

Psychoanalytic Psychotherapy with People in Abusive Relationships: Treatment Outcome

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How one thinks about a clinical population or problem necessarily leads to a view of how to intervene in a helpful way. Our intent in what follows is to describe a way of looking at men and women in abusive relationships from a psychoanalytic perspective. From this vantage point, we will first tell you about several people. We will then consider somewhat more abstractly what general statements we might make about these people and others like them and link these more general statements to empirical literature and to a therapeutic perspective. Finally, we will summarize the results of a study of the outcome of group treatment based upon our theoretical perspective and reflect on the implications of the treatment outcome data for understanding the dynamics of abusive relationships. We begin with the work of a noted psychotherapy researcher, Lester Luborsky.

Luborsky (1984) considered the fact that in psychotherapy people talk about things that happen between themselves and other people. He recognized that the stories people tell about themselves and others are of consequence and have to do with a kind of relationship template they have. These templates are also called internalized object relationships. As he listened to people in psychotherapy, Luborsky realized that the stories about relationship episodes could be organized around three elements: a wish, need or intention; a response of others; and a response of the narrator. He realized, further, that the core themes of the stories about present relationships, past relationships, and their ideas about their relationship with the therapist often have the same dominant

theme. Luborsky concluded that he had found a way of empirically studying Freud's concept of transference (Luborsky, Crits-Christoph, & Mellon, 1986; Luborsky & Crits-Christoph, 1990).

Although we will say more about Luborsky's work later, at this point in our story what matters is that he found a way of getting acquainted with people in either a clinical or a research setting by way of people's Core Conflictual Relationship Themes (CCRT; Luborsky, 1984). In a research setting, the CCRT can be identified from an interview. The person is asked simply to describe ten episodes important to them that have happened between them and another person, telling something about what happened and how the episode ended. The relationship episodes are recorded and transcribed. From the transcriptions, the CCRT of the person can be formulated and other interpretive coding can be done as well. The narratives are not understood as concerning truth about historical reality but are considered as having to do with representations of reality in the person's mind. This focus on narrative truth may help the reader in considering what is to come.

Our illustrative cast of characters includes four people, each met in the context of a research project. The first two people we will describe are a man and a woman who began psychotherapy with their partners in a psychotherapy research project for people in physically abusive relationships. The next two people are a man and a woman who completed the research protocol as non-clinical volunteers. Each of these people is representative of their respective groups in ways that matter to our thinking about abusive relationships. One sample relationship episode of each of the four people, each chosen as representative of a set of ten from the person, is described below.

Table 1.

Representative relationship episodes of men and women in abusive and non-abusive relationships.

Abusive Relationships

Mr. A.: I got up in the morning and started screaming at my son—he squealed on me about seeing that other lady. I’m screaming at him that I’m going to send him away. I just wanted to hurt him. Cause he, cause he hurt me.

Mrs. A.: I just go in my uncle’s house. He comes out of the bathroom and he’s naked and he sits down and watches TV and we talk as normal. I don’t know. Before my aunt comes home, he puts his clothes on. I don’t understand that.

Non-Abusive Relationships

Mr. N.: When the job was completed, I paid him for the work. He didn’t pay the person he got the materials from and they sued me. To me there is a right and wrong. I’m very resentful toward that person and I don’t do any business with him.

Mrs. N.: I picked up a word here and there that my son’s girlfriend might be pregnant. I asked him: “Is she pregnant?” He just said, “No.” And I knew if I pushed him he would fly off the handle. So I haven’t said any more about it.

Core Conflictual Relationship Theme

Consider without knowing any more about these people what we might learn about each from these episodes. We will begin with Luborsky’s CCRT and then make inferences about underlying processes.

