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Beyond Power and Control: Clinical Interventions with Men Engaged in Partner Abuse

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Abstract Within the context of agency practice, most programs for abusive men are informed by the *Duluth Model*, suggesting that male violence against women is influenced by the dictates of patriarchy and sexism. Accordingly, this model promotes the importance of educational groups, which aim to debunk men's stereotypical beliefs about women. Thus, men's early abuse history, which also contributes to the use of violence, is omitted from service delivery. In contrast, this article explores the use of clinical interventions with men engaged in partner abuse with particular emphasis on a psychodynamic approach. The premise is that exposure to partner abuse during childhood as well as being the target of child abuse both shape the histories of these men in varying degrees, often manifesting in shame, depression, anxiety, and fear of abandonment, resulting in a poor self-image. Since environmental and socio-cultural influences inhibit them from expressing feelings associated with their experiences, clinical work, in contrast, encourages the development of insight and helps build skills that facilitate adaptive psychosocial functioning. This process unlocks suppression of affect by giving them ways to examine how certain events that occurred earlier in their lives contribute to the ways in which they treat their partners. Attachment, social learning and object relations theories all provide the theoretical frameworks. The case of Tom addresses partner abuse in the context of heterosexual relationships, demonstrating how psychodynamically informed psychotherapy can benefit abusive men.

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Current Treatment Paradigms

The genesis of men's violence in intimate relationships is predicated on a power and control paradigm (Adams 1989; Celani 1994; Garfield 2005; Pence and Paymar 1993), a prevailing ideology under girding interventions for abusive men. Rooted in feminist ideas and socio-political rhetoric, this analysis denotes that men's violence against their partners is driven by societal messages and patriarchal norms: "[M]en are culturally prepared for their role of master of the home even though they must often physically enforce the 'right' to exercise this role" (Pence and Paymar 1993, p. 5). Consequently, cognitive behavioral programs have been widely used to treat them. Their ethos is that abusive men exert control over their female partners, a process that ultimately results in aggression and violence. Carney and Buttell (2006) argue that these programs "incorporate a patriarchal analysis of male–female intimate relationships and attempt to modify the thinking of participants in regard to their use of anger and their conceptualization of intimate relationships" (p. 277). Cognitive behavioral treatment is concerned with "viewing mental health problems as a consequence of maladaptive or dysfunctional thought processes, including cognitive distortions, misperceptions of social settings and faulty logic" (Wilson et al. 2005, p. 174).

Anger management groups, although somewhat controversial, are embraced by some practitioners because of their educative focus, but seem to give men a false sense of hope about resolving their abusive behaviors (Gondolf and Russell 1986). Whatule's (2000) examination of an anger

management group incorporates the following themes: "abusive behavior as learned, abusive behavior as power and control, negative effects of abusive behavior, and the role of socialization" (p. 428). To combat men's anger, assessed as a precursor to battering, anger management groups incorporate stress, relaxation, and writing activities, all methods designed to ameliorate violent outbursts (Ganley 1981; Tutty et al. 2001). These investigators also note that confrontation is used to address minimization and denial, defensive reactions preventing men from taking responsibilities for their behaviors.

Ronel and Tim (2003) advocate Grace Therapy, its basic tenets similar to cognitive behavioral treatment. It embraces a 12-step model, following the principles of AA, and has a strong spiritual component, which centers on powerlessness, selfishness, and spiritual imbalance as primary factors in the use of violence. God is a focal point of the process.

In my own clinical work, I employ a psycho-educational framework during engagement to address issues of denial and minimization, a strategy aimed at helping men to take ownership for their abuse and to increase understanding of their behaviors. However, the philosophy underlying the groups that I've run in the past in the context of agency work prevented me from exploring in depth any childhood abuse histories. Although Pence and Paymar (1993) acknowledge that abusive men have complicated backgrounds contaminated by abuse and other traumatic experiences, they argue that "individual experiences can easily become both an explanation of why a man batters and an excuse to continue his violence" (p. 4). While this point has merit, it is important to be mindful of the significance of those histories and the role they played and continue to play in fostering and maintaining abusive behaviors. Certainly, all of these models have relevance. They can modify thoughts and behaviors that enable some men to stop using aggression (Wilson et al. 2005).

