

# Explaining Some Characteristics of Battered Women A Cognitive Deconstructionist Approach

**Tony Ward**

*University of Canterbury*

**Leonie Wilson**

*Victoria University of Wellington*

**Devon Polaschek**

*Victoria University of Wellington*

**Stephen M. Hudson**

*University of Canterbury*

Violence against women by their partners has recently been the focus of increased empirical and theoretical research. Two areas of importance to those who provide therapy for battered women are the main focus of this paper. The first concerns developing a better understanding of the mechanisms involved in the serious psychological sequelae evident in some battered women. The second involves individual psychological factors which contribute to decision-making about leaving or remaining with an abusive and dangerous male partner. A number of general psychological models have been usefully applied to these problems, although all have their limitations. In this paper we apply Baumeister's (1989, 1990) cognitive deconstruction model to the psychological features of a subset of battered women for whom the experience of being abused by their male partners is discrepant with their expectations about themselves, for example that violence should not happen in intimate relationships. The results of our analysis suggest that a cognitive deconstructionist perspective is both theoretically useful and consistent with empirical findings on this serious social problem. We discuss the research and clinical implications of this model.

The majority of researchers and law enforcement agencies now accept that domestic violence represents a major social problem (Goodman, Koss, Fitzgerald, Russo, & Keita, 1993). Contrary to popular conception violence against women by their male partners is unfortunately an all too frequent occurrence (Kandel-Englander, 1992; Pagelow, 1984;

Walker, 1984, 1989). The prevalence rates are consistently high with many studies finding that between 16% and 34% of American women had been victims of physical violence perpetrated by their partners (Browne, 1993; Gelles & Harrop, 1989; Hornung, McCullough, & Sugimoto, 1981; Kalmuss & Straus, 1982; Kandel-Englander, 1992; Straus & Gelles, 1990; Straus, Gelles, & Steinmetz, 1980). However because the majority of these findings have relied on self-report measures it is likely that they have underestimated the real level of violence against women (Browne, 1993). In New Zealand, there have been no epidemiological studies focusing exclusively on the prevalence of violence by men against their female partners (Lapsley, 1993). Ritchie's (1981) survey of adults living in Hamilton found that 25% of the women participants reported having been hit by their spouses. In an Otago sample, 16.2% of women reported having been hit at least once by their partner and 10% reported repeated assaults (Mullen, Roman-Clarkson, Walton, & Herbison, 1988). Overall, it is estimated that violence occurs in one in seven New Zealand families (National Collective of Independent Women's Refuges, 1993).

Physical violence can have devastating effects on the lives of the victims and may result in serious physical injuries and psychological problems. Approximately half of all female homicide victims in the United States in recent years were killed by their husbands (Browne & Williams, 1989) or boyfriends, and more than one million women each year seek medical help for injuries which are the result of battering (Browne, 1993; Stark & Flitcraft, 1981, 1982). In one New Zealand study, 25% of women surveyed had sought medical treatment for injuries resulting from physical abuse from partners (Mullen et al, 1988). Research has also documented a high prevalence of psychological problems in battered

women. Stark, Flitcraft and Frazier (1979) assessed the pre-abuse psychosocial functioning of battered women and concluded that they are likely to experience a decline in their level of functioning as a consequence of the violence inflicted on them. The incidence of depression, anxiety symptoms, post-traumatic stress disorder, somatic disorders and alcohol abuse is high in battered women (Davidson & Foa, 1993; Houskap & Foy, 1991; McCann, Sakheim, & Abrahamson, 1988; Rosewater, 1984; Walker, 1979). Additionally there are likely to be extensive social and economic ramifications, although these have been less often investigated. Recent New Zealand research estimates the economic costs of family violence to be between \$1.187 and \$5.302 billion annually (Snively, 1995).

The high levels of physical abuse towards women by their partners, and the associated enormous social and personal costs, have led researchers to study its causes. Early research tended to focus on the search for pathological characteristics in women's personalities that were thought to lead them to prefer violent relationships (Browne, 1993; Scott, 1974) and even to bring the violence on themselves (see Walker, 1993 for a review). Individual women were thus seen as responsible for their own victimisation, and the male perpetrators of violence were seen to have behaved acceptably. Violence by men towards their partners remained a "family matter" rather than a significant societal problem with far-reaching ramifications and there was little interest in developing effective prevention and treatment policies and services for victims.

The development of feminist perspectives (Dobash & Dobash, 1988; Margolin & Burman, 1993; Walker, 1989, 1993; Yllö, 1988) has had a constructive effect on researchers and clinicians in drawing attention to widespread societal acceptance of and support for the use of violence by male spouses to control and intimidate their female partners (Bograd, 1988). As a result, most psychological theorists now accept the necessity of including social context factors in an adequate explanation of domestic violence and of focusing on the men who commit the abusive acts to uncover the causes of domestic violence. Debate continues between feminist theorists and psychologists about a number of issues, such as whether a battered woman's problems are entirely a result of her social context or whether there also are relevant psychological factors involved (see, for example, Bowker, 1993; Walker, 1993).

