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Fighting for Connection: Patterns of Intimate Partner Violence

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ABSTRACT

In this article, we draw on attachment theory, academic research, emotionally focused couple therapy, and our own clinical practice to offer insights into situational couple violence (SCV) and its therapeutic management. We argue that SCV arises from negative interaction patterns, which can be described by four patterns of violence that represent different attachment behaviours between partners. By understanding these dynamics, SCV is understood within a refined attachment-based therapeutic paradigm that gives the therapist a clear roadmap of how SCV is related to the underlying emotions and needs of both partners.

KEYWORDS

Intimate partner violence;
situational partner violent;
attachment; couple therapy;
emotionally focused therapy

Introduction

While horror at their acts is inevitable, greater understanding of how they come to behave in these violent ways evokes compassion rather than blame. (Bowlby, 1984) Intimate partner violence (IPV), or domestic violence, includes perpetrated or threatened physical, sexual, psychological, emotional, or financial harm by a current or former partner or spouse. The recent Intimate Partner and Sexual Violence Survey (NISVS) from the US Centers for Disease Control and Prevention (Smith, S.G., et al., 2017) estimated that at least 30% of the American population had experienced IPV in their lifetime, with more than one in nine reporting an IPV-related impact (e.g., injury, fear, concern for safety, needing services). Given the immense personal and societal burden of IPV, both effective prevention interventions and improved therapeutic strategies are critical for addressing this common and serious public health issue. This article focuses on the latter and provides a framework for identifying four different patterns of violence found in couples that are characterized by maladaptive attachment interactions. Because we want to give more insight into how violence can occur within negative interaction cycles and the underlying attachment needs, this article is limited to situational couple violence (SCV), the most common form of IPV. This article describes four patterns of couple interaction in which violence can be understood.

Johnson (1995) was the first to distinguish two types of IPV: SCV, which is the result of escalating interactions (Johnson & Leone, 2005; Kelly & Johnson, 2008), and “intimate terrorism” (IT), a form of IPV that originates from power, control, and gender differences. In the first type, violence is bidirectional in nature; in the second type, it is unidirectional. Later, Johnson and his colleagues (2008) refined this distinction and differentiated four forms of violence: IT (or coercive controlling violence), violent resistance, SCV, and separation-instigated violence. Both the specialist literature (Hamel & Nicholls, 2007; Stith, McCollum, Amanor-Boadu, & Smith, 2012) and the research literature (Bookwala, Frieze, Smith, & Ryan, 1992; Gray & Foshee, 1997; Magdol et al., 1997 and Straus, 2008) support the view that SCV occurs most frequently, especially in couples seen in the therapy room (Simpson, Doss, Wheeler, & Christensen, 2007). O’Leary and Cohen (2007) stated that when the aggression within SCV is embedded in bidirectional patterns of interaction and that, as many studies with community samples have shown, physical aggression is as commonly engaged in by women as by men, then conjoint couples therapy might be useful to reduce the risk of violence. They argue that when couples therapy “reduces arguments in a relationship, it makes logical sense that physical aggression could thereby be reduced” (O’Leary & Cohen, 2007, p. 367). This argument only counts for SCV and is not the case with other forms of IPV, especially IT. Because IT is embedded in dynamics of power and control and often unidirectional, the argument remains valid that couples therapy, in these cases, could lead to unethical consequences. Conjoint treatment with unidirectional forms of couples violence would make both partners co-responsible for the violence because both partners are asked to bring change in the relationship (Schechter, 1987; Stith, Rosen, & McCollum, 2003).

Nevertheless, it is necessary to address how therapists can differentiate IT from SCV. Johnson (1995) describes how the most important difference between IT and SCV is not the high rate of violence but the pattern of controlling the other partner. Greene and Bogo (2002) argue that a therapist can assess the difference between IT and SCV by considering four factors: the range of control tactics, the motivation for the use of violence, the impact of the physical aggression, and the partner’s subjective experience.

Based on our years of clinical experience with couples therapy with violent couples, we propose there are three additional discriminating factors that can help differentiate IT from SCV: the therapist’s subjective experience and level of trust in working with violent couples, the partners’ joint desire to enter couple therapy, and the ability to create safety in the sessions.

Within a therapeutic context, and safeguarding the therapeutic alliance, assessment can best be seen as an ongoing process. It follows that the best way of differentiating IT from SCV with the couples we work with is to encounter them and assess if the violence is embedded in a one-directional dynamic of control and/or whether it arises when bidirectional attachment needs are expressed in a dysfunctional manner within the relationship. By describing four violent patterns of SCV, we hope to help the therapist by providing a clear roadmap of how violence can take place within

bidirectional relational dynamics. It is our experience that this roadmap will also help the therapist to better differentiate IT from SCV.