Group work is considered *the* modality for addressing the needs of batterers. This presumption suggests abusive men are monolithic. But, as Dutton and Golant (1995) note, batterers present different behavioral and psychological dynamics. His research reveals an array of personality profiles—the psychopath, the over-controlling one, the cyclically emotional one, and the highly volatile one—emphasizing degree, gradation, severity, and types of abuse associated with each. The commonality is that they all have extreme difficulties with intimacy, and abuse has become the norm. This typology more fully illustrates that these men present a multiplicity of problems and complex dynamics that warrant multidimensional treatment approaches. Others have asserted that "one-size-fits-all" is problematic, and instead emphasize the importance of assessing individual need in order to understand their history, their potential for violence, as well as their treatment readiness (Carden 1994; Carney and Buttell 2006).

The use of individual, insight-oriented, psychodynamic intervention with abusive men who have been exposed to domestic violence as children is yet another modality that can be a viable treatment option for some men who choose not to avail themselves of group work but who are still interested in abstaining from violence and improving themselves. Obviously, it is an approach that can address longstanding emotional issues in more depth. While facilitating cognitive behavioral groups for these men in the past, it became evident that many of them had histories of exposure to domestic violence. Not being able to fully respond to this left me with a sense of frustration and a sense of incompleteness. Perhaps addressing parental abuse along with cognitive behavioral techniques can lead to more effective results.

The Emotional Scars of Childhood

Men's abusive behaviors are rarely placed in the context of their early lives. "Trauma events have primary effects not only on the psychological structures of the self but also on the systems of attachment and meaning that link individual and community" (Herman 1992, p. 51). For boys exposed to partner abuse, inconsistent attachment can cause them to maintain psychological distance from others, and can elicit confusion, anxiety, and ambivalence (Aymer 2005). These feelings can then become internalized, causing them to feel ashamed, even responsible, for their parents' behaviors. As tension and conflict escalate, they develop a desire to intervene in order to protect one parent from the other. Having to make a choice splits their loyalty, making their connections to both that much more tenuous (Holmes 2001). Attachment then becomes tied with the need to ensure that neither mother nor father leaves and that they themselves are not abandoned.

Exposure to domestic violence occurs in a variety of ways: children may observe parental fights directly or indirectly, and they may attempt to intercede by calling the police. Fantuzzo and Mohr (1999) report that 10% of those calls involving domestic violence are made by children, raising questions about how children perceive and make sense of the abuse. Fosco et al. (2007) found that children's exposure to their parent's conflicts in whatever form influences their development. For example, adolescent boys who blame their fathers for the tensions that exist with their mothers may struggle with ambivalent feelings. Identification with their fathers is complicated by the guilt they feel for not protecting their mothers, from whom they are separating in order to develop their sense of maleness (Blos 1962), suggesting that children in general tend to

evidence difficulty being objective about partner abuse if the abuser is their father (Fosco et al. 2007). This lack of neutrality can lead to psychological dissonance, reflecting faulty beliefs in and attitudes toward intimate relationships (Aymer 2005).

Early studies (Davies and Cummings 1994; Davis 1991; Rosenbaum and O'Leary 1981) all illuminate that children exposed to familial violence evidence a wide range of behavioral and emotional problems—anxiety and depression, conduct disorder and aggression. Jaffe et al. (1990) also find that boys exposed to partner abuse frequently use aggression against others. It can also induce trauma, helplessness, and, most importantly, the notion that violence is acceptable. Ehrensaft et al. (2003) observe that there is a strong link between witnessing violence at home as a child, then replicating it in adulthood. Early exposure to partner abuse negatively impacts maturation and fosters a history laced with neglect and maladaptive notions of family life. The overall result is a truncating of development and a predisposition to relational problems in adulthood. Thus, the use of violence and/or aggression to solve conflicts is viewed as normative for some men (Von Steen 1997).