In the sample episode, Mr. A., a man in a physically abusive relationship, wants to be with both the other woman and his wife and is concerned that other people—his wife in particular—will find out about his badness. He got mad at his son and wanted to hurt him by sending him away. Overall, his CCRT was this: He wants to have things his own way; others get mad at him and threaten to leave him; and he gets mad and hits them. At a more abstract level, this is a man who worries about a part of himself that has

to do with being quite a bad, greedy, fellow in his own mind. The underlying danger is that his wife is going to find out what a bad person he is and leave him, which is quite frightening for him. Someone tells on him and Mr. A. becomes frightened and angry. He has few resources for dealing with his fears and is more comfortable being angry than being frightened. He turns the tables on his son and threatens him with what worries Mr. A. the most—abandonment. Mr. A's story is in real contrast to the representative episode of the man in a non-abusive relationship. Mr. N. says he wants to be treated fairly. He tells a story in which he experiences another man as being dishonest and in response Mr. N. gets angry and decides not to do business with that person. His anger doesn't generalize to all people--or to his family!--and is modulated.

In the sample episode, Mrs. A., a woman in a physically abusive relationship, presents herself as a young woman who wants to understand what her uncle is doing. He ignores her anxious confusion and intrudes by taking off his clothes, and she feels bewildered. Altogether, her CCRT was this: She wants to be left alone by confusing men; they bother her sexually; and she doesn't understand. Five of her episodes involved invasive sexual behavior by an adult toward a child. At a more abstract level, Mrs. A. is a woman who is worried about blatantly unacceptable behavior by grownups important to her and is concerned, in particular, about sexual matters. When her uncle exposes himself to her, she becomes confused, doesn't understand, worries, and says with distress that she doesn't understand. "Not understanding" is one way Mrs. A. deals with anxiety and the fact that she goes to the house of this strange uncle (that is, this is something that has happened many times before) tells us something about her being drawn to the situation with her uncle, perhaps in the hope of being able to master her anxieties. In real contrast is the sample episode of a woman in a non-abusive relationship. Mrs. N. too wants to understand and, in fact, she too wants to understand something about what happens between a man (her son) and a woman. She wants to understand her son in a non-intrusive way, without getting him too worried. He won't talk about what's going on

and she lets it go for the time being. She can manage her own concerns and respect her son's need not to talk quite yet.

Cogan (1988), Sari (1997) and Sharp (1997) have explored the CCRTs of men and women in abusive relationships who were entering psychotherapy. For men in abusive relationships, the most frequent CCRT was this: He wants to dominate, others become either angry and resentful or unhelpful and uncooperative, and he becomes angry and resentful. For women in abusive relationships, the primary CCRT was this: She wants to overcome domination, others become angry and resentful, and she becomes either angry and resentful or passive and submissive.

Object Relations

Relationship Episode narratives can also be used to assess other enduring characteristics of the respondent including object relations, another aspect of the templates that mediate interpersonal relations (Cogan & Porcerelli, 1996). In terms of object relations, Mr. A. has a marked lack of empathy. He makes no effort to understand why his son would tell on him and his threatened punishment is extreme: "I'll send you away!" He expects relationships to be malevolent and punishments to be severe and traumatizing. His feelings involve rage and fear of abandonment. He might also be understood as saying in the interview, "Don't hold me responsible, or I will leave." One might expect, then, that in psychotherapy, being found out and finding out about himself, will be quite difficult for Mr. A.

In terms of object relations, Mr. N experiences *some* others as being dishonest but this doesn't color his expectations of business people in general. It is *some* and not *all* contractors with whom he won't do business again as *some* people can be unjust. Mr. N. has internal standards of right and wrong. The episode may suggest that Mr. N. has concerns about aspects of himself having to do with dishonesty and were he to present for psychotherapy Mr. N. might be especially concerned about the right and wrong behavior

of both himself and his therapist.

