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Barbara Simonič
Faculty of Theology, University of Ljubljana
Elżbieta Osewska
Państwowa Wyższa Szkoła Zawodowa w Tarnowie

Traumatic bonding in intimate partner violence: A Relational Family Therapy approach[1]

Abstract

Intimate partner violence is defined as a form of violence where, in an intimate relationship, physical or psychological acts of violence are committed by a partner or spouse against the other partner or spouse. All of these actions are accompanied by extremely emotional dynamics, which is paradoxical, as we would expect that with the gravity of abusive and violent acts the victims will understand the need for self-protection and appropriate measures. There is a strong emotional bond between the victim and the abuser, which authors call traumatic bonding. It is an emotional dependence between two people in a relationship that is characterized by the feelings of intense connectedness, cognitive distortion and behavioural strategies of both individuals that paradoxically strengthen and maintain the bond, which is reflected in a vicious cycle of violence. The termination of such a relationship or the departure from it, because of the activation of attachment system, seems risky, since the victim seeks refuge in the state of perceived danger, but experiences that - after the outbreak of violence calms down - the refuge is paradoxically offered by the bully. Here we can recognize a pattern of dysfunctional affect regulation that falsely calms difficult (basic) affects and maintains a violent relationship. From the viewpoint of Relational Family Therapy, it is therefore necessary for victims that after breaking off a violent relationship or leaving it they face their painful basic affects and develop proper regulation of these, otherwise they will remain committed to this kind of relationship. Using the case study method, the paper describes the

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case of a client after she left a violent intimate relationship, with an emphasis on the demonstration of traumatic bonding dynamics and the resolution of their consequences in Relational Family Therapy.

Keywords: intimate partner violence; traumatic bonding; cycle of violence; attachment; affect regulation; relational family therapy.

Violence in relationships manifests itself in many different ways and can be tracked throughout the history of human existence. However, it is likely that violence in family environment has the most serious consequences, since a home and family relationships should be a place that provides the utmost physical and psychological safety and thus a secure environment for the growth and development of all family members. Family violence is supposed to be one of the most life-threatening and traumatic events for an individual (Roberts 2007, 29). All family members can be either victims or perpetrators. In this paper, we will focus on violence between partners in an intimate couple relationship.

1. Intimate partner violence

Intimate partner violence manifests itself as one partner's violence against the current or former spouse or partner in an intimate couple relationship. Contrary to the abuse of children, the victim is one of the partners, although children are often involved as witnesses and thus victimized by abuse. The World Health Organization (2010, 11) identifies partner violence as any behaviour in an intimate relationship that causes physical, psychological or sexual harm to those in relationships, including physical aggression, sexual coercion, psychological abuse and behaviour control.

In the case of partner violence, we can therefore talk about the patterns of various forms of violent behaviour within an intimate couple relationship. In a typical pattern, the bully maintains power and control by means of physical abuse, psychological abuse, sexual aggression, social isolation, threats and other tactics (McColgan et al. 2010, 1). Partner violence occurs both in heterosexual and same-sex relationships. Conflict studies, which are more sensitive, show equal perpetration rates by gender. Intimate violence is not specific to men or woman and cannot be explained on the basis of gender or gender roles. A violent attitude can manifests itself as a man's violence against a woman, but there are cases where women are violent, while men are victims (Dutton, Nicholls 2005, 689-697).

2. Emotional dynamics in violent intimate couple relationship

Victims of violence in intimate couple relationships are different from other victims of violence, because, unlike others, they are in an intimate relationship with the offender (Johnson et al. 2015, 631). Thus, this form of violence is accompanied by particular emotional dynamics based on the attachment between the victim and the perpetrator (Finkel, Slotter 2007, 895-896). Typically, the victims of family violence, in spite of recognizing the violence and its devastating consequences they suffer, often decide to stay with their abusive partners and in their repetitively abusive relationships. Partner violence is, by its very nature, chronic and consists of repetitive destructive violent patterns in an intimate couple relationship (Mele 2009, 619). We speak of the so called repeating the "cycle of violence" where particular psychological dynamics can be recognized.