Parental Issues

For many mothers, children become a primary motivation to leave violent relationships (Dobash and Dobash 1979; Henderson 1990; Kurz 1996), signifying genuine concern about their welfare. However, there are some who are unable to leave because they are paralyzed with fear. Developmental theories (Balint 1979; Bowlby 1983; Sutherland 1994; Winnicott 1965) all highlight that early parental influences reinforce the psychological infrastructure that contributes to children's future development. In the context of partner abuse, the emotional "imperatives" needed from parents to facilitate their sons' psychosocial maturation may be neglected due to the presence of aggression, arguments, physical abuse, and splintered attachments that engender emotional vulnerability, resulting in inconsistent caretaking. Parents engaged in partner abuse are subjected to considerable stress and may not be attentive to the needs of their children (Dutton and Golant 1995; Holden and Ritchie 1991; Levendosky and Graham-Bermann 2000). This is validated by Krane and Davis (2007), who argue that partner abuse interferes with the mother's relationship with her offspring. Once liberated from their abusers, they must then adapt to new roles, challenges, and expectations that threaten to overwhelm their sense of "maternal competence" (p. 36). Given the fact that children tend to reside with their mothers and that they play a pivotal role in their development, the effects of violence on parenting is central to this discourse.

Levendosky and Graham-Bermann (2000) assert that "battering has a direct negative impact on women's parenting" (p. 91). They found that psychologically abused mothers had difficulty relating to their children because these children emulated behaviors akin to the batterers, causing a great deal of frustration. The data also reveal that less maternal warmth was evident in those who were psychologically and physically abused. These researchers conclude that "perhaps the experience of chronic abuse depletes one of the ability to give emotional support to one's children" (p. 91). The mothers in their study had to contend with an array of stressors similar to non-abused women; however, the presence of battering was an added dimension that affected their parenting skills. Abused mothers are clearly under a great deal of stress; therefore, providing the necessary psychological stability and the *good enough maternal care* so central in concretizing the foundation needed to facilitate the *emerging self* can be a formidable task (Holden and Ritchie 1991; Winnicott 1965).

Similarly, fathers who are abusive lack the understanding and insight into their own childhood experiences, causing them to repeat similar dynamics later in life, adversely impacting their sons' emotional development. Exercising dominance and coercion, according to Celani (1994), are characteristics, potentially inducing fear, alienation, and confusion in their boys, who fear that they will become the target of their fathers' rage. Holden and Ritchie (1991) suggest that these fathers are more apt to use corporal punishment, and so their connections with their sons become limited, reinforcing the notion that violence is a legitimate method of ameliorating interpersonal problems.

Ruptured Attachment and Object Relations Processes

Children need to feel secure and attached to their parents. Holmes (2001) affirms the notion that attachment is germane to the "power of adults to provide security for their children" (p. 95). Celani (1994) contends that parents' attachment to their children evolves from having a strong emotional investment in their well-being. Herman (1992) concurs, arguing "a secure sense of connection with caring people is the foundation of personality development" (p. 52). This leads to stability, and charts the course for how children will manage interpersonal relationships in adulthood (Bowlby 1983).

According to Bowlby, attachment is related to human motivation; thus, it is critically important for children to feel profoundly connected to their parents. The attachment behavioral system in Bowlby's (1988) theory shapes the "internal world of the child," producing what he refers to

as *internal working models.* Originating out of the child's internal image of self and the attachment system, these models enable the child to anticipate the responses of their caregivers, enhancing the course of attachment between them, a primary bond that affects all future interactions.

Collins et al. (2006) amplify this: "adult attachment theory begins with the assumption that adults enter relationships with a history of interpersonal experiences and a unique set of memories, beliefs, and expectations that shape how they think and feel about their relationships and how they behave in those relationships" (p. 202). Take, for instance, the ambivalence and insecurity associated with a boy's early attachment with a mother and father who engage in longstanding discord and violence. In this context, the formation of working models is linked to the internalization of his father's abuse as well as his mother's victimization. Witnessing conflict usually elicits empathy for his mother but can also place a strain on his accessibility to her. Simultaneously, the need to identify with a father to bolster his sense of masculinity could represent a psychological dilemma because of having to connect with a man who promulgates pathogenic relational behaviors (Aymer 2005). All this suggests that early introjections of familial relationships, interactions, and circumstances facilitate the formation of personality. These ideas are consistent with Winnicott's (1965): children are fortified by parental responsiveness and attention, which ultimately fosters emotional stability. Clearly, trauma and/or violence in families compromise the attachment process between parent and child. Although some parents may feel close to their sons, the pernicious consequences of partner abuse make it difficult for them to exercise "consistent, reliable, and empathic parental care" (Marrone 1998, p. 23), all facets associated with secure attachment.