Mrs. A. experiences others as blatantly sexually inappropriate, over stimulating, confusing, and unempathic. The degree of her confusion suggests that she doesn't expect others to come to her aid in understanding this chaos and, in fact, there are no helpers in the sample story. Her relationship episodes were bleak and involved stories of sexual boundary violations by her step father and her mother, whom she describes as having run off with her first boyfriend, and wistful stories of herself as the helper of the down-and-out including physically, mentally, and emotionally disabled children. In all of her relationship episodes, only one helper appears, an aunt who rescues her from authorities searching for her when she ran away from home as a child. Her aloneness is evidently quite frightening to her and not wanting to be alone provides another unconscious reason for visiting the uncle. Given the lack of helpers or positive relationships in her thoughts, and given that the only helper who presented at all in her episodes was the rescuer of Mrs. A. when she was a runaway, one could anticipate that forming a therapeutic relationship will be difficult for her. In contrast is Mrs. N., who experiences others as doing things for reasons and experiences people as being invested in and concerned about each other. She experiences concern for her son and an emotional investment in protecting his feelings and their relationship.

Histories of Mr. A. and Mrs. A.

To this point, we have made inferences about Mr. A. and Mrs. A. based on the stories they told about their relationships in an interview. Let us consider next something of their histories.

Mr. A. was a Hispanic man in his mid-thirties who presented himself as a kind of tough guy with bravado in the face of danger. He had a high school education and worked as a mechanic. He and his wife of five years had three children and were separated. They saw an announcement of the psychotherapy program in the local

newspaper. They were interested in participating in the research as a full payment of fees for psychotherapy and came in the hope of getting back together again. Mr. A. had fights with a variety of people including men he worked with, men in his family, friends, and his wife. On the Conflict Tactics Scale (CTS; Straus, 1979) he said that once in the past year he had hit or tried to hit his wife with something. (Mrs. A., on the other hand, said he had threatened her with a knife or gun several times.) He told us that his wife had stomped out of the house once during a conflict. (She said that she had hit or tried to hit him with something twice.) Although Mr. M. was within normal limits on a standardized personality measure, the Millon Multiphasic Clinical Interview—II (MCMI-II; Millon, 1985), he talked more than most other people about times when he had been drinking. On the MCMI-II, his wife showed a borderline profile with avoidant features.

Mrs. A. was a Caucasian woman in her early twenties who had completed two years of junior college. She and her husband had been married for a year and had no children when they were referred for psychotherapy by their employer because their violence was interfering with their work, which had to do with residential care of a special population. She seemed sad and somewhat preoccupied. On the CTS, she reported that within the past year her husband had beaten her up several times and she had slapped him half a dozen times. (Her husband reported that he had kicked, bit, or hit her with a fist once and that she had slapped him once in the past year.) On the MCMI-II, Mrs. A. showed a dependent, histrionic, and depressed profile and her husband showed elevations of a borderline personality with manic-depressive features and drug dependence.

Men and Women in Abusive Relationships

Mr. A. and Mrs. A. are like many of the people in abusive relationships who present for psychotherapy. We know that family violence is pervasive. In the classic works of H. Dicks (1967) concerning disturbed marriages, of 31 couples presenting for

couples therapy, partner violence is mentioned among nine. In his work on couples, Kernberg (1995) writes of cycles of violence, considering partner violence in the context of superego pathology. From Kernberg's psychoanalytic stance, there are both conscious and unconscious aspects of victimization, and people with long-standing personality problems distort their experiences of reality and involve others as part of an effort to reduce uncomfortable inner feelings, such as guilt.

Both the victim and the victimizer aspects of the person have to do with parts of the personality coming from feelings of vulnerability and helplessness from childhood. The internal experience of the man may be that the woman, through real or symbolic abandonment threats, is the victimizer. In his own mind, the man may be the victim. He attacks to protect himself from his feelings of vulnerability and helplessness. This dynamic has to do with his internal experience and can not be captured by an external view. The woman may respond to the development of the aggressor or victimizer part of herself by projecting it onto the man and the same defensive dynamic can develop as she experiences herself as the victim. For the man, the passivity of the victim experience is generally more threatening than the victimizer experience. For the woman, aggression is likely to be more threatening than the passive position and it is likely to be more bearable for the woman to experience the man as the aggressor. When aggression is expressed by the woman, it may be less severe, taken less seriously by both partners, and often more symbolic.

