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When Love Hurts: Treating Abusive Relationships

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This paper describes an integrative approach for treating couples in abusive relationships. Because of the power inequities that often obtain in such cases, the therapist faces special challenges. Both partners must be defined as clients, yet the two are not on equal footing. Sustaining moral clarity in a context of such psychological ambiguity is crucial, and it requires skills beyond those we typically associate with the art and craft of the interview. A mutative factor in any therapy requires bearing witness to injustices large and small—leading the author to raise questions about the place of the moral work of psychotherapy in our therapy-saturated society. She poses an urgent social question: Is it possible to intervene therapeutically in abusive relationships to make love safer for women and less threatening to men?

For 15 years, from the mid-1980s to the late 1990s, i was deeply engaged in a clinical research project that was developing ways to understand and work with couples embroiled in what I reluctantly call *domestic violence*. Feminists have deconstructed this term many times over, making the point that it buries the horrible reality of the abuse situation in an ideologically obfuscating word, *domestic*, as if it is domesticity itself that hauls off and hits Mrs. Rivera (Johnson,

Goldstein, Kim, etc.). The term drops all the parts of speech (subject, verb, direct object) that would reveal what has occurred: "Man punches woman," "Woman throws hot coffee at woman," and so forth.

The challenge of capturing the moral and psychic complexities of this kind of abuse—not only in this single act of naming but in all aspects of theory building and clinical practice—was the engine that drove the intense work of this project for more than a decade. I decided to discuss this material in my contribution to this collection of papers on couple treatment because in retrospect I see how my encounter with these tremendously challenging cases ultimately came to define my theoretical perspective and clinical approach while inspiring my strongest opinions about how to do and how *not* to do couple therapy.

Highly abusive couples may seem alien and extreme in the abstract, but they quickly become "more human than otherwise" **(Sullivan, 1953)** once the therapist gets up close and personal. Desperately passionate attachment bonds drive the conflict and reconciliation cycles in these melodramatic relationships, which are riddled with the same contradictions underlying all intimate relationships under siege—the abuse of power, the power of love, the paradox of gender.

What kinds of men "get physical" with the women who love them? What kinds of women put up with it? The short answer is that *they* can easily be *us*. Consider in this regard that the family, hardly that "haven in a heartless world," actually turns out to be our most violent social institution other than the military at war **(J. Gilligan, 1996)**.

Gender and Power

Issues of gender and power are woven into the fabric of intimate life, but our field has evaded them. Like clinicians of all stripes, couple therapists have not known how to think outside the box when the problems presented by their clients transcend what we think of as the "psychological." But gender, as well as violence and inequality, cannot be understood purely in psychological terms.

There is more than 20 years of feminist scholarship supporting the idea that gender is a symbolic, social, and cultural category that

structures the way romantic partners experience being a couple (Goldner, **1985**, **1988**, **1991**; **Goldner et al., 1990**). It is one of the determinants of each person's relative power to define the terms of a relationship, intimate or otherwise—coloring as well how each individual acts within and outside it. Indeed, it is a truism that men and women have differences in relational,

conversational, and thinking styles; in moral orientation; and in social and interpersonal power. Developing a sensitivity to "gender issues," including knowing how to work with this material in the clinical situation, is a necessity in our contentious gender environment. My work with violent and abusive couples provided a crash course in these issues—which often meant having to create the course and master it simultaneously.

When gender intersects with severe power inequities, as in cases of intimate violence and abuse, the couple therapist must address additional challenges to our conventional notion of the therapeutic frame. In these treatments, both partners must be defined as clients, yet one is a perpetrator and the other a victim. The two are not on equal footing, and the relationship they are trying to salvage is unjust, unsafe, and unequal. Under these conditions, the therapeutic frame is under siege from the outset and is always at risk for collapsing under the weight of its internal contradictions. Couple work is conducted under the ever present shadow of the therapist's moral self-doubt about whether to conduct it at all.

To succeed in this work, the therapist must create a context in which the woman can speak the truth about her life under siege and her partner and the therapist can suffer that truth in the act of listening. At the same time, the man must also be recognized in his full subjectivity, not only in terms of his shameful identity as an offender. In many cases, abusive men carry inside them a child-victim who also has a story that must be told. Making room for everyone, past and present, is critical for creating the intersubjective conditions necessary for the shift from abusiveness and victimization to mutual recognition and the healing action of the depressive position.

Moral and Psychological Discourses

Sustaining moral clarity in a context of the psychological ambiguity of intimate relationships is crucial and yet is always elusive,

requiring skills beyond those we typically associate with the art and craft of the interview. In violence work, therapists must help clients develop a rich psychological understanding of the abuse, victimization, and reconciliation cycle without blaming the victim, shaming the victim or perpetrator, or allowing the perpetrator to misuse psychological insight to avoid taking responsibility for his actions. This complex agenda entails combining clinical acumen with a zero tolerance for violence and a bottom-line focus on safety, equity, and accountability.

Although this specific set of concerns is particular to abuse cases, the approach raises larger questions about the place of the moral work of psychotherapy in our therapy-saturated society. The introduction of the concept of morality into the clinical situation seems odd to many practitioners, but the formulaic splitting of moral and clinical discourses in our professional culture is theoretically meaningless and psychologically inauthentic. Moral issues are psychologically real to everyone. Each party to a relationship is always aware (or defensively unaware) of the balance of fairness. Are we being recognized for who we are and appreciated for what we do and give, or are we being neglected and misused? Are we being unfair to our partner, or are we mistreating our partner? Clearly, morality is a relational category.

