

CHAPTER I

Introduction

The Problem in Context

Domestic violence became a public issue in the 1960s, when feminists brought it to the attention of social scientists and lawmakers. By inviting the fresh air of inquiry into a formerly dark place, they ushered in the possibility of treatment and change. Many scientist-practitioners have contributed additional data, yet, the basis for traditional clinical interventions remains consistent with the feminist belief that a man's desire for power and control is at the heart of intimate assault. The physically stronger, dominant male partner is most often seen as the perpetrator, with the female, the victim. These original assumptions shaped the course of clinical treatment: batterer intervention groups for men and self-empowerment groups for women, are both now offered by many community health agencies, in response to domestic violence.

Family systems researchers and clinicians working with violent, heterosexual, romantic partners continue to seek a richer contextual understanding of what triggers domestic violence. Indeed, violent couples frequently continue their intimate relationship, whether or not there have been significant injuries, court orders or temporary physical separation (Lesser, 1990). Mayseless (1991) suggested that attachment theory might explain the paradoxical behavior of violent couples who reunite. Attachment theory was also applied to the study of violent couples by Roberts and Noller (1998), who identified the dysfunctional patterns of communication in volatile couples' relationships. Clinical experiences with individuals who have experienced such conflicts with their partner, and the interviews I later transcribed, aroused my own curiosity about the role of attachment dynamics in male-female aggression.

It has not been easy for researchers to move from the hard-won feminist view that identified a clear perpetrator and victim, to a broader focus that suggested that women could actually attack their partners verbally and/or physically. Such an assumption would suggest that there may be other triggers for male violence, in addition to power and control. In 1997, a small move in this new direction occurred when Ferraro adopted “survivor” as an appropriate label for women involved in intimate violence incidents. However, as recently as 1998, Sleek reported in the *APA Monitor* that the research of Irene Frieze, PhD., who asserted that females were as capable of relationship violence as males, was denounced by those social scientists who were concerned that such studies might shift public opinion against women.

Since the 1990s, researchers from a variety of disciplines have been interested in the connection between attachment theory and domestic violence. In 1996, Vazquez identified attachment theory as a meaningful framework by which to understand women who remain in violent relationships. Lyons-Ruth and Jacobvitz’s (1999) research reported that “Violence in intimate relationships can be one outcome...longing, anger and fear may be combined with a lack of felt security...and unregulated arousal” (p. 542).

Johnson and Ferraro (2000), called for more research into what it means when both partners in a relationship are violent. While scientist-practitioner Sue Johnson (2000), drew a clear connection between couple violence and attachment theory, describing the distressed partners she worked with, as couples suffering from a lack of a secure emotional bond. My research is intended to contribute additional information about the role of attachment in violent couples’ relationships.

Significance

The 1989 National Violence Surveys published statistics that revealed 116 out of 1,000 couples experienced partner violence, and suggested that among young couples the rates were even higher (Straus & Gelles, 1990). Subsequently, Vivian and Langhinrichsen-Rohling's 1994 study of dating couples found that 44% of the women and 31% of the men were assaultive toward their partner in the previous year, confirming female involvement in partner violence. Frequently, conflict between intimate partners can escalate toward pushing, shoving and verbal abuse (Straus & Gelles, 1990). Not just a family tragedy, intimate partner violence has the public's attention and is dealt with in courts of law. Current sentencing practices give offenders prison time or mandate batterer intervention programs. Clinicians endeavor to respond to this problem with the most appropriate, targeted treatments. Their goal is to prevent family homicides, hospitalizations, loss of employment, emotional distress, family disruption, and child endangerment.

The emotional consequences for individuals engaged in couple violence include depression, anxiety and low self-esteem (e.g., Scott & Cordova, 2002; Babcock, Jacobson, Gottman & Yerington, 2000). Productivity at work, relationships with others and physical health are likely to deteriorate during periods of violent conflict (Eyler & Cohen, 1999). Volatile parents may create frightening home environments, where no model for conflict resolution is taught, and little security is offered for others in the family. Researchers find that children who witness domestic violence are vulnerable to trauma, have difficulty in school, and are likely to perpetuate the cycle of violence (Dutton, 2000).

The deleterious effects of these behaviors drive scientist-practitioners' quest for a solution to intimate partner violence. Clinicians need interventions that will be effective with intimately violent couples, ending abuse and interrupting the intergenerational transmission

of violence. Recent studies of couples' attachment styles have led some researchers to believe that Bowlby's attachment theory would be an appropriate channel through which to guide our work with violent couples (Johnson & Greenberg, 1995).

Rationale

Kesner, Julian and McKenry (1998) called for attachment-focused research on intimate partner violence asserting "...future research might provide insights into the role of attachment in domestic violence" and "...help establish a linkage between attachment and violence" (p. 228). The connection between attachment theory and couple violence is yet to be a focus of much family systems research, but some published articles suggest it is natural to link them (Mayseless, 1991).

As early as 1988, Bowlby noted the connection between violence as (an example of dysfunctional attachment, activated under emotional stress) and attachment theory. Equally convinced of the link, Dutton and Browning (1988) characterized blaming and verbal attacks between partners as behaviors which would likely trigger fear of abandonment, a characteristic of insecure attachment, seen as a precursor of intimate violence. Links between attachment theory and intimate couple violence are more frequent in emergent research, appearing to confirm the value of attachment theory as a construct through which to study violent couples.

Feeney (1999) specifically designated attachment theory as "...useful in addressing certain key issues in the study of close relationships, such as conflict" (p.374). In three studies on adult attachment, Mikulincer, Gillath and Shaver (2002) found that relatively benign, threat-inducing words activated representations of attachment figures, and suggested that future studies try to investigate how attachment is activated "...in real-life threatening contexts" (p. 894). This research built upon that suggestion, and attempted to explore the

attachment influence on intimate violent partners. Are violent couples suffering insecure attachment? Do violent couples have similar attachment issues? Perhaps the information produced by this research will expand the conceptualization of clinicians, helping them to improve their interventions, while refining the public's understanding of partner violence.

Previous attachment studies primarily done by psychologists, followed traditional quantitative methods. Family therapy literature however, has called for more qualitative research, rich with depth and complexity. Qualitative studies are in demand because they collect data that is both descriptive and contextual. Such an approach to research closely resembles the clinical environment where families are free to share their experiences with clinicians (Gilgun, 1992). Qualitative methods are unique in that they attempt to correct biases by opening doors to “unexplored or distorted aspects of relational dynamics,” particularly what is hidden and misunderstood (Allen & Walker, 2000, p. 27).

This study married a research method (less familiar to family therapy scientist-practitioners), with a well-established theory. It was an attempt to produce information that would immediately be available to improve clinical interventions and treatment modalities. Published outcomes of qualitative studies enjoy high readership among clinicians, so they are soon integrated into practice. Using modified analytic induction as outlined by Gilgun (1995), my study tried to understand relationships in context, filtered through an attachment perspective. Each participant's voice was heard separately, consistent with the respect qualitative researchers demonstrate toward individuality and diversity. This method is perfectly suited to secondary data collected from a diverse population via open-ended questions. Interviewees were free to elaborate when responding to questions, because there was not a rigid structure (Gilgun, 1992). Qualitative researchers gather and sort detailed information preserving the participants' exact words in their context. Their goal is to

understand meanings from the point of view of the participants. In the last ten years, qualitative research has become a legitimate methodology in the field of family therapy, admired both for its intimate access to data and its ability to communicate findings (Gilgun, 1992).

As Gehart, Ratliff and Lyle (2001) wrote, “Qualitative research has had a ‘humanizing’ effect on research in the field...” (p. 267). It has particular value in identifying patterns of behavior and interactions (Bogdan & Biklen, 1992). Since qualitative researchers consciously make an effort to be receptive to information that is unexpected, the flexible interviewing method used in collecting the original research data for this study fits perfectly with this methodology (Glaser & Strauss, 1967).

Theoretical Framework

Bowlby’s theory of attachment was rooted in evolutionary biology and was originally developed to study the primary bond formed between mother and child. The mother, it was observed, was sought out by the defenseless offspring as the source of protection and safety, as a “secure base” (Bowlby, 1988). Ainsworth’s studies in orphanages contributed significantly to the development of attachment theory and the idea that security provided a safe haven from stress (Ainsworth, 1985). The proximity to a “comfort figure” assured protection against external dangers if the adult responded in a soothing and caring manner, as opposed to one whose lack of empathetic response to their child’s distress failed to buffer the perceived threat (Bowlby, 1988). The maternal response in unfamiliar situations gradually constructed the child’s “internal working model” according to Bowlby (1973). The way in which a primary adult responded to the developmental needs of their offspring, were seen to have a profound impact on the child’s sense of self and their lifelong pattern of behaviors toward others (Feeney & Noller, 1994).

A child learns in infancy to trust when security is forthcoming and harm is neutralized (Bowlby, 1988). Ainsworth supported Bowlby's research with independent studies demonstrating that the attachment formed with one's primary caregiver, primed our expectations for later affectional bonds. Her work also highlighted attachment extremes, such as the securely attached child who displayed self-confidence and could own up to imperfections, versus the insecure child, who lacked self-worth and felt inadequate amongst his/her peers (Ainsworth, 1985).

Bowlby's three categories of attachment, secure, avoidant and anxious/ambivalent have been expanded upon and adapted to adult relationships by subsequent researchers such as Hazan and Shaver (1987). As individuals mature, they may continue to seek security in intimate partnerships, based on that initial asymmetrical parent-child model of attachment. Researchers have concluded that the ideal attachment between adult partners should be symmetrical, sharing the giving and receiving of safety and protection (Hazan & Diamond, 2000). Adult attachment is functional when it is reciprocal, with the roles of caregiver and attachment figure shifting between the partners as needed (Crowell & Treboux, 2001).

Moreover, marital satisfaction has been linked to partner trust between secure adults who are able to ask for help as well as offer it (Koback & Hazan, 1991). In 1995, Fuller and Fincham offered insight into marital attachment describing the profound influence of early attachment models on adult choices and interpersonal trust.

Secure relationships are between partners who naturally enjoy closeness, but still can exercise autonomy (Collins & Read, 1990). In one study, couples described as securely attached were characterized by optimism. Anxious-ambivalent or insecurely attached couples were found to be sensitive to abandonment, doubted their partner's commitment, were clingy partners, and demanded emotional closeness, according to Kirkpatrick and Shaver

(1992). Gottman (1994) characterized insecure couples as those who displayed negative affect and frequently criticized and withdrew from each other during conflict. Perhaps this is because insecurely attached individuals appear to be more vulnerable than secure individuals under stress. In one study, their reduced assertiveness prevented them from resolving problems in relationships, raised their anxiety level, and made them believe they had little control (Collins & Reed, 1990). When insecure couples ignored each other's needs, (avoidant attachment style) they blocked intimacy in the relationship. Disturbed attachment of this nature may trigger angry adults who are likely to respond violently whenever they sense rejection or possible abandonment (Dutton et al., 1994). Bowlby described attachment anger as a functional way to warn a primary caregiver that relationship needs were not being met (1984). Violence between adults is a clearly dysfunction behavior that disrupts attachment.

Attachment theory has not often been chosen as a framework for family therapy research, although it is a longstanding theoretical framework. The lens of attachment was selected as a way to fully describe the internal themes embedded in the language of intimate partners. The wealth of information available on attachment encouraged me that I might find strong, empirical connections, rather than tenuous links to attachment in a sample of violent couples. Since attachment theory is so universally respected outside our field, a study using this psychological framework may prompt other family systems researchers to cross disciplinary barriers and take theoretical leaps.

Purpose

The purpose of the research was to describe attachment themes shared in couples' descriptions of their intimate violence. Insecure attachment was to be found in behaviors or comments from participants concerning their fear of abandonment. I remained alert to language that suggested a partner was in need of closeness, lacked trust, wished for more

caring behaviors, was frightened or anxious about their partner's predictability, or believed that they were not being listened to. Signs of withdrawal by one partner (in response to a lack of safety in the relationship), confirmed the appropriateness of selecting attachment theory as a lens for research with intimate partner violence.

CHAPTER II

Literature Review

Research Context

As the study of domestic violence expanded, researchers reported findings to indicate that attachment may be a relevant framework from which to study intimately violent couples. Attachment spans the life cycle, creating intergenerational patterns that influence familial relationships as well as couple dyads (Akister, 1998). Research linking couple violence and adult attachment (Roberts & Noller, 1998) has been fueled by a renewed interest in theoretically grounded research (Feeney et al., 2000). This review will examine attachment theory, adult attachment, and some constructs relevant to adult attachment and heterosexual intimate partner violence.

Attachment Theory

John Bowlby (1969), whose fascination with attachment theory began with distressed children separated from a primary caregiver, described angry behaviors as mechanisms to regain proximity to their protector. His work was anchored in evolutionary biology which connected survival to an instinctive response to danger in the environment. Bowlby (1982) compared the behaviors of infants left in a hospital situation that gave them only limited access to their parental caregivers. One of his students filmed the children's distress reactions to separation, which included anger, anxiety, and withdrawal. It was evident the children were trying to regain proximity to their caregiver. Failure to achieve that connection initiated despair, followed by detachment (Bowlby 1973; 1980). Not unlike other creatures, human babies instinctively seek a responsive caregiver to protect them from strangers and frightening situations. The function of instinctive behavior is to perpetuate the species by insuring safety. Feeling secure, the young will explore their environment (Bowlby, 1982).

Should the caregiver be unavailable when danger or fearful circumstances arise, the child's attachment arousal becomes engaged and a deliberate search for the attachment figure is observed (Bowlby, 1982). If connections with secure others are made, particularly in times of stress, safety and reliability is transmitted via proximity to them (Bowlby, 1973). Eventually, the child develops "internal working models" of self and others based on cumulative experiences with attachment figures, regardless of whether they are warm and comforting or anxious and inconsistent. Childhood circumstances may expose a youngster to intermittent loss and/or separation, in relation to caregivers. The response of caregivers in those instances, sets in place a child's expectation of the parental figure's response to security-seeking behavior in the future (Bowlby, 1969). Koski and Shaver (1997) working in the field of adult attachment, highlighted the significance of this connection:

Attachment theory calls attention to the kinds of parental treatment that help a child feel secure, learn to express and understand emotions...become sensitive and responsive to others' feelings. In addition, it...points to the roots of negative emotions and working models, which contribute later to low self-esteem and negative attributions concerning partners' motives and actions...Security-enhancing treatment of children is one of the best contributions we can make to the quality of adult relationships in the future (pp.48-49).

Ainsworth, Blehar, Waters and Wall shared information from a study of year old infants' responses to the brief absence of their mothers followed by a reunion. They identified three categories of attachment behavior: secure, anxious-ambivalent and avoidant

(1978). Secure children were joyful at their mothers' return, cried less at home and appeared to have very responsive mothers. Avoidant children did not appear to be seriously upset at losing their mothers and avoided them when reunited. Their caregivers were described by Ainsworth as rigid, angry, rejecting and uncomfortable with physical contact. Anxious children had strong reactions to separation, exhibiting confused responses upon their caregiver's return. They cried at home and were said to be angry and less compliant. The mothers of such children were characterized as being insensitive to the needs of their child, anxious and preoccupied. The only children willing to explore the playroom freely (displaying "felt security") was the group classified as secure (Ainsworth et al., 1978).

It was clear to researchers that primary caregivers who provided warm acceptance and positive interactions produced children described as secure and autonomous. Avoidant youngsters had parents who were characterized as highly coercive or commanding, and who projected negative affect peppered with sarcasm, threats or anger (Shaver & Hazan, 1993). Parents of youngsters classified as anxious-ambivalent, were found to be intrusive and interfering resorting to parenting behaviors that inhibited autonomy and sent confusing messages to their children about appropriate behavior (Shaver & Hazan, 1993).

Research confirmed that early attachment experiences influence the acquisition of relationship skills (Koski & Shaver, 1997), and that parental caregiving influences adult caregiving behaviors (Kunce & Shaver (1994). In healthy adult attachment, the secure base shifts from one's parents to an intimate sexual partner. In high stress situations, the protective qualities of secure attachment offer us emotional buffers, while insecure attachment, especially during episodes of grief and depression in connection with loss, increases our vulnerability (Bowlby, 1980). Attachment theory provides us with a framework with which to differentiate healthy from unhealthy affectional bonds (Koski & Shaver,

1997). One pioneering researcher working with the emotional process of conflicted couples, called attachment theory the most appropriate framework through which to conceptualize intimate adult relationships. She has, to her credit, empirically validated her findings and shared them in peer reviewed journals (Johnson, 2000).

Internal Working Models

Bowlby (1973) believed that the internal working models (IWMs) imprinted on a child's unconscious mind, lay the foundation for future relationships, understandably modified by experiences with peers, siblings and significant others (Bowlby, 1988). However, these are not stagnant models. Internal working models must be adjusted continuously, either to incorporate new cognitions, or to identify and modify any attachment behavior that becomes maladaptive (Marvin, 1992). Changes in individual attachment style can occur, when experiences "overwrite" an IWM. This process was demonstrated by Kirkpatrick and Hazan in their 1994 study of adults who successfully transitioned from insecure attachment to secure attachment, as a result of positive adult relationship experiences.

Ainsworth (1985) encouraged systemic research into parent-child attachment, to understand the "cross-generational effect" by which detached parents raised anxious and avoidant children. Family systems researchers see attachment pattern as relational, so evidence supporting a generational transmission of working models (Mikulincer et al., 2002), connecting the attachment styles of parents and children, is consistent with that perspective.

Internal working models activate characteristic attachment behavior in stressful situations (Bowlby, 1973). Kunce and Shaver (1994) described these models as "templates for the child's future experiences, filtering perceptions and emotional appraisals: shaping

expectations, beliefs, and attitudes about interpersonal relationships” (p. 211). Caregiver modeling of sensitivity, appropriate reactions to stress and emotion, influence affective behavior and shape our expectations of how others will react to us (Koski & Shaver, 1997).

Internal Working Models in Adults

Secure parents recognize their child’s needs, and are able to respond with comfort when he/she experiences negative emotions. Such parents watch their child become a secure adult, who can communicate feelings openly, is sensitive to a marital partner, and expresses optimism about a close relationship (Koski & Shaver, 1997). Parents who can regulate their emotions and problem-solve without escalating out of control, provide emotional security and positive IWMs for their children (Mikulincer et al., 2002).

Secure working models inform well-adjusted marital partners who are able to compromise and negotiate, as well as regulate their emotions, and maintain high self-esteem (Collins & Read, 1990; Kobak & Hazan, 1991). When confronted with problems, securely attached adults are comfortable acknowledging personal distress and asking for help (Feeney et al., 2000). It has been suggested that a loving and supportive partner may override the negative IWMs of their mate (Bartholomew et al., 2001).

From a relational point of view, insecure individuals anticipate rejection by others based on prior, inconsistent models. They harbor significant self-doubt, while anticipating that their partner will not be dependable or trustworthy (Feeney & Noller, 1990; Kobak & Hazan, 1991). The IWM of a spouse already sensitized to rejection and/or abandonment, interprets withdrawal as a lack of security (Feeney et al., 2000). “When working models forecast a lack of psychological availability from a partner, anger that normally serves to protest...may become exaggerated in the form of attacking behaviors or may become inhibited in the form of withdrawal” (Kobak & Hazan, 1991, p. 862). The power of IWMs

was demonstrated in a study of married couples in which compassionate understanding conveyed to anxious husbands by their wives soothed their anxiety, yet was interpreted very differently by those wives, to whom soothing translated as security (Feeney, 1994).

Married partners classified as secure, whose working models suggested they could rely upon each other, described higher levels of marital adjustment than insecure partners who forecast rejection. (Kobak & Hazan, 1991). As a cognitive process, an IWM helps us predict the reactions we expect from our marital partner (Fincham et al., 1990), based on prior reciprocal interactions stored in our unconscious and awakened whenever attachment is threatened (Berman et al., 1994).