Recent Academic Evolutions Concerning IPV

Notwithstanding the observation that SCV is the most frequently occurring form of IPV, the dominant social discourse on this subject continues to be organized in terms of polarization (perpetrator–victim) and gender (man–woman). Therefore, many therapists act from this perspective when a couple enters therapy in this context of IPV. Couples who experience their occasional violence as not always being unidirectional and/or do not think in terms of perpetrator and victim in their conflict will be less well supported by services that give precedence to this polarized model. For example, Brown, O’Leary, and Feldbau (1997) found that the majority of violent couples dropped out of treatment because the program did not focus enough on their marital issues and their individual needs. Although this polarization does hold true for certain forms of partner violence (e.g., IT [Johnson, 1995, 2005, 2008]), these forms are far less prevalent than SCV (Dutton & White, 2013), which is the focus of this article. It should be noted that couples therapy is only appropriate with this latter form of violence and with due consideration for safety issues (Bograd & Mederos, 1999).

In her overview of the literature on IPV, Stith et al. (2012) describes how our understanding of partner violence has changed significantly in recent years. While research previously focused on limited populations (mainly female victims of violence), large-scale community surveys (e.g., Anderson, 2004; Henderson, Bartholomew, Trinke, & Kwong, 2005; Whitaker, Haileyesus, Swahn, & Saltzman, 2007) have shown that violence within couples is more bidirectional in nature and that women use as much violence as men (Whitaker et al., 2007). A large-scale study by Anderson (2004) into the health consequences of IPV confirms that both men and women suffer long-term psychological and physical effects following IPV. The gender-inclusive research and theory of domestic violence (Hamel & Nicholls, 2007) indicate that men and women are equally victims of assaults in their relationship (Straus, 1999). Although there is a lot of evidence (Dutton & White, 2013, Whitaker et al., 2007) that violence is more often bidirectional than unidirectional, that unidirectional violence starts in comparable numbers from women than from men, and that LGTB couples are characterized by similar amounts of IPV (Waldner-Haugrud, Gratch, & Magruder, 1997), it is important to acknowledge that there is still a difference in the physical effects of the violence due to power and size differences, shown in evidence that women suffer disproportionately more physical injuries (Kwong & Bartholomew, 1998; O’Leary, 2000; Straus, 1990a). Stith et al. (2012) conclude that there is a large gap between the academic knowledge relating to IPV and the development of effective clinical systemic interventions, with research evidence questioning the utility of approaching IPV in terms of victims and perpetrators and unidirectional violence, while therapeutic practice remains embedded in these stereotypes. We propose that an approach based on attachment theory, both in describing patterns and in therapeutic approach, can bridge the gap between academic knowledge

and therapeutic practices. With the description of four violent patterns, the authors provide new clinical insights that can somehow reduce this gap. By providing a theoretical framework of how violence can take place within negative interactional patterns, we hope to give therapists a clear roadmap that can help them to get a better understanding of the often overwhelming relational drama of IPV. This roadmap came in to being after years of clinical work with SCV. Both authors are specialized in emotionally focused couple therapy (EFT). The first author has been working in a specialized center for couples who experience IPV for more than a decade and has seen hundreds of violent couples who wanted to restore the safety in their relationship together, including many court-mandated violent couples. The second author is an EFT supervisor and trainer who has been specializing in EFT and SCV for more than 10 years. Both authors worked together and studied clinical work (including video recordings of sessions) to come to a better understanding and treatment of SCV.

Attachment and IPV

While substantial research has been conducted in the field of IPV, there has been limited research into the processes that lead to IPV (Bookwala, 2002). Recently, however, researchers have begun to focus on the underlying mechanisms of violence within relationships. Inspired by the work of Bowlby (1969, 1973, 1984) and adult attachment in relationships (Shaver & Mikulincer, 2007), numerous studies have demonstrated that IPV is linked to insecure attachment (Allison, Bartholomew, Mayseless, & Dutton, 2008; Babcock, Jacobson, Gottman, & Yerington, 2000; Bond & Bond, 2004; Bookwala, 2002; Doumas, Pearson, Elgin, & McKinley, 2008; Dutton, Saunders, Starzomski, & Bartholomew, 1994; Pearson, 2006; Roberts & Noller, 1998). Notably, however, in the case of IPV, it is not simply a question of understanding individual attachment mechanisms but also, and importantly, the attachment dynamics of the relationship itself. Especially important for escalating couples and SCV, couples co-regulate each other emotionally (Shaver & Mikulincer, 2007), so safely attached couples can help sooth each other and deescalate. This is not the case with insecure bonds, where the emotions connected with attachment form escalating patterns. Anger, also, is a natural emotion of perceived attachment loss, which can be understood from different positions in the couple's cycle of interaction (Allison et al., 2008; Babcock et al., 2000).

