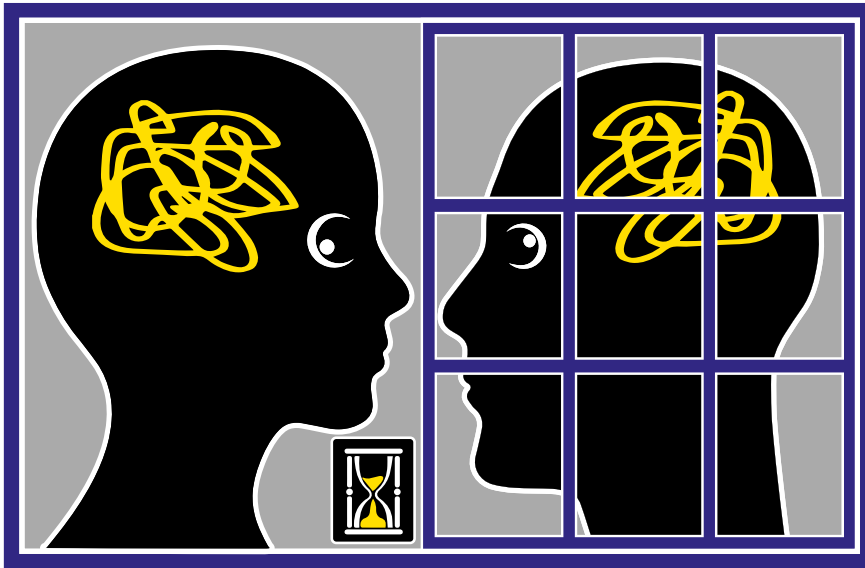


Intimate Partner Emotional Abuse and the Application of Attachment Theory

By Gavin Haugh



Introduction

Intimate Partner Emotional Abuse (IPEA) is a widespread phenomenon, with 9,912 women in Ireland contacting the Women's Aid helpline in 2012 to report incidents of being subjected to intimate partner emotional abuse. This was more than three times the number who reported physical abuse (Women's Aid, 2012). While comparable numbers for male victims of IPEA in Ireland are not available it is known that men are at least as likely to suffer emotional abuse from their intimate partners as women are (Goldstein et al., 2008).

This prevalence of IPEA is of concern for a number of reasons. Firstly, the presence of emotional abuse in intimate relationships is often an indicator of later physical or sexual abuse occurring with Henning & Klesges (2003) reporting the presence of emotional abuse prior to physical violence and sexual assault in 80% of cases. Secondly, physical and sexual abuse of an intimate partner very rarely occurs without the co-existence of emotional abuse (Sackett & Saunders, 2001), so therapists who seek to work with intimate partner violence (IPV) will need to address emotional abuse also. Thirdly, even in cases where abuse remains emotional only, it still has many severe and detrimental effects. O'Leary (2001) found that victims of IPEA reported emotional abuse as being more relentless and terrorising than physical abuse while Queen et al. (2009) reported the effects of emotional abuse, in contrast to physical abuse, as continuing long after the abuse had ended. Bancroft (2002) highlights the fact that emotional abuse is a reported factor in more than 25% of female suicide attempts.

IPEA is an issue that can affect men or women of any age regardless of the duration of the relationship, marital status, sexuality or living arrangements (Renn, 2012). As such, it is likely that therapists will encounter both perpetrators and victims of IPEA regardless of their general client base and will have a need to be familiar with the causes, characteristics and impact of IPEA, as well as have an ability to work with it in an effective manner. Whether therapists currently have this ability is questionable. Studies in 1991 and 2008 found that a large proportion of sampled therapists failed to detect physical or emotional abuse and only a negligible amount made effective interventions to prevent escalation (Hansen et al., 1991 and Dudley et al., 2008).