Accepting the projections from the partner can confirm one's own bad feelings about him or herself. If this same person can get the other to argue and fight, they can feel justified in allowing the victimizer part of him or herself to emerge. This can be rationalized as "fighting back to protect oneself." This is an example of Kernberg's descriptions of abusive couples engaging in sadomasochistic exchanges in sometimes interchangeable roles.

People sometimes come to see us because of their own concerns and sometimes

because one partner, usually the man, has been referred by a legal or social service agency. About 30% of the men and about 15% of the women here have been referred by such an authority. When people come to see us because they are unhappy and are concerned about what is happening for them, we are likely to be able to work together in a psychotherapy. When someone comes to see us and seems to have no wish to change, we take as our first task confronting the person with the problems that brought them to see us in an effort to create an area in which shared work in psychotherapy may become possible.

Psychoanalytic Group and Individual Psychotherapy

Both the group and the individual psychotherapy were adapted from the psychoanalytic psychotherapy treatment manual of Luborsky (1981).

Group Work. Group psychotherapy has been advocated in the family violence literature for both ideological and pragmatic reasons (c.f., Dutton, 1995; Edleson & Syers, 1990; Geffner & Rosenbaum, 1990; and others).

In group psychoanalytic psychotherapy in this project, men's and women's groups are each led by a man and a woman, graduate students in psychology, working as co-therapists. The groups are closed and meet for two hours twice a week with a fixed 16-session time limit, after which members may choose to continue in individual psychotherapy, completing the research protocol after each 16 sessions of psychotherapy.

The groups are unstructured and the therapists work to understand and articulate what is happening in the group. The emphasis is on using the relationship of the group with the co-therapists as a vehicle through which thoughts and feelings can emerge and be talked about, understood, and integrated. In our experience with both men's and women's groups, group members generally begin by allying with the same-sexed co-therapist and looking to the co-therapist of the same sex as the person who will supply answers. The group begins by almost completely excluding the co-therapist of the other

sex. As the group settles itself and the avoidance of dealing with the co-therapist of the other sex becomes very clear, the co-therapist of the same sex brings to the attention of the group the fact that they seem to be avoiding the co-therapist. With that, it becomes possible for the group to talk with each other and the co-therapist of the same sex about the thoughts and feelings they have about the other sex and about how they imagine the relationship between the co-therapists to be. In men's groups, women are often experienced as powerful and withholding and the female co-therapist may find the resultant hostility of the men in group palpable and somewhat frightening. It becomes, then, the task of the male co-therapist to comment on the men's anxious denigration of his therapist-partner. In women's groups, the male co-therapist is often the object of considerable group hostility and denigration and the female co-therapist is able to bring this to the attention of the group. As affects of the group are experienced and articulated, it becomes possible to talk about the ideas associated with the feelings. As uncomfortable feelings and distressing thoughts are more understood, group members are more able to recognize and deal adaptively with what is happening (in group and in their lives). With improved adaptation, rage and other dysphoric affects should decrease and group members should be more able to experience positive affects.

In both men's and women's groups, it becomes increasingly possible to talk about partner violence in the context of feelings of helplessness and not just reality based dangers but also fears not quite in awareness (i.e., loss of the other, loss of love, concern about bodily integrity, and feelings of guilt; c.f., Freud, 1926) and in terms of the person's repeating actively what they have experienced as having been done passively to them at other times. For the reader interested in learning more about this kind of group work, important works include Bion (1961), who provides a lively "experience near" description, Bennis and Shepard (1956), offering a more theoretical treatment, and Jennings (1987) who has discussed unstructured group psychotherapy for battering men.