Ross and Spinner (2001) found that most of the research into attachment within relationships is based on the assumption that adults are defined by one dominant style of attachment in their relationships, namely their "dispositional attachment." This refers to the specific attachment style (secure attachment versus insecure) developed in relationships with parental care figures (Ainsworth, 1989; Bowlby, 1969; Shaver & Mikulincer, 2006; Sprecher & Fehr, 2010). This assumption also underlies the notion that IPV mainly arises in the event of "mis-pairing," whereby partners of a complementary dispositional attachment style are at a greater risk of IPV (Bond & Bond, 2004; Collins, Cooper, Albino, & Allard, 2002; Doumas et al., 2008; Schneider & Brimhall, 2014). For example, a couple consisting of an anxiously

attached partner and an avoidant-attached partner will more quickly become stuck in the negative interaction patterns of clinging and withdrawal. While the dominant attachment style, which usually has its origins in childhood, is important, in the case of situational IPV, the “relationship-specific attachment” should also be taken into account (Sprecher & Fehr, 2010). In this context, we view adult attachment as the result of both dispositional attachment and the influence of relationship-specific characteristics (e.g., the presence or absence of care for the other partner). We note that not all escalating conflicts can be explained by childlike, dispositional attachment. For instance, there are also partners who are of a more avoidant-attached disposition but who, in a specific adult love relationship, adopt a clinging position. For this reason, in our clinical work with SCV, we ask ourselves “What are the attachment positions adopted by each partner in this relationship?” instead of “What is their dominant attachment style?” The attachment pattern in a given romantic relationship is always the result of attachment disposition (childhood), past romantic attachment, and contemporary interaction and experience with this partner. Childhood sensitivities are to be understood as “raw spots” (Johnson, 2008) that can trigger reactivity in the actual romantic relationship. The focus on situational attachment leaves more space to approach IPV as a process of interpersonal influencing rather than a personal characteristic.

Drawing on insights from EFT (Johnson, 2004), on recent academic developments, and on research on IPV, we argue that IPV arises from relational impasses born out of negative, self-confirming patterns of interaction. By providing a deeper insight into the relational dynamics underlying SCV, we aim to offer family therapists additional resources to support the couples in their care. It is in our experience that the better we understand the strong and negative violent interaction, the more we are able to connect with the underlying dynamics and the more we are able to help our clients to safer waters. In their systematic review of risk factors for IPV, Capaldi, Knoble, Shortt, and Kim (2012) came to the conclusion that “We know surprisingly little about occasions of IPV, including how conflicts escalate to IPV” (p. 28). As stated earlier, the proposed four violence patterns are to be seen as a theoretical classification that can help to understand how violence can take place in negative interaction cycles. We want to make clear that this classification is dynamic. In practice, we view the four patterns as a dynamic subdivision in which the same couple may move between different patterns at different stages in their relationship, during its associated conflicts and during the therapeutic process.

Four Violence Patterns

Violent Pursuer/Withdrawer

“If he continuously completely ignores me, I get the feeling that I mean less and less to him. In the end, I’ll do anything to make him listen.”

EFT distinguishes three negative patterns of interaction: pursuer/withdrawer, pursuer/pursuer and withdrawer/withdrawer. The most common and most well-known interaction cycle is that of pursuer/withdrawer. Johnson (2004) describes how at times when the withdrawer distances him/herself, the pursuer will display intense attachment behavior due to fear of losing his/her partner. This is expressed as anxious clinging, pursuit, and aggressive attempts to obtain a reaction from the other partner. The pattern of violence that we wish to describe here can be regarded as an offshoot of this negative interaction cycle in which the pursuer becomes aggressive in order to force engagement of the other partner. In their study about the role of attachment, relational dynamics, and the use of violence, Allison et al. (2008) observed that violent acts serve two different attachment strategies, which they labeled (a) the strategy of pursuit and (b) the strategy of distancing. They observed that “partners were frequently violent in an effort to maintain a desired level of proximity to a partner” (p. 139). In this relational pattern, the violence can be interpreted as proximity-seeking attachment behaviour (Allison et al., 2008; Bartholomew, Kwong, & Hart, 2001; Dumas et al., 2008; Schneider & Brimhall, 2014). This is therefore aggression based on fear of abandonment. The violence may be accompanied by abuse of power aimed at preventing the other partner from leaving the relationship. The attachment mechanism of the pursuing partner becomes hyperactivated, and this is expressed in violent behavior and violent outbursts of rage. Bowlby (1984) previously described how rage in intimate relationships can usually be interpreted as an attempt to regain contact with the inaccessible attachment figure.