The position of the authors is that social context is critical to understanding the behaviour of battered women. Social contextual factors which may contribute

to variations in the experiences and outcomes of women who have been battered include the frequency, variety and seriousness of their partners' violent acts, the socialised attitudes to violence of both the perpetrator and the victim, the range and quality of formal and informal social and financial support and assistance available to the victim and the effectiveness of the criminal justice system in protecting victims.

The cultural and social conditions that can trap women into harmful situations is well illustrated in the research on dependency in relationships with violent men. Kalmuss and Straus (1982) have examined the relationship between women's perception of dependency in violent relationships and what they term objective dependency. Objective dependency is characterised by factors or conditions that tie women to their marriage, for example, economic dependence, unemployment, number of children, irrespective of whether or not they are aware of these factors. In contrast subjective dependency refers to women's reasons for their commitment or tie to the relationship, for example, love, belief in their partners' promise to change, and lack of alternatives. These results indicated that both objectively and subjectively dependent wives tolerated more incidents of minor abuse than non-dependent wives. Furthermore, subjective dependency was most highly correlated with the occurrence of minor violence while objective dependency was most predictive of severe aggression. Thus women who were more dependent upon their husbands experienced higher levels of violence. Women varied in the amount of violent victimisation they would tolerate; the group of women most likely to stay when seriously physically assaulted were those with high levels of physical dependency. It is likely that because there are so few viable alternatives for some women, they perceive that they must simply accept the prevailing violent conditions of their relationship (Gelles, 1976).

It is crucial that mental health professionals understand the cultural and social context of domestic (and sexual) violence, and do not pathologise women. However, in our view an adequate account of domestic violence needs to be multi-faceted and therefore individual factors are considered also to be relevant. Women who are victimised by violent men in relationships exhibit a wide range of responses to the trauma inflicted on them. These responses include a variety of coping strategies which may alter over the duration of their abuse, and in some women may be utilised long after the threat of violence has gone. Many women respond to male partner violence by successfully extricating themselves (and their children) from the partner, and once safe, continue their lives with minimal

ongoing negative consequences. However for others the experience of long-term terror and life-threatening violence results in psychological difficulties which do not ameliorate once a woman is physically safe (Dutton, 1992; Walker, 1993). A component of these difficulties may result from the continued use of coping strategies which are no longer adaptive now that they are no longer being victimised. A coping model perspective on women's responses to domestic violence is crucial to understanding the development and continuation of behaviours that may seem (to the outsider) to be self-defeating. Psychological and cognitive coping strategies represent attempts to manage an intolerable and life threatening situation, and make psychological sense once the social and cultural context of the violence is appreciated. The main focus of this paper is on outlining a model which may explain psychological difficulties seen in some women who are victims of domestic violence.

Research in this area may be of assistance to clinicians who work with battered women. In order to assist these women, health professionals need a sophisticated understanding not only of the range and variety of consequences that may be seen, but also of the mechanisms involved. Additionally, health professionals may be involved in assisting a woman in escaping from a relationship with an abusive male partner and an understanding of the factors associated with such decision-making is essential if their assistance is to be of benefit. Despite the influence of feminist perspectives in research, it appears that there is still room for progress in the responses of therapists to women who are being battered by their partners (Hansen, Harway & Cervantes, 1991).

In this paper we will briefly review existing models of the psychological sequelae associated with violent victimisation by a male partner and of why women stay or leave such relationships. We will then outline Baumeister's (1989, 1990) cognitive deconstruction model. Following this we will demonstrate how Baumeister's model can account for some of the sequelae not well accounted for by other models, drawing upon recent research on battered women to support our argument. Finally, we will discuss the research and clinical implications of the cognitive deconstruction model.

In this paper a battered woman is defined as any woman who has experienced physically injurious behaviour perpetrated by a man with whom they have had, or are continuing to have, an intimate relationship (Margolin, Sibner, & Gleberman, 1988). Although sexual violence is not specifically addressed in this paper, it is assumed that rape and other forms of sexual

violence are often associated with non sexual violence in intimate relationships (Campbell, 1989, Saunders, 1992). Sexual violence has been overlooked in much of the research on battered women; it may be particularly associated with the most severe outcomes for women victims, including serious injury and death (Geffner & Pagelow, 1990; Pagelow, 1992).

### **Explanatory Models**

A number of general psychological models have been applied usefully to the problems experienced by battered women, although all have their limitations. We will briefly describe some of the other prominent psychological theories that have been developed to account for the psychological characteristics of women who have been or are being abused within a relationship, including their decision making about whether to attempt to leave, or remain in the relationship. We will then outline what we consider to be a particularly useful model.