The cycle of violence was described by Walker (1979) and confirmed by the research of numerous contemporary authors and findings from clinical practice (e.g. Dudley, McCloskey, Kustron 2008; Wright, Fagan 2013). The description of specific emotional dynamics between intimate partners in a violent relationship explains how victims of partner violence remain in a violent and abusive relationship despite their awareness and recognition of violence. It is a cyclical process consisting of three phases that can vary in duration and intensity, both within the relationship dynamics in one couple and between different couples. The first phase is that of *increasing tension*, when the intensity of various forms of violent behaviour increases (possessiveness, manipulation, humiliation, rudeness, physical attacks, etc.). During this phase, the victim usually manages the situation by avoiding, slowing down the process in every possible way, being cautious and suppressing their feelings to calm the situation, for they feel that it could explode if they do anything wrong (Dutton 2007, 75). However, since the victim is not responsible for violence, they cannot really do anything that would contribute to either the outbreak or the end of violence. They avoid the unavoidable, as the tension in the bully increases, finally reaching the point of *an explosive outbreak of a severely violent incident* (second phase). At this point, violence reaches its peak, usually in brutal violence with gross physical abuse (Gostečnik et al. 2019, 127-129). The bully experiences the release of the tension. This feeling and the way of regulation can also become addictive and repetitive, as it can be the only way for the bully to experience relief when trying to cope with his/her anger and tension. The victim, on the other hand, is finally forced to act, and seeks self-protection (calls the police, wants to leave or actually leaves, fights or attacks back, etc.). This creates fear and uncertainty in the abuser, who experiences regret and lovingly tries to get emotionally closer to the victim. The

behaviour of the bully changes dramatically, and this is what the victim has actually longed for. This is the third phase which we can call *the honeymoon phase*. This is a period of relative peace. The bully regrets his/her deeds and is ashamed of them, he can apologize or explains that he is actually not guilty of them (e.g., "I was tense because of the job" or "You *do* know how angry I become when you say that" or "I had a tough childhood"). He promises that he would change, that he is ready to seek help, that he is fragile, vulnerable and sensitive, and that he needs a partner. He tries to redeem himself/herself with emotional attention, gifts, helping with chores, and to the victim it seems that he has changed. The victim thus feels confused and also hurt, but on the other hand, she/he is relieved that violence has ended and she/he is happy when she/he sees that the partner is changing and becoming a person she could only wish for. She/He forgives the aggressor and begins to hope and trust that new times are waiting for both of them. This is a kind of denial when both partners ignore the seriousness of abuse and violence. "Love" conquers everything. Intimacy increases, the partners feel satisfied and want the relationship to continue (Dutton 2007, 77-79). Therefore, they do not take into account the possibility that violence could recur, which does happen because after the honeymoon, the moments of tension begin to reappear over time and the cycle of violence is repeated. In fact, the perpetrator does not change, and he returns to his/her usual behaviour as soon as possible. The honeymoon period cannot last long, since the perpetrator's distorted thinking, contempt, accumulated resentment and double standards have not been eradicated, only suppressed (Bancroft 2003, 195).

In the background of these interpersonal exchanges we can find special psychodynamic of defense mechanisms, by which couples learn to protect the fragile peace by avoiding areas of potential conflict. By splitting, which operates in tandem with the defenses of idealization and devaluation, the reality is distorted. Victims of violence show self-doubt, self-blaming, and other indications of an internalized "bad" self. The splitting off of affect and the denial that allows them to return to their abuser without fear also point to the presence of splitting (Siegel 2006, 418-420). Denial, in combination with minimization and blaming, is another primitive defense mechanism, which filters out information that might challenge the problematic perspective. Perpetrator's denial, minimization, and externalization of blame prevent him/her to take personal responsibility for his/her abusive actions. According to psychodynamic writings, denial, minimization, and blaming are forms of unconscious defense against threats to the self. Such defenses are most necessary when individuals have an inner perspective of themselves as shameful (core shame), powerless, and unlovable. They fear to get negative feedback on their

(violent) actions, that's why they minimize and deny their behaviors or blame their behaviors on others. The shame is projected from the self to the intimate partner so that the intimate partner is perceived as being ashamed and disapproving of the abuser (Scott, Straus 2007, 852-854).