In order to successfully work with Intimate Partner Emotional Abuse therapists must first understand what it is and how it may be defined. In contrast to physical abuse there are not clear cut definitions for emotional abuse, nor can we as easily see the marks it leaves. Therapists will be aware that most couples argue at one point or another and often these arguments will contain elements of emotionally abusive behaviour. Determining when couple interactions change from unpleasant to abusive is no simple task and while numerous attempts have been made to categorise and quantify emotional abuse universal agreement remains elusive, possibly owing to the complex and

subjective nature of emotional abuse (Hamel, 2013).

While a number of authors have offered their own definitions or characterisations of IPEA one of the most comprehensive reviews was carried out for the US Center for Disease Control (Saltzman, 2002). That report stated that emotional abuse can include humiliation, dictating what the victim can and can't do, withholding of information, deliberately trying to make the victim feel less worthy, using the victim's money, disregarding the desires of the victim, isolating the victim, restricting access to communication or transport, getting the victim to engage in illegal activities, destroying the victim's property, damaging the victim's reputation through disclosure of information or misinformation, using the victim's children against the victim through threat of loss of access/custody or other means or withholding money or other basic resources. While these varying elements of emotional abuse provide a useful guide to therapists it is worth noting that the report conceded that in certain cases abusiveness can only be determined through how the victim perceives behaviours and acts rather than assessment of the acts themselves. McKenery et al. (2006) highlight the fact that abusive behaviours may vary but have the common goal of increasing the power and control of the abuser over their partner. Daly et al. (1982) found the reason that abusers wish to have this control over their partner is to alleviate feelings of insecurity that they will be abandoned.

While there is no set path to someone becoming emotionally abusive towards their partner certain trends have been found amongst perpetrators of IPEA, with a number of authors identifying

insecure attachment styles as a significant risk factor for victimisation and perpetration (Dutton et al, 1994; Wilson et al., 2013). If insecure attachment styles are a cause of IPEA then understanding a clients' attachment history may aid the therapist in understanding their current emotionally abusive relationships.

Background to attachment theory

Attachment theory may be considered an index of emotional regulation, classifying as it does the affect employed by an individual

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in response to perceived loss of, or rejection from, their attachment figure (Babcock et al., 2000). This attachment figure is usually the mother in infancy but becomes the subject's intimate partner in later life (Bowlby, 1988).

Attachment theory states that depending on how people are nurtured and comforted by their attachment figure the individual will develop inner beliefs about whether their attachment figure is caring and responsive and also whether or not they themselves are worthy of care and attention. This influence on how intimate partners are viewed, as well as how the individual feels about their own right to be cared for, has implications for emotionally abusive adult relationships (Hazan and Shaver, 1987).

Classification of infant attachment styles was refined by Mary Ainsworth and her clinical study The Strange Situation (1970). This study involved observing the behaviour of infants after their attachment figure left them

for a period of time. The varying affects employed by the subjects were initially classified in one of three attachment styles: Secure, Insecure-Avoidant, Insecure-Ambivalent. A fourth classification of 'Disorganised' was later introduced by Main and Soloman (1986).

Securely attached infants in Ainsworth's Strange Situation (1970) were observed to be upset at the parting of their attachment figure but not panicked, and displayed relief and happiness at their return. This behaviour of not

internalising rejection corresponds with a greater ability in secure adults to maintain self-worth and defend oneself when arguing with an intimate partner (Babcock et al., 2000).

Insecure-avoidant children displayed little or no emotion at the leaving or returning of their caregiver in The Strange Situation, yet showed physiological symptoms of distress, such as elevated heart rate. This masking of emotion on the part of the infant is in response to emotional rejection from the attachment figure (Howe, 2011). In essence the infant has learned that expressing emotion does not create closeness or comfort with their caretaker and may in fact have the opposite effect of driving them away. The resulting suppression of emotional displays is borne of a fear of increasing emotional and physical distance with their attachment figure. In adulthood this attachment style is referred to as Avoidant-Dismissing and involves a similar affect of outward projection