In the following example, during the first conversation with Frank and Marianne, it becomes clear that they are stuck in a negative interaction cycle of pursuing and withdrawal. Frank describes how his wife works extremely hard and is only staying with him for financial reasons. “In addition, she drinks too much,” he says. Meanwhile, his wife stares into the distance. She appears dazed. Frank describes how he feels betrayed and abandoned, “as if all the love and contact between us is draining away.” Marianne indicates that she feels increasingly “hard and cold.” “It’s not possible to talk to him anyway if he’s in one of his moods. The only thing that helps is hiding behind my shield and waiting until he stops.” Frank, in turn, speaks of the helplessness he experiences when she withdraws in this way. He explains that he is sometimes overwhelmed by the urge to shake her until she speaks with him. When asked whether this cycle has also a physical component, Frank admits that he can become dangerously angry if she ignores him. Especially if she withdraws into her study and closes the door, he can “lose it.”

Here the violence can be interpreted as an expression of defense against the primal panic (Panksepp, 1998), which arises in times of love and attachment-related transgressions. The greater the hurt relating to love, emotional engagement, and security in someone’s life, the more the chance that he or she will be overwhelmed by primary emotions and the more he or she will call on these reactive coping mechanisms (Hargrave, 2011). This is the place where dispositional attachment and situational attachment interact. The partner who resorts to violence in this interaction pattern

displays very intense emotional reactions when he or she feels that he or she is not seen, cared for, safe, or loved. Attachment- and love-related transgressions in this relationship place the limbic system in a kind of state of alert. The emotional system becomes hyperactive in order to reduce the primary fear of abandonment. In relational terms, this translates into clinging behavior, rage, and proximity-seeking aggression.

In this pattern of violence, the other partner adopts a more anxious-avoidant attachment position. They experience the clinging behavior of their partner as intrusive and therefore distance themselves. This partner also experiences a form of “primal panic” but will react to this by withdrawing to protect him/herself. Their emotional system will tend toward shutdown and “apparent” hypoactivity or deactivation. If this pattern results in violence, the physical insecurity adds to the emotional insecurity already being felt. Due to the violence, the anxious avoidant partner will withdraw even further. In turn, the separation anxiety of the anxious ambivalent partner will increase further. The withdrawal can be understood as a strategy for handling the increased insecurity in the relationship. Due to the absence of physical safety, this partner will suppress his/her attachment needs and cease to display any further proximity-seeking behavior. This behavior has two functions: on the one hand, the withdrawing partner tries to find space to regulate his/her emotions, and on the other, he/she tries to prevent further escalation in the relationship.

The incidents of violence between Marianne and Frank cause her to become quieter and more withdrawn. She feels increasingly less loved by him and has great difficulty understanding why he seeks hugs and affirmation after being so angry. “First he stands there boiling like a hot saucepan, and then he expects me to hug him without gloves. He’s already burnt me more than once. I prefer to keep some distance.”

Violent Withdrawer/Pursuer

“The reproaches keep on coming. It never stops. It makes me feel as if I can’t breathe anymore. The only way out is to break out.”

This pattern of violence also has its origins in the negative interaction cycle of clinging and withdrawal. The same cycle as above is active, only the aggressive outburst comes from a different position in the cycle. Now, the violence serves the attachment strategy of distancing (Allison et al., 2008). Until the important work of Allison et al. (2008), this attachment strategy of seeking distance was not yet identified in the literature of abuse. Thus, violent acts can also be seen as a strategy of distancing. This includes behaviors designed to decrease emotional and/or physical closeness to a partner. In this pattern, violence arises when the avoidant partner becomes reactively aggressive, because he/she feels that his/her protection mechanism of withdrawal provides insufficient relational and emotional security. Above all, the withdrawing partners hear and feel confirmation that they are no

longer worthy of love in the eyes of their partner and that they are failing. This negative pattern of interaction can turn into a pattern of violence if the withdrawing partner feels that his/her attachment mechanism of avoidance no longer provides sufficient protection. They become overwhelmed inside, are unable to think, and get the feeling that they have no space of their own.

