they share the fundamental respect for the male abuser's personal experience. None of these approaches denies the severity of domestic violence, nor do they encourage men to shirk their responsibility. These approaches simply propose a way of making contact with these men so that they are more accessible for changing.

It is also important to point out that these umbrella orientations can be quite compatible with treatment strategies which also integrate power and control issues and cognitive-behavioral skills training.

PACING & LEADING

One clinical approach which transcends the specific theories and programs is based on the clinical strategy of "pacing and leading." This approach, originating from the work of Milton Erickson and further developed by neo-Ericksonian practitioners (Erickson & Rossi, 1979; Gilligan, 1987), carefully mirrors the experience of the other person--followed by a "leading" suggestion for a new way to think or act. Based on Erickson's original work with indirect, naturalistic hypnotherapy, pacing means first developing empathy and rapport for the other person's experience by careful delineation--prior to making any correction or suggestion, prior to fostering a new perspective, prior to guiding a new behavior.

In domestic violence groups, "pacing" means carefully reflecting back an understanding of the men's experience: *When Karen was talking to this other guy at the party, you must have felt really threatened, like something very important was being taken away from you. And you must have felt betrayed, like "How can she do this to me?" Plus it was in front of other people, and your pride was at stake. And you felt powerless, probably thinking that "I have to do something about this right now." You probably felt it all through your body, and it felt awful, and you didn't know what to do. It makes sense that you would feel this way, and that you would feel this urge to try to do something to feel powerful again.*

Then, and only then, comes the "lead": *And at that point, probably the most powerful thing to do would be to remember that you get insecure in these situations, and that it doesn't always mean that Karen is doing something to you. And to remember that you have ways to talk to her about it afterwards. You can let her know what you need from her.*

This sequence, of communicating empathic understanding and respect for the man's experience, followed by a new perspective or idea, has a profound impact on preparing the men for new ways of thinking and acting. Saunders (1982) points out that clinicians can be informed by the basic axiom of "accept the client but reject the behavior"; he also points out that, in most cases, one does not look very far to find a redeeming feature in each man. Showing an understanding of the man's fear, hurt, sense of helplessness, and anger not only fosters treatment progress, but also defuses the potential for any outbreaks of violence towards the therapist.

Similarly, the "Freeze-Frame" approach (Wexler, 1991; 1994), is extremely valuable in generating greater accessibility to these men. This approach employs a self psychological perspective in helping men recognize the fundamental--and very "respectable"--emotional needs that they were experiencing at the time that they make the behavioral decision which turned out to have destructive or self-destructive consequences. The primary attention to the genuine experience and legitimate emotional needs (e.g., attention, self-esteem, appreciation, security, self-efficacy, etc.) radically dilutes the potential defensiveness. Based on our experience, the training and corrections that inevitably follow in domestic violence programs are better received.

SELF PSYCHOLOGY APPROACHES: THE SELF-OBJECT PERSPECTIVE

Several concepts from self psychology are especially valuable in making sense out of the spouse abuser's experience and in guiding treatment interventions. First and foremost is the concept of the mirroring self-object (Shapiro, 1995; White & Weiner, 1986; Wolf, 1988; Wolfe, 1989). When a child looks into the eyes of his parent and sees reflected back to him a loving and approving look, his basic sense of himself is deeply validated. He feels alive and worthy. When an adult male in a relationship looks into eyes of his partner and sees reflected back to him a look of love and delight and profound respect, he likewise feels alive and worthy. However, since this perfect mirroring inevitably--even in the best of relationships--wears off, at least to some degree, this man is doomed to a cracking of the mirror and a cracking of the self. It is this experience which must be identified and owned for many men who turn on their partners. They need to understand the origin of their deep unrest and their deep resentment so they can position themselves to possibly take some responsibility for it. As with most other psychological experiences, the identified and known experience has a profound organizing effect and allows the individual to respond more maturely and appropriately to the genuine problem.

The twinship self-object is a much more adaptive experience at this point in the relationship. This would allow a husband to say to his wife, "*Y' know, I feel really lost sometimes without all the special times we had together. It just seems like having kids and getting used to each other and money problems have really taken their toll. I guess you must feel the same way.*" Here the man has shifted his primary need from the mirroring function of his partner to one in which they are profoundly alike. She is no longer the enemy, but rather a comrade along the difficult road of life. A comrade who is inevitably flawed, but no more fundamentally flawed than he.

Also from the self psychology perspective, it is important to recognize the fundamental narcissistic injury or self-object breakdown that usually precedes an outbreak of abusive behavior. In fact, we can usually observe the effects of an injury to the vulnerable self in the clinical relationship, since there is inevitably an empathic failure in all treatment experiences. The research of Holtzworth-Munroe and Hutchinson (1993) is particularly illuminating here. They examined the "misattributions" of men who abuse their wives compared to a non-abusive male population. They found that violent husbands were much more likely to attribute the most negative intentions to their wives' behavior: when presented vignettes of situations like a wife talking to another man at a party or a wife who is not interested in sex on a particular night, these men were much more likely to be convinced that she was *trying* to make the man angry, hurt his feelings, put him down, get something for herself, or pick a fight. The researchers also found that when the men *perceived* a situation of abandonment or rejection, they were particularly likely to generate incompetent behavioral responses. These are narcissistic injuries to these men; and, as with all narcissistic injuries, they are strictly governed by the cognitive interpretation of the event. A nonviolent husband might interpret the same situation in a different, more benign way. If his wife were spending a lot of time talking to another man at a party, he might be irritated at her, or he might make nothing of it, or he might actually feel pleased that she was attractive and popular and having a good time. This recognition of the vulnerability to narcissistic injury--and the ability to

communicate this understanding in the clinical setting--allow both us and these men in treatment to develop a greater respect for how their hurt feelings and eventual desperate reactions developed.