It is not that we therapists *deserve* to be society's moral arbiters but that, in this psychological culture, our expert position rightly or wrongly gives us a kind of moral authority in the sphere of personal life. This is most true of family and couple work, in which the therapist is specifically invited to intervene and to influence the practices of personal life—how people should love, fight, make love, and raise children. Although the Foucaultian critiques of the psychoanalytic therapies is that they construct subjectivity, not merely bring it forth, the family therapies explicitly regulate social relations and create new regimes of normativity in the process. What we say has direct social consequences—the couple may break up or marry, have a baby or not have a baby, send a child away or bring him home. One partner might end up with more personal freedom (or less), more work (or less), and so on.

These dimensions of personal relations involve social prerogatives that are not reducible to the psychological issues we are professionally trained to engage. My experience in violence work has led

me to believe that we ought not disclaim our enormous if implicit moral authority by narrowly restricting our professional attention to clinical theory and technique. Rather, we need to develop ways to enhance our sense of responsibility about that authority—by cultivating a stance of self-conscious moral engagement in our work. In clinical terms, this means learning how to introduce moral categories into the clinical conversation in ways that open it up rather than shut it down.

Gender and Attachment

The more I immersed myself in the issues presented by abusive couples, the more I felt that these issues are not the special province of "sick" people in "bad" relationships but rather are hyperbolic versions of the emotionally charged conflicts around dependency, autonomy, and separation that all couples negotiate. Indeed, recent research on adult attachment supports my early clinical intuition. Showing how these standard conflicts can be mapped onto an attachment paradigm, researchers are now also suggesting that attachment issues are especially acute and unresolved in abusive and violent relationships (see **Dutton, 1998**; **Fonagy, 1998**; **West and George, 1999**).

These findings and insights can be further elaborated by incorporating feminist theory into our understanding of romantic attachment and aggression. As Chodorow **(1978)** and Benjamin **(1988)** showed, gender casts masculinity as an illusory state of omnipotence from which dependency must be externalized by being projected onto a female Other, and femininity is reciprocally constituted as the site of all that masculinity repudiates ("We call everything that is strong and active male, everything that is weak and passive, female"; Freud, **1925**, p. **258**).

Benjamin **(1988)** demonstrated how these pathogenic gender injunctions produce women who existentially recognize, depressively idealize, and unconsciously envy the agency of the men they cannot be. In the same way, men are constituted to refuse recognition to women as independent centers of subjectivity in order to deny the reality of their profound dependency on them. Although Benjamin did not use the term *attachment*, her theories of relationality combine well with the attachment paradigm. Taken together, these two

perspectives lead to the formulation that adult attachment struggles are often saturated by the pathologies of gender.

In Benjamin's thesis, gender undergirds a commonplace form of relational splitting in which the universal psychic tensions between dependency/connection/sameness and autonomy/separation/difference default into a gendered exchange of projections. The woman, cast as the "dependent object," evacuates her own subjectivity and desire into the man through her submission to his psychic (and sometimes physical) domination. The man, in turn, sustains his position as the "autonomous subject" of the pair only because he is projecting his vulnerability and dependency into the woman, a subject who has become his object.[1] In this way, the static conventions of gender splitting trump the dialectical tensions of relational mutuality. Clearly, this kind of splitting is not unique to abusive relationships—it is all too common in the everyday partnerships we treat in our bread-and-butter private practices.

Intimate Violence

There has been much debate about whether and how patriarchal values and structural gender inequality are implicated in violence against women (for a summary of the critique of the feminist position, see **Dutton, 1998**). But in one of the most empirically rigorous, densely theorized studies, Yllo and Strauss **(1995)**, two highly influential researchers, concluded that "there is a linear relationship between patriarchal norms and wife beating" and a "curvilinear relationship between patriarchal structures and wife beating" (p. 398). In other words,

> when women's status in economic, educational, legal and political institutions is low … wife beating is highest [suggesting] that the greater the degree of social inequality, the more coercion is needed … to keep wives "in their place." …As the status of women improves, violence declines—to a point [but begins

[1] For those who remember the notorious erotic classic The Story of O **(Reage, 1965)**, it should be of interest to learn that Benjamin worked closely with this novel in developing her relational theory of gender.

> to rise again]. When the status of women is highest, wife beating is also quite high … [suggesting]that …there is increased marital conflict … due to the inconsistency between the relatively equal structural status of women [outside the home] and the attempt to maintain a traditional patriarchal power structure within the family [pp. 397-398].

Another area of academic discord and disagreement involves whether men (husbands) are the primary aggressors in marital conflicts. Early studies of incidence and prevalence in community populations seemed to show that "women were as violent as men" **(Strauss, Gelles, and Steinmetz, 1980)**, but more sophisticated research strategies have since shown that interpartner

violence is a highly complex phenomenon and has many subtypes. In heterosexual couples, the kind of violence on which feminists have based their case—physical violence coupled with emotional abuse and tactics of social control—has been shown to be almost exclusively perpetrated by men (97 percent) against women (Johnson and Ferraro, **2001**; for a related argument, see **Magdol et al., 1997**).

These data insist on a reckoning with our persistent cultural illusions about family life as shelter from the storm. Simply, women are safer on the streets than at home with the men they love. Men are at much greater risk for violence from male strangers, whereas women risk life and limb by loving men **(J. Gilligan, 1996)**. Indeed, with the exception of serial killers, almost all cases of males killing females occur in the context of an ongoing intimate relationship or around the drama of its dissolution **(U.S. Department of Justice, 1994)**. Alarmingly, women who manage to get out from under an abusive situation are at greatest risk for being seriously hurt or killed. Violent victimization is six times greater for women who leave their abusive partners than for those who do not **(U.S. Department of Justice, 1994)**—a cautionary finding for intemperate practitioners who pressure women to separate from violent men as a feminist statement.