3. Violence as traumatic bonding

With such dynamics in the cycle of violence, a specific form of connection between the two partners is created, which is based primarily on emotional dynamics and interconnectedness, due to which the victim, despite her/his rational recognition of violence, cannot simply leave the violent partner, and the latter does not stop his/her violent behaviour. Instead of leaving the violent relationship (even if she/he does, she/he then comes back), the victim, in spite of all the reasons she/he has for doing so, her/his bond with the bully is strengthened. In this way, the complexity of the violent relationship deepens and the cycle of violence is repeated. A while ago, Dutton and Painter (1981; 1993) described this kind of bond as *traumatic bonding*, offering a broader description of the response dynamics of the victim and the perpetrator, with predictable and unpredictable patterns of violence and responses to it.

Traumatic bonding is created when powerful emotional bonds are established that connect two people after an incident where one person attacks, is violent, abusive, intimidating, and threatening another person. It is an emotional dependence between two people in a relationship characterized by periods of abuse and violence, and power imbalance (Dutton, Painter 1993, 105). The nature of this bonding is marked by the feelings of intense connectedness, cognitive distortion and behavioural strategies of both individuals which paradoxically strengthen and maintain the bond, which is reflected in the vicious cycle of violence (deYoung, Lowry 1992, 165).

Traumatic bonding is an attachment in an abusive relationship and is the result of a traumatic emotional bond, created in the cycle of violence that occurs without the victim being aware of it. Victims may ignore subtle, minuscule predictors of abuse when the relationship is still fresh (the phase of falling in love) and are not aware of emerging emotional confinement. Characteristically, the initial cases of abuse are usually mild, and the pattern of violence is not yet clear. In addition, the bully repents and apologizes, and the victim accepts the apologies, which reinforces the emotional bond (Dutton, Painter 1993, 106). Later, with increasing violence, the victim can begin to believe that something is wrong with her/him, and that she/he is responsible for changing something in

herself/himself, which would prevent violence from occurring. Cognitive reactions are triggered, such as self-accusation, guilt, introjection, thus transferring the responsibility for the abuse to the victim and away from the abuser. This distorted belief can temporarily serve as a help in dealing with abuse and as an explanation for abuse, but if it continues, it contributes to the victim's inability to leave the relationship (Dutton, Painter 1981, 151).

Two characteristics of violent relationships are contributing to the formation of traumatic bonding in an intimate couple relationship: the *imbalance of power* and the *occasional intermittency of violence* or, in other words, the cycle of violence with the "honeymoon" phase. The imbalance of power occurs when a victim, who plays a subordinate role, develops a negative self-esteem, reduces her/his self-efficacy and becomes more dependent on the violent partner, i.e. the person in a dominant position (Dutton, Painter 1993, 106-107). A patriarchal social structure, characterized by stereotyped gender roles (e.g. a woman renounces her financial independence in order to care for children and the home, and becomes materially and emotionally dependent on her partner), can also contribute to this. If the partner in this position is abusive, the victim is emotionally and existentially stuck. This creates a feeling of helplessness in the victim and strengthens the attachment because the victim, who is weaker, internalizes the bully's negative perception of her/him, making her/him even more dependent and powerless, which creates a strong affective bond with the person who is strong (Dutton 1995, 78).

The dependence of the person without or with little power (the victim) conceals the dependence and powerlessness of the strong person (the bully), since he also depends on the victim. Therefore, he temporarily stops the violence, which is a reaction based on fear, since he knows that he may have crossed the border, due to which the victim could leave him/her. Anxiety which emerges in the violent person leads to behaviour (temporary interruption of physical and verbal violence, but there is usually a lot of psychological manipulation) by means of which he wants to retain the victim and stay close to her/him when confronted with the possibility of her/his rejection and departure. From the point of view of attachment theory that examines adult intimate relationships as relationships of attachment, anxiety accompanying the possibility of losing the person to whom one is attached is the fundamental driver and base of such pathological relationship (Dutton, White 2012, 475). Johnson (2008, 107) states that the needs for attachment in a relationship are healthy, but in the case of violence in intimate couple relationships, the problem is that these needs are awakened in the context of uncertainty created by the conflict. Security in adult attachment relationships helps people regulate emotions, process information

and communicate clearly; those who are securely attached can openly admit their distress and turn to the other for support, to which the other responds appropriately (offering the weak person a secure base and safe haven). Violence, however, is a dysfunctional way of keeping closeness with the person to whom one is attached when the need for attachment is awakened. Anxiety awakens in the victim, which makes it difficult for her/him to leave the relationship, as well as in the perpetrator who wants to keep control of the victim so that she/he does not leave (Finkel, Slotter 2007, 903-904).