Internal working models are at the center of a relational feedback loop. If these models are not updated, partners retain unrealistic expectations which eventually foster relational dysfunction (Kobak & Hazan, 1991). Revision of IWMs is part of a process of accommodation (adjusting to each other's IWMs) required for marital satisfaction (Radojevic, 1996). Defensive emotional processes, because they represent strongly held beliefs and fixed behavioral patterns, often interfere with the revision of IWMs (Shaver & Hazan, 1993).

Adult Attachment

Bowlby (1982) held that the human need for attachment is essential "...from the cradle to the grave"(p. 208). The connection between adult attachment style and infant attachment style can be made once you adjust for terms suitable to romantic relationships (Kunce & Shaver, 1994). To facilitate measurement of these internalized attachment bonds, the Adult Attachment Interview was created by George, Kaplan and Main to explore an adult's ability to rework childhood models, incorporating the influences of peer relationships (1985). In 1987 Hazan and Shaver released a self-report measure to further facilitate adult attachment research, which helped them determine that the three categories of attachment,

avoidant, anxious and secure, typically found in sample populations, appeared in the following proportions: 55% secure, 25% avoidant and 20% anxious.

Hazan and Shaver (1987) highlighted the significance of attachment styles in couple relationships. Eventually, Bartholomew and Horowitz (1991) introduced a four-category classification tool that divided the avoidant category into “dismissing” and “fearful.” This was useful in assessing how individuals saw themselves, as well as how their IWMs assessed others. Adult attachment style has since been connected to an array of relational constructs, including: couple communication, marital satisfaction, mutual trust and marital stability (Collins & Read, 1990; Feeney et al., 1994).

When attachment is threatened, our IWMs automatically set a cycle of tension in motion, fueled by fear and anxiety, resolved by relief, accompanied by gratitude (Bowlby, 1988). This process was demonstrated by the observed reactions of secure children in Ainsworth’s “Strange Situation” research. When secure children noticed their mothers were no longer in the playroom, they initially looked about in hopes of finding her, then returned to their play glancing toward the door until her return, when they ran to greet her (Ainsworth et al., 1978).

Such experiences repeated throughout childhood may provide a foundation for the strong emotional process adults experience when recalling hidden memories of childhood threats of abandonment in therapy. By simply repeating a phrase that links an adult client to what was once said by his childhood caregiver, a clinician may automatically arouse unconscious pain (Bowlby, 1988).

According to Weiss (1998), adult attachment, unlike infant attachment, demands exclusivity, availability of the attachment figure and reciprocity in caregiving from that individual, usually a sexual partner. The attachment systems of adults are generally more

resilient than in childhood unless severe, permanent loss (e.g., divorce, or bereavement) occurs and stresses the system beyond its capability (Weiss, 1982). In overwhelming loss humans seek exploration, affiliation and/or caregiving, which appears to be connected to anxiety and fear (Mikulincer, et al., 2002). Later, in adult relationships, even short-term separations caused by career obligations or necessary trainings, requiring absence from a partner, may trigger similar sensations of abandonment for the insecure partner (Mikulincer et al., 2002).

Secure Attachment in Adult Relationships

The core constructs of secure adult attachment include: a sense of security, sensitivity to the needs of a partner (with reciprocal or complementary caregiving/receiving) and positive IWMs (Mikulincer & Florian, 1998). Secure attachment has been linked to expressiveness and trust in others (Collins & Read, 1990), as well as optimism, tolerance for ambiguity and flexibility (Mikulincer & Florian, 1998). Secure partners support autonomy and are able to cope with separations, framing them as temporary, trusting their partner will return. Autonomous (secure) adults are self-reliant, objective and non-defensive, most often the offspring of parents who felt supported and understood as children (Bowlby, 1988).

Secure individuals are able to listen to another person's point of view, goals, and feelings, developing an accurate impression of the other person (Bowlby, 1988). Perhaps this explains why secure adults report higher levels of trust in their partner and are comfortable with both self-disclosure and openness (Collins & Read, 1990; Mikulincer, 1998; Mikulincer et al., 2002). It is not unexpected to find that secure partners preserve the potential for negotiation during disagreements, because they are less apt to interpret behaviors by a spouse as threatening (Collins & Read, 1990).

Couples where at least one partner is secure tend to endure, while relationships in which both partners are insecure appear to be less stable (Kobak et al, 1991). Indeed, partner selection appears to be influenced by attachment style with avoidant partners choosing anxiously attached mates, and secure partners preferring another secure person (Collins & Read, 1990). When Chappell and Davis (1998) surveyed respondents about permanent mating selections, a majority of the individuals queried indicated a preference for secure partners, who are typically adaptive and flexible. In one study, couples with mismatched attachment patterns had more relationship problems than those whose attachment styles matched (Holtzworth-Munroe et al., 1997).

Stress management is known to support good health. Securely attached individuals demonstrate an ability to handle stress better than insecure persons (Mikulincer & Florian, 2001), are able to request support (Fraley & Shaver, 1998; Simpson et al., 1992), as well as share an optimism that enables them to trust that reliable people will be there to help them when needed (Bartholomew & Shaver, 1998). This is consistent with Mikulincer's (1998) research confirming that a positive self-image was characteristic of securely attached individuals. Such individuals were able to engage in exploration activities while remaining both empathic and responsive to their partner (Feeney, 1996; Mikulincer, 1997). In secure relationships, affiliative activities, even without partners, are supported as a result of trust and a love (Mikulincer et al., 2002).

Insecure Attachment in Adult Relationships

Insecurely attached people were described as adults whose attachment needs had not been met (Kesner et al., 1997). As children they may have shouldered adult responsibilities in their families of origin (Bartholomew & Horowitz, 1991).

Insecure couples have the strongest potential for violence if one partner fears abandonment, while the other fears intimacy (Roberts & Noller, 1998). Fear of abandonment in adults has been linked to anxiety, distrust, feelings of unworthiness, and/or discomfort with closeness (Feeney, 1995; Feeney et al., 1994). If exploration beyond the relationship initiates disagreements, insecure partners may react by limiting each others' autonomy (Mikulincer et al., 2002). Changes in the proximity of an attachment partner (psychological or physical distance) is more likely to be interpreted as a threat to availability or responsiveness by an insecurely attached adult. Insecurely attached couples dwell on negative thoughts, prepare for rejection, and live with internalized, negative self-images (Shaver & Hazan, 1993).

Marital instability between insecure partners has been attributed to a lack of response to partner needs, (particularly during stressful events), by Shaver and Hazan (1993). Insecurely attached spouses often trigger the arousal of attachment behaviors (Mikulincer et al., 2002). Couple researchers have seen that, "...the presence of an insecure attachment in one spouse significantly affect(s) the marital adjustment and the attachment behavior" of both partners (Berman et al., 1994, p. 227). If automatic arousal of the attachment system is triggered because the intent of a partner's behavior has been interpreted negatively, the worried partner reacts, (informed by their IWM), to reestablish security and reduce anxiety (Berman et al, 1994).

Instead of gaining protection from investing in a close relationship, the risk of violence seems to rise as the emotional intensity and commitment level of the dyad increases (Marcus & Swett, 2003). Bartholomew, Henderson and Dutton (2001) concluded that:

Individuals... with a negative self-model and tendency to
experience anxiety in close relationships... appear to be at

greater risk for both receipt and perpetration of relationship violence (p. 60).

Insecure adults are typically studied by placement into the anxious-ambivalent or avoidant categories. In three studies of the accessibility of the attachment system in adulthood, Mikulincer, Gillath and Shaver (2002) demonstrated the impact of attachment style differences by focusing on the manner through which individuals activated their IWMs in threat-related situations. If one's internal working models (IWMs) of attachment were founded on a history of chronic unmet needs, unreliability in a marital partner would be anticipated (Kesner et al, 1997). Collins and Read's (1990) research demonstrated that anxiously attached individuals could readily access models of attachment figures while avoidants inhibited representations of such sources of comfort. Anxious-ambivalent adults were defensive, had little recall of their childhood, (consistent with a negative view of themselves), acted as if attachment held no value for them, and viewed the world as threatening (Collins & Read, 1990).

People who are anxiously attached often try to mediate their anxiety by responding to stress with compulsive caregiving (Bartholomew & Horowitz, 1991). They easily turn benign events into threats, allowing fears of rejection to interfere with seeking support, causing themselves considerable emotional distress (Mikulincer et al., 2002). Mikulincer and Florian (2001) found that highly anxious people are easily aroused in situations where attachment is actually threatened, and sometimes become hypervigilant, obsessing over real or imagined attachment threats (Mikulincer & Florian, 1998).

Avoidant adults resort to distancing or withdrawal (to block the potential distress they anticipate will result from conflict with their partner), and typically inhibit any painful childhood memories they might have (Mikulincer & Florian, 1998). The avoidant adult

clings to rigid belief systems (Collins & Read, 1994), and places an inordinate emphasis on self-reliance (Bowlby, 1988) attempting to maintain control over the environment. Avoidant partners typically do not directly appeal to an attachment figure threatening to leave, because their IWMs have already planted seeds of distrust, priming them to expect unreliability (Mikulincer et al., 2002). In their interactions with outsiders, avoidant adults demonstrate minimal kindness and awareness of others (Collins & Read, 1990). Both the dismissing and fearful avoidants shun intimacy and offer little security to a partner (Kunce & Shaver, 1994). The fearfully avoidant adult needs to secure approval and acceptance from others (Kunce & Shaver, 1994).

Dismissing adults, successful in blocking emotional responses, tend to be susceptible to attachment arousal when interpersonal conflict focuses them on negative thoughts (Fraley, Davis & Shaver, 1998). Dismissing adults' memories are often contradictory: They present as detached and defensive, dismissing the value of emotional experiences and remembering little of their childhood, while depicting their parents in an idealized way (Bartholomew & Horowitz, 1991). Although highly independent, comfortable with emotional distance, and not likely to ask for support, these adults frequently report feeling rejected (Feeney & Noller, 2000). Their relationships with peers are usually marked by a reluctance to self-disclose (Mikulincer & Nachshon, 1991).

Insecure attachment has been linked to significant health problems for couples as well as an increased susceptibility to addictions. Brennan and Shaver (1992) found there is increased alcohol abuse in this population. Later, Scott and Cordova (2002) wrote about anxious-ambivalent partners who reported marital dissatisfaction and had an increased risk of depression, particularly while under threats of divorce. This may be because insecure adults demonstrate little agility in coping with stressors (Shaver & Hazan, 1993). Stress

fosters frustration, tension and conflict (Mikulincer et al., 2002) in a relational system. It seems that adequate coping skills and methods of self-soothing are absent or very limited for this population.

Attachment Bonds and Marital Satisfaction

Bowlby (1969, 1973, 1980) characterized attachment as a basic human need, continuing into adult life as an “affectional bond.” Ainsworth (1985) explained an affectional bond as a “long-lived tie in which the partner... from whom inexplicable, involuntary separation would cause distress, and whose loss would occasion grief” (p. 799). Affectional bonds are necessary for adults as they foster a comfort with closeness that facilitates intimacy (Collins & Read, 1990). Also called an attachment bond, “equivalent to falling in love,” it is shared by intimate partners and inspires each to remain in proximity to the other (Shaver & Hazan, 1993) while fostering enough security that they have the confidence to explore outside the relationship, secure in knowing that they will return to each other.

Noller and Feeney (1994) showed that the arousal level of a husband during conflict (a measure of his fear of abandonment), his wife’s comfort with closeness, and both partners’ ability to decode emotional messages from each other, all related to attachment, and to the quality of a couple’s marital satisfaction. In 1994, Kirkpatrick and Davis observed a correlation between male relationship satisfaction and the security level of their partner (men with securely attached partners felt the most content). Collins and Read (1990) had previously reported that relationship satisfaction was linked to the strength of the anxiety felt by the wife, and the sense of security felt by the husband. “Relationship dissatisfaction heighten(ed) negative emotion, triggering...emotional expression on the part of women, emotional suppression and withdrawal on the part of men” during research on threats to the relational bond (Koski & Shaver, 1997, p. 40). One in six couples experiences violence in

their relationship (Straus, 1999), and yet, remain together. According to attachment theory, attachment bonds maintain connections that are resistant to change regardless of the quality of the relationship (Bowlby, 1982). In many cases, we see that a battered wife:

... is unlikely to prefer charges against (her husband)... she returns to him because her security is invested in him in one way or another. If the attachment component of the relationship is anxious and ambivalent—or...enmeshed—this does not imply that the bond is weak...(Ainsworth, 1985, p. 805).

Communication

Kobak and Hazan (1991) concluded that insecure wives and husbands escalated in their negative affect and verbal responses when they assessed their partners' behaviors as unresponsive and rejecting in problem-solving disagreements. Dutton (1995), focused on the impact of verbal attacks on assaultive men. He found that physical abuse occurred more often when there was “repetitive blaming of the partner” (Dutton, 1995, p. 219). Roberts and Noller (1998), emphasizing the mutual feedback loop, took a systemic approach, describing how one partner’s abandonment fear triggered a destructive pattern of communication, in which one partner withdrew, as the other made increased demands (Roberts & Noller, 1998). The presence of such demand-withdraw interactions between a conflicted couple increased the potential for intimate violence (Babcock et al., 1993). Gottman (1993) characterized such dyads in gender terms as, the stonewalling, withdrawing male partner, and the angry, pursuing spouse. Violent couples use blame, threats, belligerence, contempt, and a variety of defenses to compensate for their poor communication skills (Babcock et al., 1993). Feeney, Noller and Callan (1994) assessed the relationship between anxiety and the communication dynamics of husbands and wives,

emerging with evidence that for both, anxiety was conveyed through destructive comments and pressure during their arguments.

In a study of communication patterns, couples with one secure partner had more productive interactions with less conflict, than did couples where both were insecure (and couples with at least one secure member problem-solved more effectively than when both partners were insecurely attached. The absence of verbal aggression, which can fuel harmful escalation during arguments, supports security between partners (Senchak & Leonard, 1992). It allows room for “relationship enhancing explanations” that act as a buffer in moments of conflict (Collins, 1996). Gottman (1994), who studied marital conflict extensively, wrote that the ability to resolve conflict without disrupting attachment, is essential to marital longevity.

Caregiving in Adult Relationships

Among securely attached couples, spousal caregiving, positive communication patterns and marital satisfaction are common practice (Feeney, 1996). Interdependent caregiving is an essential behavioral component in adult attachment relationships (Shaver et al., 1988). Kunce and Shaver (1994) affirmed that sensitivity to a partner’s cues and the maintenance of proximity were the most highly valued caregiving elements in intimate adult relationships. “Caregiving, especially for women, is linked to their early attachment relationships,” (Carnelley et al., 1996, p. 267). In a study of marital caregiving, Carnelley, Pietromonaco and Jaffe (1996), found that women who were comfortable with caregiving usually had a husband who was also able to reciprocate.

In intimate relationships, secure individuals who are likely to have had their attachment needs met during childhood and insecure partners who received inconsistent care, or rejection and neglect from their parents, merge into one system that must accommodate each partner’s IWMs of caregiving. Insecurely attached adults who remain

enmeshed with their parents and preoccupied with early rejection, have been shown to have less capacity for affiliation or caregiving toward their spouse (Mikulincer et al., 2002). If a partner's distress is not met with empathy, the needy partner may suffer alienation, helplessness and a feeling of low self-worth, predictive of withdrawal from the relationship (Mikulincer et al., 2002). Asymmetrical adult relationships, where one partner is continually serving as the caregiver, are candidates for hurt feelings and disrupted attachment (Berman et al., 1994). Typically avoidant women request less support than their secure counterparts in stressful situations and avoidant men provide less emotional caregiving than secure men (Simpson et al., 1992).

A satisfying adult relationship is one in which both partners have their attachment-related needs adequately met (Kunce & Shaver, 1994). Kunce and Shaver were able to link spousal caregiving behavior to attachment models in a study of 36 couples (1994). Giving care or support, as well as being able to accept caregiving, without either partner feeling a loss of control, correlates with long term marital stability (Mikulincer et al., 2002).

Intimate Partner Violence

The work of researchers such as Straus and Gelles (1985), brought "wife battering" into the spotlight, depicting women as victimized by men, and holding a patriarchal society responsible for tolerating such violent behavior. Tangney (1991) confirmed that males who hit their wives were typically shame-prone, quick to anger, non-empathic, and interpreted any attack as personal. This is consistent with Stosny (1995) who said that male abusers who direct anger toward a significant attachment figure are attempting to relieve their feeling of being disregarded, unimportant, devalued, and rejected. Domestic violence research began in a society that was socialized to accept that women were dependent on men (Ehrensaft et al., 1999).

Social scientists remain curious about the phenomenon of intimate partner violence, (IPV). According to the National Family Violence Survey, 16% or more of the population experiences marital violence yearly (Stets & Straus, 1989). Early on, domestic violence research focused on men as perpetrators, but more recently, information on the female role in violent couples has expanded studies to both partners. In an early study of victimized women, 99% of the subjects said they had experienced both emotional and physical abuse (Follingstad et al., 1990). A subsequent study of married couples documented that 71% had experienced some kind of marital aggression over the previous year, and 86% of the fighting was reciprocal (Cascardi, et al., 1992).

Walker (1979) outlined the cycle of violence as beginning with a build up of tension between the couple, followed by assaultive behavior, mediated by apologies and/or promises, collapsing into the honeymoon phase, until the next incident of abuse. Emotional abuse may include threats of divorce or abandonment, the destruction of personal possessions, threats of bodily harm, interrogations prompted by possessiveness and jealousy, social isolation or degrading verbal attacks (Walker, 1984). Emotional abuse, an invisible, yet insidious form of violence (Follingstad et al., 1990), negatively influences victims' internal models of self and others (O'Hearn & Davis, 1997).

In more recent years, the results of physiological studies of men in states of high arousal by Jacobson and Gottman (1998), support the biological basis of attachment theory. When a spouse in conflict is triggered, the sympathetic nervous system's flight or fight response is activated automatically, dilating the eyes, racing the heart, elevating blood pressure and interrupting digestion, causing a surge of energy. The feeling has been described as "flooding," a feeling of being overwhelmed, disorganized and surprised (Gottman, 1994).

“Battering men are intensely dependent ...and often fear being abandoned...” (Christopher & Lloyd, 2000, p.334). It is abandonment fear, according to Walker (1979), that often fuels the batterer’s rampage until he collapses from exhaustion. Dutton (1995), agreed that a violent husband’s behavior could be understood as a protest against anticipated loss and attachment figure distancing. Dutton (1995) linked intimacy anger and anxiety with the fearful attachment style, finding that anxious, insecure partners have difficulty asking for support and suffer significant abandonment fear when threats to their attachment bond occur. They demonstrate “...hypersensitivity to rejection...and active avoidance of close relationships where vulnerability to rejection exists” (Dutton, 1995). These typically depressed men, alternately described as dependent, resort to chronic anger whenever their wives fail to sustain their fragile self-image (Dutton, 1995).

Building on that early research, Berns, Jacobson and Gottman (1999) studied violent husbands in a high demand-withdraw relational dynamic. They confirmed that these men were not only emotionally dependent, but “feared being abandoned” (p.667). Violent men are substantially more fearful of closeness/intimacy in their intimate relationships than happily married men, although both groups desire closeness (Holtzworth-Munroe et al., 1997). Violent males, both ambivalent-anxious and avoidant-distressed, need nurturance from their wives, but often struggle against contradictions fostered by their IWMs. Such men expend much energy trying to avoid dependency and abandonment, while simultaneously holding jealous and distrustful beliefs about their partner (Holtzworth-Munroe et al., 1997). It has been shown that violent marriages are fraught with issues surrounding jealousy and/or trust (Capaldi & Crosby, 1997).