For example, Stacy explains how frustrated she is that her husband talks to her so little. She tries to force him to be more responsive by telling him that he should treat her differently and better. Will increasingly retreats from her anger and reproaches. To her great annoyance, Stacy's attempts do not lead to improved contact. She is sometimes paralyzed by fear that he might have somebody else. We examine together with the couple how this negative interaction cycle can lead to violence. Will describes how he completely blocks when she accuses him of infidelity. He just wants to leave, to go outside. However, Stacy seldom allows him to do this. To Stacy, Will leaving and saying nothing are confirmation that he no longer wishes to be with her. She becomes so overwhelmed with anger and the fear of losing him that she continues to goad and reproach him. Will describes how he then feels trapped and completely cornered. The reproaches give him a suffocating feeling that he is responsible for everything that is going wrong. No matter how often he tells her to stop and how hard he tries to leave, he has the feeling that nothing helps. When Will feels that all personal space has disappeared, the lights go out, and there is only one way out: attack. He attacks her.

The significance of attachment in this pattern of violence has a distance-seeking quality (Allison et al., 2008; Schneider & Brimhall, 2014). It has the function of calling a halt to the continuous contact-seeking of the clinging partner. The violent partner hopes to create the distance that they need in order to regulate and decrease their own attachment fears. When this fails, the protective wall almost seems to collapse. The withdrawing partner then resorts to aggression in order to be able to continue operating in the relationship. The clinging partner experiences the sudden display of the now-reactive withdrawn partner as very unsafe. While yearning for contact, they are, usually completely unexpectedly, violently pushed aside. This is often a traumatic experience for the clinging partner that confirms their impression of distance within the relationship. The trauma draws the clinging partner into a desperate situation which serves to further heighten their need for comfort and connection (Johnson, 2002). It is possible that the clinging partner will seek even more proximity. Moreover, due to their heightened sense of insecurity, the clinging partner becomes increasingly overwhelmed by powerlessness and separation anxiety, making it more likely that they will use aggression in order to get through to their partner. This pattern of violence then grows into a pattern of symmetrically escalating violence, with one partner wishing to reach the other (proximity-seeking attachment behavior) and the other partner reacting aggressive-defensively (distance-seeking attachment behavior) to the violence of the other partner.

Violent Pursuer/Violent Pursuer

“I can’t even remember what the argument is about, but I suddenly notice we are fighting.”

The third pattern of violence relates to symmetrically escalating couple violence that arises from the negative interaction cycle of attack–attack (Johnson, 2004). Allison et al. (2008) observed in their study with 23 violent couples that some of them get caught in a relational dynamic where both partners used violence. In these cases, “violence erupted when both partners felt completely frustrated in their needs. Each was likely to use violence in an attempt to engage the other” (p. 141).

Nate and Laura present themselves as two stubborn people who each fight to have the last word. The intense discussions that they found so exciting at the beginning of their relationship are getting increasingly out of hand. They often cannot remember what they are arguing about. They are shocked by the continuous stream of reproaches, by how they upset each other more and more, and by the emotional distance that increases with each exchange. Recently, the intensity of their arguing has increased resulting in slamming doors, occasional pushing, and even hitting.

If we examine this negative interaction pattern more closely, we see that a love and attachment-related transgression sets off alarm bells in the limbic systems of both partners. They become emotionally overwhelmed and react with emotional hyperactivation. From the point of view of attachment, the mutual reproaches and attacks can be interpreted as a functional and natural reaction to the loss of a secure connection (Bowlby, 1984). Their emotions launch the partners into high-speed action-reaction. Each reaction of one partner is a fresh source of pain for the other. Both react with increasing intensity and rouse each other’s underlying attachment fears. The pace of the reproaches and the negative interaction is so great that neither partner has time to regulate his/her own emotions. This interaction escalates into a dangerous level of aggression.

In the context of attachment, the violent behavior can be understood as a protest against the loss of love and security on the one hand, and as defense against the physical and emotional intensity of the other partner on the other. Both partners hold the other responsible for the loss of the safe connection, and by sticking up for themselves, they hope to make their partner understand just how deeply hurt they are. However, the other partner interprets these signals as threatening and aggressive and responds in a similarly reproachful manner. Thus, the reproaches and even the aggression can be interpreted as a complaint, a protest and a defense against the insecurity and/or inaccessibility of the other.

It is striking that couples who end up in this fight-fight cycle often do not experience the mutual violence as a problem. They usually talk of “we crossed the line” or “he hit me after I kicked him.” To many of these couples, violence is a signal that their conflict is getting out of hand, they draw a line and acknowledge this to each other. It seems as if they realize that it is becoming too dangerous, and usually regulate

each other back to calmer waters. As previously described, this pattern of violence can also be an off-shoot of the previous two patterns.