### **Psychological Consequences of Battering**

In recent years the diagnostic category of post-traumatic stress disorder (PTSD), originally developed to explain the impact of combat-related experiences on survivors, has been proposed to account also for the psychological symptoms of victims of violence (Browne, 1993; Davidson & Foa, 1991; Goodman et al, 1993; Walker, 1993). The strengths of this conceptualisation are in linking consequences of violent victimisation by a male partner with those of other seriously traumatic events, thus "normalising" victim responses. Thus, consistent with a feminist perspective, it avoids pathologising or blaming women victims for any resulting sequelae. The core features of PTSD include affective numbing, the re-experiencing of the traumatic event in some form, a belief that there is no real future for the victim and diminished interest and motivation (APA, 1994). Victims of partner abuse are noted often to have one or some of these symptoms but it is probable that only a small group of those victimised, perhaps those whose abuse is most severe or chronic will meet the full criteria (Davidson & Foa, 1993).

The concept of PTSD, while useful, is insufficient to account for the characteristics of all battered women (Goodman et al, 1993). PTSD characteristically leads to severe and pervasive interpersonal problems that have an adverse effect on all areas of an individual's life (Davidson & Foa, 1993). However, some battered women may continue to function well in other areas of their lives; this is inconsistent with a diagnosis of PTSD. Launius and Lindquist's (1988) finding that physically abused women exhibit relationship-specific passivity

rather than general passivity is supportive of this interpretation. Additionally, PTSD is a diagnostic entity; it does not provide a theoretical account of the mechanisms involved or explain satisfactorily the vast range of individual differences in responses to victimisation. (For a review of other theoretical models of PTSD, see Dutton, 1992).

### Deciding to Leave or Remain in the Relationship

The finding that a significant number of victimised women repeatedly return to living with violent spouses is of great concern (Strube & Barbour, 1984; Strube, 1988). Recent models have attempted to explain why women decide to leave, or remain, in relationships where they are being physically abused (McCann, Sakheim, & Abrahamson, 1988; Pagelow, 1981, 1984, 1992; Strube, 1988; Walker, 1984, 1989). However despite their heuristic value, none of these theories is able to account satisfactorily for this complex problem. They provide a useful service in outlining general features associated with women's decisions to leave (and remain with) violent men. What is needed are models that describe the mechanisms involved in more detail.

According to the *Costs and Benefits* model (Pfouts, 1978) the decision to remain with (or leave) an abusive partner is the result of a reasoned analysis of the relative advantages and disadvantages (costs and benefits) the current relationship provides compared to those provided by an alternative. Initially women are hypothesised to make a subjective calculation concerning the advantages versus the disadvantages of remaining with an abusive man. Following a similar analysis of the possible alternatives a plan of action is formulated. The *Entrapment* model (Brockner & Rubin, 1985) proposes that if women have committed themselves to a failing relationship and subsequently invested significant personal resources in it, they are unlikely to leave. The theory predicts that in such circumstances women may increase or escalate their efforts to improve their relationship in order to justify their initial commitment. The *Learned Helplessness* theory (Walker, 1979, 1984) postulates that if women come to perceive that their partners' repeated violence towards them is inescapable, random and out of their control, they are likely to experience a state of learned helplessness, with a consequent narrowing of the range of responses to those that seem to be more likely to produce successful outcomes (Walker, 1993).

We contend that while these models satisfactorily account for some of the research findings, they fail to accommodate all the data. For example all models have difficulty accounting for why some battered women

view their relationship with a violent partner positively. The learned helplessness theory can not explain why battered women often continue actively to seek outside help to leave their aggressive spouses despite repeated failures to elicit the support they desire (i.e., the help is not usually forthcoming).

While these theories are valuable in providing a general framework with which to understand the behaviour of women in relationships with violent partners, they need to be supplemented with more specific models. The role of such models is to describe in more detail the mechanisms and factors that generate specific problems, and to provide an understanding of the diversity of features of battered women that are puzzling from the standpoint of these more general theories. The cognitive deconstruction model can provide a mechanism for explaining why, for some women, being a victim of partner violence results in the use of coping strategies which, whilst highly adaptive within the context of ongoing violence, ultimately have the potential to prevent them from formulating successful plans for long term escape, and may become habitual, causing impairment of life functioning long after the violence has ended. This model has explanatory implications for those women for whom the experience of being a victim of their partner's violence is inconsistent with their prior expectations of themselves in intimate relationships. A strength of the model is that it can be integrated with broader theories to explain some of the characteristics of battered women.

### The Cognitive Deconstructionist Approach

The concept of cognitive deconstruction<sup>1</sup> was developed by Baumeister (1989, 1990, 1991; Heatherton & Baumeister, 1991) in his recent work on suicide, alcoholism, sexual masochism and binge eating. Baumeister relied on earlier work (e.g., Carver & Scheier, 1981; Powers, 1973; Vallacher & Wegner, 1987) in developing his theory of self avoidance in which the concept of cognitive deconstruction plays a major role. He argues that people attempt to avoid the negative implications of self-awareness in order to escape from the effects of a traumatic or particularly stressful experience, and that this strategy may become entrenched as a way of dealing with ongoing stress. Baumeister suggests that addictions and other similar compulsive-like behaviours can be indulged in for a variety of reasons, but typically involve an escape from an aversive state as much as a pursuit of pleasure. People use psychoactive substances (or engage in other temporarily rewarding behaviours) in order to alleviate the experience of aversive states including, most

particularly, negative self-perceptions. This can lead to a persistent pattern of behaviour if the aversive state continues and the escape behaviour successfully (if only temporarily) relieves it (i.e., negative reinforcement occurs).