Individual Work. In individual psychoanalytic psychotherapy, it becomes

possible to work with the more specific conflictual themes of the individual. The regular schedule of 50-minute individual therapy sessions is arranged by agreement between the person and the therapist. The therapist maintains a position of listening and entering the conversation to help the person to explore their thoughts and feelings. As themes become clear, the therapist puts the operative theme into words. Because what happens in the relationship with the therapist is especially vivid and fruitful in helping people understand themselves, the work emphasizes what is happening in the therapeutic relationship. The dynamics of the relationship with the therapist can then be seen also in the relationships of the person with their partner and others in the wider world and the links to early past relationships can be recognized and talked about.

People in psychoanalytic psychotherapy are usually surprised to realize that they have themes in their relationships with others and surprised also to begin to recognize some of the ways they defend themselves from what worries them. Mr. A., who experienced other people as getting mad at him and threatening to leave, knew he didn't want his wife to leave him but before psychotherapy had not realized that his fear of being abandoned was of long standing – it was originally a childhood fear. For quite a while, Mr. A. really believed his therapist would leave him for one reason or another. He was not at all aware that his terrible anxiety about being left contributed, paradoxically, to his behaving quite badly to the people he cared most about. He was in a perpetual rage toward his wife (“She’s cheating on me,” and “She’s going to leave—I just know she is”) and behaved so badly toward her that, indeed, she did leave him! He behaved badly toward his therapist but in the therapeutic relationship it was possible to point this out to Mr. A. (“You keep expecting me to leave and then you miss an appointment or come late when you have the idea that missing or being late will make me get mad and leave. You’re trying to set things up so you’ll make me leave. If you run me off, you won’t have to worry about my leaving you because you’ll have made it happen all by yourself and that’s not as scary for you as waiting around to be left by me.”)

By becoming aware, talking about, and tolerating uncomfortable feelings associated with unfamiliar or unwanted aspects of the self, the person can develop a more integrated, cohesive picture of him or herself. The person can begin to accept, partly by identifying with the tolerance of the therapist, their own wishes, fears, and ways of managing anxiety and depression and can develop a greater sense of self-acceptance. For some people in treatment, past and present can be linked. Eventually a person may be able to experience the long-standing conflicts and fears associated with infantile conflicts and can begin to deal with past hurts and fears with an adult mind. (“When I need my wife and she’s busy taking care of our little boy, that doesn’t mean she’s left me. I can go and be with my family instead of getting mad.”)

To make it possible for core conflictual relationship themes to come into the therapeutic relationship where they can be most directly experienced and talked about, the therapist is rather neutral. It may seem at first somewhat paradoxical that the person coming in for psychotherapy in a program for people in abusive partner relationships is, working this way, not directed to talk about any particular subject. In one instance, 16 sessions of psychotherapy focused (superficially) almost entirely on the man’s softball games: Was his wife mad at him because he was on a softball team? Would she and the children come and watch the big game and cheer when he did well? Would she be there when he got home? If she was at home, would there be dinner? Would he be too tired to do chores? It was a productive psychotherapy and the conversations about softball were really all about his relationship with his wife and family.

The very lack of direction of this kind of therapeutic conversation creates considerable anxiety in the person because the non-directive presence of the therapist makes it inevitable that the person will construct the situation to reflect what they expect and fear in all significant relationships. For example, if the person expects to “con” the therapist working this way, once this becomes evident, the therapist is able to comment on the “con” and can put pressure on the person’s ways of trying to avoid anxiety until

the person does experience anxiety: “You’re telling me it’s everybody else’s fault but you didn’t show up last week and you were ten minutes late tonight. Seems like you’re trying to con me like you’ve tried to con everybody else. Evidently you’d rather go back to jail than get serious.” Although limits can be and are set as necessary to prevent potentially harmful acting out by the person, in working with people in abusive relationships, our experience has been that about two-thirds of the people who come to see us are already quite anxious and able to work without any remarkable limit-setting or confrontations.