of independence. Emotional and sometimes physical distance from the intimate partner is common to the avoidant-dismissing type as rather than allow themselves to become close and risk rejection they instead seek to keep partners at arm's length (Levine & Heller, 2010). In terms of IPEA this can manifest as a withdrawal of affection if the relationship becomes more intimate than the Avoidant-Dismissive is comfortable with. It is important to note that the withdrawal of affection is in itself an abusive act and has been shown to have as great a role in IPEA as

behaviour when the individual feels their partner is withdrawing from them (Babcock et al., 2000). The emotional abuse of an intimate partner may be an exaggerated and dysfunctional manifestation of the primal protest behaviour observed in infancy (Bartholomew, & Allison, 2006) in response to a perceived rejection or lack of availability from the intimate partner (Kesner et al., 1997).

Disorganised infants display strongly conflicting behaviour of both seeking proximity with their attachment figure whilst also avoiding contact by turning

two secure individuals least likely to involve abuse, with couples made of a secure and insecure partners more at risk and pairings of two insecure people showing the highest rates of abusive behaviour.

While securely attached adults are less likely to emotionally abuse their partner and are less at risk of staying in an abusive relationship (Holtzworth-Monroe et al., 1997) it should be remembered that attachment styles may change over time and a securely attached person may become insecurely attached to their partner in the face of emotional abuse (Weston, 2008). That this attachment is classified as insecure does not equate to a weakening of the attachment as the quality of a relationship is unrelated to strength of attachment (Renn, 2012).

Victims of emotional abuse can be very strongly, though traumatically attached to their abuser (Follette et al., 1996) meaning ending the relationship may be a difficult or unwanted outcome for the victim.

Within relationships of two insecure people particular issues have been noted. Fearful-

Avoidant types often fail to recognise and understand the needs of their partner, resulting in feelings of frustration for both parties. Rather than confront these feelings and address their underlying fear of loss and rejection the Fearful-Avoidant may lash out, verbally or physically (Howe, 2011). Relationships of Anxious-Preoccupied types with Dismissive-Avoidant or Fearful-Avoidant partners have been associated with higher levels of abuse, regardless of whether the Fearful-Avoidant person is male or female (Doumas et al., 2008)

Therapeutic focus: Cause or effect?

For therapists working with

This abuse in childhood correlates with a higher risk of entering an intimate relationship with an abusive partner in adulthood.

overt acts of control or demeaning. (Queen et al., 2009)

The third attachment style of Ainsworth's Strange Situation (1970) is the ambivalent type. This group of infants reacted to the return of their attachment figure with a strong need for close proximity, often clinging to their caretaker. Anger and physical aggression directed at the attachment figure was also prevalent in this group (Jackson, 2007). This angry protesting has been shown to be an instinctive biological response by infants to separation from their attachment figure (Renn, 2012) and is not intended to drive the attachment figure away, but rather is an effort to increase the intensity of communication to the attachment figure in order to pull them back to a proximity in which the infant feels secure and comforted (Bowlby, 1973). For adults this attachment style is classified as Anxious-Preoccupied, a style of attachment that is more prone to abusive

away. A significant percentage of these infants were found to be experiencing physical or emotional neglect or abuse from their attachment figure (Alexander, 2009). This abuse in childhood correlates with a higher risk of entering an intimate relationship with an abusive partner in adulthood (Follette et al., 1996). Adults with this attachment style find themselves in a situation of feeling rejection from, and fear of, their attachment figure but also being drawn towards them for comfort and protection (Shemmings & Shemmings,

2011). This is known as Fearful-Avoidant attachment and can be a factor in victims feeling unwilling to leave their abusive partner as well as being abusive themselves (Dutton et al., 1994).