Walker (1979) described violent partners as participating in repeated bouts of closeness and distancing. The instability of this type of relationship may dysfunctionally

preserve the attachment bond because alternating closeness and distancing allows a dyad to tolerate violence, since neither partner is consistently threatened (Rosen & Bartle, 1994). A demand-withdraw pattern of communication, however, has been shown to fuel dissatisfaction and frustration in the relationship (Feeney & Noller, 1996). Particularly dangerous is partner withdrawal during conflict. This retreating behavior sends a dangerous message (rejection, abandonment) to the insecure spouse, and may incite an escalation in violence (O'Leary & Smith, 1991). In addition to physical retreat, the literature seems to be noticing the power of the rhetoric between angry couples. Ridley and Feldman (2003) described violent relationships as those with high levels of verbal aggression precipitating anger arousal, connected to fear of abandonment or faulty cognitions. They identified couples that display high avoidance and partner demand/withdraw activity, as the most volatile relationships.

Violence at home impacts the family system and endangers family members' overall health. High levels of psychological aggression in intimate relationships have been linked to severe abuse (Follingstad et al., 1990). Repeated verbal aggression has been connected to an escalation of violence (Ridley & Feldman, 2003) as well as depression, somatic complaints (Cascardi et al., 1992), anxiety and PTSD. Marital conflict has been shown to exacerbate dizziness, bladder problems, gastrointestinal complaints, chronic heart and blood pressure problems, as well as physical injuries, and broken bones (Cascardi et al., 1992). Research on females, estimated that 60% of all battered women suffered from depression (Gleason, 1993). Depression, which may also be triggered by insecure attachment, is likely to become an additional source of stress for a vulnerable partner (Ingram, 2003).

Mutually Violent Couples

As early as the late 1970s, researchers were becoming interested in women's use of violence in close relationships. Female aggression was highlighted in a seminal article by Straus and Gelles in 1986. By 1993, a study of college students (conducted by a respected social science researcher, Murray A. Straus) determined that female assaults on male partners occurred at roughly the same rate as men's attacks on female partners. This information drove the domestic violence research community in a new direction adding the female dimension to IPV data collection. Today researchers have evidence that suggests childhood trauma is related to women becoming abusive, more than it is to men's assaultive behaviors (Capaldi & Clark, 1998).

In an early study of engaged couples in their twenties, 31% of the men and 44% of the women reported participating in aggressive exchanges (O'Leary et al., 1989). In a subsequent sample of at-risk, young couples, 20% of the males and 26% of the females were found to have been involved in aggression toward each other (Capaldi & Crosby, 1997). Ironically, fights between mutually assaultive partners may be used as a way to connect with one other. Though negatively charged, such conflict succeeds in drawing the distancing partner in, making physical contact and eliciting a response, though a dysfunctional one.

When a partner is emotionally unresponsive during marital conflict, security is not conveyed to the partner seeking closeness and he/she may erupt in anger (Bartholomew et al., 2001). For the spouse reacting to a threatening partner in hopes of preventing a feared abandonment, researchers find submitting, withdrawing, or fighting are the three most common behavioral responses (Roberts & Noller, 1998). That women are capable of participating aggressively within a marital relationship has now been documented (Cascardi et al., 1992; Cascardi & Vivian, 1995). Recent research on conflicted couples examines IPV

as a bi-directional phenomenon (Kwong et al., 2003). Vivian and Langhinrichsen-Rohling (1994) wrote of their findings:

Overall, the present study confirms our view that a monolithic etiological model of marital aggression is inadequate to capture the diversity of relationships and individual dynamics in physically aggressive marriages (p.120).

It should be noted that no researcher has suggested that the aggression is equivalent between the spouses (Vivian & Langhinrichsen-Rohling, 1994). Conflicted couples share a negative affect and provide each other with less support and validation when problem-solving, than non-conflicted partners (Gottman, 1979). In violent relationships, disagreements eventually become “ritualized and reactive” (Christopher & Lloyd, 2000, p. 335). According to Gelles and Straus (1988), women in abusive relationships were not aware that if they used even minor violence toward their partner, it had the potential for escalating a spouse’s violence. Violence is usually initiated by the more anxious partner (Roberts & Noller, 1998), who is typically more dependent. The anxious-ambivalent individual, hypervigilant, mistrusting their partner restricts his/her autonomy, and makes the partner feel smothered in the relationship and creates a stressful context (Feeney & Noller, 1996).

Theories to Explain Domestic Violence

Intimate violence is a dysfunctional behavior (Ridley & Feldman, 2003) which social scientists have developed several theories to explain. Social learning theory attributes the presence of violence in marital relationships to behaviors that are transmitted through acculturation. Tolerance for slapping men across the face and pushing and shoving, for example, fuels a commonly acceptable societal message that non-lethal physical assault is not abusive. “Social learning theory is the most commonly cited perspective for explaining the

intergenerational transmission of abuse,” though it is limited (Alexander & Warner, 2003, p. 241). It contends that men are socialized to fight aggressively when threatened. Violence, then, is just an extreme manifestation of accepted societal values (Cascardi et al., 1992). Believing that, we might see violence as a cognitive behavioral response to stress, empowering the perpetrator with “feelings of agency and control” (Dutton, 1995, p. 211). Accepted as a partial explanation of domestic violence, social learning theory still does not explain males, who having witnessed severe violence in their families of origin, choose not follow that pattern in their adult relationships (Johnson & Ferraro, 2000). Dutton (1995), applied social learning theory to perceived abandonment and emotional distancing, suggesting that male powerlessness, rather than power, is strongly associated with violence in close relationships.

If the socialization process endorses violence, through modeling in the home, children learn to be aggressive. The concept of the intergenerational transmission of violence suggests that children who witness severe, frequent IPV, will be predisposed toward using aggression and/or violence as adults (Holtzworth-Munroe & Stuart, 1994). “Almost without exception, individuals in severely abusive relationships describe relationship histories in their families of origin that indicate insecure attachment...” (Bartholomew et al., 2001).

The family of origin is the initial focal point for most studies on violent male behavior and socialization. Intergenerational transmission of violence suggests that when a child witnesses conflicts between parents, their negative reactions are passed to the youngster via the unconscious, as internal working models (IWMs). These representational models later emerge as templates for future adult relationships (Kwong et al., 2003).

Early research on male batterers warned clinicians that should a child become a victim of family abuse, neglect, shaming or rejection, he is likely to participate in adult

violence himself (Dutton, 1995). A current study of violent women demonstrated a possible link between aggression and their exposure to childhood trauma (Swan & Snow, 2003). Children raised in violent homes develop maladaptive coping behaviors as a response to trauma and/or abuse (White & Widom, 2003). They may dissociate, emotionally removing themselves from the frightening violence (Simonetti et al., 2000). Feldman (1997), reported that repeated exposure to abuse in childhood, often predicts personality disorders. Feminist theory, informed by the interaction of power and gender (Sprenkle & Moon, 1996), frames men in the role of perpetrator, and women as victims. It is a politicized theory with sensitivity to cultural diversity, but it has also been criticized as a “single factor” theory (Dutton, 1988), for focusing so narrowly on the imbalance of power in relationships. Feminist theory was based on the premise that a patriarchal society imposed repressive attitudes toward women on the group. In the past decade, the feminist lens has been criticized for not taking a broader view of what triggers relational violence (Holtzworth et al., 1994).

Studies illustrating links between family-of-origin violence and adult violence in marriage have been somewhat weak (Stith et al., 2000). It is reasonable to conclude that there might be other factors, such as living in poverty, suffering as a victim of an alcoholic family, acquiring a poor self-image and learning few relationship or conflict resolution skills. These deficits might predispose one to becoming an abusive marital partner under the theory of intergenerational transmission of violence (Feldman & Ridley, 1995).

Intimate Partner Violence and Attachment

Bowlby (1988) speculated that functional childhood attachment can be maladaptive if applied unchanged in adulthood, fueling family violence. Research findings suggest that insecure attachment patterns actually increase the likelihood of entering in an abusive relationship and/or remaining in one (Bartholomew et al., 2001). Social scientists have

recently widened the domestic violence research lens to intimate partner violence, where both the male and female may participate in psychological and physical abusiveness (Straus et al., 1980).

Attachment theory is a well-respected behavioral theory, now being used to investigate the causes of couple violence by family therapy researchers (Dutton, 1995). Intimate partner violence has been described as an adult form of what Bowlby tagged, “functional anger,” which in childhood, is used to draw a primary attachment figure closer (Kesner et al., 1997). Dutton (1995), has stated that “intimate abusiveness has psychological origins,” consistent with social learning theory and the intergenerational transmission of violence (p.221). Research combining Attachment Theory and IPV began in earnest in the 1990s.

Ofra Mayseless (1991) focused the discussion about intimate violence and insecure attachment. In her article on courtship violence, she looked for the links between our need for caregiver proximity in infancy and adult behaviors in a marital relationship when there is distancing between the partners. Taking an attachment perspective, she wrote an overview of the findings of many studies from the 1980s that reported couples remaining together despite serious violence. She extracted confirmation of attachment behaviors and opened the road to further research: Female partners who distanced and were dominant provoked aggressiveness from men who tended to be violent. Low self-esteem and jealousy were characteristics of violent men; any threat to the close relationship was a trigger, and attachment styles learned in childhood followed the couple into their adult relationships (Mayseless, 1991). She concluded that men who are violent in their intimate relationships appear to fit the insecure attachment style.

In two small studies in 1997, Holtzworth-Munroe, Stuart and Hutchinson researched attachment characteristics in violent vs. non-violent men. They compared 58 distressed husbands, with 32 non-violent distressed and 29 non-violent non-distressed husbands on the basis of attachment patterns, dependency and jealousy. In Study 1, the men were given three scales: the Adult Attachment Scale (Collins & Read, 1990), the Spouse Specific Dependency Scale (Rathus & O'Leary, 1991) and the Interpersonal Jealousy Scale (Mathes & Severa, 1981). The focus of their study was the link between husband violence and attachment, with a special emphasis on dependency and jealousy.

The researchers in Study 1 confirmed their hypothesis, that violent men were concerned about abandonment and were jealous of other men. Paradoxically, the violent men were seeking more nurturance from their partner than non-violent males, while displaying less comfort with close relationships. Both the violent and non-violent non-distressed men desired closeness and dependency with their partners, but the violent men also wanted to avoid dependency and closeness with their wives (anxiety and ambivalent types). The non-violent but distressed men were less eager for closeness and dependency and showed some discomfort with intimate relationships, and seem to be the kind of man who might withdraw under pressure (avoidant type).

For Study 2, the participants took the Relationship Styles Questionnaire (Bartholomew & Horowitz, 1991), the Rempel Trust Scale (Rempel et al, 1985) and the Adult Attachment Interview (George et al., 1984). The researchers looked at 45 married, violent, stressed men about 30 years of age, some of whom were in a violence treatment program, and other violent-stressed men from the general community. They tested similarly, and were combined into one group. To compare them, the researchers organized two control groups of non-violent men, 24 stressed and 24 non-stressed men. The researchers

expected the violent husbands would show more anxious attachment, and would be less trusting of their wives. Indeed, both hypotheses were confirmed, and the violent husbands were also described as attempting attachment in a disorganized manner. Similar to the findings in Study 1, “distressed men (violent and non-violent) were less secure ...and less trusting...than happily married men.” (Holtzworth-Munroe et al., 1997, p. 324). The information from the questionnaire, affirmed that violent as well as happily married men desired closeness and dependency with their wives. In both studies, the obvious difference between the happily married and the violent men was “their level of anxiety about this desire for closeness,” with the violent men expressing greater apprehension (Holtzworth-Munroe, et al., 1997, p. 324). Comparing the non-violent stressed men to the others, researchers noted their dismissive style and minimal interest in closeness or intimacy.

The researchers then did a secondary study of the two preceding studies to compare measures of attachment and related constructs. They compared and contrasted the scores for the 33 men who completed Study 1 and Study 2 measures. They were able to compare scores on the questionnaire measures with the participants’ classification on the Adult Attachment Inventory (AAI, Main & Goldwyn, 1988). They divided the men into groups corresponding to their AAI classification and compared them by groups to the original scores. They found that the AAI and the Relationship Styles Questionnaire (RSQ; Griffin & Bartholomew, 1994) did not measure the same constructs, but the researchers noted that the AAI concentrates its questions on the attachment relationship between an adult and his/her parents, rather than their present romantic partnership. The results of this study confirmed that violent husbands, when compared to nonviolent husbands, are more preoccupied, ambivalent-anxious and disorganized in their attachment strategies. They were also more jealous and distrustful of their spouse. What emerged once again was the ambivalence

among violent men toward their partner, (i.e., a fear of closeness, yet a need for nurturance). It was clear to this research team that violent men avoid closeness and intimacy, but are worried about abandonment, so they are less securely attached. When compared to happily married men, the non-violent distressed men will withdraw from marital conflict, feel less need for closeness and are more likely to be dealing with unresolved loss in their parental relationship.

Attachment theory and domestic violence were the focus of a study in 1997, by Kesner, Julian and McKenry, with a focus on male perpetrators. The researchers began with the premise that stress could trigger attachment issues which lead to violence. If coping mechanisms are unavailable because of “adverse childhood experiences...and the source of stress is the attachment relationship, an intense conflict can result” (Kesner, et al., 1997). These scientists speculated that the frustration of not being able to cope only complicated the already confused perceptions of an individual who has an insecure attachment model. Insensitivity from a primary caregiver might lay the foundation for a lack of autonomy, unsuccessful individuation, a lack of security and eventually male violence. This study was set up to examine the relationship between support, negative life experiences, autonomy and childhood relationships (all attachment related) and male violence toward a female intimate partner. Ninety-one men, 41 violent and 50 non-violent were studied. Interviewed for one hour, they also took a battery of tests. Four items on The Autonomy Relatedness Inventory (ARI, Shaefer & Edgerton, 1982)) were used to determine perceived relationship support, and four to suggest autonomy. A Self-Esteem Scale (Rosenberg, 1979) helped to indicate the volunteer’s level of security and sense of self, and the Life Experiences Survey (Sarason et al., 1978) was the instrument chosen to highlight stressors of the participants (work, home, finances, life, etc.). To assess attachment in childhood, the researchers asked each

participant to recollect their relationship with their mother and describe it. The 19-item CTS was chosen to measure aggression via self-report, analyzed under subscales including: reasoning, verbal aggression and violence (Straus, 1979).

It was significant that stressful life events correlated positively with male violence. How a man perceived support from his female partner was the highest predictor of male violence, followed by his recollection of his connection to his mother. This was consistent with the researchers' expectation that "individuals who received inappropriate caregiving from their primary attachment figure in childhood... have expectations for similar treatment in adult attachment relationships" (Kesner et al., 1997, p.224).

Kesner, Julian and McKenry concluded that men with insecure attachment histories may be unrealistic about what a partner can provide, putting female intimates in a vulnerable position in regard to potential violence. It was clear from this research study that models of attachment are honed in childhood and influence our adult intimate relationships. They were convinced this study made a case for encouraging future research in domestic violence from an attachment perspective. The researchers found support for family therapy as well as individual therapy in programs designed for violent men.

Kesner and McKenry (1998) wanted to study the influence of childhood attachment to predict later male aggression in intimate relationships. They knew that attachment was frequently triggered by stress. Interviewing 149 heterosexual couples in relationships of at least seven years, in a sample drawn from a large Midwestern city, they asked about both the participants' childhood and current adult attachment experiences. They checked on each participant's stress level and relationship history, including previous violence. After dividing the couples into one of the four attachment styles from the Adult Attachment Style Questionnaire (Bartholomew & Horowitz, 1991), the men were given

the Conflict Tactics Scale (Straus, 1979) to self-report their level of violence. The research participants were also asked about violence in their family of origin using ten of the most serious assault behaviors from the CTS. Two more measures, the Attachment History Questionnaire (Pottharst & Kessler, 1990) and the Life Experiences Survey (Sarason et al., 1978) followed. The AHQ exposes childhood attachment issues in a Likert format, and the LES rates current life stresses, such as work, finances, and home life, by self-report, ending with a positive or negative change score.

The researchers found that attachment factors were uniquely connected to the violent men in their sample. Male violence was related positively related (in a reversed way) to secure attachment style, a female partner with preoccupied attachment style, difficult life stresses and the kind of childhood the man had experienced. Female partners of these men were found likely to have insecure attachment styles. The findings indicated that violent men are usually insecurely and fearfully attached in their relationships. Their anger was interpreted by the researchers as a form of communication to their partner, of their fear of possible separation or rejection. Violence among such insecure men was understood as a likely coping mechanism for heightened stress. They found that stress level alone did not indicate potential violent behavior, but they did see some relationship between negative life stress, early family experiences and childhood attachment. Female attachment was shown to be related to male violence. The female partners were thought to be at higher risk for provoking violent responses in their male partners if the men were insecurely or fearfully attached. As a result of this study, intergenerational transmission of violence was confirmed as a powerful influence on adult relationship behavior. The researchers were convinced that early attachment is one of the factors that influences intimate aggression in combination with stressful life events.

Babcock, Jacobson, Gottman and Yerington (2000) also studied violence and attachment. They were curious about the differences between violent husbands and non-violent unhappily married husbands in regard to emotional regulation and the function of their marital violence. Twenty-three violent men and 13 distressed, but not violent men were interviewed with the AAI to determine attachment styles. Violent husbands fell into the insecure categories more frequently than the non-distressed husbands. The researchers expected that preoccupied husbands, unable to tolerate distance in relationships would be quick to anger. This study built upon prior research with dismissing men, who were shown to be the most likely to be narcissistic, hostile and violent batterers (Holtzworth-Munroe, et al., 1997).

The research involved a marital interaction that took place in a laboratory as well as violence that occurred outside that setting. The participants were men recontacted from a prior study, so they were already known to be violent (DV) or non-violent (DNV), and still married. They were given the AAI to classify them according to attachment styles and their interviewers did not know if they were DV or DNV. Husbands completed the Millon Clinical Multiaxial Inventory-II (Millon, 1987), a true or false, self-report inventory. The amount of physical abuse was measured using the CTS (Straus, 1979), and the amount of emotional abuse was judged on the wife's report on the Emotional Abuse Questionnaire (EAQ; Jacobson & Gottman, 1998). In addition, participants were given the Child Maltreatment Interview Schedule (Briere, 1992), to determine whether they had witnessed or been subjected to childhood abuse.

The couples had two discussions during which they were videotaped in the laboratory. In one instance, they were asked to discuss a recent area of disagreement for 15 minutes. In another, DV participants were asked to carefully describe their recent, most

violent incident. All interviews were transcribed and coded. The researchers hypothesized that dismissing husbands would tend to be the more likely to withdraw, that preoccupied husbands would be more outwardly angry, and that secure husbands would be more positive during interactions with their wives. They were correct, dismissing husbands appeared to have the most contempt for their spouses during these “discussions.” The researchers found that the highest report of being assaulted in childhood was among the preoccupied group of husbands.

Generally, the DV husbands were more insecurely attached than the DNV husbands. The violent husbands were split almost equally between the Dismissing and Preoccupied attachment classifications. The dismissing men tended to be patronizing or invalidating toward their partner during the laboratory situations. Both the dismissing and preoccupied husbands were controlling, but only the dismissing types “stonewalled” their partner, actively distancing. The preoccupied husbands acted belligerently and were far more confrontational.

These results correspond to what the wives told researchers. According to the women, defensiveness on their part triggers a dismissing husband to violence. The researchers suggest that the burst of violent behavior in preoccupied husbands is evidence that they lack the coping strategies to calm their automatic arousal. When their wives try to disengage, (withdraw), they erupt in anger. In effect, his anger keeps his wife near, preventing abandonment. This study did reaffirm that preoccupied husbands were the most emotionally abusive and had difficulty tempering their anger. The dismissing husbands tended to be the most violent and detached attachment type.