Although this form of mutual violence undermines the security of the relationship, the security is only really threatened when one partner experiences the violence as traumatic. For instance, in heterosexual relationships, the physical inequality between the man and the woman can create a sudden change in how the violence is experienced. The difference in the physical strength of the physically weaker partner (usually the woman) may suddenly cause them to feel especially vulnerable, and the argument then becomes a matter of life or death. This can be thought of as an attachment injury (Johnson, Makinen, & Millikin, 2001), which leads to a change in the dynamics of the relationship. If one partner ceases to experience the violence as bidirectional, but as uneven and traumatic, the couple runs the risk of lapsing into the violent pursuer–anxious withdrawer pattern of violence. In response to the increased insecurity, one partner will withdraw. This change of attachment position is often difficult for the other partner to understand, and makes them fear that the relationship is slipping away from them.

For example, Laura describes how she started to close herself off from Nate after he, in a drunken state, had pushed her to the ground so hard that she had been seriously injured. When she told him that she was frightened he did not take her seriously. She explains how at that time something broke in her. From that moment on, she decided to be more cautious in her contact with him and to avoid conflict. Nate is frightened by her withdrawal and increasingly thinks that she is having a relationship with someone else. The more angry and frustrated he becomes when talking to her about this, the more frightened she becomes.

Violent Withdrawer/Withdrawer

“I don’t know what I feel. I just know that I get aggressive.”

The final pattern of violence is based on the withdrawal–withdrawal pattern of interaction (Johnson, 2004). In this relationship, both partners handle fear of attachment by withdrawing and suppressing their emotions. This interaction cycle is characterised by mutual anxious avoidant attachment. These couples are stuck in a paradox in which, on the one hand, they long for emotional contact and, on the other, they fear committing themselves emotionally. These are often partners who have learned from negative youth experiences and/or exhausting adult love relationships to close themselves excessively off from their partner. When they are confronted with love and attachment-related transgressions, both partners operate a survival strategy in which they suppress their emotions and attachment needs. In doing this, they attempt to protect themselves from further rejection, and hope to preserve the connection in this way.

Although partners with an avoidant style are much less conscious of their emotions and mask and numb them (Johnson, 2002), they are not free of emotional pain (Gross & Levenson, 1993). The violence in this pattern arises when one of the

partner's self-defense mechanisms ceases to provide the necessary protection strategies of, denial and avoidance and suppressing emotion. A triggering event, in this pattern mostly one of closeness, leads them to be overwhelmed by primary emotions and fears, and they react to this with aggression and sudden hyperactivation. The significance of attachment in this pattern of violence is dependent on the sudden flood of overwhelming emotion. If the partner who is becoming aggressive is overwhelmed by separation anxiety, a sudden need for closeness leads to violence that has a proximity-seeking function (Allison et al., 2008; Bartholomew et al., 2001; Dumas et al., 2008; Schneider & Brimhall, 2014). If he or she is overwhelmed by a fear of being overwhelmed in intimacy, the violence has a distance-seeking significance (Allison et al., 2008; Schneider & Brimhall, 2014). In practice, we see that external stress factors or the use of substances such as alcohol and drugs can be a major triggering and threshold-lowering factor.

Characteristically, the significance of attachment in these escalations is usually lost. As the aggression results in fresh fear and insecurity, these couples quickly suppress their emotions after an outburst. They reassume their familiar distance – distance connection, which restores their security.

In practice, we see two possible origins of this avoidant pattern of violence. The first possibility is that it arises from one of the violence patterns previously discussed. As Johnson (2005, 2008) points out, the interaction cycle of withdrawal-withdrawal often arises following periods of pursuing and withdrawal, and this pattern of violent withdrawal-withdrawal also arises from the other patterns of violence. For example, if a clinging partner fails to make contact with the withdrawn partner despite many intense (aggressive) attempts, there is an increasing risk that the clinging partner will finally give up. His or her coping shifts from pursuing to avoidant behavior. The tragedy of this is that both partners conclude that the problem lies with him/herself. Withdrawal can be interpreted as a natural reaction of hiding from the other because they no longer feel and believe themselves to be worthy of love (Johnson, 2008).

For example, Tim, the CEO of an international transport company met his wife Sarah abroad. They had so much faith in their love that she migrated to Belgium. After a number of weeks, the feeling of being in love gave way to difficulties. Sarah feels alone and powerless in her adopted home. She does not know the language and customs and feels cut off from her family. When she tries to make this clear to Tim, he responds rather coldly, ignoring her pain. He feels criticized by her and feels that he has failed as a partner. The more entangled they become in the pattern of clinging and withdrawal, the greater Sarah's isolation and loneliness become. At times, Sarah becomes so struck with powerlessness and the fear that Tim will leave her that she makes increasingly strong reproaches against him, including physical aggression. Tim increasingly withdraws into his work.