The Men

It would not be much of a stretch to psychoanalyze these findings. Indeed, they provide some empirical validation for the feminist

psychoanalytic surmise that intense separation issues—often fueling exaggerated oedipal jealousy, bolstered by a bizarre and gendered presumption of entitlement to be shielded by women from all painful affects—constitute the explosive flack that activates murderous rage in abusive men.

Recent attempts to integrate theories and findings about the generational transmission of violence and victimization support this view. There is overwhelming evidence, for example, that violent men were once abused boys, whose violent fathers also abused their mothers **(Feldman and Ridley, 1995)**. In our clinical experience, some of these mothers were crushed by male violence, and many more were deeply debilitated by tending to their chronically angry high-maintenance partners. But all were ominously weakened. They were in no position to protect their sons or even to provide a consistent emotional relationship for them. They were often confusing presences—there, almost there, not there.

Shadowy victimized mothers make their mark on these men in the desperate character of their romantic relationships. Violent men can actually be distinguished from other men by their very high scores on measures of insecure attachment **(Dutton, 1998)**, which may reflect the more severe relational impairment of disorganized/controlling attachment **(West and George, 1999)**. Indeed, one clinical researcher described such men's cyclical explosiveness as having an eerie resonance to the "angry protest" of the insecure toddler who "is wildly addicted to the mother and to his efforts to get her to change, by constantly trying to hold onto her or to punish her for being unavailable" (Karen, 1992, cited in Dutton, **1998**, p. 126).

In reconstructing the abuse history of these men, we also found that, though they saw the injustice their mothers suffered —and felt, to varying degrees, sympathetic concern for her—they craved to be paired with the powerful critical father. Ultimately, they seem to have disidentified with the mother-victim to make a symbolic and visceral identification with the false sense of agency embodied by the raging father. Reflecting on his identification with his sadistic father, one man, breaking into tears, said,

> My whole life I would think, "How did my mother live with him?" I felt so bad for her, even though I hated her weakness. She took it, and she still made his meals and wiped his ass—and

> he's somebody who never felt successful himself. He'd clobber you every time you tried to do some thing to please him.… But you know, that's what I know. He's—he's the way I am. [Now weeping] He's me! He's a bitter, angry man who never lived up to his potential. He's just meaner. And that's how he'll die—bitter and angry … and [very softly] I love him.

The son's emotionally charged hyperidentification with his abusive father is all the more poignant because the father was so unworthy. Defeated by life, no longer positioned by patriarchy, this father could not tolerate the emergence of a robust agentic son. Indeed, the father was reduced to trying to steal the son's self-esteem and youthful promise in an attempt to destroy all signs of the son's potency and well-being. One man remembers, long before the beatings started, being six years old, skipping into a basement playroom, and feeling happy to be alive, only to be startled into terror by his father, who pushed him against a wall and growled, "I'm not happy—you're not happy."

What is especially significant about the generational transmission of violence is that the greatest predictor of violence in the next generation is not being physically abused per se but having observed violence between one's parents as a child **(Feldman and Ridley, 1995)** and having been the target of sadistic shaming **(Dutton, 1998)**. Shame, which is experienced as global attack on the self, produces what psychoanalyst Lewis **(1971)** called a state of "humiliated fury." The narcissistic fragility that results from chronic shaming leads these men to transform all painful affects into anger as a way to protect the enfeebled self. In Dutton's **(1998)** formulation, shaming creates the psychic conditions for construction of an abusive personality, and physical abuse provides a behavioral map for its violent realization. Not surprisingly, research findings confirm that the most violent and disturbed men come from families in which interpartner parental violence, shaming, and child physical abuse are all present in the history (**Feldman and Ridley, 1995**; **Feldman, 1997**; **Dutton, 1998**).

Fonagy **(1998)** wrote movingly about the failure of mentalization, which eventuates in the pathologic fusion of self-expression with aggression in the genesis of violent lives. Our work with men whose violence is specific to their female partners adds the feminist formulation that the psychic pain of physical assault and humiliation in childhood, combined with the gender-specific shame of feeling

emasculated simply for having been victimized (a condition that reads as "feminine"), doubly traumatizes boys.

As these males grow up, rage ignited by the history of such violations is ultimately displaced onto women (the all-purpose split object of childhood and culture), and in the hyperarousal of romantic attachment and loss it fatefully transmutes into retaliatory, compensatory aggression against them. One man, remembering the many times he had been thrown against the wall by his father, went so far as to opine, "My mother could bring out the worst in anyone."

The Women

The family history of abused women yields a different trauma story—not always of violence or even of an obvious form of abuse (though sexual violations are overrepresented in this group). Rather, these women seem to suffer primarily from a profound sense of psychic neglect and devaluation—the feeling of being marginal and invisible in the family or, conversely, of being typed as crazy and destructive because they were daughters who would not (indeed could not) make themselves invisible. These families could not abide a daughter making a claim for herself. Indeed, the mother-daughter relationship was often sharply conflicted around the daughter's need for recognition and the mother's feeling that her daughter was "difficult" or impossibly demanding. These willfully or helplessly neglectful mothers could not recognize or tolerate an outspoken daughter's intelligent voice and palpable need. Typically, though not always, the struggle for recognition was framed in conventional gender terms, and often there was a privileged brother or sometimes an unwelcome sister-in-law or stepmother who, being attached to an elevated man, got to be special while the original daughter was passed over yet again. Thus, many of these women grew up with the message that being loved and lovable was contingent on feminine self-abnegation, yet they were denied the identificatory and affectional bond with mother that makes such self-betrayal tolerable. These angry and anguished women got nothing but shame for wanting recognition in the family, and there was obviously no identificatory object to embody agency outside the family. There was no comforting "women's world" to provide a consolation prize for the insults of patriarchy, and, as a

consequence, these noisily unhappy girls belonged nowhere—not as daddy's little girl, not as mommy's little helper.