Conclusion

Research findings suggest an insecure attachment pattern actually increases the likelihood of entering in an abusive relationship and/or remaining in one (Bartholomew et al., 2001). Research on IPV has recently broadened to accommodate studies examining the extent to which both the men and women participate in psychological and physical abusiveness (Straus et al., 1980). Attachment is a perfect lens with which to look at these conflicted relationships.

It is clear that the demand-withdraw patterns of verbal aggression contribute to the escalation of violence. We also know that adults who grew up with an insecure attachment to their primary caregivers seem to have restricted models (IWMs) of behavior to draw on when they become adults.

The anger associated with close relationships appears to fit the description of automatic arousal, triggers the flight or fight mechanism and quickly escalating out-of-control in response to a fear of abandonment. Couples who are insecurely attached can be characterized as dependent, hypervigilant, distrusting, fearful and uncomfortable with intimacy. They lack skills in the areas of negotiation and caregiving, leaving them unable to empathize or communication about feelings. In many ways, these couples enter marriage handicapped for the task, and easily become overwhelmed.

CHAPTER III

Methods

The proposed qualitative study is a secondary data analysis using modified analytic induction methodology (Gilgun, 1995). Data were collected as part of a funded research project on couple violence.

Initial Research Project

Purpose

The original research project was undertaken to explore relationship dynamics in bi-directionally violent couples, where women are as likely to be as aggressive as their partners. Understanding the meaning of violence for these men and women is critical to suggesting appropriate treatment by the criminal justice system and interventions by clinicians. The principal researchers chose qualitative methods to study the couples' complex experiences as they subjectively interfaced with their reality.

Participants and Procedures

This study used a purposive sample, of married or co-habiting, heterosexual couples over the age of eighteen. Couples from different socio-economic backgrounds and ethnic heritage composed the final sample, which included ten married and five cohabiting White, Black, Hispanic and Asian partners.

Volunteers were solicited through posters and advertisements sent to professionals in the community, seeking self-described conflicted couples. For the purposes of recruitment, conflict was characterized as name-calling, pushing, shoving, hitting, isolating, yelling or worse. When volunteers made contact, they were told they would need to fill out a survey instrument, and, if selected, sit for a face-to-face interview. Selected couples were personally and individually interviewed by researchers based at the Blacksburg or Falls

Church, Virginia campuses of Virginia Tech. The entire interview was audiotaped, and lasted an hour to an hour and a half. To maintain consistency, questions and brief instructions were given to each interviewer. Open-ended questions to be asked of male and female interviewees in separate sessions were distributed to interviewers (see Appendix B). The question format did allow for some divergence and follow up questions. Each partner received fifty dollars for their time, and had the opportunity to read and sign a consent form.

No gay/lesbian couples chose to become part of the study, though they were not deliberately excluded.

Current Study

Procedures

With the help of my advisor, I became familiar with a research method known as modified analytic induction, a close cousin to grounded theory, which promised to be a very comprehensive way to analyze the data (Gilgun, 1995). Modified analytic induction develops working hypotheses or concepts that then inform the analysis of data (Gilgun, 1995). Unlike other qualitative approaches, it allows the researcher to guide research from a particular theoretical viewpoint (Rettig et al., 1996). In this case, I chose attachment theory as my theoretical frame, testing its applicability to intimate partner violence.

Before research began, six audiotapes were completed by this researcher. Next, thirty transcripts, approximately twenty-five pages in length, were reviewed for suitability and inclusion this study. After several discussions with my advisor, ten interviews were selected because within them, the attachment behaviors were highly evident (see Appendix A). Each couple's script was then individually coded, broken down into small parts, studied and compared (Strauss & Corbin, 1998). Constant comparative methods insured that selected coding categories were valid, subject to exhaustive review for theoretical sensitivity (Strauss

& Corbin, 1990). Critical to the interpretive process, my advisor, Karen H. Rosen, Ed.D., and I agreed on the shared meaning of selected passages, to insure accuracy and mitigate against bias (Rettig et al., 1996). Consistent with this method, interviews were analyzed, filtering for the language of attachment, identifying recognizable themes, and all the while, remaining open to discovery (Gilgun, 1995).

Sensitized by attachment indicators, I engaged in a rigorous constant comparative process to test assumptions, while remaining alert for a variety of meanings and interpretations (Strauss & Corbin, 1998). Disagreements over definitions and categories, though few, were resolved by discussion and verification, providing a kind of “inquiry audit” (Rettig, et al., 1996). By using modified analytic induction, it became easy to apply a working hypotheses to identify similar situations and select appropriate quotes from the interviews to illustrate my points (Rettig, et al., 1996). I followed intuitive hunches, but consistently examined the actual language of the participant for confirmation, noting phrases that described withdrawal (distancing), neediness, clinging, fear of rejection or abandonment, dependency, mistrust, hypervigilence, insensitivity, etc. The process went smoothly, and the collaboration with my research advisor was a privileged experience. The last step in making the data accessible to the reader was accomplished by combining information from the individual male and female interviews into couples narratives. The major challenge here was melding each partner’s story of the relationship into one cohesive tale, particularly when their information did not match.

Analytic induction is an iterative process based on the belief that researchers will repeatedly find patterns in the physical and social world (Denzin & Lincoln, 1994). Each of the selected interviews was read several times. From the data itself, categories emerged and eventually yielded subcategories, which spontaneously led to examples of attachment

behavior (Sprenkle & Moon, 1996). Once a theme was identified in the inductive mode, I attempted to verify it, through the language of the participant, trying to confirm or qualify the finding. (Denzin & Lincoln, 1994). In one instance, after all the narratives were in final draft form, a return to the earliest narrative yielded substantially more information, as I was now working from a more informed posture. Devices familiar to the inductive analysis process that were used in this study included clustering ideas by concept, noting patterns, counting instances of similar behavior, or recognizing contrasts.

IRB approval was obtained and participant confidentiality remained an ongoing priority, although I did not have access to the original intake documentation. During transcription, only one tape was examined at a time, kept in a locked file cabinet, then promptly returned to my advisor before another was borrowed. Pseudonyms were given to all participants quoted in this thesis.

Lens of the Researcher

In an effort to inform the reader, the researcher is a heterosexual divorced female, in mid-life who has never defined herself as a feminist. I had few preconceived notions about partner violence, but did have some clinical exposure to both male and female clients who participated in aggressive behavior in their marriages. A personal sense of there being a natural connection between attachment theory and intimate personal violence, as well as a curiosity about the infrequent use of attachment by researchers in the systemic disciplines, propelled this investigation.

Hypothesis

This secondary data analysis, using the theoretical framework of attachment, should offer evidence that anger and abusive behavior are related to fear of abandonment, threats to the attachment bond and responses to unmet attachment needs between partners in violent, intimate relationships.

CHAPTER IV

Results

Introduction

In these interviews, conducted without an attachment focus, I was able to infer attachment from the behavior and comments of the participants, including hints of early attachment disruption dating from their families of origin. (That is essentially because I was filtering secondary data for attachment references participants made as offhanded remarks in response to questions that were focused on the process of violence in their relationship). Random comments carry authenticity, but admittedly are open to speculation and disagreement from those who would interpret them differently.

The population, men and women who used physical and verbal abuse in an intimate personal relationship, displayed characteristics typical of the insecurely attached persons described previously in the review of literature (Chapter II). The internal working models they acquired in childhood did not appear to help them functionally process information about themselves or others. They tended to access internalized, negative self-images, which were triggered whenever their partner expressed criticism of them, or said something cruel during a fight. The considerable frustration felt by one or both partners rushed them to violence, as automatic arousal responded to perceived abandonment. Because they did not observe healthy conflict resolution in their families of origin, their responses probably replicated childhood observations. Based on the limited information in each interview, it appeared that conflicted adults, deprived of the insulating benefit of secure attachment tended to restrict self-disclosure, bear the mantle of personal unworthiness, and take a defensive posture in any disagreement. Their greatest fear, from an attachment point of view, was the loss of their partner, their adult-equivalent caregiver.

In the following narratives, anxious/avoidant behaviors such as verbal abuse, breach of trust, threats of abandonment, lack of caregiving, withdrawal, lack of intimacy (or discomfort with closeness), and emotional unavailability, will be the focus of quotations used to demonstrate how insecure attachment often manifests itself in violent couples.

Disagreements about emotionally charged problems often stressed the more dependent spouse, who tried to re-engage the withdrawing partner. A spouse who required the close proximity of their caregiver to feel safe, might also resort to overly restricting the autonomy of their partner, arousing complaints of social suffocation or an outburst of anger. These are some of the behaviors I attempted to isolate from the interviews described in the following collection of narratives. Unemployment, substance abuse, chronic grief, loss and financial stressors are briefly described for contextual purposes.

Couple 001

Demographics

An unmarried, Caucasian couple in their twenties, Dan and Susie, have been together three years and are currently separated. At one time, they were engaged, but they have no children together. Susie has been employed throughout the relationship, while Dan reports just starting a job four months ago.

Families of Origin

Both partners experienced abuse in childhood. Susie admitted she was physically abused by her parents and was in previously abusive relationships. Susie told the interviewer that Dan's father and stepfather abused his mother, and his father abused him. He is very close to his mother.

Early Courtship

Two months after they moved in together, Susie was aware of Dan's pattern of abusive behavior. Other people mentioned it, but she ignored their warnings, because she

and Dan were both drinking. Early in the relationship, Susie discovered that Dan had no intention of consistently working. He made demands of her, and told her to leave if she did not like his attitude. It frustrated her that he felt comfortable telling her what to do, but would not offer her any help with the house or the finances. He told her he needed a woman to take care of him. Friends advised her to leave him.

In their early arguments, Dan would tell Susie to leave, then run after her, apologetically promising to change. She repeatedly accepted his pleas and returned, expecting changes. This pattern dominated their relationship. During a fight, Susie took Dan at his word and left, but later convinced herself that it had not really been Dan's intention to send her away. She softened when she saw the devastating effect her leaving had on him. Even during a period when Susie was hospitalized, Dan did not seek a job to insure their financial stability. He ignored their homelessness, insisting he was not going to work at jobs that did not match his career goals.

Current Relationship

Susie and Dan occupied separate realities made fuzzy by substance abuse. Dan continued to call Susie an alcoholic, although she told the reviewer she has been sober for a while now. Dan said he was a marijuana user until Susie got sober, then he increased his drinking, consciously trying to sabotage her sobriety. He now understands the negative impact of his drinking in Susie's presence, (while she was attempted to abstain from alcohol). Dan began his own recovery four months ago, and reported that he has a job. Susie's version of the situation was that Dan worked infrequently throughout their relationship, and was caught up in a fantasy about starting his own business one day.

While they lived together, Susie worked over ten hours a day, while Dan watched television, ignored household chores, and made additional demands when she returned at

night. He could not do anything on his own, pleading, “ ‘I can’t do it,’ ” according to Susie. Dan said Susie made him feel untrustworthy, because she did not share her personal financial information. Dan could not be trusted, Susie explained, because he borrowed her money and her credit, but did not pay her back. Dan’s perception was that he had been conscientious about paying bills, yet the situations described by both partners conflict with that belief.

Sexual intimacy brought Susie close to Dan, free of force, anger or conflict. Dan admitted that being intimate was how they usually smoothed things over after disagreements, but he said he realized it does not help to ignore the underlying problem. Susie tried to tell Dan that earlier, but he made excuses, yelling in a loud voice to block her, wanting to believe that making love would make their problems go away. Dan now agrees with Susie.

Susie just left Dan for the fourth time and sought help for herself. She said she was unable communicate with Dan, who would not follow through on promises. With the support of a domestic violence group for women, Susie gained enough strength to ignore Dan’s demands that she find him an apartment, support him financially, get him a cell phone, etc. He continued to manipulate her with guilt, accusing her of not loving him enough to do what he asks of her, hoping to wear her down, and get her to take care of him.

Dan said his anger was less intense now that he’s not drinking. When Susie actually moved out, it came as a shock to him. Dan described himself as a man in the midst of being “burned out” from smoking marijuana. Since separating, Susie was changing. Dan insisted he loved her and was working on his listening skills and behavior. He was fearful of Susie leaving for good, so he said he was listening to her, under any circumstance (even if she was upset and yelling). Dan was able to admit that behind his anger was a fear of being hurt,

lonely and abandoned. Despite all that she had been through, Susie still said she believed Dan had caring feelings locked inside of him.

Both Dan and Susie exhibited insecure attachment. Dan's manipulation prompted her to say nasty, degrading things in retaliation, which made her unhappy with herself. Dan tried to isolate Susie socially, and abused her emotionally, trying to convince her that nobody loved her, and that her parents and son hated her. Although Dan said he was concerned about Susie's safety, his anxiety prompted him to track Susie's every move. He accused her of seeing other men and aroused jealousy in her with fabricated tales of other women in his life. He frequently taunted her with " You don't love me," seeking to elicit validation.

Susie was not very hopeful things would work out. She called Dan a compulsive liar. He promised to stop his verbally abusive behavior, but always returned to his old ways. Dan justified the way he treated Susie by blaming unidentified people in his life who were unkind to him in the past, and was threateningly aggressive toward her. He took no personal responsibility for his carelessness in the relationship. Sounding contrite in his interview, he said he now realizes he should have shared responsibilities and been kinder to Susie, who reported very little change. She was convinced that Dan used what she called "nastiness" (e.g. leaving cruel messages on her answering machine) to cover up feelings of guilt, now that she has moved out.

Physical Abuse

When they fought, Susie's anger was initially triggered by Dan's verbal abuse, then he switched focus, and made her anger the problem. He picked on her until their arguments either escalated verbally, or she gave in to his wishes. Dan said he twice called the police about her, and had to lock himself in the bathroom to escape her violence. Dan said he got smacked whenever Susie got angry, but serious, physical violence was no longer a worry,

since Susie got sober. Dan described fights where Susie would be screaming, throwing things, hitting him, ripping his shirt off, or slapping him. While he identified himself as a victim, he later qualified that admitting, “Well, actually, she only got physical once.”

Dan admitted that he ordered Susie around, and wanted things his way, explaining that when she did things her way, they never got done in a timely manner. He said he lost patience when bills were not paid on time.

Susie said she got frustrated and eventually tired of asking Dan to discuss problems he wanted to avoid. The more she pushed verbally, the more he withdrew. Dan reacted by threatening to leave or hurt her, to get her to “back off.” He was verbally aggressive, and shouted, “Shut the hell up,” at Susie.

Dan has admitted calling her “every five minutes,” ostensibly because he needed to know she was safe. Susie said Dan’s behaviors made her feel “violated.” He reported personal amazement that he created so much fear in her, and that sometimes “she would be totally terrified.” Dan reportedly grabbed Susie’s arms rendering her defenseless during sex, startled her in the kitchen by sneaking up on her, and described her as “frightened and...scared” of him.

One day, when she emerged from the shower, he engineered his entrance so that she was unaware anyone else was in the room. He said he was shocked that his actions elicited terror from her and felt like “a piece of trash,” when he saw how much he frightened her. His ongoing behaviors contradict the contrition he expresses.

Susie feared Dan might get violent when he was drinking or smoking marijuana. He initiated their fights, according to Susie, pushing and shoving her. Then, she said she slapped or grabbed him, in a pattern that usually led to make-up sex and a period of calm, but no change in behavior. Recently, Susie and Dan fought in the car, while in traffic. To

put a stop to his screaming at her and endangering them as she drove, she slapped him. She said Dan is the only person who ever pushed her to the point of rage.

Summary from an Attachment Perspective

Susie and Dan both began their relationship with abusive behaviors normalized by their families of origin. Neither of them had an internal working model of an intimate relationship that allowed cooperation, safety, respect and reciprocal caregiving in an intimate relationship. They reacted to misunderstandings with feelings of rejection and fear of abandonment, leading to frustration, anger, and violence whenever they perceived their attachment was threatened. This was an insecurely attached couple.

Dan alternated between closeness and distancing. He appeared to be defending against his vulnerabilities, and was unable to tolerate powerful emotional content. Dan's internal working model for male-female relationships was unbalanced. He seemed to harbor a sense of entitlement, allowing him to rely on Susie's caregiving, while he offered her no security. Susie's frustration was fueled by Dan's emotional insensitivity, his refusal to work, and the threats he made when he did not get his way. Susie told the interviewer, "Nobody has ever made me this angry, where you want to do something to hurt them. I mean nobody."

In addition, drug abuse seemed to have been used as a device for maintaining emotional distance, denying Susie and Dan the ability to address their issues and seek compromise. Until it was clear that substance abuse was no longer clouding Dan or Susie's thinking, the relationship cannot be examined with any honesty.

When problems arose, blaming, criticizing, scaring, terrorizing and threatening Susie were Dan's means of handling them. He blamed Susie for a ticket shortage that prevented him from attending her son's graduation. He said being left out felt like she was "dumping

me...I felt like complete abandonment.” Dan was angry, so he attempted to arouse guilt in Susie. He told her, “if I can’t go to the graduation, she shouldn’t.” Then he went down to the hotel bar, leaving Susie weeping on the day of her son’s graduation, alone in their hotel room. Dan reported difficulty understanding emotion, and said he was often unable to understand what Susie needed. Neither empathy nor reciprocal caregiving was shared in this relationship.

Discussions of problems triggered Dan’s withdrawal, while Susie automatically became more demanding. Taking advantage of Susie’s having been “physically abused before,” was a manipulative route through which Dan controlled her. He expressed surprise that Susie cowered in fear from sneak attacks he labeled “fun,” but his failure to stop such cruel behavior is telling. Although he was usually apologetic, his behaviors reflected his lack of care, and a disregard for Susie’s safety. Susie’s internal working model appeared to normalize abusive behavior in a close relationship with a man.

Whenever Susie pursued Dan demanding he talk about a problem, he got automatically aroused, “... yelling immediately, very loudly.” The further he retreated, the more she pursued, increasing his annoyance at being hounded, and her anger at his avoiding a discussion. From an attachment perspective, it appeared that Susie saw Dan’s withdrawal as a rejection. Dan did not appear to have the skills necessary to tolerate strong emotional content without becoming hyper-aroused, so his withdrawal from Susie might have been defensive. When Susie got upset, she had to resolve things, but talking about problems aroused Dan’s fears of abandonment, so he withdrew, increasing Susie’s anxiety and the possibility of physical abuse. Neither Susie nor Dan was aware of the cycle of violence they created.

Susie recognized the signals of pending escalation, “His upper lip curls. That’s when he’s getting ready to punch something.” She reported being automatically triggered as well:

The only reason I would push things is because he never wanted to discuss anything...for me it had gotten to a point where I need to discuss this, I need to get this off my chest. I need to...let you know how I feel or what you’re doing, how it’s making me feel, because I’m starting to get frustrated.

Dan’s internal working model appeared to normalize using women. Despite all the caregiving Susie offered, Dan was still critical of her: “I would be very aggressive about her not cooking... if she was late paying the bills, it would make me angry.”

Dan appeared incapable of empathy, but capable of cruelty. For example, when Susie was working toward sobriety, he “...started drinking and smoking, and that was like mental torture for her.” Eventually, Dan stopped drinking, not to support Susie, but “...when it started affecting my job, affecting my health, affecting my way of thinking.”

Attachment theory says that childhood models of caregiving become internalized as behavioral guides, helping us act appropriately in intimate adult relationships. Dan’s negative IWM seemed to include no emotional component. When he was confronted with strong feelings, he appeared to be uncomfortable and withdrew. Susie then increased her demands and violence was the result.

Dan lied, bullied and abused Susie in order to avoid abandonment. The more intensely he bound Susie to him, the less threatened Dan felt. Dan’s internal working model must have included permission to control by fear. Judging by the trauma he activated every time he grabbed or surprised Susie, it is hard to believe he felt horrible. He said he

immediately stopped each time, but took no responsibility, excusing it as just “playing.” This was confusing to Susie. Dan’s solution was, “Let’s make up.” It seems likely that Dan suffered some childhood victimization that would compel him to reframe terrifying experiences as if they were a game.