Interaction of attachment styles as a risk factor for IPEA

Wilson et al. (2013) found that attachment pairings in intimate relationships have a significant correspondence to emotional abuse with relationships made up of

perpetrators of IPEA the question of whether causes, such as attachment style, are relevant must be considered. Review of the existing literature indicates a common approach of focusing on abusive behaviours and the taking of responsibility for those behaviours rather than addressing underlying causes. According to Bancroft (2002), “There is no way to overcome a problem with abusiveness by focusing on tangents such as self-esteem, conflict resolution, anger management or impulse control. Abusiveness is resolved by dealing with abusiveness”. Bancroft is not alone in stating that abusive relationships should be approached from a perspective of focusing on the abuse itself. Evans (2010) highlights the importance of confronting denial and evasion of responsibility in abusive clients rather than exploring issues that may be later used as excuses for the emotionally abusive behaviours. Jones, as cited by Hennessy (2012), finds that the effect of therapy on an abusive partner may be to turn them from “abusive and apologetic” to “abusive and self-righteous” if the therapist approaches the problem from a perspective of causes or through exploring the emotional state of the perpetrator. Stosny (2008) agrees with this, finding that exploring causes serves only to trigger more abuse in the present, as the abuser does not have the ability to self-regulate their emotional response to the feelings brought up by therapy.

Dutton (2007) challenges the viewpoint that focusing on anything other than abusive behaviours and responsibility is detrimental and writes, “Treatment of [the underlying] issues does not, as psycho-educational groups insist, merely bring ‘excuses’ into play,

it opens up the infrastructure of abuse to remediation”. Engel (2002) considers understanding the reasons for emotional abuse and patterns of behaviour to be of the utmost importance in creating positive change, second only to the abuser admitting the existence of abuse. Supporting this stance that addressing the underlying causes of IPEA is not just worthwhile but should be a key aspect of therapy is the high rate of recidivism in cases where therapy takes a ‘responsibility’ approach but does not address causes. Studies by Babcock et al. (2004) and Feder & Wilson (2005) both found almost universal failure in long-term outcome studies of therapy effectiveness for abusive partners when the abuser was pressured or ordered to attend, and the focus of therapy was on confronting denial and admitting responsibility. It is possible that the confrontational nature of the standard approach to intimate partner abuse inhibits the development of a therapeutic relationship, particularly if the client has not come of their own volition or already recognised their

to their dysfunctional coping mechanism of being emotionally abusive to their partner.

Employing an attachment focused approach

If therapists accept the role attachment plays in intimate partner emotional abuse they must also consider the role attachment styles will play in therapy. Reviews have found that insecurely attached clients are found to be more difficult to create therapeutic alliances with than secure individuals, owing to the fact clients perceive the therapist in much the same way as they perceive their attachment figure (Mallinckrodt et al., 2009). Anxious-Preoccupied clients expect their therapist to let them down and doubt their continuing responsiveness while Avoidant clients will defensively inflate their own self-esteem as a barrier to connecting with the therapist (Mikulincer et al., 2003). Both of these responses are borne of the same fear of rejection and abandonment that impacts their relationship with their intimate

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own responsibility. Thomas (2007) supports this possibility, finding that “confrontation and breaking down denial is more likely to lead to compliance than to real change”. This is likely a result of abusers feeling a desire to make changes to save their relationship but also wrestling with increased feelings of stress, self-pity and victimisation when confronted by the therapist (Dutton, 2007). While short term arrest of abusive behaviours may be made through strong conscious effort the client ultimately retreats

partner. This insecurity, in keeping with the findings that focusing on blame and responsibility does not lead to long term positive outcomes, reinforces the need to work patiently and empathetically with emotionally abusive clients.