A woman reported an unforgettable moment from her young adolescence. After years of trying to live through and around the rages of a psychotic mother—there is an image of a four-year-old hiding under a dining-room chair—she traveled one last time to her father's house. The trip to another part of the country was long and scary. The father had moved precipitously with his new wife and left his two young daughters to fend for themselves with the dangerous mother. Nothing much had come of her earlier visits, but this time, watching her father shower her indifferent stepmother with flowers, notes, and kindnesses, she promised herself, "I'm going to find someone to love me as Dad loves her."

In this desolate reversal of Abelin's **(1980)** description of the agentic identification process in toddler boys ("I love mommy as daddy loves mommy"), we see a young adolescent girl's fully conscious enactment of Freud's defining moment of femininity—the passive switch to the father. And in this same moment we see a fully conscious expression of the feminist critique of Freud—the switch is not about getting the penis but about the despair of negation and invisibility.

Enter romance—the delusional second chance we all give ourselves—now embodied in a boy-man whose mix of vulnerability and masculine posturing are enormously gratifying to the recognitionstarved daughter who appealed to no one. Being needed, being adored, and for a time even being admired by this appealingly wounded soldier create the illusion of a

new beginning—one that can completely overshadow the abuse that eventually explodes. One woman explained, “He isn't threatening to me, because he showed me his weaknesses. Even if he hits me, he allows himself to be vulnerable to me. He needs me. At home, I was just a decoration to be trotted out for company. I was not needed. So how can he be a threat? I'm crucial to him.”

In the shadow of this desolate need to be seen, heard, and valued, the ferocity of many women's attachments to abusive men can also be understood as a ferocious struggle for recognition rather than merely an emblem of masochistic femininity. Indeed, we can find a version of agency in this pattern of victimization—an intrepid though

ultimately futile attempt to expand the culture's definition of feminine attachment to include their own voice.

Many of these women are driven to be heard, even though the price might be being hit. One woman, who had refused even to consider the therapist's suggestion that she could leave an escalating encounter rather than risk getting hurt, suddenly remembered that, when she got angry as a child, her mother simply put her outside the front door rather than deal with her. In the pain and shame of that image, it became clear why she risked life and limb in her insistence on inclusion and the right to be heard. Another woman put it this way: “So you ask me why I am in this kind of relationship? John does the same thing my dad did. As soon as I get my own opinion about something, he tells me to shut up. With my dad, I would give up because he could scream louder, and no one else cared. With John, I don't care how much he screams—I just keep trying to get my opinion out.”

The Couple

In the light of this history of gender-infused trauma that both partners bring to the relationship, the couple's continual cycling between violent enactments and romantic reparation can be rendered meaningful. The abuse history, shame proneness, and intense separation issues keep these men in a state of coercive addiction, and profound issues involving recognition, self-esteem, and belonging keep the women ensnared. Together, they tie a Gordian knot around the heart and pose an urgent social question: Is it possible to intervene in this process and make love safer for women and less threatening to men?

By way of a short answer, let me say that finding the words to frame this question was in itself a significant moment of distillation that has helped me hold my work together when fright and doubt would otherwise have ended the inquiry early on. Abused people are desperate, often disabled, and highly stigmatized. Help and change require that the therapist allow herself to be caught up in the thrall of their process without becoming one with it. This work is highly demanding, personally challenging, and not always successful.

Needless to say, the therapist is not operating in a containing space held by minds capable of holding themselves. These relationships are

theaters of enactment. The pervasive shadow of trauma darkens even the manic defense of romanticism, like the unnerving pall the bad dream casts over the next day. There is a false brightness and palpable sadness to the best of times, and, like the dream's sudden discontinuous shift, there can be an absolute flip of realities, as a ferocious escalation erupts out of the clear blue sky. Someone gets insulted or injured, reacts, attacks, counterattacks. There is the constant over talking, the absurd posturing, the woman crying in rage but not shutting up and insisting on recognition that will never be had, not now, not then. The man, who often seems a creature dropped from the sky, profoundly dependent on this mother of meaning to narrate his mind, is now instantly adrenalized, propelled out of his seat and into her face, just trying to get her to shut up. They are in the breach, possessed by the bad-self/bad-object enactment that will not yield to words, to therapeutic soft sounds, to reason or caution.

But in the wake of the irrefutable logic that compels the violent enactment, the next wave of that logic breaks, and both partners are caught in the powerful tides of reaffiliation. When the boy's explosive rage finally silences the words (Fonagy would add “thoughts”) of the willful mother, he now, desperately, must beg to bring her back to life. The victim's most positive image of herself is brought forth when he begs her forgiveness for what he has done, begs her acceptance of his need for her and only her, begs her recognition of his mysteriously divided nature, and begs her largess in the face of his remorse. One woman, exploring the way this experience kept her bonded to her husband against her better judgment, ultimately said, “My mother never changed, never understood how deeply she hurt me, never apologized to me.”