The clinical goal here is to create an "experience-near" intervention; with this population, that must elicit the man's experience of being powerless, no matter how much the political analysis as observed from outside indicates that he is powerful. Harway and Evans (1996) critique one of the foundation pieces of the domestic violence models: Walker's "Cycle of Violence" (Walker, 1984). The original Cycle identifies the stages that a some spousal battering patterns go through: escalation to explosion to honeymoon period. Both man and woman tend to deny the problems of the other stages because of the sweetness and satisfaction of the honeymoon period--but, tragically, the escalation period inevitably re-emerges, culminating in explosion once more. According to Walker, this cycle tends to become shorter and shorter, with more frequent and more disturbing periods of escalation and explosion.

More recent research suggests that many couples do not experience this pattern of more rapid cycling and more dangerous intensity (Johnson, 1995). Many couples have occasional incidents of abuse that do not inevitably lead to more danger. And, certainly, many men do not experience this cycle in the way that is described. The fact that they do not experience it this way does not invalidate it, but it certainly does not lend itself to being a valuable intervention. To confront men in treatment with the Cycle of Violence model as the quintessential pattern of abuse--with its emphasis on male domination and inevitable escalation--causes us to lose much of our audience. Many of these men do not feel that this accurately describes them and they become defensive or, even worse, disengaged.

Instead, Harway and Evans (1996) use the "Cycle of Feeling Avoidance." This model reflects the more typical--and often surprising--experience of powerlessness that men have in difficult interpersonal relationships. Many men--and certainly many men who become abusive--have very low tolerance for difficult or aversive feelings (Gottman, 1994). When they experience some personal injury or discomfort, they feel overwhelmed. A mistake may lead to shame, frustration to helplessness, emotional distance to loneliness. In this model, men do whatever it takes to defend against these extremely dysphoric states. They may behave with passivity, such as placating or excessive apologizing just to keep the peace. Or they may take a more active approach, as men in our culture are oriented to do: lashing out at the person who seems to be causing this pain, engaging in controlling behavior to eliminate the sources of discomfort, abusing substances as an escape from the feelings, acting out recklessly (such as sexual escapades or dangerous driving) to provide some relief.

So here I am, in this kind of frenzy, I guess, pretending to wave this razor blade around. It wasn't even in my hand, but she thought it was. And I can hear this screaming my head: "You don't care about me!" "I want to have control over SOMETHING in my life!" And later I thought about how I had been adopted, and how I didn't even get to "choose" my real parents; they made that decision for me.

In this state, under these circumstances, the other people in this man's life are perceived only as potential selfobject figures. His wife's behavior, feelings, and "independent center of initiative" are peripheral to the fundamental drive for self-cohesion: he will do anything it takes to avoid the dysphoria and regain some measure of well-being. Often, this means gaining control over someone else. And, often, this means emotional, verbal, or physical abuse.

In the treatment setting, clinicians can offer these men a new, stable, mirroring selfobject--so that they can feel a deeper sense of self-respect and can maintain a more grounded sense of self as they deal with the emotional minefield inherent in many love relationships. And they can offer them a new, mature twinship experience--so that they can recognize that we are similar passengers on this journey through sensitive episodes and difficult moments in relationships. While many of us would not turn to physically abusive or

emotionally intimidating behavior, we at least share the experience of feeling hurt and threatened and occasionally resorting to behaviors in response to these states which we deeply regret. In this way, clinicians and clients can experience twinship.

CLIENT-CENTERED GROUP FORMATS

Some specific group formats have adopted a psychological, client-centered treatment plan which does not include the educational components found in other programs. These programs share a fundamental belief in the individual's ability to heal from childhood wounds, to build on strengths, or both.

Process-Psychodynamic Treatment

Saunders (1996; Browne, et al., 1997) developed a model of domestic violence treatment based on a "process/psychodynamic" approach. This is another domestic violence intervention which is informed by a clinical approach which--again, without absolving men for taking responsibility for their actions--emphasizes the understanding of the perpetrator's experience rather than the confrontation of gender politics and the men's perpetuation of such. This model assumes that men needed to grieve their childhood pains and losses in a safe environment. Saunders based the design of this approach on several theories and studies which emphasized the threats and injuries to the sense of self that men experience. Pleck (1980) suggested that men perceive women as being superior in their ability to express themselves--thus, men become dependent on females and turn to them for nurturant and emotional needs. They rely on women to support their sense of masculinity, and therefore *experience* themselves as being powerless compared to their female partner. When women do not meet their perceived needs, they experience a selfobject breakdown and may react with anxiety and anger.