Dan’s anxiety over this relationship made him worry, but no change occurred until Susie left. Dan recently acknowledged his substance abuse problem and reported that he got a job. Whether or not Susie will be able to trust Dan again is unknown. Her friends told her there is a positive change in her since she separated from Dan.

Couple 005B

Demographics

Sonya and Troy are an African American engaged couple in their early 20s. They have been together 3 years and have recently had a baby together. At the time of the interview, both were employed. Troy reports a diagnosis of heart disease and Sonya reports a history of depression.

Families of Origin

Troy told the interviewer he felt overwhelmed, lonely, and fairly hopeless since age 12. He had a series of losses including the death of a grandmother, mother and a sister, all from heart disease. Apparently, these women, with whom he was very close, were affectionate, warm, strong, and protective of the five children in his family. Troy described his family as maternal, close, and religious, yet it appeared that physical abuse between spouses was ignored: “Every once in a while [my sister] would pop over with a black eye or something.” No one in the family addressed the obvious violence. Sonya and Troy’s mothers were friends, so the couple met when they were young. Troy’s mother specifically warned him not to get involved with Sonya, but he ignored her advice.

Sonya suffered many losses in childhood. Her father physically assaulted her mother for many years, but her parents are still together today. It was not until her mother was diagnosed with heart disease, that she began to defend against her husband’s abuse.

Sonya was not raised in her parents' home. She was adopted by her grandmother, but as the youngest of seven siblings, she was primarily parented by an older sister, Cheryl, whom she referred to as "Mom." Sadly, Sonya learned that Cheryl was abusing drugs, and since then, Sonya refused to speak to her sister. Sonya reported struggling with depression since childhood, and a hospitalization a couple years ago, for a drug overdose, kept her from finishing high school on time.

Early Courtship

Sonya thought that being raised without her parents, and without the presence of a father in her life, created an emptiness in her that accelerated her desire for an intimate relationship. She reported that Troy seemed loving and complimentary to her when their relationship began, but since the death of his sister, two years ago, things had changed. Troy said things changed a year ago, and it was Sonya who "changed up on [him]."

When they first became a couple, Troy knew that Sonya was not yet "over" a former boyfriend. Troy settled for a friendly relationship, hoping they would get closer, while remaining patient and supportive. Troy and Sonya shared loving words, but Sonya did not fully commit to him. When Troy finally asked that she give him proof of her affection, his demands caused her to withdraw. Troy, very much in love, according to his report, waited a year and a half, but Sonya gave him no security. She breached his trust (lying about calling her old boyfriend). Troy felt rejected:

She was pretty much walking on me, stomping on me...and
not caring about the way I felt about her going certain places,
and hanging out with certain people. She didn't care.

He gave up hope, "I was trying my hardest to get her to love me...but now, I got over it."

Current Relationship

Sonya described her fiancé as a man who argued a lot, verbally abused her, hit her, kicked her in the face, and pushed her down the steps during her pregnancy. She said, “I love him,” but admitted that there is little between them, aside from the connection over their son. Her complaints included, his not listening, his disgust toward her, and his complaints that she “needs to lose weight.”

A history of manic depression, including one suicide attempt, was reported by Sonya. She said she suffered racing thoughts when left alone. Despite their troubles, Sonya and Troy were the parents of a small son. They had differences in their attitudes toward parenting. Sonya said that she needed to be “with my baby’s Daddy...I don’t want my kids to have different daddies.” She said she accepted the fact that her life changed when she became a mother. She wanted Troy to invest more time in family life, but he still liked to go out dancing and was having a relationship with another woman.

Neither partner seemed to be feeling very strong or stable at the time of the interview. Troy was recently diagnosed with heart disease, and saw the future negatively. He reported that he was easily aggravated and prone to obsessing about things, unless he was surrounded by his family. Troy said he felt lonely, and he appeared to still be mourning the loss of his sister while suffering disappointment over his relationship with Sonya.

Troy was not emotionally supporting Sonya, eroding her self-esteem by comparing her to other women, and reminding her that since the baby, “nobody else is going to want you.” Sonya told the interviewer, “he just makes me cry.” Troy confided that his passion for his fiance is gone. Each partner seems to be hurt and disappointed, but they did not directly discuss it. They were very physically aggressive toward one another, yelling insulting epithets.

Troy was “not a happy person,” and was emotionally distancing himself from his fiancée. This caused Sonya to grow more demanding. She tried to control him by monitoring his activities. She complained about his affair (initiated during her pregnancy), and rhetorically asked, “What’s wrong with me... that you had to go that route?” Troy openly flaunted his girlfriend, as if to retaliate for Sonya’s rejection of him, a year ago. In response, Sonya threatened him with not seeing their son, “...you’ll never see Daniel, [their son], because you’re not going to be running in and out of his life.”

Sonya told the interviewer she has lost her strength to fight for the relationship, “I’m tired of it. If he wants to leave, just leave.” Troy said Sonya was trying to manipulate him, and used sex to get him to spend more time at home. “She pretty much controls me...makes me feel so low...” he complained. He said he felt powerless. “I think she wants me to (control her)...I don’t think I do,” he said. When specifically asked about control by the interviewer, Troy described shaking someone, as being “too controlling.”

Both Troy and Sonya gave each other contradictory signals. They acted tough, but both hid great pain. For example, when Troy was hospitalized, became her fiancé’s devoted caregiver. This confused Troy, who had convinced himself that the relationship dead. Despite evidence to the contrary, Troy insisted in his interview that Sonya was a strong woman. He seemed to imagine her to be one of the strong females from his childhood, and failed to notice signs that she actually was very dependent on him and needed his support.

Their avoidant attachment styles kept this couple from addressing Sonya’s depression and Troy’s grief. Sonya’s depression appeared to be chronic, “I don’t like being by myself, because I do get that way. Somebody has to be there to talk to.” Troy’s behavior only intensified Sonya’s feelings of rejection and isolation. There is no shared caregiving or

empathy in this relationship. Taking no responsibility for his contribution to their present difficulties, Troy complained: “The only time she’s happy, is when I’m just there with her, all day...I don’t go nowhere.”

Although Sonya used the word “love” to describe her connection to Troy, there was little loving behavior between them. Once, Sonya was so angry, she sold a fish tank that was on loan from Troy’s cousin, without telling him. Watching the fish in the tank was something Troy found soothing whenever they would argue, and with it gone, he lost a way to calm himself.

Emotional issues were not resolved, and nightly arguments created more problems as Sonya started fights to create a pseudo-intimacy. “She wants too much,” says Troy. The more aggressively Sonya demanded, the more quickly Troy retreated from her.

Physical Abuse

Sonya and Troy’s relationship was very violent. Upon hearing that Troy had threatened her and physically abused her, friends and family advised her to leave him. Sonya said she would not leave Troy, despite the abuse. They seem to have reversed roles in the past year. Troy clarifies, “she’s like, I was, the way she is now. I was trying my hardest to get her to love me, but now, I got over it.”

Sonya reported that the violence started a year ago, after Troy’s sister died. Arguments, according to Sonya, occurred every evening, and quickly advanced from verbally aggressive to physically violent. Sonya admitted that she “hit him back.” Troy accused Sonya of jealousy and said they shared responsibility for initiating fights. He told the interviewer that he could “...never just beat her up...that girl is strong.”

The fights usually were about another woman or some property of Troy’s that Sonya had randomly destroyed. The violent cycle began with Sonya’s negative affect, which Troy

described as “... little looks and shaking her head, and smirks.” He responded to her with cutting remarks. Sonya then launched equally vindictive remarks that triggered Troy, who started yelling at her to “shut up.” It was then that Sonya switched to explosive anger, accusing Troy of treating his girlfriend better than her. According to Troy, she started “throw[ing] sucker punches...wherever she can.” Troy, now also out-of-control, returned each blow, and the violence escalated. Troy said that sometimes their fights were so violent, that Sonya broke things and smashed the glass from them in his face.

Sonya admitted hitting Troy, but minimized her role in the fighting. She accused Troy of striking her in the face, and pushing her down the stairs, pinching her, grabbing her by the hair and kicking her. She complained that he verbally abused her, while Troy said that he is only responded to Sonya’s aggression. Lately, he said he noticed that he was becoming more easily triggered to anger. He told the interviewer that these fights made him feel so ill, that he vowed to end them. He described one fight that was so horrible, he blacked out.

The rage was:

Just anger. Everything got blood red, and everything faded out. I didn’t remember none of what happened. The only thing I remember was her ripping all the pictures...everything went black... when I came to... she was on the floor, and I was on the bed.

His favorite wall posters, irreplaceable gifts from his brother, were torn from the wall.

Summary from an Attachment Perspective

Neither Sonya nor Troy had an IWM based on a secure partnership. Their role models were women who did not complain, and operated as single mothers with little support from the men with whom they had children. Troy was proud to call himself “a

mama's boy," suggesting a respectful, loving attachment to his mother. One of the few hopeful observations he made was that Sonya shared some of the positive characteristics of his deceased mother. He said of Sonya, when "she says she's going do something, she does it. I look up to her for that."

Strong women, banding together to handle responsibilities without male support, was what Troy admired in childhood, but it was an unrealistic expectation for Sonya. Unlike the women in Troy's family of origin, Sonya seemed to have no female support, as she suffered bouts of depression, and had a new infant to care for. Having witnessed the abuse of her mother by her father in her own childhood, she had a very negative IWM influencing her behavior in an adult relationship. In addition, Sonya just lost the attachment to her "mom" that Troy cherished with the women in his family. Sonya did not experience any security in her early life, and has none now.

Troy appeared to be grieving the loss of a series of family members, in addition to his health and his disappointment in Sonya:

Something's always getting to me. It's like my mama, sister,
my grandmother...if I'm not occupying my time doing
something, I'm thinking...I just get aggravated real quick,
because I'm already upset.

Sonya and Troy suffered so many losses in their lives, it was natural that they would want to self-protect, but without openness they limited a chance for intimacy.. Sonya tried to be a strong woman, hiding her sadness and fear: "I told him, if you want to leave, leave. He thinks I'm going to sit and cry." Her IWM seems to warn her that weak women end up abused or abandoned. Not trusting Troy with what was true for her, she did not get the care

she needed. They were an insecurely attached couple, wanting closeness, but fearing rejection.

Troy and Sonya attacked each other, frustrated that their needs were not being met. They threatened each other, using anger to keep each other at a safe distance, preventing vulnerability. Each of them tried to ignore their hurt and sadness, while they provoked their partner to aggression. There was no trust, no empathy, no reciprocal caregiving, and no safety in this relationship. Troy and Sonya were stuck in a pattern that precluded a peaceful resolution while risking serious injury and harm to their child. Troy threatened to leave Sonya, and she threatened Troy with the loss of their child if he abandoned her.

Sonya now demanded Troy's attention, which frustrated him, he had not been prepared to be depended upon as a father and husband and had now IWM to guide his behavior. He said: "That's the only time she's happy is when it's just me and her, and nobody else. When it's me and her, is the only time she seems happy." He was unable to make sense of her requests as anything but clingy and annoying, based on his IWM of strong women functioning alone. Neither Sonya nor Troy had a model for a secure attachment with mutual respect. His experience of family was a multiple female household, where the only males were children, and women did everything, alone.

Reportedly, Sonya cried, "Don't leave, don't leave," when Troy went out without her to party, but he ignored her. Rejected, verbally abused, and frightened that she and her baby could be abandoned, Sonya pursued Troy nightly. It appears that pulling him into arguments was the minimal connection she could get. Their physical battles became dysfunctional intimacy. Sonya failed to make Troy stay home or quit his emotional distancing. They had no skills with which to discuss their shared hurt.

Troy showed no empathy. He went out as he pleased, began an affair, and lied about Sonya to his girlfriend. It seems that committed affection meant security for Troy. He pursued Sonya for a year and a half waiting for assurances. Her repeated distancing at that time, because of a former boyfriend she was “getting over,” prevented their bonding. Troy explained the pain of that rejection:

I'd rather it to be something physical, than something emotional. It just hurt more, to know she just wanted to be around him... I got a phone bill back and his number, it was a whole sheet of just his number.

It was a breach of trust he and Sonya never discussed.

Troy, discouraged by Sonya’s lack of affection and validation of their love finally turned away from her. Once their son was born, it was Sonya who asked for more of Troy’s attention, and wanted him to end his affair. She was a mother and felt changed. She was also more dependent. Troy’s verbal attacks triggered her IWM and she fought back automatically, unaware of the damage being done. Troy appeared ashamed about the escalation of violence, perhaps because his internal working model of women/mothers included being respectful toward women.

Troy reported increasingly automatic arousal during confrontations with Sonya. Arguments deteriorated into fights, and he became “this yelling person, stomping, leaving.” Troy admitted that he “disrespect(ed)” Sonya, yelling, “bitch” or “slut,” and she retaliated and called him a “fat bastard.” The verbal attacks drove the escalating anger. As soon as the first blow landed, it was matched by the other partner. They both lost control and went into rageful states. Troy said:

I didn't remember none of what happened. We were fussing you know, we were fussing and stuff, and she just kept saying stuff that just wasn't good. She was like, you're this, and you're that, and all this other stuff and then accusing me...We just got into it really bad.

Devoid of reciprocal caregiving, Troy and Sonya appear incapable of intimacy and mutual trust. During their courtship, Troy “numbed” himself to Sonya’s betrayal. He was willing to let the relationship be whatever she wanted it to be, until he felt unsafe. Troy reminded the interviewer that initially it was Sonya who rejected him and showed no empathy. At that time, he complained seeking comfort, but “she was ignoring me.” Troy gave up when she refused to commit to him. He withdrew. After their child was born, they reversed roles, and she pursued him, but he blocked her advances.

Having grown up with strong female figures, his IWM did not equip him to comfort a partner in emotional distress. The escalation of mutual aggression in this relationship, seems to be directly related to the anxiety generated by a weak attachment bond. Troy outlines the process to automatic arousal, ultimately ending in violence:

It's like I get more pissed, and I get mad quicker than I used to... So, everything she was doing then, if she tries to do it now. I mean like the slightest thing, even if she doesn't mean to do it, or she's not paying attention that she's doing it, it pisses me off.

Sonya told the interviewer that although her mother was abused, “for a long time... they’re [her parents] still together,” and the fighting ended, because her mother finally fought back. Sonya’s IWM guides her to be tough and warns her not to trust men, because they are likely to be abusive.

Couple 013

Demographics

James, who is Caucasian, and Natalie, a woman of Asian heritage, are in their early 30s. They have been married for three years, but have been a couple for the past 12 years. They met in their first year of college, and are both currently employed at home, running independent, home-based businesses.

Families of Origin

Natalie grew up in a family where “a lot of screaming...hitting and slapping,” was the norm:

I was raised to save money and he was raised to...not save
money. I was raised in a very unaffectionate household...not
in terms of no love, but in terms of no touching, no kissing,
no hugging. Asian households are very cold...and he came
from a very warm household.

Children in her family showed respect by responding to parental requests promptly, and were never hit. People “grow up differently,” Natalie summarized.

James told the interviewer that the violent scenes Natalie witnessed in her childhood environment, such as “her mother pursuing her dad throughout the apartment with a kitchen knife,” influenced her significantly. He reported that Natalie’s parents gave each other bruises and black eyes. As a young girl, she was frightened by all the fighting. It appears that she became so ashamed of her family that she stopped inviting friends home. She was aware of her father withdrawing from her mother and was deeply upset when her parents’ marriage ended, though it came as no surprise, according to James.

James recalled a cloud of tension in his childhood home, which caused him to fear that his parents could divorce. Although they tried to hide their disagreements, James heard

a “lot of yelling.” Admitting that his memories were perhaps, “a bit too idyllic,” he characterized his father as an authoritarian figure who commanded respect and obedience. He was “much older than my mother, [by] eighteen years.”

James, abused as a child, recalled, “My father hit me, [but] rarely touched my sister.” Those early beatings appear to have communicated a message from his parents that violence was a device to avoid closeness. James said the message he got was, I “close my world to you, problem solved.” His childhood abuse left him feeling ashamed. “My mother always told me...how disappointed she was in me, and I could see it when I used force on my sister,” James recalls. Parental punishment for fighting in his home was severe:

My mom always punished me...I've been very, very mean to
her and there was physical abuse there...Sometimes she
would hit me, too, and it would be very painful. And
sometimes my father would hit me, too...there is a belief in
my family in tough love... my father definitely hit me.

Early Courtship

Although Natalie was not surprised by her parents’ divorce, which occurred during her college years, it was very sad for her. She leaned heavily on James for support, her need for closeness elicited frustration and distancing from him. James remembered their college courtship as dramatic, marked by both passion and physical violence. According to James, “We started by not dealing with what we had very well, and breaking off, hurting the other, backstabbing...”

At age eighteen they began a love-hate relationship according to James. Fights with Natalie were reminiscent of the childhood battles he had with his sister. James remembered his sister as “very independent.” He used neither drugs or marijuana when he first met

Natalie, but at the time of the interview, he regularly smoked “weed.” Arguments were triggered whenever Natalie refused to respect his personal space, and escalated as she insisted on pursuing him, though he tried to retreat. Natalie wanted to resolve their disagreements, but her aggressiveness communicated disrespect to James and automatically aroused intense anger in him. Once, during college, James got so enraged, he threw Natalie out of his house and tossed her dog out behind her. He hurled the animal so roughly, that it became confused, and ran down the driveway into the path of a car.

Fights ended traumatically with Natalie crying, and James “sweating, all red, wanting to kill everything in sight...wanting to run under a car...just hang my[self]...” in a rage, furious and ashamed, on the edge of self-destruction. “Shame” is familiar to both Natalie and James. He reports feeling shame when Natalie “treats me like a dog,” or starts a fight “in front of my friends.”

Current Relationship

Natalie described her marriage as unbalanced, “We’re nowhere near the same levels of [growth] in each category of life.” She saw herself as a controlling person around James. He repeatedly failed to do his fair share of chores, obliging her to play the role of nagging mother. Like her mother, Natalie reminded her husband about what he needed to complete around the house, guided by an IWM that told her men are irresponsible and careless.

James described marriage as hard work, and identified the lack of sex as his primary problem with Natalie. Sex, finances, and sharing responsibilities, are topics that fueled their arguments. James requested more affection, but was rebuffed, and suggested that the lack of

intimacy would drive him outside of his marriage for sex. He accused Natalie of “emotional abuse,” and attempted to use that to justify his getting “stoned” on “weed.”

James said he basically considered Natalie “a fair person,” and admitted that he knew he was not living up to her expectations. Financial responsibilities fell to Natalie while James bounced checks. He also ignored his wife’s requests for help with domestic chores. This irresponsibility confused Natalie who characterized herself as someone who promptly responded if her husband asked for help. James complained that Natalie lacked confidence in him, but he did little to change that perception. His passive-aggressive behaviors appear to have contributed to Natalie’s controlling role in the relationship.

Both Natalie and James disliked their negative home environment, particularly the screaming and yelling. Natalie, whose childhood memories included yelling, commented that loud, angry sounds agitate their pets, who “get very scared and run and hide.” She added, “when I see that in dogs, I can only imagine children... it’s so sad.” Natalie confided that she has contemplated divorcing James.

James insisted and repeated several times, that his wife needed to modulate her voice. He complained: “the way she approaches me is fundamentally wrong. I have said it to her for 12 years.” Screaming and yelling during fights, triggered James’ automatic withdrawal. Although Natalie took responsibility for yelling, she did not change, even though she was aware of her husband’s reaction. Yelling appears to have been her response to automatic arousal. James identified the trigger for his reactivity:

The voice...breaks down the communication...I would be on
the receiving end of some abuse...I have to snap enough to
make her realize that I’m angry...unfortunately, it has a

tendency of escalating things...different inflections of the voice.