The couple, then, is always poised on the knife edge of being lost and found. Their implicit contract is that the relationship must always be a safehouse for these two lost children, bonded like Hansel and Gretel, making their way through the dream-infested forest of their actively and dangerously unsettled families. The magical reparative fantasy of this kind of

romantic retreat is ultimately coercive: “You'd better be in my dream, or I'll ruin yours.”

But the need is great. The separation anxiety that never, never abates is, of course, overheated by a culture in which emotional and practical security can be found only in the instability of romantic attachments. As we know, romantic coupling creates an attachment

situation comparable in intensity to the original attachment drama, with its unmodulated urgencies and deep comforts. But the regressive allure of romanticism obscures the ways in which romantic love is, as Freud observed a long time ago, no more than a good knockoff of the real thing that never was.

Watching these women go into eclipse as these relationships devolve, we can see how romance, with its exhaustive demands and tantalizing potential, eventually becomes a substitute for acting in the world. But the couple is just too small a canvas and the men too disappointing a project. These guys are simply not going to get it together. They can't work, can't get along with people, can't appreciate the feminine intelligence they depend on.

In this closed system of object addiction, the struggle for recognition and around separation turns violent, and the couple learns to make do with the clichés of reparation. Remarkably, the violence is enacted against a backdrop of feminism. No one hits or is hurt in our country at this time without being in a self-justifying debate with feminism. Women ask themselves, “Am I a battered woman?” Men argue with the category and insist, “I'm not a violent man—I never punched her out.” There is tremendous confusion about the relationship, as feminism and romanticism oscillate on the split screen of discourse—driving the motor of repetition in these paradigmatic cases of lovesickness.

Clinical Multiplicity

In these couples, abuse and coercion seem to coexist with intense love and genuine friendship in a uniquely painful way. Love and hate, blame and overresponsibility, hyperbole and minimization, remorse and cynicism cycle relentlessly between the partners, who present a constantly changing and highly confusing picture of the relationship to the outside world. Not surprisingly, they send sharply contradictory messages to friends, family, and professionals about the status of their relationship, their desire for therapy, and the need for external social control. And, in an unremarkable parallel process, clinicians working with these clients tend to react to them in extremes—siding with one partner against the other, refusing ever to take sides at all, exaggerating or minimizing danger, insisting on one

particular clinical paradigm and rejecting all others—in other words, enacting rather than containing the pathologies of splitting.

One essential antidote to thinking in such either-or terms is to think in many theoretical languages and to work in many clinical styles. Seeing through these multiple lenses should not be taken as merely another “technique.” It reflects a larger intellectual, political, and moral ideal—a commitment to recognize the value of competing and contradictory perspectives and to negotiate the emotional demands of such multiple attachments without splitting ideas, or people, into good and bad. This stance is critical to couples such as these, who are trapped by the insufficiency and contradictory nature of their beliefs and experiences (men who “take control by losing control,” women who love and protect the men who hurt them). The clinician's ability to contain contradictory truths, rather than choose among them, is critical in creating the fresh air of second-order change.

Working with multiple paradigms is essential in dealing with issues of inequality and injustice, but multiplicity is also a linchpin of good clinical work more generally. By keeping multiplicity alive in one's mind in the treatment situation, each position one holds acts as a check on the others, ultimately decentering the primacy of any discourse that may have outlived its usefulness. Rather than elevating one paradigmor technique above another, this posture is analogous to the physics categories of “wave and particle,” in which first one and then another way of seeing dominates.

The clinician situates the couple's relationship and its dilemmas in multiple discourses, all of which are “in play” as the clinical situation unfolds. Feminism, object relations inquiry, systemic thinking, cultural factors, neurobiological evaluation, and any other perspective one has cared enough to master may make a claim on an interview, as the therapist becomes aware that she has begun to think in cultural (or psychodynamic, or biological, etc.) terms. As that particular paradigm begins to bring certain themes into focus, the interview starts to take shape along that axis until, like a kaleidoscope, another framework starts coming into view, and the therapist begins to hear the material in another discursive register.

The therapist must be fully committed to all paradigms potentially in play, since each will eventually take its place as the dominant discourse of the moment. If, for example, the therapist is drawn toward a

feminist frame, which highlights issues concerning power, fear, and fairness, these themes must be developed and tracked with care and conviction until they play themselves out within the movement of this particular session. The art of this work is to sense when a discursive shift of frame is necessary and to make space for another lens to come into mental focus as the conversation unfolds. Thus, a theme of inequality may reconfigure into an exploration of mutual vulnerability, an inquiry into a man's early history of learning difficulties (not uncommon with explosive men) may open out into questions of cultural expectations around academic achievement, and so on.

Clinical Morality

Given the moral and psychic complexity of these issues, it is crucial to hold men fully accountable for their violence while committing to understanding them in psychologically complex and sympathetic terms. The technical challenge is to introduce a moral framework into the clinical conversation without negating the man's unique personal understanding of his experience. This double agenda requires that the therapist interpolate a moral discourse of choice and personal responsibility into the psychological discourse in which the man thinks and speaks—a discourse that characterizes his experience as one of being "overtaken" by overwhelming affects and states, as in the phrase, "I don't know what happened. I just lost it."

From a both-and position, the double-sidedness of this morally informed psychological perspective captures something "true" about the violent act and experience—that it is both volitional and impulse-ridden, both instrumental and dissociative. By holding the complexity of the violent impulse in language, the man can feel understood even as he is being morally challenged.