In his study comparing these groups to more traditional cognitive-behavioral approaches, Saunders found that abusive men diagnosed with more dependent personalities--as opposed to more antisocial personalities--were more successful with the process/psychodynamic approach. He found that the men were more engaged in this process and that many respond better to the more "compassionate" approach.

The Compassion Workshop

Stosny (1995) has designed a treatment program called The Compassion Workshop, which is based on the idea that most batterers cannot sustain attachment. Much like the approach advocated by Harway and Evans (1996) with the Cycle of Feeling Avoidance, this approach emphasizes the deficits in men's abilities to tolerate and regulate dysphoric affect. As Gottman (1994) has discovered, men easily become flooded and insist on either shutting down emotionally or lashing out at the perceived source of the pain when they experience narcissistic injuries. The Compassion Workshop employs a series of intense exercises, videos, and homework assignments to help the men generate increased compassion for the self: in other words, to repair deficits in the self-cohesion. The *HEALS* technique (the centerpiece of this program) teaches the men five steps towards awareness and reframing of dysphoric emotional states: Healing, Explain to Yourself, Apply Self-Compassion, Love Yourself, Solve. By practicing this technique frequently on a daily basis, the men are taught that compassion for the self and for others represents true power and has the ability to heal. Initial studies of The Compassion workshop tentatively suggest lower dropout rates and lower post-treatment recidivism than with many other programs that have been similarly evaluated.

Solution-Focused Approaches

Solution-focused therapy (O'Hanlon & Weiner-Davis, 1989) emphasizes the strengths and potential of the individual rather than the problems and dysfunctions. It is a collaborative model which is influenced by a

humanistic perspective, systems theory, and social constructivism. Proponents believe that lasting, positive changes can occur by focusing on current client strengths, competencies, and solution-building abilities rather than deficiencies. Language is viewed as the medium through which personal meanings are constructed. The language is one of "solution and strengths" rather than "deficits and blame." Clinicians assist clients with a series of questions that relentlessly reframe the person and the problem:

- (Exceptions) What is different about the times when you don't blow up?
- (Outcome) Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different?
- (Coping) How exactly do you manage to cope with the stresses in your marriage and family?
- (Scaling) I know you are still losing your temper sometimes, but have you noticed how much lower in frequency (intensity, duration) they are?

Lee and colleagues (1997) designed a solution-focused brief group treatment for domestic violence offenders based on these principles. Without denying the aggressive or violent nature of the behaviors, group leaders were trained to avoid confronting clients and provoking defensiveness, to avoid getting into debates, and to take a "one-down" position and see the client as an "expert" on his situation. Group members engage in multiple homework assignments which emphasize identification of already-existing personal strengths and resources. The men in the programs are viewed as capable and willing to control their violence--by finding evidence through investigating past successes at avoiding abusive behavior. Rather than focusing on times of violence, the emphasis is on the exceptions to violence.

Countertransference Issues

In developing an empathic connection with men who have committed very disturbing and destructive acts, it is sometimes easy to fall prey to an overidentification with the perpetrator--and to forget that the reason he is in treatment is because someone else has been seriously hurt emotionally and/or physically. It can be difficult for clinicians to navigate the dual role of providing an empathic alliance and needing to report any signs of treatment failure or increased risk, and clinicians who cannot come to terms with this dual role should probably not treat this population. Unlike most other clinical treatment, the number one concern is the welfare of someone other than the client.

Nothing in this paper should be construed as a suggestion that this goal should be reduced or placed in the background--the arguments here have to do not with purpose, but with execution. When the clinician can maintain the empathic stance, he or she can relate to the batterer not as some disturbed social freak but rather as one more wounded man who has suffered narcissistic injuries and disappointments in his love relationship and at times finds this state unbearable--which leads to acting out at the perceived source of that frustration. Who among us does not know this experience?

Conclusion: Integration and Respect

From the philosophical and clinical perspective presented here, the treatment model that holds the most promise with the majority of this population is one that emphasizes the self psychological principles of client-centered respect, while not forsaking the psychoeducational information that these men need. This model is political, educational, and psychological. Some current treatment programs, such as *DOMESTIC VIOLENCE 2000* (Wexler, 1999) and *Foundations for Violence-Free Living* (Amherst H. Wilder Foundation, 1995), integrate the psychoeducational format (teaching about the politics of abuse and cognitive-behavioral skills training) with these self psychological principles. While insisting that men take full responsibility for their abusive behavior, treatment approaches can still be most effective by addressing the psychological issues inherent in these destructive behaviors. Group leaders who can offer perpetrators a profound sense of respect for their experience--including their history, their experience of powerlessness, their emotional injuries in their

primary relationships--are more likely to make an impact. We can lead men into new views of gender equality and new skills in self-management and communication best by first pacing their experience. By offering our respect, we model the ability for them to more fully respect themselves and others. By a compassionate understanding of their broken mirrors, we can help them develop new ways of finding twinship experiences with other men and even with their own female partners.

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