When we meet the couple years later after a serious escalation of violence, there is virtually no interaction and connection to be observed between them. They have scarcely spoken to each other for the last 2 years. They indicate that there is much

less violence than previously, but that recently another outburst occurred in which Tim suddenly shook Sarah violently when he came home after a long and exhausting business trip.

A second possible form of this avoidant pattern of violence develops in people who enter adulthood with a strong avoidant attachment style due to attachment injuries during their childhood. Early on in their life, they learned that connection is dangerous and that they are not sufficiently worthy of love to reveal their needs and emotions to a significant other. These people express their emotions more via somatisation, hostility and avoidance by obsessively busying themselves with instrumental tasks (Dozier & Kobak, 1992; Johnson, 2002; Mikulincer, Florian, & Weller, 1993).

Although they invest a lot of energy in not feeling their pain, and in general succeed in this, they can suddenly be overwhelmed by fear of abandonment or the fear of not living up to the expectations of their partner. Especially at times of sudden emotional proximity or too great distance, it is possible that suppressed emotions, separation anxiety, and separate attachment needs flare up again and express themselves in the form of rage and aggression.

For example, Emily and Tom are two young parents who met during a stay at a psychiatric hospital. They have two children together. When they risk being forced to leave home following serious IPV, they seek help. Tom says that they do not actually have any problems. They love each other, spend a lot of time together, and never have arguments or differences of opinion. It is only difficult when they both drink together. That is when they are more relaxed and can discuss things more easily. However, the conversations often suddenly turn into arguments. Emily explains that Tom becomes extremely jealous when he drinks too much, and the more she withdraws and keeps quiet, the more he experiences this as a confirmation of his fear, and becomes angrier. Such evenings can end up in blazing rows. The next morning, the couple is convinced that their arguments are attributable to an excess of alcohol. The violent outburst is further confirmation to both of them that proximity is dangerous. They wrap themselves in silence again.

Therapy

EFT introduced attachment theory to the field of couples therapy, heralding a new era in its practice with greater emphasis on emotions and attachment (Johnson, 2007). Since then, EFT has been applied in other domains (e.g., depression, cancer, bereavement, trauma) with its efficacy being demonstrated in numerous affective neuroscience studies (Wiebe & Johnson, 2016). Whereas previously violence within couples was a contraindication to EFT, it has recently been proposed as an appropriate therapeutic approach in couples suffering from SCV (Johnson & Brubacher, 2016; Schneider & Brimhall, 2014). This evolution follows the important work of Stith et al. (2012), who re-introduced couple therapy as a possible treatment of intimate partner violence. Stith and her colleagues (2012) give an overview of how systemic interventions with violent couples, based on different therapeutic approaches,

have led to positive results. Also, O’Leary and Cohen (2007) describe evidence that supports couple-based approaches in working with SCV. Our argument that violence in SCV can be understood as part of an interaction cycle based on attachment emotions and needs and strengthens the appropriateness of EFT in these cases. In this context, as Schneider and Brimhall (2014) stated previously, EFT appears to be a suitable therapeutic strategy for some forms of SCV. EFT is an evidence-based couple therapy that is very effective in resolving relationship conflicts (Johnson & Brubacher, 2016). The therapeutic model underlying EFT is embedded in attachment theory and systemic and humanistic principles and aims to foster secure attachment bonds between partners by allowing them to access and modify ineffective emotional strategies (Johnson, 2004). Although there is literature suggesting that EFT can be used in cases of SCV, further research is needed to clarify the effectiveness of EFT with these couples. We argue that EFT is a suitable therapy to work with SCV, but safety measures need to be taken into account. As said before, the assessment whether the violence is about SCV or IT is an extremely important and ongoing process. In addition, the possibility to create safety in the sessions is an important indicator for the therapist to decide if he or she can continue couple therapy with a violent couple. This safety allows the therapist to ask questions about violence and the couple to report eventual drop-backs. So, paradoxically, an open report of a violent interaction is mostly a sign of safety.

The four patterns we have described help the relationship therapist to situate violence within the interaction cycle. By considering relationship-specific attachment as opposed to focusing solely on an individual’s dispositional attachment profile, more emphasis can be placed on mutual influences as they happen, thereby providing a more accessible intervention space for therapist and couple alike. Moreover, although it is not the primary aim of this article, we hope that understanding SCV (Johnson, 1995, 2005, 2008) within attachment informed interactional cycles, will allow a more-nuanced view on violence. Instead of blaming ‘the victim’ or the ‘perpetrator’, we argue that both partners are responsible for their own steps in the violent interactional cycle. This joins the EFT approach aiming at helping partners “own” their emotional and behavioral steps in the cycle.