In the following four case vignettes, all from initial interviews with couples in abusive relationships, I attempt to show how moral and psychological perspectives can be combined to produce clinical change. In my discussion, I reference C. Gilligan's **(1982)** distinction between morality as organized around an "ethic of justice," which she associated with the "male perspective," and a morality organized around an "ethic of care," associated with the "female perspective."

These distinctions can be taken further by conceptualizing the ethic of justice as a one-person morality model and the ethic of care as a two-person model.

Richie and Sarah: An Ethic of Justice

Richie characterized his struggle with violence by saying, "I tell [Sarah] it's never going to happen again. I say, I promise, I swear, I'll hurt myself before I'll ever hurt you again.…But a few days later—totally unexpected. We didn't know the tension was rising. We didn't try to diffuse it. And before we knew it, the tension was so—so overwhelming that it just flared up again."To which the the rapist replied, "When you say 'it' just flared up, let's think about what you mean. What happened *inside of you* at that moment that you felt *justified in going against your promise* [of nonviolence]?"

In this question, the therapist ignores Richie's depersonalized references to "tension" and to the disavowed "it" that just "flared up," just as she disallows the shared responsibility implied by his use of the word *we*. Instead, she directs his attention to his internal experience: "What happened *inside of you?*" And in a less familiar clinical move, she interpolates a moral discourse into Richie's psychological narrative by highlighting his initial phrase, "I promise, I swear, I'll never hurt you again."

By asking Richie to focus on his destructive sense of entitlement and his broken promises, the therapist is privileging an "ethic of justice"—the view that it is morally right to keep one's promises. By making the psychological underpinnings of his self-justifications for behaving immorally her clinical focus, the therapist is not scolding Richie. Rather, she is inviting him to see himself in elevated terms—as a person who would want to "honor his promises" rather than as a reactive creature overrun by "tension."

Richie's response to her question shows how a psychologically informed and morally sensitized intervention can shift the terms of a clinical dialogue from defensive minimization to thoughtful exploration (R = Richie, T = therapist):

> R: For me, I would see—a very hostile person in front of me. Very hostile. Where I had no way around it. You know, logically,

intelligently. No way around it. And I would meet it head on. I have always been that way. To meet hostility was hostility.

T: So one of the things that you would have to do in order to concretize your promise to her—

R: I have a hard time with that. I have to admit it. My background is very difficult. Especially when it come to women. Abusive women. I have a very hard time with it.

T: You have a very hard time with what?

R: Hostile—hostility from women.

T: Okay. So in order for you to honor your promise of nonviolence, despite how hard it is with Sarah, we'd need to enter that experience with you. When you said to me, "I have a hard time. It's in my background," what was in your mind? What's the image that gets on to her at a moment like that, and suddenly you feel, "I'mentitled"? You superimpose something on her.

R: [Very long pause;; softly and emphatically] I sure do.

Note how the therapist again shifts the terms of the therapeutic discourse. Where Richie uses a psychological partner-focused narrative emphasizing his difficult childhood and Sarah's hostility, the therapist shifts back into a moral discourse that highlights Richie's broken promises and feelings of entitlement, which she then follows with an object relations intervention that captures how, in an affectively charged hostile moment, Richie might be projecting a figure from an earlier traumatic time onto his current partner, Sarah.

R: [Haltingly] The hostility registers in me. I see that. That's clear.…Butit'sinteresting—you say I superimpose a picture of her. In thinking about it, you're right. I do. At that particular instance,…[gets choked up]

T: [Softly] Take your time.

R: [Crying] I see a person. From my past.

T: Do you see the person now as you are talking?

R: [Holding back tears]I see the face of a woman that … is … bearing down on me in a very hostile manner. And it's a person from my past—a person who's abused me as a child.

T: Who is it?

R: A foster parent.

T: How did she bear down on you? How old were you?

R: Six and seven. She would accuse me of things. She would tell me I'm doing things that I'm not doing [note shift to present tense] to justify the punishments she would dish out to me.

T: So she really wanted to hurt you.

R: Yes. This woman, yes.

T: And she still haunts you today.

R: Yes.

T: And that's when it gets very confusing with Sarah. The image starts to wobble there.

R: Only when there's hostility.

Note how Richie begins to internalize his experience of hostility. What he initially framed as "tension" in the environment and then as "abuse" emanating from Sarah now becomes "hostility that registers in me." Moreover, he takes a giant first step in separating his projection of the sadistic foster mother of childhood from his current experience of the angry Sarah when he elects to clarify the therapist's phrase "So she *really* wanted to hurt you" by specifying "*This* woman [the foster mother], yes."

Kent: Wrestling with Moral Dilemmas

In this approach, clients are asked to struggle with moral quandaries rather than submit to moral ideologies. As a result, they come to see the work of nonviolence as not about "doing" or even "feeling" better but about feeling inspired to "be" better. Remember, these men have lived with a lot of shame about not being good enough, which is now further compounded by the double shame of knowing that they get "out of control" and are harming a loved one. By approaching these issues not

as shameful failings but as moral ideals, the therapist offers these men a chance at moral redemption and the self-esteem that character change brings.

Here is Kent, speaking at the first session of a couple group of men and women struggling with violence. Kent had maintained his nonviolence for three years.

> Being three years away from having hit Adrienne, I never forget why I'm in this group. [Turning to a new male group member]

> Somewhere down the line, you'll be able to deal with the fact that you were a violent person, but you weren't a horrible person. I'm okay about it now. I've told people about it. I'm all right about it, as long as I control it for the rest of my life. And I'm very proud of that. It's a powerful feeling to know that I was someone who was abusive in more than one relationship—and I'm so much better off having lived up to the challenge of taking responsibility. No matter what somebody else does to me, I'm in control of myself. I can't "be provoked" the way I gave myself excuses to be provoked.…This has been the biggest accomplishment of my life.