For the reader interested in knowing more about this approach to individual psychotherapy, Luborsky (1984) provides a lucid manualized description and Auld and Hyman (1991) a more detailed discussion of theoretical and pragmatic aspects of psychoanalytic psychotherapy. Young and Gerson (1991) are among those who have written about some of the defensive mechanisms involved in partner violent relationships and Lundberg (1990) has described a two track treatment approach in which an insight-oriented treatment is available for people with greater ego-strength.

Outcome of Psychodynamic Group Psychotherapy

As part of a psychotherapy outcome study, we present here some of the outcome results of psychoanalytic psychotherapy. These men and women were among people who came to see one of us (RC) in the context of a university-based research program studying the dynamics of spouse abuse and change in psychotherapy. The program required that the person have experienced at least one incident of physical abuse in a relationship with a partner in the previous twelve months, that substance abuse not be a major interfering problem, and that the person could read and write in English in order to complete a research-oriented intake of several hours. Of 59 people who began group

therapy, 24 dropped out and 19 men and 16 women completed 16 sessions of group.¹ Eleven people, including 5 men and 6 women continued in psychotherapy and completed 16 sessions of group and then 16 sessions of individual psychotherapy. Nine people, including 5 men and 4 women continued in individual psychotherapy and completed a third set of 16 sessions, then stopping psychotherapy²

To have enough people to form a group, there was sometimes a delay of as long as 6 weeks before people could begin psychotherapy. When this happened, people were asked to complete the research measures a second time a day or two before they began group. Although the intake itself may have had implicit properties of an intervention, this test-retest control condition is a useful backdrop for considering the effects of group psychotherapy. Statistical comparisons were made of the first and second pre-treatment control reports of 17 people and there were no differences between the two reports. Here we will compare changes over time among men and women after 16, 32, and 48 sessions of psychoanalytic psychotherapy.

Participants

Participants in the project who completed 16 or more sessions of psychotherapy included 19 men and 16 women. The men averaged 33.6 years of age with an average of 13.4 years of education. The women averaged 34.4 years of age with an average of 13.0 years of education. Most were Anglo, including 14 of the 19 men and 13 of the 16 women, and some were Hispanic, including 4 men and 2 women. Most were employed,

¹ **footnote** Of 101 people who completed intakes before group psychotherapy, 35% completed 16 sessions. In contrast, of 69 people who completed intakes before individual psychotherapy, 19% completed 16 sessions. This difference in the likelihood of completing psychotherapy is congruent with the findings of Harris, Savage, Jones, and Brooke (1988).

² Several people continued in individual psychotherapy for several years.

including 16 of the men and 10 of the women. Among those who completed 16 sessions of group psychotherapy, 45% of the men and 19% of the women had been referred by a legal or social service agency.

Measures

The measures to be considered here were chosen for a variety of reasons. Partner violence was a presenting problem and for a treatment to be considered effective certainly partner violence would have to be decreased. The theory of psychotherapy makes affects of special importance and the literature of family violence shows that depression and anger are marked among men (Beasley & Stoltenberg, 1992; Bland & Orn, 1986; Dutton, 1988; Hamberger & Hastings, 1988; Tolman & Bennett, 1991) and women (Bland & Orn, 1986; Dutton & Painter, 1981). In response to psychotherapy, unpleasurable affects should ultimately be reduced and positive affect increased.

Partner Violence was measured with the Conflict Tactics Scale (CTS; Straus, 1979). The CTS is an 18-item self-report measure which measures reasoning (3 items), verbal aggression (6 items), and physical violence (8 items) of which five items describe severe violence or battering by the respondent, and their report of the occurrence of each by their partner. Respondents indicate the frequency of occurrence of each item in a given time period on a 7-point scale ranging from “never” to “more than 20 times.”

Affects were measured with the Multiple Affect Adjective Checklist (MAACL; Zuckerman & Lubin, 1965) and the State Anger Scale (SAS; Spielberger, Jacobs, Russell, & Crane, 1983). The MAACL is a 132-item self-report measure and respondents check the adjectives which apply to them. Dysphoria (Zuckerman, Lubin, & Rinck, 1983; Hunsley, 1990) is the factor which we will consider here. The SAS include 15 self-report items. Respondents rate each item on a scale ranging from “almost never” to “almost always” and scores range from 10 to 40 with higher scores indicating more anger. State anger concerns feelings of anger at the time of response.