The key idea in Baumeister's system is that there are multiple, hierarchically structured levels of meaning associated with human action. These range from highly abstract to concrete levels of meaning or interpretation. For example, driving to a friend's place could be described as sustaining a friendship (abstract level), driving the car (middle level), or moving certain muscle groups (lower level). Each level of meaning has specific goals and strategies associated with it. Attention is said to be the means by which particular levels are activated (Baumeister, 1989), and escaping from self-awareness involves narrowing the focus of attention from abstract or higher levels, to concrete or lower levels. This shift effectively disengages self-evaluative processes which might otherwise result in the experience of negative emotional states. There is, for example, clear evidence that pain produces a restriction of awareness to the concrete features of the situation (Golman, 1985; Scarry, 1985) and criminals are said to avoid feelings of guilt by dwelling on the procedural details of their crimes (Wegner & Vallacher, 1986). Negative affect and the perception of emotional threats (Pennebaker, 1989), as well as perceived failure (Carver & Scheier, 1981; Powers, 1973) produce a shift toward low levels of awareness.

It is important to distinguish between the mechanisms that lead to (the state of) cognitive deconstruction and the state itself. There are a number of pathways to cognitive deconstruction and it is possible to achieve this state through intentional activity, for example sex (Baumeister, 1989). In this paper we will focus on the escape from the implications of a traumatic experience as this is the most relevant for victims of domestic violence. However, it is important to remember that once an escape strategy is seen to work it arguably becomes firmly entrenched as a way of dealing with a particular issue, and is also very likely to generalise as a way of dealing with all aversive (or stressful) situations. As time goes on the criterion for what counts as an aversive state is likely to be lowered so that the temporarily rewarding behaviour will be enacted with increasing frequency. In this way escape tactics, once well learned in one situation, are likely to become persistent stress management strategies.

A primary assumption of cognitive deconstruction is that when an individual's behaviour, or the circumstances in which they find themselves, falls short of their expectations they will attempt to explain it; that

is, they will engage in an attributional search. For a battered women this might include the belief that their partner shouldn't physically assault them. This is hypothesised to result in heightened self-awareness and the subsequent experiencing of negative emotions if the outcome falls short of self-standards and the person perceives themselves as being inadequate and responsible for the failure. In such circumstances an individual may attempt to escape from this self-evaluation and the associated negative emotions, by shifting to a lower level of meaning or action identification. This tactic represents what is meant by cognitive deconstruction. Attributing blame to external factors or another person is unlikely to result in cognitive deconstruction.

In a cognitively deconstructed state, self-awareness is more concrete, focusing on sensations and movements, and concentrating on the here-and-now (i.e., time perspective is narrowed). In this state self-awareness is guided by proximal as opposed to distal goals, and is likely to be constrained by rigid, uncreative and superficial thinking. Cognitive deconstruction has the effect of undercutting the comparison of the self with pertinent standards, and as a consequence full self-awareness is avoided. This flight from meaning and higher level cognitive activity produces several consequences. Because their thinking is cut off from appropriate self-evaluative processes, the behaviour of individuals in a cognitively deconstructed state is more likely to violate their usual ethical and personal standards. For example, a battered women might be more likely to retaliate in some way (i.e., where she is not normally aggressive etc.) that results in harm to her abusive partner. Individuals tend to greater passivity because of the lack of higher level, longer term plans, perspectives and goals, and are therefore more influenced by situational factors. Behaviour as a consequence may appear compulsive, "mindless", and habitual. Since awareness of irrational or contradictory thinking is dependent upon the existence of higher levels of meaning, a person in a cognitively deconstructed state will appear irrational and simplistic.

For most people a cognitively deconstructed state is difficult to sustain. Environmental cues, for example, typically result in a movement out of cognitive deconstruction, to higher levels of meaning. Although negative affect is considerably dampened down while in a deconstructed state since that is its function, individuals will still experience vague negative feelings, such as unhappiness, without knowing why. It is, therefore, not an adequate long-term solution to the problem of aversive self-awareness and negative self-evaluation.

Sometimes individuals are able to re-interpret or cognitively "reconstruct" the situation that originally prompted the escape from self-awareness; for example, viewing a failure in fatalistic terms. This involves changing their beliefs about an unwanted or negative event, for example, the acceptability of violence within intimate relationships. A battered woman might change her initial attitude and come to view violence as an inevitable part of living with a man, and therefore to be expected, although still unwanted. However, on other occasions individuals are hypothesised to move in and out of a cognitively deconstructed state, often turning to various appetitive behaviours to assist in sustaining the state and to escape residual negative emotions (Baumeister, 1991). The cognitive, affective and behaviour changes that accompany cognitive deconstruction can make it more likely that such self-defeating strategies will be perpetuated.