Martha and Alex: An Ethic of Care

Treating domestic abuse requires two foci—ending violence and increasing safety. Committing to nonviolence is the work of the man, but a commitment to safety is the purview of the woman, the person at risk. A focus on the issue of safety begins to move the moral center of gravity in the treatment from a male narrative of thwarted entitlements to a female narrative of terrifying victimization. By bringing forth the woman's experience, which has been eclipsed by the man's self-absorption, we create the imperative for the man to empathize with his partner's victimization instead of reactively denying his personal responsibility for it. This shift is not only away from defensiveness toward care but from a one-person system of relating to a two-person system.

Moreover, by asking women to think about fear and safety, we open space for very powerful testimony. Often, it takes no more than saying the word *fear* for a woman to begin to sob and shake. This is profound material that the therapist must bring forward and privilege by helping the man listen without interrupting or resorting to nonverbal threats or disqualifications.

During an initial interview with a couple who were not living together because of the man's violence, the therapist (Thomas Moore, a student I was supervising from behind a one-way mirror) asked the woman, Martha, to describe the violent episode that resulted in her moving out. Martha tearfully reported there was a "moment of violence" when Alex, her husband, pushed her off the couch during an

argument, grabbed her around the neck, and hit her in the face. Alex (A) responded (T = therapist, M = Martha):

> A: The word violence really bothers me, because I don't feel what I exhibited was violence. I was preventing what I feel was hysteria.…I didn't push her down—I put her down because she was totally losing it. I remember keeping my hand open and my fingers apart like this [demonstrates], and I distinctly remember just my fingers hitting this part of her [demonstrates glancing her left cheek].…Jesus, it's very difficult being told you're a violent person when you're not!
>
> T: [To Martha] You are describing your experience of his violence. You were really hurt by it—frightened at the moment and frightened now. You carry that around with you.
>
> M: [Crying] I just can't believe that you don't think—that you don't believe that's frightening to me—no matter what you call it—that it's something that scared me. It really scared me.
>
> T: This is an important point [turning to Alex]. When she describes her experience in words that convey what was a true and deeply terrifying experience, it triggers powerful feelings in you, so you want to debate what she says. You want to say, "No, but …" to put it the way you experienced it. [Alex nods] But the crucial point is that in order for the relationship to go forward, in order for healing to be done, you need to accept her description of her hurt and terror, even though it's very difficult for you, because it doesn't fit your picture of yourself.
>
> A: [Long silence … starting to cry] I can accept it, I can accept it … having known violence myself … I can accept what she's saying … I was treated violently for along time in my life—
>
> T: So knowing your experience of violence, what can you understand about hers?

A: I didn't ever want to be that way with anyone, especially someone I love so desperately. I've been beaten, locked in a wine cellar. Many times I've been beaten … I just didn't want to be beaten any more.… This has all come to light recently.

Notice how the therapist ignores Alex's self-serving distinctions between *pushing* and *putting*, his careful rendering of how many fingers glanced across Martha's cheek, his reframing the meaning of the

incident from a violent attack to a rational attempt to restore a hysterical woman to sanity, and so on. Although each of these rhetorical devices can be deconstructed and challenged, the therapist chooses a different, equally powerful approach. He sidesteps the ideological debate about what constitutes violence by privileging Martha's *experience* of fear and terror. And he underlines the importance of that shift by asserting that the relationship will have no future if Martha is further traumatized by Alex's minimization and rationalization. With this move, the therapist gets Alex to shift from disqualifying Martha's reality to identifying with it.

Men like Alex are often living in a desperate state of insecure attachment. Separation, or the threat of separation, can ignite the rage of angry protest. Under controlled therapeutic conditions, however, fear of loss can also inspire a shift from defensive negation to intersubjective recognition. In this case, the therapist's use of a moral discourse deploys C. Gilligan's **(1982)** two-person ethic of care to emphasize the relational importance of recognizing how another experiences us—whether or not it fits with our experience or suits our immediate self-interest. Interestingly though not surprisingly, this discursive shift immediately unhooks Alex from his strategy of self-justification but is almost as immediately replaced by his taking up the victim position himself. He not only identifies with Martha's trauma, he *over* identifies with it, ultimately substituting his trauma story for hers. The therapist continues to press him for a more genuine recognition of Martha's reality. By maintaining both a relational and an object relational focus, the therapist uses an object relations discourse to help Alex see Martha in relational terms, as a "different mind with a similar experience" **(Stern, 1985)** rather than as merely a pale imitation of himself:

T: Given the way you grew up, you know what a climate of intimidation is all about. In fact, you've recreated it in your behavior toward her. Can you say something about what you imagine it's been like for her?

A: I can—maybe for the first time in my life, knowing what happened to me, knowing what a belt buckle felt like, and feeling a broom on my back, knowing that my hands were … on your face—it's very hard for me to realize [turns to her sobbing] that I hurt you, and I'm sorry—I don't want you to be afraid like I was afraid.

Although Alex is still caught between a one-person experience of empathy ("I felt what she feels") and the two-person experience of inter subjective recognition ("I see what I have been doing to you"), he has moved well beyond the self-serving, self-absorbed defensiveness with which the interview began.