Physical Abuse

Natalie demanded James' attention by “ whack[ing] him on the shoulder...shov[ing] him a little bit ...” Such assaults appear to replicate behaviors Natalie witnessed in childhood, supporting the theory of the intergenerational transmission of violence: “I whack at him because of [how] my mother whacked at my dad.” She commented about yelling at her husband, “I grew up with it, so it doesn’t scare me...later I’ll feel really bad.” Natalie expresses little concern for the possible consequences of yelling at her husband. James said that Natalie became violent once, when she learned that he had cheated on her. James remarked to the interviewer the disloyalty caused her “extreme pain.”

Natalie said she limited her pushing and shoving of James, resorting to such behavior “ only when [James] backs away” from her. She was unaware of her part in the cycle of violence. Automatically aroused by James’ withdrawal, Natalie lost control, and did whatever she could to get James to respond to her, ignoring negative consequences. She verbally pursued him, invading his space, then, if that failed to get his attention, she escalated, physically drawing him into a fight and creating dangerous, dysfunctional intimacy.

The cycle of violence, fueled by Natalie’s tone of voice, triggered automatic arousal in James. Failing to stop his wife by withdrawal, he was trapped, frustrated and frightened by her aggressiveness. Informed by his IWM of female capability for violence, he could have feared her demands for closeness, and pushed back to create distance. The result was extreme. He lost control and it became blind rage. James recalled five such experiences, where he felt “...my back is to the wall, and there she is, breaking into it, thinking that the argument is going to continue...” Frustrated when Natalie disregarded his warning and pressed him aggressively, James admitted:

[I had to] take her and physically get her out, throw her out...that's the thing that got us into every single one of our physical fights, is her refusing to sense escalation.

Ashamed, James reported a recent explosion of violence that scared him. Triggered by Natalie's tone, James reacted to an argument in the car. He "snapped" and grabbed Natalie. He shook her by her neck, completely out of control. This first sign of rage in many years frightened James, who blamed Natalie, "...She brought me to a point where I couldn't even control myself." Natalie said the sudden, violent shaking shocked her. She denied she was afraid, consistent with her IWM, which seemed to inform her that women must be prepared to protect against angry men. She cried. James explained:

I'm a musician...the way you speak to me matters...I'm amazed that she doesn't realize how very sensitive my ears are. That she doesn't even know how to play her own voice, so that she would talk to me the right way and influence me.

The more aggressively he withdrew, the more Natalie pressed, neither of them halted the escalation, despite previous incidents. During volatile conflicts, James admitted, "We don't realize...what we are doing to the other person...."

Summary from an Attachment Perspective

James described himself as "naturally a very nervous person, a very preoccupied person" with a heightened sensitivity to auditory stimuli. It is the hypersensitivity to sound that seemed to connect his developmental attachment issues with reactivity to Natalie. James vividly recounts the sounds of his parents arguing when he was five or six years old. This was a traumatic experience, frightening, because he imagined them getting a divorce. That memory seems to link his fear of abandonment to auditory stimuli:

Her tone of voice will change really fast...the pitch is slightly raised. You feel a contraction in the vocal chords. You can feel the sentence...the volume increases. Every word is really shorter, and... the content usually is more orders, than requests.

Aware of his ability to be triggered, James identified timing (when you bring the problem up), and attitude, “how she addresses me” as determining the level of his arousal. If he thought he was “get[ting] crapped on” he had a “total loss of control,” and was no longer “dealing with something that’s rational.” Consistent with his IWM, which appeared to warn him that women punish and shame, James sensed that automatic triggers overpowered his logical brain, “whether it’s irrational or it’s chemical...I don’t know.”

James was confused over the similarity of the love-hate relationship he established with Natalie, and the one he had in childhood with his sister. He said, “I used to have the same exact fights with my sister...I was very cruel to my sister, and yet I love her to death.”

Natalie was alternately a pursuer and distancer in this relationship. Aware that her withdrawal made James feel insecure, she saw him as “a little child, he kind of shuts down,” when she distanced herself emotionally and rejected his requests for closeness. James sought comfort, sexual intimacy and security from his wife, his attachment figure. She abandoned him in that regard, reinforcing his IWM (women are not a source of safety).

James contributed to Natalie’s fear of abandonment, he admitted that he “wanted to break up with her...[and] cheated on her.” Neither partner seemed to have the ability to express empathy. Both were afraid of closeness and openness, which foster intimacy. They were insecurely attached and easily aroused by their IWMs. There was no evidence of

reciprocal caregiving between them. When she was automatically aroused, Natalie became unable to self-soothe, and experienced:

... Physical manifestations of getting mad and yelling. I feel like I'm burning up inside...I'll snap and all hell breaks loose, and I'm out of control, and that's not deliberate. That's just loss of control.

If Natalie pursued James, he interpreted it as an invasion of his space, and it brought him "close to the boiling point." They had no skills for correcting misunderstandings or negotiating responsibilities. Natalie admitted she was guilty of "revving up higher and higher," and "rarely let[s] him explain." In this example from their college days, James recalled an argument resulting in abandonment:

She would follow me...I'm not respected...it's bothering me...it's getting on my nerves...[I] lock myself into my room and I'm like, 'Get away from me.' Then we broke up.

Natalie's IWM seemed to impart the message that wives needed control to be safe. When James ignored her, it appeared that she interpreted it as a threat to her security and it activated her fear of abandonment. Automatic arousal followed. James reinforced a negative picture of himself (an unreliable partner), whenever he delayed chores that Natalie requested. Whenever James withdrew, it seemed to trigger the fear of abandonment.

James' disengagement hinted she was losing control, and it activated Natalie. She verbally abused and physically attacked James in an effort to connect. When James was compliant, Natalie felt respected and safe. If not, she escalated. James, cognizant of his own triggers, tried to keep Natalie from what he called "stepping on the edge":

I tried... to give her some signal that I was close to the boiling point, but we were in a car at the time, and so I couldn't really go outside. I was driving...I choked her. I reached for her neck...it didn't last very long, but I was just not very nice.

James seemed frightened by "how fast [he] burst." He shared his reaction:

I think I'm more aware than she is about how stressful it is...[Fighting] requires effort and, you know, maybe self-control. You can't ...bring a problem to somebody when your heart is beating. It [losing control] happens with me, because I'm a very emotional person. It'll happen to Natalie because she's more emotional.

They are caught in a system of reactive behaviors that escalates violence. Natalie tells the interviewer:

I've had to take on a motherly role. When someone doesn't do their fair share, I have to become a mother, and I have to remind them and nag them...and I'm very controlling...

Natalie and James were unaware of the connection between their IWMs and their current behaviors. They did not see how destructive patterns continued to recycle and threaten their relationship. Retreat by James triggered Natalie's anxiety. Our "conflicts are about little things... it's the tip of the iceberg... there might be something else behind it," suggested James. He concluded that his violent outbursts were beyond control: "There is in my nature... buttons ready to be pushed." Conflict ended with a mutual "quarantine" from

one another, then, after a few hours, they pretended nothing had happened, and moved on without discussion. To lower Natalie's anxiety, James re-engaged after a fight, but nothing was ever resolved.

Natalie, informed by her IWM, avoided painful emotions, "It's just so normal for me, and natural, for... things to roll off my chest...verbal abuse and things like that." James acknowledged that intense, negative emotion frightened him. "He jumps when I yell at him," she reported. James' extreme volatility whenever Natalie verbally abused him, suggested that he was responding to his IWM, which would warn him against angry women. As a vulnerable child, he was totally dependent on his abusive parents for his very existence, and it is likely that the sound of Natalie's angry voice also triggered a re-experiencing of trauma. Experiencing an attachment to primary caregivers who were hurtful left James hypervigilant and insecure. Natalie's insecure attachment style can be traced to an unstable childhood filled with parental screaming, fighting and violence.

The cycle of violence seems to follow this pattern: Natalie, informed by her IWM that men who are respectful do not abandon their wives. When James did not respond to her demands, she pursued him to command respectful behavior. In college, during a crisis (her parents' divorce), she sought comfort from James and was rejected. He had no tolerance for closeness. Now married, James complained about a lack of sexual intimacy. Neither James nor Natalie provided each other with comfort, safety and a secure base. James, whose IWM warned him about shaming, dangerous women, withdrew whenever he sensed disappointment in Natalie's voice. She followed him, which enraged him because his escape was prevented, and he could not calm himself. The ability to self-soothe was not a skill either of these partners had acquired.

Reciprocal caregiving was absent in this marriage. James and Natalie were insecurely attached. Here, Natalie described her rejection of James' sexual overtures:

It's never a good time for me, 'cause it's not a priority for me
to be affectionate. He'll leave and then he'll come back, and
I'll keep saying 'Not now,' and he'll get fed up and then
probably at that point, he'll be annoyed.

After several attempts, Natalie tired, and gave in to James, "...sometimes he nags me so much about affection, or about having sex or something that I'll realize, okay...it's just because he's nagging me so much...When somebody's annoyed at me, I respond, eventually." True to her pattern, Natalie was responsible, doing what she was supposed to, consistent with her IWM.

In some instances, James' behavior was threatening, he was disloyal to the marital bond, so Natalie's anxiety was elevated, triggering verbal abuse. James distanced and Natalie pursued, but if James held Natalie, or shoved her back, he increased her escalation. Natalie and James are unaware that they had other choices. Both partners identified verbal abuse rather than physical violence as their current problem, however judged by James' rage level in the car, it is clear that this cycle of violence is systemic. IWMs that normalized violent behavior contributed to this couple's inability to stop the violence.

Couple 016

Demographics

Ben and Marcy, an unmarried Caucasian couple in their 60s, knew each other for ten years, before they decided to live together two years ago. Marcy survived a long-term marriage to an abusive, alcoholic husband, and used therapy to deal with co-dependency issues. Ben, a former teacher, now thinks of himself as an artist. Marcy had a demanding

career in property management and had several young grandchildren. Ben looked after his elderly mother who lived in a retirement community.

Families of Origin

Ben described Marcy and her sisters as competitive, almost unkind to each other. She and her siblings had an old family saying: Never get divorced, just leave. Ben found them lacking warmth, compared to his family,

Nobody speaks to each other with kindness. It's always a competition...in my family, everybody gets up and is glad to see you, and when you walk into Marcy's family today, nobody says hello, nobody looks up from what they are doing.

Marcy's adult children thought Ben was difficult, particularly with the limits he put on their mother's interaction with her grandchildren. Ben had no children, and appeared to compete with the grandchildren for Marcy's attention. He was kind to them, however. Whenever the grandchildren visited, "he feels a jealous feeling," which Marcy tried to alleviate by inviting the children one at a time:

I don't generally have more than one over, one, once a month...but then, if there is a time that I want to have two, he says, 'Well, you promised.' So then I have to leave my house and go to the kids' house to have my grandkids there.

Although Ben's personal history was not shared in this interview, insecure attachment was implied: "I have a background which calls for me to want...to need dependable affection," and a partner who will "be there for me when I need them..." confided Ben to the interviewer.

Early Courtship

Marcy and Ben became serious about each other seven years ago. At that time, Marcy was traveling overseas for work, and they suffered long separations. Talking about feelings was natural for Ben, but Marcy tended to avoid them. Ben highlighted their different temperaments this way, “I’m an artist and she’s a carpenter.” During those early years, Marcy’s travel schedule allowed her to stay an extra day to visit a museum, or treat herself to a tour in a new city. She enjoyed being on her own.

In arguments, Ben described Marcy as a “warrior,” and said their disagreements went on until they collapsed in exhaustion. For a while, their relationship was so rocky, Marcy “walked on eggshells.” Before they lived together, Ben withdrew for a couple weeks after a fight. Disagreements followed a pattern: shouting and storming out on Ben’s part, silence between them for ten days, indifference and lack of response from Marcy, followed by Ben’s reconnecting with her (in extreme hopelessness).

After their first violent incident, Marcy developed a safety plan to protect herself, leaving “spare clothes in the car,” and a “spare key outside.” She called a hotline number when violence erupted the second time. Early conflicts were prompted by the amount of time Marcy spent with her grandchildren. It confused Marcy that Ben bought them little gifts, but was uninterested when she invited him to interact with her grandchildren.

Current Relationship

Marcy and Ben both wanted a “softened” relationship with less stress. There were at least five times when Ben lost his temper, threw pillows or kicked a chair. He verbally expressed compassion for Marcy’s history of abuse, and said he understood her fears, which prompted him to get his anger under control.

Ben reacted to Marcy’s withdrawal, by interpreting it as rejection, because meanings were not clarified between them. Ben did not understand that the function of Marcy’s

distancing was to protect herself. He reported being extremely unhappy when, following a fight, they avoided each other for days. Ben harbored fears that their relationship would never get better, and the competition for control would not go away.

Ben worried about small problems, the completion of several homeowner projects, for example. In decision-making, he lacked confidence, displayed dependency, and was able to go forward only after he solicited Marcy's input. Yet, at the same time, he complained about "her competitiveness," and liked to assert his independence. Perhaps his childhood experiences (IWM) warned him against strong women who took control.

At home, Marcy tried to respect Ben's expectations. Ben responded to certain "words he wants to hear," so she tried to "remember to do those," and "he wants someone to greet him," when he returned home, so she was very attentive to his arrivals. "I know my stress level is up, because I am trying harder...I'm trying to make sure I get all these things right..." she said. Informed by her IWM, Marcy was accustomed to pleasing others.

Unresolved problems and his nagging worry that Marcy was withholding information from him, supported Ben's anxiety. He got upset if Marcy did not openly share her feelings. Despite what he said, Ben did not contribute to Marcy's emotional stability. He seemed to lack empathy for her ongoing battle to take care of her own needs before trying to please someone else. He got frustrated whenever Marcy agreed to do something for him (e.g., arrive promptly for a scheduled appointment) but failed. She "will constantly say she's gonna do it, and it actually never happens," he said, seeming dejected. Marcy had to take responsibility and change, suggested Ben. He easily overlooked the fact that Marcy was the partner working full-time at a difficult job. Ben interpreted any carelessness on Marcy's part as personal rejection. He blamed Marcy's guardedness on her former husband's infidelity and abuse. Everyone else was at fault, so of course Ben had "...never said, 'I'm sorry,'"

according to Marcy. That was the one relationship change Marcy said she needed, “the apology.”

Marcy described Ben as needy, jealous and self-isolating. She complained that “he wants to sit on the couch and watch television, while I do the work.” Marcy said she was doing more than her share. It appeared that she had difficulty admitting she was tired, and seemed to have difficulty asking for help. Marcy said she tried to take care of herself while remaining sensitive to Ben, a man who attributed his anger, frustration and hopelessness to her unwillingness to immediately resolve problems. She hoped they would be able to negotiate problems successfully. She said she wished Ben would stop using “always” and “never” to describe her behaviors.

Ben portrayed himself as the “more flexible” partner, “a pretty upfront, direct person,” who can “see things in shades of gray.” This perception seemed contrary to his reported behaviors (e.g., rigid rule-making about grandchildren’s visits, and greetings at the door). Ben appeared to be trying to control Marcy. He limited her focus at home to joint projects.

When Ben characterized Marcy for the interviewer, she appeared as a mechanically-talented woman of strength, who “likes to have control,” while thriving on responsibility. He highlighted on the fact that Marcy was “the big chief” at work, where she dealt with powerful people and “likes to have control,” over her staff.

Abuse Cycle

Initially, there was “extreme shouting...the house would shake,” according to Marcy. Eventually, Marcy ran out of the room. Ben stomped out. Ben’s physical acting out began after they started living together. When an argument occurred, Ben did not let it go, and pursued, demanding that Marcy respond.

If she answered evasively, or withdrew, it automatically triggered his anger. Marcy admitted that she “yell[ed] hurtful things,” and Ben grabbed, shoved and boxed her into a corner. Ben admitted he jumped out of bed, kicked chairs and thrown pillows, but denied hitting or shoving Marcy. Scared and exhausted after a couple hours of Ben’s rants, Marcy apologized to resolve the argument, and the cycle ended.

Marcy did not communicate how threatened she felt, nor did she abandon Ben, but in the end, she apologized. This behavior was consistent with her IWM which was likely to warn her about out-of-control men. Marcy once accused Ben of trying to scare her to get her to respond to him. Ben was surprised, she said, to have his behavior identified as “abusive,” by a couples therapist.

Summary from an Attachment Perspective

Marcy’s IWM seemed to warn against trusting men to provide safety, while supporting independence and responsibility. Ben’s IWM seemed to direct him to trust the behaviors of others over their words, to be careful of controlling women, and to not trust himself, (which left him dependent and seeking the approval of others). Both partners had a foundation for insecure attachment. Ben’s anxiety about love and security manifested itself as continuous validation seeking. He appeared unable to trust Marcy’s love without specific confirming behaviors. Her abusive marriage and her childhood updated her early IWM, telling her that she pleasing difficult people did not always work and distancing from closeness was personally protective for her.

According to Ben, Marcy’s lack of focus on details and her reluctance to discuss feelings, were signs that he was unimportant. Ben repeatedly challenged the genuineness of her love and worried about their future. His low self-esteem predisposed him to emotional dependency and disempowerment. His maladaptive pattern included blaming Marcy, the

very attachment figure from whom he sought comfort. It was a self-defeating process, driving Marcy away with the intensity of his neediness, while his aggression activated her fear.

Ben said he needed Marcy to “be tender,” yet he demanded affection so aggressively, that she withdrew. Her pulling away aroused the fear of abandonment for Ben, and he became even more demanding, trying to regain control. This process left him feeling lonely, hopeless and rejected. He rhetorically asked himself the question he wanted Marcy to answer, “Why won’t you love me?” Ben was unaware of the link between Marcy’s distancing and his aggressive behavior, so he took no responsibility for their cycle of abuse.

“Shutting down,” was Marcy’s response an emotionally-charged confrontation. Her retreat activated Ben, who feeling devalued, went into a rage, yelling and punching at objects around the house. Marcy describes it as: “ Mt.Vesuvius erupting. I am always surprised...He becomes more vocal, I freak.” Ben lost control, frightened Marcy when she needed soothing, and missed an opportunity for reciprocal caregiving.

“She doesn’t answer what I have asked,” is Ben’s lament. It could be that Ben’s early attachment issues, awakened by this close relationship, were triggered whenever Marcy withdrew. With little information about Ben’s family of origin, one could speculate that Ben’s primary caregivers did not provide a secure base from which to explore. Attachment theory offered some explanation for Ben’s hypervigilance, hyperarousal and extreme dependence. His behavior was reminiscent of the anxious infants described by Ainsworth (1985) who reacted strongly to disrupted attachment.

Marcy, having already experienced an abusive marriage, was drawn to a man like Ben, who was both affectionate, and emotionally open. Based on Marcy’s IWM, this relationship represented “a lot of caring for each other,” while Ben’s IWM registered the relationship as

lacking in affection and caring. Marcy was proud of the autonomy and opportunity for outside relationships she offered Ben, unaware that he craved more closeness and affection instead. Trying to become a more reciprocal caregiver, Marcy said she “often...tr[ied] to do something that’s very important to [Ben].” Sadly, her efforts went unnoticed and unacknowledged because Ben was preoccupied with securing a continuous flow of affirmation. Rigid views and a fear of change appeared to be part of Ben’s IWM.

If Marcy spent any extra time at work or with her grandchildren, Ben, prone to negative views, convinced himself that she did not care about him. Anxious about the security of their attachment, Ben tried to monopolize Marcy’s time and affection. In an attempt to test the strength of their bond, he might initiate an argument, and if Marcy avoided engaging, Ben became anxious about the relationship and concluded, “nothing I say is of value.” Next, Ben tried to get clarification, perhaps to lower his anxiety, but Marcy backed away from the problem, and amplified his frustration.