### Cognitive Deconstruction and Battered Women

Cognitive deconstruction is thought to occur in battered women whose expectations about themselves and their intimate relationships are violated by violence. Examples might include women who believe that their partner should not use violence towards them but who consider that their own behaviour warranted it, those who blame themselves for tolerating being abused, or for not being able to successfully end the relationship, and those who have been socialised to believe that they are responsible for "keeping a relationship together at all costs" but who cannot tolerate their victimisation. These women would conceivably be more likely to use cognitive deconstruction as a coping mechanism because these background factors would make episodes of violence by their partners towards them highly discrepant with their expectations. The occurrence of discrepant experiences is hypothesised to lead to increased self-awareness and negative affect. Of course it is the males' aggressive behaviour that is the real problem, and the initial cause of cognitive avoidance. Women are hypothesised to try and escape from their awareness of the situation only when they (mistakenly) blame themselves for the violence. Women who leave after the first episode of violence would be unlikely to experience cognitive deconstruction. It is reasonable to assume that such women attribute blame to their partners for the violence, and therefore would not be motivated (or in fact need to) to escape from the aversive emotional consequences of self-blame.

According to the cognitive deconstruction model women who attribute their ongoing battering to some aspect of their own behaviour or personality are more

likely to cognitively deconstruct. The explanation of their spouse's aggression towards them in these terms would mean that they could not easily change the situation. Studies investigating attributional processes in battered women suggest that a significant minority of battered women make these kinds of explanations, particularly those who remain in abusive relationships (e.g., Andrews & Brewin, 1990; Holtzworth-Munroe, 1988). Even when women do blame their husbands for perpetrating the violence, they still attribute some blame to themselves (Miller and Porter, 1983; Walker, 1984). Andrews and Brewin (1990) found that women changed their attributions after leaving the abusive relationship. A large proportion of those still living with violent men blamed themselves, while only a small number who had left continued to do so (Andrews, 1992).

The literature on self-esteem deficits in battered women is also supportive of the model at this step. A number of studies have found that victims of domestic violence have low levels of self-esteem and a significant degree of anger, anxiety and depression (Dutton, 1992; Frisch & MacKenzie, 1991; Mills, 1984; Rounsaville, 1978). According to attributional theorists and researchers internal attributions for aversive events result in lowered self-esteem (Weary et al, 1989; Weiner, 1986). The deconstruction model predicts that such attributions will lead to increased self-awareness and aversive emotional states. The enduring and unrelenting quality of the affective consequences of such self-blame is hypothesised to lead to the state of cognitive deconstruction. The finding that battered women experience comparatively higher levels of anxiety, depression and suicidal ideation is consistent with this prediction (e.g. Dutton, 1992).

The cognitively deconstructed state is characterised by the appearance of concrete thinking, constricted temporal focus and a tendency for behaviour to be guided by lower level proximal goals. Furthermore, as a consequence of deconstruction, battered women are predicted to have greater difficulty making decisions and solving interpersonal problems, feel they are unable to control their lives, and may behave in ways that are inconsistent with their personal standards (i.e., disinhibited behaviour). At such times, they are also more vulnerable to uncritically accepting victim-blaming statements which may be articulated by the batterer (Andrews, 1992). It will be even more difficult for women who are experiencing cognitive deconstruction to appraise possible escape options and make decisions that will facilitate their leaving the abusive relationship. We suggest that the traumatic nature of their experiences and reaching the conclusion

that the experiences are unavoidable can lead to an attempt to psychologically escape from the threat, which in turn will lead to a state of deconstruction. The core features of this state result in a lack of emotion, habitual behaviour, a passive approach to problems, and a sense of personal ineffectiveness and emptiness. In addition, individuals in a deconstructed state find it harder to problem solve in their usual way, and therefore find it difficult to escape from violent marriages. These effects can lead to an increased sense of hopelessness and perpetuate beliefs that escape is not possible. Research supports some of these predictions, and there is evidence of problem solving and assertiveness difficulties in some battered women (e.g., Launius & Lindquist, 1988; Walker, 1984; Warren & Lanning, 1992).

Recent studies have also highlighted the important role that an underlying sense of powerlessness and helplessness plays in keeping chronically battered women in violent relationships (Bard & Sangrey, 1986; Browne, 1993; Frisch & MacKenzie, 1991). As a consequence of repetitive assaultive trauma, women may experience problems in planning and find it harder to make effective decisions about their violent partners. Increased violence associated with such decisions may simply intensify this sense of helplessness and strengthen the belief that alternatives to remaining in the relationship are unworkable (Browne, 1993). This is particularly likely to be so if their partners are more violent towards them after they leave or attempt to, and if attempts to seek outside help have proved futile (Dutton, 1992). Often women's perceptions of helplessness and loss of control in violent situations are very accurate. The fact that violent men consistently threaten to track down and severely harm their partners if they leave (Browne, 1993; Frieze, Hymer & Greenberg, 1987; Pagelow, 1992; Walker, 1993) suggests a very real basis to these fears and beliefs.