An attachment oriented approach may also be suitable owing to the fact it is a systemic model which links clients with their behaviour by focusing on habitual affects employed in response to, and preparation for, interacting with

others (Johnson, 2004). This technique of linking a person with their behaviour, rather than simply telling them that the behaviour is unacceptable and must be stopped, may be more effective owing to the creation of self-understanding and greater cognitive awareness of automatic negative reactions to emotional distress. Dutton (2007) suggests that consideration of attachment styles and behaviours is strongly compatible with a Cognitive Behavioural Therapy approach for these same reasons while Matsakis et al. (2001) also determined attachment orientation to be a beneficial approach for creating a case conception and addressing negative patterns owing to it highlighting the primary emotions associated with IPEA as well as the cognitive distortions that exist within insecure attachments. Kesner et al., (1997) suggest that addressing unresolved childhood attachment issues through individual or couples therapy might provide “appropriate interpersonal expectations, insight into their own behaviour, individual behavioural responsibility, and new behaviours associated with appropriate attachment”.

Conclusion

IPEA is a complex and harmful phenomenon present within a great many intimate relationships. Occurring as it does on a continuum of severity and frequency it is far more difficult to define or identify than intimate partner violence. This complexity that surrounds IPEA may go some way to explaining the limited amount of IPEA research available, in contrast to the multitude of publications dedicated to IPV. Despite clearly involving behaviours and consequences distinct from IPV many of the papers reviewed for this essay included emotional abuse under the umbrella term of partner


abuse/violence, while others made only brief reference to it as a sidebar. A significant amount of the literature on partner abuse excluded emotional or psychological abuse altogether.

This situation of emotional abuse being seen as secondary or being discounted altogether may partly be explained by the fact it is less suited to empirical research. In contrast to physical abuse there are no large databases of arrests or convictions for emotional abuse and determining whether IPEA has occurred is often a subjective experience. The fact that victims may even be unaware of the abuse only increases the difficulties of studying IPEA. Yet the lack of research into IPEA cannot simply be ascribed to the academic challenges. There appears to be a widespread view that emotional abuse within relationship is a less serious issue than physical violence. On the one hand this viewpoint is understandable, IPV can and does cause serious injury and death. This makes IPV more likely to garner headlines, cause outrage and become part of societal concern. Yet, as has been noted in this work, IPEA has serious and long lasting consequences for the victim that have been described as more terrorising than physical abuse. That IPEA may be a warning sign to later physical abuse also reinforces the need for greater focus and understanding of the issue.

Another impact of the inclusion in the literature of IPEA as just an aspect of partner violence is that the same therapeutic interventions being employed for both issues. The emphasis that is given to perpetrators admitting responsibility and making promises to stop abuse is borne of an understandable and necessary goal of ensuring the safety of the partner in cases of violence. However, this approach necessitates the therapist taking a more confrontational stance

in early sessions than may normally be desired and inhibits the development of a therapeutic alliance. This in turn reduces the likelihood of abusers continuing the therapy or making a real connection with their behaviours. With research showing high rates of recidivism in cases of IPV therapy that factor confrontational methods it is reasonable to expect the same outcome for IPEA. Reducing the risk of this long term relapse should be a key goal of any methodology and may be aided by taking a more patient and exploratory tact with clients. That is not to say that emotional abuse should not be named and highlighted as a damaging an unacceptable behaviour, but that there is less requirement on the therapist to be as forceful or urgent in doing so owing to the non-immediate risk to the victim that IPEA poses. Taking a more gradual and encompassing approach that blends naming abuse with understanding the reasons for it and acknowledging responsibility with compassion for the perpetrator is more likely to lead to a long term solution rather than just short term respite, a preferable outcome for both perpetrator and victim.

Attachment styles provide a useful framework for therapists to take this encompassing view of exploring current abusive behaviours as well as underlying causes. While it is by no means the only explanation for emotional abuse, and readers are advised to consider other issues such as addiction and Antisocial Personality Disorder or Dissocial Personality Disorder, which have been attributed as the cause of abuse in 15-30% of cases (Hilton & Harris, 2005), understanding the role of attachment may aid both therapist and client, regardless of whether the work is being conducted with the perpetrator,

victim or both. Where clients are no longer in relationships but have histories of abuse recognising and exploring attachment style may lead to healthier decisions in the future and provide a real means of ending habitual behaviour that may have existed since infancy. 

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