However, whenever Marcy asked Ben to clarify his feelings, he dismissed her, convinced that people who love each other are able to automatically understand the emotions of their partner. Neither Marcy nor Ben seemed able to openly discuss their vulnerabilities and fears, preventing intimacy.

Ben’s insecure attachment style clashed with Marcy’s avoidant style. Marcy was autonomous, and emotionally distant, while Ben was dependent and seemed to have little capacity for self-soothing. He prioritized the validation of his feelings, and was preoccupied with being loved. Caregiving in the relationship was forced, while spontaneity and change were discouraged. Ben required “validation,” “being heard,” and “respect.” Ben often trampled Marcy’s boundaries. Only recently, working with the concept of “time-outs,” Ben learned to tolerate waiting for a response.

Marcy's requests appeared to subordinate to Ben's needs in this relationship. For example, Marcy liked to get chores done right away, but they were frequently pushed aside by Ben. Ben often put things off, or left them undone until Marcy took over. She complained that she felt abandoned whenever Ben dodged doing his share around the house. To Ben, Marcy's concerns were trivial compared to his overwhelming emotional issues. The caregiving was clearly not reciprocal. From a systemic point of view, ignoring Marcy backfires on Ben. When frustrated, Marcy releases abusive verbal attacks, yelling, "Get out of my sight, you're not worth spending my time on." She then pulls away, raising Ben's anxiety, because she has aroused his fear of abandonment.

Verbal abuse, withdrawal, and threats of abandonment magnify anger in this relationship. Manipulating the threat of abandonment to activate reattachment is not a productive behavior in intimate partnerships.

Couple 019

Demographics

Andrea and Tom, a Caucasian couple in their twenties, were married and had a baby daughter. They have just reunited, following a separation and being in and out of court 11 times this year. They lived with Andrea's parents. They came from different socioeconomic status. Andrea grew up middle class, Tom, the son of a widowed mother, was poor. At the time of the interview, Andrea was facing trial on a drug charge.

Families of Origin

Andrea was raised in a household that tolerated screaming. Her family moved from state to state because of her father's job. Once, she saw papers that indicated her parents were contemplating divorce. Her parents, she said, still fight: "They screamed at each other...nowadays, it is mostly my mom that screams. Every now and then my dad will do it, a scream." Eventually, Andrea was put in a special school program, because she was

smoking marijuana and having outbursts in school. At one point she ran away, but eventually, she began to mature.

Andrea found it interesting that she and Tom shared similar reactions to conflict though they came from “different sides of the tracks.” Tom was raised by his mother because his father died when he was young. He described his mom as someone who did not tolerate “much shit,” and locked her door (it seems in a self-protective mode), whenever they had arguments. They moved many times, according to Andrea, but always locally. His mother frequented bars, and got her son locked up in juvenile detention because of his behavior, according to Andrea.

Early Courtship

When they were dating, Tom told Andrea he sensed that her father and sister disliked him. Andrea admitted to the interviewer that she repeatedly defended Tom to her family, which exhausted her. Andrea said that early in their relationship they negotiated joint decisions easily. Tom said Andrea never made a decision without discussing it with him first, and agreed with almost everything he suggested. Both of them liked to party, but things changed since the baby. Andrea was now focused on being a mother, and she was intolerant of drug abuse, according to Tom.

Early in her pregnancy, Andrea asked Tom not to go out alone as much. She wanted to increase their time together. To Tom, it felt as if Andrea was practically smothering him, giving him no space for himself. Tom’s history included much alcohol and drugs abuse, and in the past, he invited drug-using friends into their home. When he stopped smoking marijuana, the domestic arguing increased, in Tom’s opinion. He never argued when he was smoking marijuana, because it made him feel mellow, but since he gave it up, he became less inclined to let Andrea do things her way.

Tom demanded that Andrea find a job, and they argued about drugs coming into their home. Tom tried to avoid talking about problems, but Andrea pursued him. He withdrew or walked away. She cried, fearing abandonment. Their pattern became, if he left permanently, she got depressed, and eventually he returned. Andrea said she learned from this, and hardened her heart to protect herself, gradually detaching emotionally from Tom.

Current Relationship

After a period of living together, and getting into some legal trouble, they separated, and went home to their families. They were again a couple, living with Andrea's parents at the time of the interview. They resented the lack of privacy. The grandparents reportedly interfered in the young couple's decisions about the baby. Meanwhile, Tom was openly critical of Andrea's parenting skills and compared her to others, eroding her self-esteem. Money was a sensitive subject, although they agreed early in their relationship that Andrea would handle the finances. Tom resented being told anything about spending money. Each partner felt they were not consulted enough on joint issues.

Andrea quit drinking when she got pregnant. Tom, however, continued stopping for beers on the way home from work. Andrea admitted that they both have tried to control each other's friendships. Tom had friends of low moral character, according to Andrea and she criticized them. Tom disagreed. Tom expressed the hope that as he worked toward a better relationship, Andrea would tone down her aggressiveness.

Andrea learned that if she brought up a problem with Tom at the wrong time, it could unleash hitting, physical trauma, yelling and verbal abuse. Andrea labeled Tom a violent and unpredictable man, particularly when he was abusing substances. She eventually refused to discuss any potentially explosive problem with him, so nothing was getting solved. Then, in defense, she became aggressive, and was identified as the more physically aggressive

partner currently. It was important for her to let Tom know that he could not push her around.

Tom complained about their yelling in front of their daughter. Tom left the room to avoid fighting with her. He explained that he sometimes left the room for a cigarette, and came back when he calmed down. They broke into a serious argument at least once a week, centered around their parents, according to Tom. Abusing drugs and alcohol contributed to Tom's destructive acting out behaviors.

Andrea and Tom characterized themselves as two individuals with bad tempers, who were equally stubborn. Their relationship was often scary said Andrea, but she insisted that she had fun with Tom, too, and saw parts of him that were good. Tom admitted that ignoring conflict was how he historically dealt with problems in their relationship, but he said he was interested in improving their communication because they needed to stop arguing so much, and learn to discuss things rather than leave.

Physical Abuse

Tom's sarcasm and verbal abuse caused Andrea great hurt. Andrea said she experienced relief by yelling. It was a futile attempt to get her point across, but it got her nowhere. Tom acknowledged that he threatened leaving (returning in a week), so he won their arguments. He told the interviewer that Andrea also threatened to leave, but he was more likely to instigate such threats of abandonment, linked with the inference that there was someone waiting for him.

Tom reported being triggered when Andrea denied him his personal space or nagged him. He got uncomfortable with her confrontation on serious issues, and it opened up a barrage of yelling. Tom typically avoided serious conversations by leaving. Whenever he withdrew, it triggered Andrea, and she physically shoved him away from the door. Reminiscent of fights with his mother, Andrea prevented him from escaping while they

engaged in intense yelling, activating Tom’s automatic arousal. His anger rose and he lost control. Tom, himself, recognized similarities between these marital fights, and adolescent fights he had with his mother.

Although the violence at the beginning of their relationship was mutually initiated, Andrea said she was surprised that Tom did not “back off,” like a “gentleman.” Andrea reported that the relationship deteriorated, because Tom continued to get high after she got sober. Prescription drug abuse, in particular, rendered Tom explosively violent. Andrea

described how when his temper was out of control, he started yelling, and “charging” at her. When he got that out-of-control she left the room, calmed herself and blocked it out, because she was so scared of what he might do. Andrea reflected on the influence of their parents:

I see a lot of similarities in our parents. At least our particular behavior and the way we grew up...I see like the same behavior in Tom...that I got from them... it is really funny how like Tom and I... react the same way to the conflict, anger and violence. We both, when we get mad, we both scream at the top of our lungs...

Tom accused Andrea of being “headstrong,” and denied initiating any violence toward her. He described her as the one who typically started their fights. Later in the interview however, Tom admitted he was “the problem” and said he knew he had to change.

He described how, as he became violent, he felt himself getting tense, then he “flips out” breaking down a door, kicking a table, or punching holes in the walls. Within the interview, Tom contradicted his early denial of violent behavior. The first time they fought,

Tom got cut on a door when Andrea prematurely backed out of the driveway just as he was exiting the car. He jumped over the car, enraged, and pushed her to the ground. Her reaction was shock, followed by anger. (She admitted that she was trying to drive away dramatically, after an argument).

Using marijuana and drinking turned Tom into Mr. Hyde, according to Andrea. Andrea said Tom became unpredictable convinced her that, “He...doesn’t know how to deal with his anger, and he turns it on me...” Tom hardly remembered physical confrontations the next day. She told the interviewer she could recall five fights where he threw her around the room, bruising her arms and legs. Andrea reported that Tom shocked her when he freely admitted to some of their friends that he had caused the bruises on her. She was so ashamed, she pretended she did not know what he was talking about. A month after the car incident, Andrea pushed Tom up against a wall and threatened him. She said she needed to show him she couldn’t be pushed around.

Andrea struggled to avoid triggering Tom to anger, even if he “ditche(d)” her to go out with friends. Andrea worried about how she would survive financially without Tom, so she decided to let him have his way and did not ask for much, to keep things calm. Andrea characterized their relationship as more like dating, rather than marriage.

Summary from an Attachment Perspective

Andrea and Tom seemed to be seeking the security they missed in childhood within each other. Both of them suffered insecure attachment with their primary caregivers in unstable environments. Andrea and Tom both lacked an IWM for a cooperative parental unit, having only experienced chaotic, argumentative and/or stressed parents themselves. Andrea’s IWM of intimate relationships, included anger and conflict, so it was not surprising that she was automatically triggered by her husband’s aggression and responded violently.

Tom was raised by a single mother, with no relationship model, and tried to cope with Andrea's demands for closeness and responsible behavior. He worried about the pattern he noticed in his in-law's relationship,

...The way her mom treats her dad, and then her dad kind of

... stands down, which is making me see [I might] end up just

like her dad, the way that she... treats me...

Tom was insightful about his father-in-law's passive-aggressive behavior, and how it destabilized his marriage: “I just see how he just does his thing, and they really don't have like the best relationship.” They both realized that their relationship was unsafe. Andrea feared “putting him over the edge,” and reported that when she retreated, Tom usually responded.

In an effort to prevent his leaving, Andrea tried to “turn inward” determined to not “pester him about responsibilities or...expect him to come home every night.” She said she “flip flops” trying to hold onto the relationship by “letting him get his way, or let him think he is getting his way.” Her responses to Tom seemed to be informed by her IWM, what she saw in her parents’ relationship.

If an argument erupted and Andrea pushed for immediate conflict resolution, Tom typically backed away. “You feel trapped,” he said about these experiences. His IWM seemed to be activated when Andrea’s demanded that he respond, and he exploded. Andrea told the interviewer that Tom’s lack of caregiving prevented her from feeling married. With no IWM for a secure relationship, Tom was awkward with initiating caregiving behaviors, and was ill at ease in taking responsibility for his role in the marital conflict. Even though he experienced a positive response from Andrea on the occasions when he tried to be romantic,

(e.g. bringing her an unexpected flower), he failed to adopt such behaviors as his own. It was easier just to blame Andrea's sobriety for their increasingly hurtful disagreements.

Drug and alcohol use contributed to Andrea and Tom's insecure attachment. Neither of them was safe in their marriage. Unmet needs prevented Tom from accepting his new role as a parent and to accept Andrea's shift in focus from their relationship to the baby's needs. He was intolerant of the accommodations Andrea made for the baby, acting jealous and displaced.

The cycle of violence began with an accusation and escalated. Tom thought that Andrea invaded into his personal space. In response to feeling controlled by his wife, he withdrew. Andrea, automatically aroused by his distancing, tried to manipulate him with guilt to force a response, but Tom insisted on retreating. Frustrated, he threatened her,

We are done...I don't want to be around you, you know.

You're taking care of my daughter, but I am not going to take
care of you.

Naturally, the threat of abandonment was the ultimate trigger, and both partners admitted using it. Tom described a pattern he used to control Andrea:

I leave for a week, and then I come back, and then she'll do
what I wanted, you know? See you in a little bit. We're gone,
we're over, and she has done that, too...I am more of the
person who is, 'Okay, it's over.'

Having grown up with parents on the edge of divorce, Andrea had no IWM for a secure relationship with mutual caregiving. She was easily triggered by her fear of abandonment. Living with Tom who used the threat of abandonment as a method of control. Neither partner acquired skills to cope with powerful emotions, or skills with which

to negotiate differences. Andrea nagged and blocked Tom's exit, trying to keep him connected, but insuring his frustration. This destructive cycle offered no safety or trust, both of which are necessary for an intimate attachment bond. Both Andrea and Tom were questioning the durability of their relationship.

Comparing and Contrasting Themes Across Narratives

To understand how attachment and IPV became linked through the context of these couples' lives, this researcher would like to highlight similarities and differences among the participating couples:

Consistent with the criteria for self-selection, four of the five couples (001, 005B, 013 and 019) described serious violence in their relationship. Three of the females, Susie and Natalie and Sonya appeared to be very aggressive with their partner, one of them appearing to be even more aggressive than her male counterpart.

Two couples (001 and 005B) had one child each, and were already aware of the negative effects of their fighting on their baby. Natalie (013) told the interviewer that she was hesitant to bring a child into the tension-filled environment she shared with James.

Notably, all of the adults had either witnessed abuse in their family of origin, or had suffered abuse from a parent or prior partner. Seven participants described abusive men in their family or in a prior relationship, while two interviewees implicate females as the abusers in their family of origin. Although this was a small sample, the participants came from a variety of socioeconomic groups, ethnicities and age categories.

Two of the five couples in this sample reported abuse as children (001, 013) and it appears, but was not verified that one man suffers emotionally from severe psychological abuse as a youngster (016). From four couples came mention of the abuse of their mother (001, 005B, 013, 019). Three females grew up in homes with an imbalance of power, slanted toward the women (013, 016, 019). Three males had similar experiences in matriarchal

homes (001, 005B, 016). Two males were intimidated by a frightening father (001, 013). Mutual violence between her parents was the experience recalled by one female interviewee (013). Two women in this sample had been beaten in prior relationships (001, 016). One man reported his sister had been abused by her husband (001).

Financial problems and substance abuse often contribute to the environment in which abusive behavior erupts. Employment histories were more consistent for the women. There were working women in four couples (001, 005B, 013 and 016), and working men in three (005B, 013 and 019), excluding Dan (001), whose partner disputed his claim of working regularly at any job. One male partner (016) was retired. In three out of the five couples, the women were in control of the finances (001, 005B, 013).

Few interviewees had shared lengthy narratives of their childhood families, but at least three participants described strong female role models. Several men were from matriarchal homes or reported strong attachment bonds with their mother (001, 005B, 016). All five couples in this sample had some connection with alcohol or drugs. Couple 016 had peripheral issues stemming from her prior marriage to an alcoholic. In four couples, the use of substances prompted withdrawal from conflict (a harbinger of violence), and was frequently the focus of arguments. Two couples had current drug issues related to the female partner's discontinuing substance abuse. In both cases, she was subjected to strong negative reactions from her male partner along with the classic blaming for having made a choice for sobriety.

Jealousy, infidelity and restraint of a partner's freedom also prompted arguments. Pursuer-distancer behavior was a relevant pattern in all five couples. In one couple, the role of pursuer changed from the male to the female. In four couples, the men withdrew during arguments, as their partner became more demanding.

The males in Couples 001 and 016 behaved as if their gender granted them certain entitlements, expecting their partners to care for them, with no reciprocity "...to live with a woman that's going to take care of him and do everything for him" (Susie). Several of the women in this sample took motherly roles, nagging and caring for their partners in ways that hindered the men's autonomy and sharing of responsibility.

In every case, verbal abuse escalated and triggered physical assaults of varying intensity. There were reports of black-outs, attempted choking, bruises all over, smashing glass in a partner's face, terrifying a partner, punching, shoving, etc. Hurtful, destructive behavior extended to destroying property, lying, being irresponsible about finances, having affairs and monitoring each other. Both men and women who had been automatically aroused during domestic conflict, expressed fear of the violence they had experienced. Several of them were out of control and used descriptive language that included, "black then red," "if I needed to exit," "he doesn't remember doing it," "it's explosion," "totally terrified," and "We just go into it really bad." These insecurely attached adults, suffering frustration in their intimate partnership, draw on IWMs (constructed in childhood, in non-secure or frightening families of origin), and erupt in aggressive behaviors and violence toward their partner.

Conclusion

Distressed partners became more and more coercive as a way of defending against the loss and anxiety of abandonment or rejection. Needing resolution, the more anxious partner demanded a response. Their companion often interpreted this as a threatening posture and withdrew further. Possible abandonment then loomed as imminent, and automatic arousal was likely to be triggered by either partner's IWM. This reciprocal

feedback loop perpetuated each partners' insecurity and negative emotional state, frequently endangering the stability of the family system.

CHAPTER V

Summary and Discussion

Introduction

Five insecurely attached couples living with intimate partner violence of varying intensity were studied. In ten interviews, distilled into five narratives, the participating couples described feelings of anxiety, distrust, jealousy, hurt, rage and confusion. None of the sample population portrayed their family of origin as securely attached. In fact, most of them came from families in which serious violence was normalized. The researcher's frame of attachment complimented these narratives, as abandonment (particularly loss as a consequence of death or divorce) can occur anywhere along the continuum of life. Attachment fit seamlessly as a way to conceptualize intimate partner violence.

Violence in this sample was not restricted by gender, both male and female participants saying or being reported as exhibiting assaultive behavior and/or rage. This confirms the findings of Straus (1993), Cascardi, Langhinrichsen, and Vivian (1992), and Follingstad, Rutledge, Berg, Hause, and Polek (1990), who documented findings that suggested men were not always the aggressive partner.

The results in this study support previous research on IPV and demonstrate the value of using attachment theory to study systemic relationships. The powerful drive behind adult attachment if seen as a biologically-based quest for safety and comfort, can affect the way we interpret the meaning of violence between a couple. In this chapter the major finding was that insecure attachment is related to intimate partner violence, making attachment theory a useful lens. It was shown that early internal working models, which previous researchers linked to adult behavior, play a significant role in forming our expectations of self and others, and must be continually updated to retain functionality.

Insecurely attached couples were found to be at risk for automatic arousal, previously shown to trigger changes in a body under stress. Another finding was that IPV couples are highly sensitized to demand-withdraw behavior and verbal aggression, which were shown to escalate violence. Reciprocal caregiving, previously linked to marital satisfaction, emerged as essential to creating a sense of comfort in a close relationship and building intimacy. In addition, there was a finding that IPV couples lacked a variety of coping skills (to negotiate conflict, resolve problems, and tolerate discussion about emotion-laden topics).

The future direction of attachment research is discussed with hope that more family researchers will expand on this study and recognize the unique way attachment theory conceptualizes systemic problems. This research suggests that attachment work is potentially very valuable when treating carefully selected, aggressive couples.

Internal Working Models in Insecure Relationships

Violence in an interviewee's family of origin, appeared to raise their expectation of negative outcome for any relational discord. "I try not to ruin the day by worrying about being let down...it's like the four hundred twenty seven thousandth time," says Ben, making a case for a pattern of disappointment in his relationship with Marcy (couple 016). Partners with negative IWMs expected rejection, abandonment or inconsistency from a mate, consistent with results reported by Kobak and Hazan (1991). Partner satisfaction was low and attachment bonds were weak for all couples in this sample.