In this case, a true paradox occurs; violence increases the distress from which the victim wants to escape, while also raising the need for attachment that could regulate this distress, which she/he feels she/he can obtain from the stronger person who is in this case the abuser. Thus, the bully becomes the source of fear and at the same time the source of protection. Traumatic bonding is thus a source of trauma, and at the same time a bond providing security. If, for example, the violent partner changes and becomes loving after an outbreak of violence, the emotionally exhausted and vulnerable victim can choose to return to him/her or persist in the relationship (Dutton, Painter 1993, 107-108). Similar dynamics are at play in the Stockholm syndrome, where the victim develops a strong emotional bond with the perpetrator. Graham and Rawlings (1991) linked the symptoms of this syndrome to the dynamics of intimate partner violence, which develops on the basis of four factors: a perceived threat to survival, perceived friendliness of the abuser, isolation, and perceived incapability to escape. The Stockholm syndrome, based on cognitive and perceived distortions and attachment, is in this context a defence mechanism for dealing with these factors.

Traumatic bonding is formed and maintained also due to a particular activity at the organic level of both partners in a violent relationship, characterized by dysregulation in the secretion of dopamine, endogenous opioids, corticotrophin and oxytocin, all of which contribute to one's "addiction" to abuse (Burkett, Young 2012, 1). Oxytocin provokes a very powerful neurological response that promotes attachment and the building of trust in one's partner. The attachment and connection between the victim and the abusive partner is the same as in all other relationships: it is reinforced by the abundance of oxytocin. Dopamine stimulates longing, searching for another, thirsting for another. Endogenous opioids are associated with the regulation of the proportion of pleasure to pain, of withdrawal to dependence. The release of corticotrophin is associated with perception in stressful situations and reactions to stress. In the case of violence, normally strong neurochemical processes are activated. The problem is that these neurobiological processes, which activate attachment in order to calm stress, take place in toxic

and unhealthy relationships, which are at the same time a source of stress, which means that these processes are dysregulated and the victim becomes increasingly dependent on the partner (Fisher et al. 2010, 51).

Increased vulnerability for forming a traumatic bond in intimate partner violence is present at individuals with experiences of violence in childhood. Research (Coid et al. 2001; Lang et al. 2004; Whitfield et al. 2003) show that violent childhood experiences increase the risk of victimization or perpetration of intimate partner violence. Abusive experiences during childhood disrupt the attachment process. The interpersonal schemas (e.g., abuse is a way of connecting with another person) of adult individuals with a history of abuse tend to be negative and stable across different relationships. Such schemas may motivate behaviour that increases the likelihood of revictimization.

4. Transformation of traumatic bonding in Relational Family Therapy

When the violence stops, this is only the beginning of the real process of transformation. Many individuals undergoing this process need help, both practically and emotionally. For a deeper emotional confrontation and processing of the consequences of violence, the victim can benefit from psychotherapy, which enables deeper exploration and addressing psychological complications that lead and drive complications in her/his life (Gostečnik 2017, 4-5). In the work with the victims of violence who have begun psychotherapeutic treatment, it is often revealed that the dynamics of violence which occurs at an external or systemic level are usually affectively associated with the victim's deep personal wound resulting from her/his dysfunctional relationships in the past. This wound prevents the victim from setting appropriate boundaries, seeing through devastating and toxic emotional dynamics while experiencing violence, and stopping or leaving the abusive relationship (Repič Slavič, Gostečnik 2017, 422-424). On the basis of past relationships that begin within one's primary family, the victim's psychological structure was formed, which, in the case of pathological relations or traumatic experiences, can be characterized by dysfunctionality (for example, low self-esteem, the feelings of incompetence, learned powerlessness, the fear of being discarded and many other defence mechanisms), which only reinforces the victim's conviction that nothing can be done and changed, and makes her/him even more vulnerable (Gostečnik 2017, 40-41).