Working with violent couples is working with strong and overwhelming emotions. The underlying negative interaction patterns can fill the therapist office with chaos and challenges even the most experienced therapist. Sometimes the violence is subject of therapy but often it stays hidden for the therapist. The research of O’Leary, Vivian, and Malone (1992) indicates that approximately 67% of couples who seeks therapy (not for IPV) deals with some kind of violence in their relationship.

Because of the high prevalence of violence in couples seeking couples therapy, we believe that the four patterns described in this article have important therapeutic consequences.

First, they provide EFT-therapists a roadmap in how violence can take place within the negative interaction cycle. This can help therapists to understand the strong and overwhelming interactions between the violent couples they meet in their office from an attachment perspective. The patterns give insight into the way

violent acts are connected with strong primary emotions and underlying attachment needs. When therapists can connect with these underlying emotions and needs of both partners, they will be able to accept their clients (violent) acts as part of human behavior. This opens the door for a more collaborative relationship with the couple to make their relationship safe (emotionally and physically) by helping both partners to take responsibility for their own acts in their negative violent interaction and to preserve the loving bond between them.

Secondly, considering violence in the context of bilateral relationship dynamics helps the therapist in the process of deescalation. In EFT this stage of deescalation is reached when both partners recognize their automatic pattern of self-protection and realize how they keep each other caught up in a self-reinforcing cycle. An EFT therapist will guide couples toward this stage of deescalation by helping both partners to experience how unexpressed attachment fears and needs trigger one partner to behave in ways that trigger the other partner's fears and reactive behaviors. The four described patterns helps the therapist to see how even violent acts are related to these primary emotions and how they can have different attachment significance. This will help the therapist to examine together with the couple the manner in which violence forms part of a broader entity.

Typically, and in contrast to working with less escalated couples, this deescalation phase requires more careful attention from the therapist. For example, it requires specific interventions directed at handling the session and working with emotional (co)regulation and a more active stance from the therapist. Slowing down the escalating cycle allows for space and time to explore and experience the primary emotions and attachment needs underlying the process that leads to violent outbursts. In our experience, this helps both partners to take responsibility or ownership of their own emotions, their behavior, and their influence within the interactional cycle, and this in turn reduces the risk of violence. The specific aspects of deescalation, the additional interventions that can be put in place, and the way in which the usual steps of EFT can be shaped for these violence patterns merit full discussion in a future article.

Discussion

Finally, a number of limitations require discussion. The four violence types we propose form a theoretical classification that has not yet been formally tested in the context of academic research. Moreover, any type of classification is a simplification, which inherently fails to capture the complexity of reality. Nevertheless, a classification can create order in the chaos that often surrounds couples affected by IPV.

We only discuss insecure attachment, whereas research and experience demonstrate that IPV also occurs in securely attached couples (Babcock et al., 2000; Buck, Leenaars, Emmelkamp, & Van Marle, 2012). We regard IPV in securely attached couples as a fifth form of IPV, which we refer to as "very situational IPV." This type of IPV represents a special case that is beyond the scope of the present article.

We describe various different patterns of interaction and thus mainly discuss interpersonal factors. Nevertheless, intrapersonal factors and processes, such as the impact of trauma, addiction, and PTSD, also merit consideration in the context of SCV (Bograd & Mederos, 1999). Attachment theory is also a theory of emotional (co)regulation; thus, all elements that disturb this emotion regulation are important in escalating couples. It is important to notice that couples with SCV mostly suffer from more issues than only aggression in the relationship. We want to make clear that these issues, such as addiction and trauma, also need to be addressed within the negative interaction cycle to help violent couples deescalate. Assessment is ongoing and these disturbing elements, if not mentioned in intake, tend to change the therapeutic workflow. Sometimes this means interrupting therapy for safety reasons and discussing this with the couple and the partner and how we can go on when this problem has been tackled. Even so, it shows that it is precisely the work of deescalation that allows the partners to address elements like addiction or psychopathology in a safe way.

In the event of trauma for example, partners move more quickly from one pattern to another, sometimes chaotically. Violence in the context of a prominent trauma presenting in one or both of the partners therefore merits separate discussion and a refinement of this contribution.

In conclusion, we argue that aggressive behavior within the context of common couple violence should be interpreted as a natural reaction to attachment and loved-related transgressions. Only if both partners feel sufficiently validated by the therapist will they be able to take steps toward assuming responsibility for their respective contributions to episodes of IPV. It is our firm belief that we are better able to discuss and treat IPV in the context of the couple if we place it within the scope of different versions of the attachment dance.

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