Similar to attachment theory, object relations emphasize the centrality of the early parent-child matrix. Winnicott (1965) writes about the critical importance of the *facilitating environment* as a place that must accommodate the needs of the child. Key to this is that parents provide a stable base for their children or *good enough care.* Similarly, Fairbairn (1983) explains that infant and mother are fused, an experience of primary narcissism in which the mother attends to its biopsychosocial needs. Zosky (1999) states that "the earliest significant relationships form enduring psychological 'templates' for all future relationships, as well as being instrumental in the psychic development and structuralization" (p. 57). A total reliance on the object for survival forms the foundation specific to how the child will relate to the object world. The existence of parental violence and aggression complicate the degree of parental investment (Dutton and Golant 1995). As such, those conditions necessary to promote *primary identification* during infancy, according to Fairbairn, may be

inhibited. Boys growing up in this context often feel fear and anxiety, resulting in ambivalent reactions toward caretakers (Aymer 2005).

Fairbairn (1983) contends that

> to achieve maturity, the child must renounce his dependent relations with his actual, external parents and experience himself as fully differentiated and separate from them, and he must renounce as well his intense attachments to his compensatory internal objects, which have provided him with whatever sense of security and continuity missing in his relationships with parents. (p. 161)

Not only does this require the child to feel love, but it also requires the parents to affirm the child's "grandiosity as a container for their aggression, and allow optimal frustration to foster a sense of growth" (Zosky 1999, p. 57). A family devoid of this predisposes children to personality deficits, which ultimately impinge upon future interpersonal relatedness. The inability to cultivate empathy, to self-soothe, to trust, and to have a differentiated sense of self all, at least partially, derive from early negative introjects, setting the stage for the use of aggression as a way of relating to others.

Research on *mentalization*, defined as "the capacity of individuals to accurately perceive, anticipate and act on both their own mental states and the mental states of other people" (Twemlow et al. 2005, p. 266), is applicable as well. According to the construct, we possess acute awareness that others have a mind that is distinct from ours. Consequently, we have the capacity to know when we are affecting others by using *our* own emotions to access *their* emotions. Twemlow and his colleagues link this process to cognitive functioning.

Pertinent to the idea of mentalization is the quality of attachment and interpersonal relatedness. Winnicott's (1965) idea that *good enough mothering* affirms the child's omnipotence, shaping a weak ego into one capable of healthy connection, lines up nicely with this theory. The saliency of this is argued by Bateman and Fonagy (2004): "The child's emerging self-representation will only map fully to what could be called a primary or 'constitutional self' (the child's experience of an actual state of being, the self as it is) if the caregiver is attentive, sensitive and accessible to him or her in this way" (p. 39). This complements Bowlby's (1973) view concerning attributes needed to promote secure attachment. Bateman and Fonagy also stress that the development of healthy attachment is tied to the child's autonomous interactional responses. Children who are secure may have more facility with mentalizing because they feel valued and safe. For some who have been raised in families plagued by domestic violence, the problems are evident, particularly their

impulsivity and their inability to "sit with" and "own" their feelings. Mentalization links cognitive with affective processes, and the essential nurturing qualities associated with healthy family functioning forms mental models which protects individuals when confronted with adversity (Bateman and Fonagy 2004).

Emerging research on neurobiology offers promising insight into brain functioning and psychosocial development. The prefrontal cortex, one of its major sections, is divided into right and left hemispheres. The control of affect is governed by the right side; logic and verbal abilities are governed by the left (Montgomery 2002). The infant's brain matures due to "an adult brain that interacts with the mental states of awareness, emotion and interest" (p. 180). The presence of parental violence during childhood can undermine brain processes, causing potential problems in object relations development.