Data Analyses

Data were analyzed using a series of multivariate factorial repeated measures analysis of variance tests comparing the responses of men and women before and after treatment blocks and with follow-up analysis of variance tests

Results

Violence. Violence of the men and the women decreased³ with treatment. Among the woman, violence decreased in relation to amount of psychotherapy. Among the men, however, with 16 sessions of group psychotherapy, physical violence had not completely dropped out even with the scrutiny and support of on-going psychotherapy. Although physical violence was absent for most men, two men reported episodes of severe violence during psychotherapy. After 32 sessions of psychotherapy (16 sessions of group followed by 16 sessions of individual psychotherapy), verbal and physical aggression had both decreased. After 48 sessions of psychotherapy (16 sessions of group followed by 32 sessions of individual psychotherapy), physical aggression reported by the men remained at low levels while verbal aggression increased. We know that character change requires some years of the most intense treatment, psychoanalysis, generally lasts for about five years (Doidge, 1997; Doidge, Simon, Gillies, & Ruskin, 1994). In the present study, anger has become less problematic and after 48 sessions of psychotherapy, these men were able to experience and express anger verbally without escalating to physical violence.

Affects. Among both men and women, dysthymia decreased early in psychotherapy (i.e., after 16 sessions of group psychotherapy) and remained at reduced levels as psychotherapy continued. State anger decreased slightly among the men and remained stable over the course of psychotherapy among the women.

³ In 9 instances, both partners completed the first treatment block and completed both pre- and post-treatment measures. The reports of these people about violence by their partners confirmed the self-reports of both men and women.

Conclusions

We have shown that psychoanalytic psychotherapy can be an effective treatment modality for men and women in abusive relationships. Violence can be limited, depression and anxiety reduced and positive feelings can increase. With 16 sessions of group psychotherapy, people can begin to recognize that factors outside of their awareness operate to propel them into unhappy situations. As they become aware of repetitive maladaptive patterns they can become less driven to unhappy outcomes. We recall, for example, one man (representative of several who were court referred and unlikely to continue beyond 16 sessions of psychotherapy) for whom we organized his theme quite simply: “When you feel bad about yourself, it seems like you shoot yourself in the foot.” In 16 sessions of psychotherapy, this man began to recognize when he was about to “shoot himself in the foot” and he was better able to recognize that he must be feeling bad about himself for some reason and then to stop the self-defeating behavior. The therapeutic results were of value to him even though the work was quite limited. In contrast is the outcome of a woman in the abusive families treatment program who completed a planned termination after about two years of psychotherapy with a considerable understanding of her own dynamics. Not only was her marriage free from further violence, but she and her partner were able to enjoy themselves together!

It is not easy for people to continue in psychotherapy. Our experience has been that people are more likely to complete group than individual psychotherapy (and least likely of all to complete couples therapy). People are more likely to continue in the intensive individual psychotherapy which we believe is most effective after an experience with group psychotherapy. Clinically, it seems likely that in group therapy, the felt safety provided by other group members makes it possible for people in abusive relationships to get acquainted with therapists and therapy without the intensity of the individual therapeutic relationship. While group therapy can be practical, it is not and cannot always be available because arranging for groups also presents practical problems and

individual psychotherapy can be a viable option in working with men and women in abusive relationships.

In psychoanalytic psychotherapy, as conflicts outside of awareness are understood and re-worked, there is less distortion of the other people. When experiences of others are not so distorted, others can also be treated with more empathy and more understanding because they are experienced as individuals with their own particular qualities. As changes occur and the partner can be seen as a person with his or her own thoughts and feelings, and his or her own strengths and weaknesses, the partner can be appreciated and, finally, loved.

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