In a cognitively deconstructed state there is a minimal degree of complex cognitive activity. Individuals tend to think in a very concrete and time limited way, typically avoiding evaluative thinking and longer term planning. This absence of self-monitoring and assessment of their circumstances would mean that battered women are unlikely to reflect critically on their relationships with abusive men. In addition, the tendency to focus on concrete features of a abusive incident may lead to less intensive coding of the situation and therefore result in an inaccurate recall (Sherman, Judd, & Park, 1989). This selective information processing may result in distorted perceptions of the quality of a relationship with a violent man. If the aggressive male later displays contriteness and is pleasant to his partner, she may focus on these features of his behaviour rather

than his violence. This would lead to the coding of less aversive features and a corresponding distorted evaluation of the quality of the relationship. Because of the absence of higher level cognitive processing it is also unlikely that such contradictions would be noted. The recognition of inconsistent or irrational thinking is dependent on the existence of higher level meaning.

The evidence suggesting that some battered women perceive their relationship in positive terms is consistent with this prediction of the deconstruction model. Herbert et al. (1991) investigated the role of cognitive strategies in changing the way battered women appraise their relationships. Their results indicated that women who remained in relationships with physically violent partners tended to view their relationship more positively than those who left. They frequently used downward comparisons when evaluating their marriage, and reported more positive features than those women who had already ended the relationship. In addition, they believed that there was little change in the actual frequency of physical violence or the degree of love or affection experienced. An important finding was that there was no relationship between such positive evaluations and the actual severity or frequency of physical violence. For example, one study found that the rate of physical abuse and the level of marital satisfaction was high in their sample of abusive couples (O'Leary, Arias, Rosenbaum & Barling, 1985). This issue needs further investigation although it is possible that women who fear for their safety may minimise the degree of aggression present in their relationship (Pagelow, 1992).

For clinicians working with such women, these perceptions about a more positive future within the abusive relationship often seem irrational. The failure to integrate the unpleasant characteristics of their partner's behaviour into relationship appraisal fits with Walker's cycle of violence model (Walker, 1979; 1984). She found that during the "loving contrition" phase of the cycle of violence many women ignored the batterer's past behaviour and focused instead on his current ("loving") behaviour. This proclivity to concentrate on the here and now when evaluating their relationship is also consistent with the cognitive deconstruction model.

Over time the battered woman may modify her personal standards concerning violence in relationships, and the reasons for it, or attempt to maintain a cognitively deconstructed state. The latter is unlikely to be totally successful and such women are hypothesised to fluctuate between a state of relative affective numbness, and increased (and highly aversive) self-awareness. This may lead to the use of addictive substances, or other self-destructive behaviours, in order

to alleviate both the residual negative affect and the aversive consequences of increased self-awareness. The research evidence that battered women are more likely than controls to abuse alcohol is consistent with this feature of the model (e.g., Stark et al. 1979). Dutton (1992) notes that other compulsive and ritualistic behaviours may be present also and function to avoid painful feelings and perpetuate numbness. They may include eating disorders, self mutilation, compulsive housecleaning or "workaholism", compulsive shopping, spending or gambling. Other studies have discovered a significant degree of psychological distress in abused women, including a greater incidence of PTSD and suicide attempts (Davidson & Foa, 1993; Browne, 1993; Follingstad, Neckerman & Vormbrock, 1988; Frieze, 1979; Gelles & Harrop, 1989; Stark & Flitcraft, 1981).

Furthermore the empirical evidence that a shift to lower levels of meaning occurs when individuals experience pain or the perception of emotional threat or failure is certainly pertinent to the area of violence by men against their partners. The experience of physical and emotional pain is a prominent feature of relationships where women are abused by men, and is likely to facilitate cognitive deconstruction (Baumeister, 1989, 1991). Walker's (1979) observation that victims of domestic violence dwell on concrete behaviours suggests the salience of the deconstruction model in this area. For example, many of the battered women interviewed were able to describe the behaviours performed by the batterer during their assault but had difficulty reporting how they felt.

More generally, the apparent fluctuating and inconsistent picture of some battered women's behaviour can be accounted for by the cognitive deconstruction perspective. For example, the fact that many women appear to function quite well in other areas of their lives or only demonstrate relationship specific motivational deficits (Carlisle-Frank, 1991; Launius & Lindquist, 1988). The state of cognitive deconstruction may be quite specific to the woman's violent relationship or the context in which violence typically occurs. The cues or features that tend to be associated with the onset of violence towards them function as discriminative stimuli that may trigger anticipation of aggression and associated feelings of fear. If the aggression is seen as inevitable and if the individual attributes responsibility to herself, she may then cognitively deconstruct. Unfortunately the core features of this state may increase the chances that a battered woman will not easily be able to escape from or avoid the impending assault. Decisions that in retrospect are seen as irrational or maladaptive may be more likely to occur once in this state. For example, a

decision to go to extreme measures to placate a threatening spouse by responding to highly unreasonable requests may be seen as acceptable.