Richie and Sarah Redux: Justice and Care

Couple therapy, no matter what the presenting problem, places a high premium on empathy. Theoretical orientation not with standing, all couple therapists operate with some version of the assumption that healing, even if it leads to separation, is advanced when each partner gains a sympathetic understanding of the other's experience and dilemmas. But in cases of violence, or under other conditions of inequality, the therapist's emphasis on understanding (part of the ethic of care) can undermine the position and selfhood of the weaker partner. In this additional segment from the initial interview with Richie (R) and Sarah (S), the therapist (T) and the consultant (C) discuss the risks of empathy with Sarah:

T: [To Richie] What stops you from stopping yourself before you hurt her?

R: It's just too much [gets choked up]. I can't even talk about it now …

T: [To Sarah] Does this happen when the two of you are talking? Do you know what's going on for him?

S: [Mechanically] I don't know. I don't know.

T: Are you curious about why he started to tear up?

S: [With exasperation] It's a sad situation, that's all.… Look, I hate to admit this, but I'm not even moved by it anymore. I know that sounds terrible to say, but [bitterly] so he's sad, so he'll do it again and be sad after! [Very angrily] I'm not going to have my eardrum broken again! I'm not going to have my jewelry stolen! I'm not

going to have garbage dumped in my hallway! I'm not going to go through all this again, no matter how many times he cries! It sounds cold and hurtful, doesn't it? [Bitterly] Because I've cried too, and it didn't make a shit-load of difference!

In this moment, we can see the clash of discourses—as Sarah asserts an ethic of justice in counterpoint to the therapist's ethic of care. The impasse is broken by the consultant behind the mirror (Gillian Walker, my cotherapist and coinvestigator):

C: Sounds like you feel you have to be vigilant against letting yourself care about or be interested in Richie's experience, because of the fear that if you let those loving feelings out, you'll only be hurt again.

S: Absolutely—that's it! [In a rush] In the beginning, the first time it happened, I thought, but he loves me—it won't happen again. But it did happen again, so we broke up like sane people would—but we got back together, because I was so sure I could help this man. I thought, he loves me—he didn't mean it.…Yes,I haven't always felt this way.[In a rush]I used to get over things so much more quickly and get back to the part where I loved him and adored him and couldn't wait to see him— and I still love him and adore him and can't wait to see him, but I'm afraid to see him [laughs].… But yes, that's exactly right! I'm afraid to open up again, I'm afraid to trust again. Feeling this way rubs against my grain.

T: I bet it does. So your grain would be—

S: [Crying]A partnership, one for all, all for one … I want all that! I want to trust him. I'm not comfortable feeling this way, I really am not. I'm not trying to feel this way, I'm not trying to punish him, but this is just how I feel.

At the end of the interview, the therapist and the consultant leave the couple with some thoughts:

T: [To Sarah] The thing that's tricky about coming to therapy is that we look for positives and for signs of hope. But the risk for you is that you worked very hard to be vigilant and to steel yourself against hope and trust—

S: I want to trust. [Crying] If there were shreds of signs that it were safe, I would—

Now the therapist provides a both-and frame work to house both the justice and care perspectives:

T: But we think your vigilance is important. In your vigilance, you are reminding both of you of the danger in the relationship. The risk is you'll forget that for a moment, and something will get out of hand. That's why we feel that your vigilance is important for you to keep.

S: Thank goodness! That relieves me of the guilt—

T: And we feel it's also very important for hope to be kept alive, and maybe that's what you, Richie, can represent. Every time you think about what she's been through, and then honor your promise of nonviolence to her, you are representing hope, hope for a future without violence, even in the face of difference.… So maybe for now, as you work to keep your promise, you can keep hope alive for both of you, and you, Sarah, need to keep your vigilance alive because some terrible things have happened in the past, and you have reason for concern.

This statement contains both the couple's and the culture's polarities by constructing a both-and frame within which both justice and care are necessary for healing. In many of these cases, the man is coming to the session frightened that the woman may leave him. As a result, he is likely to be the one emphasizing the positives and minimizing the past, while the woman is much closer to memories of the abuse and to her fear of being hurt again. This would typically become a power struggle of perspectives, and, given the man's power over the woman, it is her fear and pain that would be driven back underground. Instead, we frame both stances as positive and necessary for the relationship, and, in a therapeutic paradox, we do not talk about how this needs to change, but instead we emphasize that both perspectives should be kept as part of the holding environment of the treatment.

Conclusion

The mutative factor in any therapy includes bearing witness to injustices large and small so as to name and dignify the suffering that had to be endured alone—in silence and without social recognition. I think of conjoint abuse work as providing

a venue for giving testimony and bearing witness—a context in which the victim can speak

her truth about her life under siege and her partner and the therapist can suffer that truth in the act of listening.

Many authors in the abuse field have pointed out that a victim's healing requires holding the perpetrator accountable if the victim is to be freed from her confusion about her culpability. If she enjoyed any aspect of the sexual act, must she share the blame for the sexual abuse? If she was angry or provocative, must she share responsibility for being battered? At the same time, spiritual traditions have long anticipated psychoanalytic theory in recognizing the healing power of making reparations to those one has harmed. Thus, helping the man transcend his excuses and externalizations in order to acknowledge responsibility for violating and traumatizing the victim is an expression of our therapeutic commitment to him, not only to her.

In providing a setting for these ancient rituals, conjoint abuse work can create a transitional space between public and private—a space in which people can tell these terrible stories, and retell and rework them from multiple perspectives. Through the ordeal of this work, which insists on multiple sites of empathy and versions of truth, we amass a collective social narrative—a documentary oral history of the relational politics and human cost of abuse and victimization.

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