Tom

Tom is a 37-year-old, Irish Catholic man with two children, ages five and eight. He was married to Kathleen, the mother of his children. This union ended because of Tom's abusive behavior. Kathleen convinced the court that the children were afraid of him. Shortly after their divorce, Tom developed a relationship with Rita, age 32. They fell in love and lived together for 2 years until he abused her. Rita obtained an Order of Protection, then promptly terminated their relationship.

An employee assistance counselor referred Tom to me because he was frequently absent from work, did not follow supervisory directives, and exhibited outbursts mostly aimed at his co-workers. During intake, Tom reported that his girlfriend Rita dissolved their relationship after he slapped her. He then became depressed and was unable to function on the job. Although he acknowledged hitting Rita, he did not see his actions as abusive. Rather, he felt she "deserved it" because he could no longer "get through to her" whenever they had arguments. Rita would routinely yell at him, then walk away, leaving him feeling disrespected and dismissed.

Tom's relationship with his children is fairly good. He has supervised visitation in the presence of a caseworker after his ex-wife Kathleen persuaded the judge that the children were afraid of him, an allegation that Tom flatly denies. Tom reported that although the children had been exposed to conflicts between their parents, this did not make them fearful of him, but acknowledges that those experiences could have hurt them psychologically. The fact that he can only see them in so limited a way makes it difficult to create a sense of intimacy and further compounds his own anxiety and depression. He does *not*

consider himself a "good parent" in view of the conflicts he has had with their mother and with his own parents.

As a child, Tom's mother abused him. Although he could not recall exactly when the abuse started, he did remember that it stopped when he was around 16. She berated and hit him periodically when he was "bad," referred to him as "a failure," and routinely reminded him: "You're just like your father." Tom longed to feel close to his mother, but her coldness and aloofness only created distance between them. So he mostly avoided her, making sure he "got out of her space." As an only child, Tom was close to his friends, whom he relied on for a sense of belonging.

Tom did not have any memory of his father abusing him, but between the ages of five and 17, he witnessed his father abusing his mother, yelling and cursing at her constantly, creating an environment laced with fear and hostility. According to Tom, his father always appeared angry and unapproachable. On several occasions, his father hit his mother with objects—furniture, broomsticks—as well as with his fists. At first, Tom spoke of his exposure to his father's violence and his own abuse history in a detached way. In spite of their turbulent relationship, Tom described his parents as "happy" and "set in their ways" as well as "role models" because they remained together after so many years.

His dating experiences started during sophomore year in high school. He recalled yelling at his first girlfriend because she arrived late for a date. Although he apologized, he felt she "deserved it." Throughout adolescence and adulthood, intimate relationships usually ended abruptly because of his aggression, inevitably resulting in his feeling rejected and abandoned.

Growing up in a high stress, urban environment, plagued with violence, where he always had to "watch his back" resulted in many of Tom's friends being murdered during their adolescence. Tom became worried for his own safety since he didn't want to end up like them. He only had one real friend, Kelvin, whom he felt he could trust. They met in high school and their mutual interest in sports sparked and sustained their friendship. Although Kelvin shared stories about his parent's problems, Tom did not open up about his own family. Instead, he just listened and offered advice, but felt "phony" because he didn't share this with Kelvin, then ashamed about the environment he had been exposed to.

Despite the imbalance in the relationship, Tom got a great deal of support and validation from the friendship. Then Kelvin went off to college, and the distance created a barrier to maintaining their relationship. Tom acknowledged he had a hard time remaining "in touch" since Kelvin was no longer around. Although he was able to connect with other men after that, those "associations"

were more superficial and shorter-lived. Drugs and alcohol consumption were prevalent among his peers. He "used" too as a way to fit in and to deal with feelings of sadness, anxiety, and confusion. Tom didn't really feel safe anywhere, although his involvement in a community center gave him a sense of security. There he enjoyed martial arts, played a range of sports, and befriended several other young people.

Clinical Work

Our work together helped him to link his early history with his behavior. In exploring his feelings and reactions about abusing his girlfriend, Tom insisted he was justified since he "could not get through to her any other way." In more traditional work, the tendency is to view this response as stemming from issues of power and control, which correlates with irresponsibility and manipulation. Though this perspective has value, it does not take into consideration the other aspects of Tom's emotional life.