We would expect that when not in a cognitively deconstructed state, perhaps following the violent event or prior to any "perpetrator contrition" phase, women would be more likely to evaluate their relationship in a wider and longer term context, and therefore seek assistance or support. Once a woman shifts her attitudes and starts to (appropriately) blame her partner for the violence, or for her failure to leave the relationship, it is increasingly unlikely that she would attempt to escape from self-evaluation when violence erupts, and therefore experience cognitive deconstruction. There would be an improvement in problem solving capacity and a corresponding perception of more available options and more personal control. Alternatively a battered woman's attitudes may change in the opposite direction and she may decide that violence is an integral part of her life and attempt to integrate this observation into her model of the world and self. In this case, cognitive deconstruction would also be unlikely because there would be no longer be a discrepancy between her partner's violence and her expectations.

The help seeking behaviour of the majority of battered women is certainly consistent with the model. Sullivan (1991) reviewed a number of studies in this area and found that the more frequent and severe the violence, the more likely it was that women would seek outside assistance. Furthermore Dobash, Dobash and Cavanagh (1985) found that longer duration of violence was associated with more frequent attempts to seek outside help. There is also a relationship between the severity of violence and women's decision to leave abusive relationships. Overall it appears that women are more likely to leave their partners as violence escalates in severity and frequency (Gelles, 1976; Pagelow, 1981). The research evidence suggests that battered women do make active attempts to seek assistance in escaping from their abusive spouses, but that too often, this assistance may not be forthcoming or helpful (Browne, 1987; Horton, Simonidis, & Simonidis, 1987; Schulman, 1979; Sullivan, 1991)

The killing of an abusive spouse by some chronically battered women may be more likely if they are in a state of cognitive deconstruction. One of the consequences of the retreat from higher levels of meaning and the subsequent disengagement of self-evaluative processes, is that people are more likely to behave in a manner that violates their usual ethical standards. By this we mean that under normal circumstances such women would not set out to physically harm or kill their abusive partners. In these



situations they are not so much acting against others (i.e., the abusive male), but rather attempting to save themselves. The problem solving difficulties associated with cognitive deconstruction mean that it is harder for battered women to act in their best interests; violent behaviour on their part is arguably borne out of helplessness and terror. In addition to this, the time compression that occurs as a consequence of cognitive deconstruction means that women may not evaluate the potential implications and negative consequences for themselves and their children. Putting to one side the complex moral and legal issue of whether the killing of a violent spouse is ethical, it is clear that most women who resort to such violence to protect themselves or their children do this out of desperation; it is an extreme solution to an intolerable situation.

A further general point is that we would expect the onset of cognitive deconstruction to occur increasingly earlier in the chain of events constituting the aggressive episode. The more frequently it occurs, the earlier battered women will enter a cognitively deconstructed state. Thus for women who are chronically abused this state may be persistent and pervasive, and continue to be triggered by a variety of environmental cues even after the relationship and the violence have ended, perhaps in a similar way to the 'triggering' of some of the responses associated with chronic PTSD (e.g. startle reaction, flashbacks).

### Conclusions and Clinical Implications

While the deconstruction model is admittedly speculative, we believe that it provides a useful framework for further theoretical and empirical research. An important first step is to test directly the predictions of the model. While the deconstruction approach is consistent with many of the empirical research findings in the area of violence by men against women, the support is post hoc and there is no evidence as yet of whether findings apply differentially to women for whom the experience of abuse by a partner is discrepant with their expectations. It would also be interesting to establish to what extent cognitive deconstruction is event specific. Does it only occur within the context of violent episodes or does it generalise to all domains of a woman's life? Is it an intermittent strategy or is it used continually within a relationship, even when there is no violence? Are there other pathways to cognitive deconstruction for battered women? For example, could it be a means of switching off (from a clinical perspective disassociating) independently of the degree of self-blame or pre-existing expectations and standards?

There remains also the important issue of its

integration with other more general theories of the effects of violence on decision making and other psychological processes of battered women. Although it is consistent with many of the assumptions of the learned helplessness model, it gives a clearer description of the mechanisms generating some of the puzzling characteristics of battered women. It is also able to account for some of the research findings that are problematic for the learned helplessness model.

The observation that PTSD is a common problem in victims of violence (Browne, 1993; Burge, 1989; Davidson & Foa, 1993; Walker, 1993) has important implications for the cognitive deconstruction model. The core features of PTSD include affective numbing, the re-experiencing of the traumatic event in some form, a belief that there is no real future for the victim, diminished interest and motivation, all characteristics of cognitive deconstruction. It may be more useful to conceptualise the psychological state of victims of abuse by male partners in terms of PTSD, while the Cognitive Deconstruction model may provide a more accurate description of mechanisms contributing to a subset of the most serious psychological sequelae of domestic violence. The cognitive deconstruction model could account for the short term psychological effects on women of aggression by their male partners, while the PTSD model could explain the persistence of serious psychiatric symptoms in victims of chronic or extremely severe aggression. Using cognitive deconstruction tactics such as compulsive behaviour may even suppress PTSD symptoms (e.g., Dutton, 1992). The issue is both an empirical and conceptual one and it is hoped that future research will establish the merits of and relationships between these different but potentially compatible models.