James, (couple 013), who had been abused in childhood, reacted explosively to triggers embedded in his IWM admitting he "can't control {himself}" when his wife "dishonors" him and makes him feel "ashamed." Insecure attachment in families of origin often left participants in this study with low self-esteem and self-doubt, affirming previous findings by Feeney and Noller (1990). For example, James (couple 013) told the interviewer

that his mother “... always told me how disappointed she was in me.” Already lacking in confidence, these partners get further pummeling within the relationship. For example, Andrea (couple 019) reports suffering when Tom calls her “stupid” and takes what she calls a “sarcastic, demeaning approach” to her. This research also found support for Mikulincer and Florian’s finding that insecurely attached individuals frequently bury unhappy childhood memories in their unconscious (1998). For example, although Ben depicts his family as much warmer and more comforting than his partner’s (couple 016), one where “everybody gets up and is glad to see you,” he repeatedly demonstrated behaviors that contradict a secure environment. His behavior reflects insecure attachment. In his interview, he frequently complains about Marcy’s inadequate level of caring, asking for changes in their relationship and saying that he needs her to “be tender,” and “show love” (couple 016). Few of the volunteers in this study were aware of the connection between their past experiences and the IWMs that were guiding their present behaviors, contributing to their unhappiness.

These couples replicated behaviors modeled by their family of origin. None of them appeared to have positive family support, if any, and none had observed positive relationships they sought to model. Consistent with the research of Kwong, Bartholomew, Henderson and Trinke (2003), they appeared to be adults who had suffered an intergenerational transmission of violence from their families of origin. Two couples had infants they were raising amidst screaming and anger, (couples 005B, 019) and Natalie (couple 013) said she was reluctant to have children under her present circumstances. Trepidation about raising children in an abusive environment was consistent with the research that shows that someone who is a victim of abuse or observes abuse in their home is likely to participate in abuse as an adult.

Automatic Arousal

Automatic arousal was frequently reported in the five couples interviewed. Their own impulsive behaviors, triggered by their IWMs, frightened them. Troy gives this example:

She was cussing me and ripping the pictures off the wall...I
was just looking...I grabbed her leg and knocked it out...I
never fought anybody like that. I got sick. I was depressed
for a couple days (couple 005B).

Jacobson and Gottman's research confirmed that men in conflicted relationships often experience overwhelming physiological reactions (1998). Some interviewees said they were shocked by the intensity of their rage, which caused black-outs, physical injury, cruelty toward animals, or damage to property (couples 001, 005B, 013). Most partners interviewed were functioning in society and gainfully employed, but there was also self-reported depression. Dutton (1995) linked depression in men with chronic anger, and in the case of Troy (couple 005B), this study found an example. The findings of this research are consistent with Mickulincer and Florian (2001), who reported that insecure individuals were more easily stressed than those judged to be secure, and Bartholomew and Shaver who suggested that insecurely attached people lacked the optimism to believe they could get needed support during crises (1998). Only two couples out of five expressed some optimism about improving their relationship.

Demand-Withdraw Behavior

In every case, there were complaints of withdrawal on the part of one of the partners, and it was often this retreat, interpreted as a personal rejection by the other partner, that triggered violence. Precisely as Roberts and Noller (1998) stated, the couples' violence was predictable whenever one spouse feared being abandoned and the other feared

closeness. In some cases, the attacks were so threatening that one partner left, either for a brief time or a prolonged period. Withdrawal was likely to have been misinterpreted as rejection by the remaining, insecurely attached partner dealing with long-term unmet attachment needs and feelings of unworthiness (Feeney, 1995).

In most couples, the demand and withdrawal cycle was a precursor to the escalation of verbal abuse confirmed by Ridley and Feldman (2003), followed by physical assaults, described by Walker in her cycle of violence (1979). Repeatedly, threats of abandonment, leave-taking actions, or walking out activated more aggressive pursuit by the partner who most need resolution and discussion of the problem.

Once the verbal attacks began, fear of abandonment and insecure attachment prompted retreat or emotional distancing and eventually escalated physical aggression for all five couples. Often, the withdrawing partner would be assaulted during his/her retreat, as the anxiety of the partner seeking security or comfort escalated. James reports, "She pursues me," as he withdraws from Natalie's anxious attachment behavior (couple 013). The research revealed no gender difference in the use of withdrawal as a defense against confrontation (couples 016 & 001).

It was possible to consistently apply Walker's cycle of violence to the narratives of the five couples in this study (1979). The unstable pursuer-distancer dynamic once set in motion, resulted in rapid escalation by the partner who felt unheard. There was evidence of dependency among three of the male participants in this study who dysfunctionally relied on their female partners for most of their needs (couples 016, 001 & 019), but did not offer any support in return.

Absence of Reciprocal Caregiving

None of the couples was able to provide balanced caregiving. They apparently did not have IWMs for reciprocal caregiving from their families of origin. This sampling was racially diverse and included more than one age group, reinforcing the notion that attachment issues are insidious throughout the lifespan, crossing multi-cultural barriers and causing accommodative dilemmas.

Since avoidant adults tend to overlook the needs of others, they are often criticized for a lack of empathy (Collins & Read, 1990). Without the ability to be compassionate, reciprocal caregiving is nonexistent. Troy shared his belief that Sonya was oblivious to the pain he suffered over her continuing love affair with a fellow who had recently ended a relationship with her. To stay with her, Troy said he “numbed” himself to what was going on. Permanent damage to the relationship and Troy’s subsequent alienation were linked to Sonya’s lack of empathy (couple 005B). Distress that was not met with caring behaviors by one’s partner, interfered with the building of intimacy in the relationship (Mikulincer et al., 2002). None of the couples in this study demonstrated appropriate, reciprocal caregiving.

Whenever their mates failed to support them or left them feeling rejected, partners’ anger was triggered (Dutton, 1995). Insecurely attached dyads are unable to self-soothe or negotiate (Collins & Read, 1990). The repeated triggering of anxiety seemed to increasingly sensitize the partners, and escalate the level of frustration. Those who wanted connection and close proximity pursued their mate, often until he/she complained of feeling smothered or trapped. Those who desired personal space and independence kept distancing, creating fear of abandonment in their partner. Discomfort with closeness, evidence of insecure attachment, consistent with the earlier work of Holtzworth-Munroe, Stuart and Hutchinson (1997), Feeney (1995), and Feeney, Noller and Hanrahan (1994), was described by several

participants in this study. This research found that women (couples 001, 005B, 013, 016), were as likely as men (couples 001, 005B, 013, 019) to be described as distant, withdrawing or rejecting by their partners.

Mutual Violence

Violence was reciprocal between the partners, with two women described as extremely violent. Research has been curious about the female role in couple violence since the 1990s (Cascardi & Vivian, 1995, Kwong et al., 2003). Studies have shown that the more anxious partner usually initiated the conflict (Roberts & Noller, 1998), as displayed in the relationships of Troy and Sonya, and Tom and Andrea. Sonya initiated a quarrel each evening, and Andrea kept her partner from leaving the room when a fight erupted (couples 005B, 019). This study found evidence consistent with previous research that women (couples 005B, 013) are capable of relational aggression when automatically aroused.

For the five men, verbal attacks, feelings of dependency, a specific tone of voice, or invoking shame, were the triggers to which they attributed their loss of control (couple 001, 013, 016, 019). The violent men in this sample, fearful of closeness, still desired closeness and intimacy confirming the findings of Holtzworth-Munroe, Stuart and Hutchinson (1997). Dependency by husbands/partners (couples 001, 016) seemed to aggravate violence as Feeney (1996) suggested. For example, Dan (couple 001), pushed his partner away with his lack of caregiving, but consistent with a fear of abandonment, he would not let her emotionally leave the relationship even after she physically moved out.

Women's triggers seemed to focus on not being heard or listened to, being disrespected, or feeling overwhelmed with responsibility. Several of the women hinted at possible compulsive caregiving behaviors. There was evidence that avoidant behavior was

provocative for either gender, and that fear of abandonment or the threat of abandonment was a trigger for all five couples.

Lack of Coping Skills

Deficient in negotiation skills, these couples had difficulty addressing problems in their relationships. Having had no representational models for compromise, the couples studied used guilt and threats of abandonment to try and keep their partner close, thereby hoping to reduce their own anxiety. Partners tried to keep one another from having outside relationships, and were suspicious of any activity they were not included in, “threat-related primes [triggers],” as Mikulincer, Gillath and Shaver (2002) referred to them. They responded to their fears by limiting the autonomy of their partner, intensifying the anger in the relationship.

Some attempts at coping were thwarted by destructive behaviors. The termination of a self-soothing option came as a result of one partner’s out of control anger in two dyads. Sonya reportedly sold Troy’s borrowed aquarium, one of the few things he identified as calming to him (couple 005B), and Andrea, goaded by Dan, destroyed a guitar he enjoyed playing for relaxation (couple 001). In addition, four couples suggested that they used sex as a self-soothing behavior after fights, attempting to mitigate against the disintegration of their attachment bond, and two couples clearly identified this as an integral part of their cycle of violence (couple 001, 005B).

The dysfunctional coping behavior shared by all but one of these couples was the use of drugs and/or alcohol. Substance abuse contributed to instability in four of the five couples in this sample, consistent with work by Brennan and Shaver (1992) who found that insecurely attached dyads were likely to use drugs and alcohol. In most cases, substances fueled fights, or were used as self-medication, to promote escapes from reality. In several

cases, the couples were similar in their abuse of substances at the start of their relationship, but one partner modified or discontinued that behavior in the course of the relationship (couples 001, 005B, 013, 019). The abuse of substances was connected directly to an escalation of violence and black-outs (couples 001, 005B & 019).

When alcohol or drugs were used by both partners early in their relationship, and later rejected by one, it became a problem (couples 001, and 019). “If I wasn’t drinking or taking Xanax, that is when he would be violent,” Andrea reported (couple 019). As partners attained sobriety, they started to object to abusive behaviors of all kinds, particularly in the case of Andrea, a new mother, “When I’m sober, it’s just like this is so stupid” (couple 019). When change threatened the attachment bond between Andrea and Tom, anger was used as a sign of protest. When frustration levels exceed the dyadic system’s capacity to cope, maladaptive behaviors, like distancing, substance abuse or verbal abuse appear. Even insight (which some partners shared in their interviews) was insufficient to cause permanent change.

Poor Communication

Previous research indicates that communication problems are characteristic of insecurely attached partners (Cohn, et al., 1992; Feeney et al., 1994; Roberts & Noller, 1998). For example, Natalie identified a lack of accommodation as the primary cause of marital conflict with James, saying, “The worst is how we are communicating our differences,” (couple 013). Confirming previous findings, (Babcock, et al., 1993), this research found that among the couples in this sample blaming and belligerence was exchanged by partners who had difficulty expressing themselves verbally or responding under pressure. Misunderstanding the intentions of a partner, in addition to being automatically triggered inappropriately by one’s IWM, led to bursts of anger with no opportunity to discuss the problem.

Dutton (1995) reported finding that repetitive blaming contributed to the escalation of violence. The five couples in this sample confirmed the research by Feeney, Noller and Callan (1994) that identified name-calling, abusive language, denigration, and threats of abandonment as triggers for violent behavior. None of the couples had the skills for communicating their frustrations in a non-blaming manner, so verbal abuse punctuated arguments, shredding individual partners' already low self-esteem.

There was distrust in the form of hypervigilance (couple 001) in some relationships, infidelity in others (005B, 013). Two of the men admitted using infidelity as a dysfunctional coping behavior in conflicted relationships. Evidence of jealousy followed by attempts to limit a partner's outside contacts was another way couples tried to mediate against breaches of trust. All five couples appeared to lack necessary decoding skills in relation to non-verbal clues, and showed no ability to negotiate, "It's not problem-solving...it's explosion," said James (couple 013). Four of the women said they had contemplated divorce or leaving the relationship. Financial issues, a lack of sexual intimacy and the equitable distribution of work, were shared topics of disagreement among these couples.

Lack of Trust

As Roberts and Noller (1998) suggested, this research supported the finding that relationships characterized by fear of intimacy on the part of one partner, and fear of abandonment on the part of the other (couples 001, 013) are prone to violence. Some anxious partners (couples 001, 005B, 013) attempted to limit each other's autonomy, or become hypervigilant in order to prevent perceived abandonment (Mikulincer & Florian, 1998). One couple was suffering the consequences of an ongoing affair (couple 005B), but in other relationships there was evidence of anxiety over where a partner was and what they were doing when out of sight (couples 001, 016). Unlike secure couples who are

comfortable with openness, these couples were unable to achieve true intimacy (Mikulincer et al., 2002; Mikulincer, 1998; Mikulincer & Nachshon, 1991; Collins & Read, 1990).

Future Directions

The findings of this research indicate that attachment theory adds insight and provides a fresh perspective from which to reflect on IPV. Attachment theory grew out of developmental psychology, but its validity with adults was more recently established. The strong links found between attachment security and automatic arousal to violence in this study, will hopefully encourage more systemic scientist-practitioners to turn to attachment theory as a lens for new research.

Future research might consider using validated adult attachment instruments in conjunction with qualitative research to expand upon the kinds of insights offered here. Pre-screening with empirically validated tools, as the AAI, RSQ or Rempel Trust Scale would solidify the designation of insecure attachment, and highlight characteristics a researcher might wish to include when constructing interviewer questions specific to attachment.

Any research on internal working models that illuminates the conditions under which IWMs change, involves crisis and loss. These areas broaden the systemic value of the attachment framework and suggest future study for researchers curious about the kinds of loss or crisis conflicted couples usually present with. In addition, the literature says that secure partners often exert a positive influence on the IWMs of anxious partners, helping them alter their negative internal working models. The mechanisms by which this takes place is another area open to study.

Longitudinal studies of couples who receive attachment interventions in conjunction with therapy for IPV are needed, if scientist-practitioners agree that it is time to test the efficacy of an expanded program. Building on the work of Babcock, Jacobson, Gottman and

Yerington (2000) who helped build the link between attachment and IPV, might yield results that could change the way “batterers” are dealt with in our communities.

Studying adult caregiving, building on the work of Kesner and McKenry (1998) to assess how IWMs influence what each partner recognizes as caring behavior suggests further research. Highlighting gender differences builds upon suggestions from earlier research that men and women have different expectations of caregiving based on parental caregiving they experienced (Kunce & Shaver (1994).

Hopefully, more marriage and family scientist-practitioners will follow in the path of Susan Johnson (2000), who is bridging the gap between psychological disciplines by bringing time-tested, empirically-validated frameworks like attachment theory into family systems research with her work in emotion focused therapy (EFT).

Limitations of the Study

The number of participating couples was small. In addition, some of the tapes were difficult to transcribe because of poor sound quality or the weakness of the participant’s responses. Because the interviews were not originally structured to discuss attachment issues, the quantity of attachment-related data gathered was minimal and inconsistent within the sample. No assessment for attachment was done when the original data was collected from participants, which is a significant limitation of using secondary data.

It would have been helpful to include valid instruments to assess each couple’s attachment style. That would confirm a couple’s attachment style with an unbiased measure, superior to reliance on self-reported behaviors. Using sophisticated instruments to assess insecure attachment, separating the dismissing attachment style from the avoidant attachment style, and specifically categorizing partners as anxiously-attached or fearfully-

attached, would elevate the accuracy of this study's conclusions while supporting more specific interventions.

The interviews themselves were open-ended and although participants had ample opportunity to offer information, some responses went without follow-up because the focus of the original researchers did not include attachment. The family of origin material emerged tangentially, although a few background questions were asked at the beginning of each interview. Another limitation is self-reported data, shared privately by each partner, in separate interviews, so occasionally, different versions of the same incident appeared in transcripts. In addition, each couple's situation was unique and external stressors were totally unpredictable.

Clinical Implications

The empirically based work of Susan Johnson (2000) in EFT is supported by this research. The findings suggest that couples can benefit from early intervention to strengthen their emotional connection, learning to see each other as mutual caregivers and sources of safety. Such therapy might be preventative against the frustration found in the five couples studied. Insecure attachment could prove to be an invaluable marker for clinicians who work with couples. With more empirical research, perhaps we can identify situations that are predictive of intimate partner violence. Our aim would be to be able to intervene before frustration escalates out of control, particularly if verbal abuse has previously been reported.

Changes are being considered in domestic violence treatments as scientist-practitioners experiment with conjoint treatment for carefully screened, mildly violent couples, and seeking more relevant therapies (Stith, et al., 2002). If this research path proves fruitful, we may eventually be able to identify attachment-related issues that are predictive of

IPV. It is our hope as therapists, that we can intervene before there is injury or traumatic damage to family members.

Current therapeutic treatment for domestic violence tends to be behaviorally-oriented. Judging by the couples in this small sample, time-out, boundaries, safety and listening skills are desperately needed, but so too, are trainings in relationship compromise, self-soothing techniques and respectful caregiving. Should a therapist become aware of active blaming, nagging, screaming or degrading between the partners, it seems prudent to intervene since verbal insults incrementally move couples toward explosive violence. Based on the results of this study, it appears that it would be useful to offer selected IPV couples an opportunity to work on attachment-related issues.

Dialectical behavior therapy (DBT) based on the research of Marsha Linehan (1993), illuminates the opposites in a client's life experience and helps clients tolerate the ambiguity that creates. These treatments have been used effectively with individuals diagnosed with borderline personality disorder, who generally have an incoherent sense of self, attributed to invalidating experiences in their family of origin. Mindfulness skills, at the heart of DBT, are self-soothing techniques that could be taught to automatically aroused IPV clients.

The importance of supporting secure attachment in the families we treat is reinforced by this study. It is clear that secure attachment in childhood makes a distinct contribution to healthy adult relationships. Leading families toward becoming more secure, has beneficial overtones for society, (i.e., a reduction in domestic violence incidents, less anxious children, fewer individuals with self-esteem issues, more stable communities). Since we already know from the theory of the intergenerational transmission of violence that aggressive behavior can be learned from family members, healing attachment disruptions at any point in the cycle, may begin the process of protecting future generations.

Couples therapy for common couple violence, is still controversial, but has intensified clinical interest in the influence of attachment issues in this area (Roberts & Noller, 1998). It is thought that family-only batterers, non-violent outside the home, might benefit from attachment-based interventions, focused on dependency issues. Mutually violent couples may be appropriate candidates for attachment work as well, if they describe mild violence (Vivian & Langhinrichsen-Rohling, 1994). Therapeutic interventions could help conflicted couples recognize "...their mutual needs for security and closeness, and... find ways for them to function...as a source of security for one another" (Bartholomew et al., 2001, p. 61). The hope is that couples who succeed in becoming each other's caregiver might interrupt the cycle of violence and have a chance at a healthy relationship.

Attachment work in a systemic frame might offer troubled dyads a way to consider models of themselves as lovable and others as supportive, raising self-esteem and offering hope. Reducing communication withdrawal by teaching active listening and empathic responses, while helping couples see how demand-withdrawal interactions contribute to their unhappiness could begin to change IWMs as couples see some end to their suffering.

Empirical research is an important adjunct to clinical work, informing policies, programs and interventions for domestic violence (Kwong et al., 2003). Shifting clients from their dysfunctional relational systems into ones that are low in conflict, high in autonomy, warmth, affection and security, is the goal of therapists working with the domestic violence population. This thesis attempted to offer clinicians an additional perspective in their approach to violent couples. Attachment indicators naturally emerged during this process suggesting that domestic violence treatment programs might consider expanding to include interventions to modify negative internal working models. Allowing clients space to explore problem-solving behaviors learned in their family of origin, could open discussions about

other options. An opportunity to discuss emotional wounds or trauma still active from childhood, could improve a client's self image and willingness to trust.

Internal working models are powerful enough to block rational thought when individuals feel threatened with abandonment, loss or rejection, flooding them with negative affect and anger. Making couples sensitive to this process, could help individuals monitor themselves and interrupt their own escalation with calming techniques. Eventually relationship satisfaction might improve.

The importance of asking clients about their families of origin was supported by this study, as was the seriousness with which clinicians should address reciprocal care between couples. Lack of caregiving emerged as a strong barometer of marital dissatisfaction, consistent with Feeney's conclusions (1996).

Ultimately, research impacts how law enforcement and the public understand the phenomenon of domestic violence. Clinicians have a responsibility to promote best practices and find ways to improve their methods. The possibility of guiding a process of change through which a couple can update their internal working models and become more functional, is intriguing.

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