Looking at it more dynamically, Tom's justification for his actions should be seen as a defense. His inability to feel close to his girlfriend induced a sense of powerlessness. Exposure to his parent's marital conflicts and the abuse his mother directed at him as a child (over) determined how he experienced intimate relationships. Goldstein (1995) maintains that defense mechanisms, such as denial or rationalization, inhibit "optimal functioning" (p. 65). Practitioners must challenge those defenses without employing shame, which, according to Goldberg (1991), "is one of the most devastating interpersonal weapons a person can use to influence or punish someone else" (p. 20). Clinicians intolerant of those defenses and who consider them as having little or no relevance may unconsciously use a more shame-based approach (Good et al. 2005). Some defenses are maladaptive coping reactions evolving out of how these men have attempted to manage their exposure as children both to the abuse they witnessed and the abuse they were subjected to (Corvo 2006; Goldstein 1995).

Psychodynamic work encourages men to identify their defenses, to be mindful about how those served them in the past, but which are impediments to their growth in the present. I did not attack Tom or attempt to silence him. His inability to respond to his girlfriend non-defensively is an illustration of what Pine (1990) refers to as "object relations pathology," or the tendency for people to repeat antiquated family patterns. Without assigning blame to his girlfriend or condoning his actions, my aim was to help him link the conflict evident in his relationship with the conflicts in his parent's relationship. Tom's rationale for his behavior is a good example of pervasive distortions in the construction of the self, emanating from negative internalizations of early pathological relationships with significant others (Fairbairn 1983; Pine 1990). Tom internalized his parent's aggression, and then unleashed it on his girlfriends. Zosky (2003) points out that "as abusive men experience inner conflict from negative introjects, they attempt to relieve this by projecting the representations onto their partners" (p. 426). This supports Tom's justification for abusing her since she failed to satisfy his dependency needs. Since Tom's history is fraught with emotional deprivation, his reliance on his girlfriend may have allowed him to self-sooth. Losing her posed a threat to him, further undermining an already fragile sense of self. He had not acquired the emotional infrastructure required to manage stress.

The early dysfunctional interactions between Tom and his parents created dissonance that thwarted his capacity to acquire healthier, more functional ways to resolve relational conflicts. Psychodynamic work enabled him to understand that these behaviors were injurious, marring his concept of relationships with women, and creating (and reinforcing) longstanding feelings of anxiety and depression (Addis and Cohane 2005; Zosky 2003). Over time, Tom developed insights into how aspects of his maladjustment were predicated on the tenets of patriarchy, sexism, as well as his own narrative (Good et al. 2005). More adaptive functioning was attained as he learned how to identify and talk about his insecurities, his poor self-esteem, and his fear of intimacy and abandonment. The suppression of these emotions blocked him from knowing his *true self* (Winnicott 1965), that tender, vulnerable man starved for affection. As his understanding grew, Tom realized that no one could be responsible for attending to his needs—completely or unconditionally.

Traditional ideas of masculinity foster self-control and stoicism, which hinder some men from being fully in touch with the range of their emotional lives (Gartner 1999; Good et al. 2005). For this reason, I facilitated expression of feelings by exploring Tom's abuse history (Kernsmith 2006). This was designed to reduce emotional guardedness, common among this population. Dutton and Golant (1995) remind us that "most men don't know how to even describe a feeling themselves, let alone assert it to an intimate other" (p. 20). Therefore, Tom was encouraged to speak about and reflect upon the abuse and neglect his parents subjected him to.

To promote introspection and mindfulness about himself and others, I encouraged Tom to keep a journal. A more in-depth examination of how his father's abusiveness impacted his development emerged. He finally discerned that he was not responsible for his mother's anger toward him. Clearly her own abusive childhood must have unknowingly shaped the dynamics of their relationship. Deconstructing these events left Tom vulnerable. Instead of

discounting Tom's history, I listened, remained supportive, offered empathy, and affirmed that those early experiences were still affecting him. These interventions allowed him to mourn the pain associated with his own victimization, reinforcing Dutton and Golant's (1995) view that the line between abuser and abused is murky, given the prevalence of childhood abuse among batterers.