Concerning clinical intervention, the cognitive deconstruction model has some important implications. It identifies cognitive, affective and behavioural indicators in battered women (e.g., unhelpful cognitions, affective numbing, restricted sense of time, concrete thinking, previously uncharacteristic passivity, alcohol abuse, compulsive behaviours) which, when associated with discrepant expectations in relation to self, suggest the possibility that cognitive deconstruction is being used as a coping strategy. Therapy can then be planned accordingly.

There are a number of stages or phases involved in the process of cognitive deconstruction. Each phase could be the focus of different therapeutic interventions. For example if a battered woman blamed herself or her actions for her inability to escape her partner's violence when numerous attempts to do so failed despite her efforts, such attributions should be challenged with the

objective of increasingly externalising these attributions. A probable consequence of such an attributional shift would be increased self-esteem, a restored sense of having behaved in a normal (i.e., non blameworthy) manner, and a strong sense of her partner's culpability for his abusive behaviour. Other examples of unhelpful attributions that might become a focus for treatment include a continued belief that terminating a relationship despite violence by a spouse is evidence of personal failure. Older women may be particularly likely to believe that they are totally responsible for the success of the relationship, that ending a relationship reflects their personal failure to "make it work" and, that if their partner is violent towards them, this is because they are not behaving as they should be. If such cognitions are not modified, they may continue to produce negative self-evaluation and aversive emotional states that trigger further periods of cognitive deconstruction.

One of the predictions of the deconstruction model is that some victims may modify their expectations and beliefs concerning the legitimacy and inevitability of relationship violence. If a woman has been chronically abused she may have abandoned cognitive deconstruction for such modifications, which will also serve to avoid negative self-evaluation. It will then be necessary to challenge these self-defeating beliefs and cognitions, since they are likely to sabotage successfully avoiding or minimising further victimisation.

It is crucial that clinicians don't assume that any deficits identified during assessment or therapy are necessarily enduring problems. Although some PTSD symptoms can be difficult to change, some deficits of battered women may be a function of a cognitively deconstructed state and therefore absent when not in that state (see Ward, Hudson, & Marshall, 1995 for a description of a similar phenomenon in some sexual offenders).

Finally, when working with victims of domestic violence, clinicians need to be careful in confronting attributions of responsibility. It is quite common for victims of violence to blame themselves initially for the assault (e.g., Janoff-Bulman, 1979). Attributions of blame or responsibility for battering can be adaptive in the short-term because they allow individuals to bestow meaning on the aversive event, and possibly increase the sense of personal control (Hotelling, 1980; Lerner, 1980; Silver & Wortman, 1980). Unmodified confrontation, or directly and prematurely focusing on the issue of responsibility is contraindicated. This is unlikely to do other than increase the severity of the cognitive deconstruction, by virtue of the woman's increased self-awareness.

In summary, the cognitive deconstruction model

has some preliminary support from empirical research and is able to accommodate some of the findings not easily accounted for by the more general theories in a sub population of women victims of partner abuse. It suggests one possible coping strategy that allows battered women to manage extremely aversive emotional states. Although it does not adequately explain the experiences or behaviour of all battered women, it provides a clearer understanding of the cognitive, affective and behavioural responses of some physically abused women whose victimisation has negative implications for the way in which they view themselves.

It is hoped that the model will be integrated with a more general theory to provide a comprehensive explanation of coping strategies and decision making in battered women. Research such as this is intended to assist those working with the victims of men's violence towards their partners. It is hoped that increased knowledge of psychological factors mediating the consequences of domestic violence will enable us to deliver more effective services to battered women, which assist them in overcoming such consequences as rapidly as possible. It remains of equal importance that we focus also on the psychological and social factors that initiate and maintain men's violence toward their female partners in intimate relationships (Browne, 1993; Margolin & Burman, 1993). Failure to do so will, however unintentionally, continue to create the erroneous impression that domestic violence is a women's issue, rather than a major societal problem.

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### Author's notes

1. The term "cognitive deconstruction" should not be confused with the post-modernist term "deconstruction". The psychological construct refers to the cognitive, affective and behavioural consequences of escaping from self-awareness, while the post-modernist term refers to a method of textual

analysis (see Rosenau, 1992).

2. Much of the research on the psychological features of battered women is weakened by the failure to distinguish between women who remain in a battering relations and those who have left. Therefore it is difficult to infer whether or not observed features were pre-existing in battered women or a consequence of being in a situation of continued fear and abuse, without any realistic means of escape.

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### **Address for correspondence**

*Dr. Tony Ward*

*Department of Psychology*

*University of Canterbury*

*Private Bag 4800*

*Christchurch, New Zealand.*

*email: t.ward@psyc.canterbury.ac.nz*