To reinforce his coping skills, Tom and I discussed the importance of speaking out against the problem of partner abuse, an issue he brought to his church, and one he was encouraged to pursue by his pastor. We both felt that this would enhance empathy for victims as well as strengthen him as a person. These suggestions enabled Tom to consider alternatives to his abusive behaviors and facilitated insights into his own relational dynamics. Tom's therapy lasted 2 years with monthly follow-up sessions after our formal termination.

Counter-Transference

In general, abusive men are not "popular" clients due to the perception that they are "bad people." Indeed, these men have engaged in behaviors that are injurious to their partners and children, which can overshadow other facets of their lives, including the existence of childhood abuse history, and may arouse fear, discomfort, anxiety, even terror, in some clinicians. Mills (2003) argues that in the context of partner abuse, countertransference is an essential part of the client–therapist relationship. Since counter-transferential feelings abound, practitioners must examine if they are equipped to assist these men. Rosenberger and Hayes (2002) state that "one of the ways in which client and therapist factors plausibly interact to evoke counter-transference reactions is when the client discusses material related to the therapist's unresolved issues" (p. 221). During the course of working with batterers, the practitioner's own problems with aggression, violence, and power and control may surface. While most clinicians are trained, listening to acts of emotional and physical violence coupled with their own history of abuse can induce strong reactions in most therapists (Tyagi 2006). Hearing these stories in my practice necessitates supervision and peer debriefings and facilitates self-reflection, enabling me to: (1) remain objective, engaged, and present, (2) keep the victim's safety in mind, (3) unpack frustrations, and (4) facilitate growth and change.

Challenging Tom's abusive behaviors directly was another major component of our work. Since a pattern of aggression was evident, we explored his thoughts and feelings about this. He seemed unable to resort to anything *except* aggression in order to manage discord, and felt his partners were more responsive to him *after* he was abusive toward them. The inappropriate ways he used to resolve problems was vigorously challenged. My own anger and frustration were obvious, at least to me. I wanted Tom to feel comfortable enough to express himself and "own" his aggression within an atmosphere of safety, without alienating him. I assessed his inability to do this as "resistance," and, along with his abusive behaviors, complicated how I responded. Assigning blame to his girlfriend and the criminal justice system rather than taking any real ownership annoyed me, making it difficult to stay present and remain empathic. Good and his colleagues (2005) remind us that "to the extent that therapists hold biased views of clients that label them 'perpetrator,' 'resistant' or 'difficult,' the process of developing empathy for men's struggles will be inhibited and the likelihood of forming effective therapeutic alliances will be diminished" (p. 702).

Though I genuinely liked Tom and admired his commitment to our work (he attended every session and was quite emotional about losing his girlfriend and the problems of his early childhood), I did not want him to sense my ambivalence and my frustration since I thought this would disrupt the alliance. Gartner (1999) notes: "It is critical that a therapist carefully reflect on his unusual relation patterns and how they may be affecting the relationship being co-structured with a patient" (p. 234).

Over the course of the work, I was able to help Tom at least understand cognitively (Corcoran 2006) if not emotionally, that no one deserves to be abused. I suggested that learning other, non-abusive behaviors was central to his self-growth and that his partners were not responsible for meeting all of his needs. I also helped him to understand that he alone is responsible for taking care of himself, and that the so-called "responsiveness" he observed from his partners after he was abusive toward them was probably more connected to their *fear* of him rather than their *love* for him.

Henning and Holdford (2006) find the use of minimization, denial, and externalization of blame to be major predictors of recidivism. Therefore, breaking down distortions can be extremely helpful. The practitioner becomes an *observing ego*, one who provides another reality, counteracting irrational thinking, thus facilitating healthier, more adaptive responses. In that spirit, I encouraged Tom to refrain from arguments that had the potential to escalate, engage in self-reflection when feelings of self-doubt and insecurity emerge, consider the feelings of others, and take ownership of his needs. Pine (1990) states that offering suggestions can sometimes be useful because clients believe their therapists have special knowledge that might help them solve their problems.

Transference

In contrast, Tom seemed to have a positive transference. He was compliant, remained expressive, and was open to

my feedback and interpretations, wanting me to see him as a "good person," as opposed to the "brute" or "tyrant" he felt himself to be. Undoubtedly, his early history shaped his self-concept. As I previously stated, Tom's father was abusive to his mother, and his mother was abusive and emotionally unavailable to him. Those early experiences helped him to construct an internal working model characterized by tenuous attachments (Bowlby 1973), inhibiting his mentalization skills (Bateman and Fonagy 2004).

Projective identification was also at work. Since Tom could not tolerate the parts of himself that were manipulative, controlling, and abusive, he portrayed himself (and those around him) in ways opposite to what he truly was. Konig (1991) writes:

> The motive for unconscious manipulation by the interactional part of projective identification may be that of obtaining the illusion of controlling unacceptable parts of self projected on to another person; obtaining the illusion of safety by projecting good parts of self or good objects or parts of them for safekeeping, or the wish for familiarity, as in the transference. (p. 324)

Early on in the treatment, I became the idealized father, the one he wished for as a child. In turn, he behaved cooperatively and responsively, like the good son, keeping his bad, i.e., aggressive, self out of view—a kind of *splitting*. Konig observes that the transferential process is interactional. My responses to Tom were based on his positive use of therapy and the relationship, which in some ways enabled me to see him as having a great deal of "goodness." An idealizing transference, as distorted as it was, sustained him in treatment, making change possible.

Implication for Clinical Practice

Abusive men can benefit from a range of interventions. As noted, cognitive behavioral and psycho-educational group methods are chief among those modalities used. Although these strategies can and do work, they don't go far enough. Based on my experience facilitating these groups and my use of an individual psychodynamic approach, I can now see how both can be valuable. A psychodynamic model can certainly incorporate aspects of cognitive therapy while allowing practitioners to assess the degree to which exposure to domestic violence during childhood may have adversely affected psychological functioning. Paying attention to men's culpability and focusing on their "lived experiences" can enhance assessment and treatment.

An evaluation of the extent of their abusive behaviors and the degree of deficit related to psychosocial functioning is indicated. This process could take a year or more.

Clinical processes should focus on: (l) the types of abuse observed between their parents; (2) their perceptions of parental fights and arguments; (3) their emotional reactions to being exposed to parental abuse and aggression; and (4) the quality of parental attachment and relatedness. The goal here is to begin to connect them to how early familial abuse informed their proclivity to engage in partner abuse. It has been my observation that men seem to have more empathy for their partners once they have more insight into themselves.

Abusive men are a challenge to treat. Tyagi (2006) observes that "some of these narratives can be particularly appalling, and shock and disgust even the most experienced therapist" (p. 10). Listening to and exploring the gory details can be jarring, compounded when men fail to take responsibility for their actions. Feelings of anger and frustration in the clinician usually surface. But maintaining a focus on evaluating the batterer's defensive system can lead to a better awareness of his dynamics. Therefore, clinicians with trauma history, unresolved intimate partner conflicts, and even aggressive tendencies may want to seek supervision and peer support to alleviate any negative therapeutic disruptions. Or they may opt not to treat these men at all. A psychodynamic approach gives clients a bird's eye view into their own history and allows them to link the past with the present. It also allows clinicians to observe victim's safety by holding men responsible for their abuse while they work on impulse control and relational skills. Combining this with psychoeducational and cognitive approaches permit men to overtly "tune into" their behaviors and attitudes, a process designed to address cognitive distortions. Finally, this approach can be beneficial for those who are motivated to examine their problems separate from their partner's expectations and/or desires to remain in the relationship.

Conclusion

Men involved in partner abuse should be engaged in therapeutic services inclusive of content and process that not only focuses on sociopolitical issues, but also on psychodynamic factors. Since treatment programs for batterers typically incorporate only the former, this article emphasizes that men's abuse histories should be integral to clinical work. Early exposure *to* and being the subject *of* familial violence and aggression thwarts men's development, leading to the construction of maladaptive functioning vis-à-vis self and others. The existence of familial, social, cultural, and environmental variables during childhood all shape these men's narratives in varying degrees, causing obvious pain and turmoil, not only for themselves but also for those who love them.

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