Relational Family Therapy (Gostečnik 2017, 5) enables clients to consciously discover the dynamics of dysfunctional patterns of behaviour, thinking and feeling on the systemic, interpersonal, and intrapsychic levels, and address

them. Above all, it is important to discover the painful basic affects within relationships and to create the potential for the processing of a disruptive affect that drives dysfunctional relationships. This affect permeates all relationships at all levels (systemic, interpersonal, and intra-psychic). Often, the structure of these relationships was established at a very early age or imposed through traumatic relationships; it is repeated in adulthood because it promises an appropriate relationship with another (Gostečnik et al. 2014, 690-693). At the same time, these relations bear an unconscious hope that in new relationships this complication may be resolved. Relational Family Therapy therefore focuses on these relationships and tries to change them in a new relationship, the one with the therapist - that is, it searches for the basic affect which is hidden in the background of some relational dynamics, by which this basic (painful) affect is dysfunctionally regulated; it then looks for a way to change the basic system of affect regulation into a more functional one (Gostečnik 2017, 45-50). For a client, therapy means the possibility of processing the disruptive affect, and at the same time a new establishment of relationships at all levels.

In cases of physical violence in intimate couple relationships it is necessary to investigate the connection of affective dynamics in the cycle of violence with the experience of possible abuse, violence or other trauma that a person experienced in past relationships. Due to specific neurobiological processes (the imprinting of trauma in somatic memory), formed when one experienced the past trauma, these affective states are unconsciously repeatedly recreated. The victim often remains faithful to a potentially abusive environment where violence has become a way of entering a relationship and a way of searching for a relationship (Schore 2003, 110). In doing so, they unconsciously try to solve the most difficult complications, namely through violence, with a great hope that this time the outcome will be very different. The opening and repetition of this primary wound is based on the longing and the need to finally address this wound in an appropriate way and to finally find security and love. On this basis, misconceptions are created, such as 'It is better to be abused than to be alone.' Abuse in this case promises a relationship, which is less terrifying than no relationship at all (Gostečnik et al. 2014, 690). In this way, the basic affect of anxiety is regulated inappropriately, which is particularly precarious for the individuals who are insecurely attached (Simonič, Rijavec Klobučar 2017, 172). Physical violence thus becomes the core of an intimate relationship, at the same time being a model of affect regulation, especially the regulation of those painful affects associated with discarding in primary relationships. In a therapeutic process based on the relational paradigm, we try to discover early abusive relationships and related painful affects which have become part of the client's

psycho-organic memory (Gostečnik 2017, 18-19). Therapy thus focuses on fundamental purification of these internal images and related painful affects, and on establishing more adequate ways of affect regulation.

In the following, the case study will show the therapeutic process with a female client after she left a violent intimate relationship. Our research will focus on the analysis and resolution of the consequences of traumatic bonding with the help of the therapeutic process according to the Relational Family Therapy model. The life situation of the client after she left the violent relationship will be presented, her way of experiencing violence and her emotional processing of the consequences of violence according to the Relational Family Therapy model. Emphasis will be on the understanding of emotional states when experiencing violence (the basic affect) and the transformation of emotional constructs (establishing appropriate emotional regulation), which maintained traumatic bonding and thus the commitment to the violent partner.

5. Method

5.1. Research Strategy: Case Study

Case study is a qualitative research method giving an integrative description of a case and enabling its analysis, i.e. the description of the case characteristics and the description of the process in which these characteristics are revealed (Wedding, Corsini 2014, 2). Through this approach, the whole phenomena, processes, and procedures are examined by means of studying individual cases, when the aim is holistic and in-depth research. The focus is not on revealing generalizable truths or searching for cause-effect relations, but rather on exploration and description (Austin, Sutton 2014, 436).

In our case, a descriptive informal singular case study approach was used. We studied an individual participant, rather than group average. Focus was on the analysis of the client's emotional states during her experiencing violence and on the presentation of the transformation of emotional constructs (establishing appropriate emotional regulation), which maintained traumatic bonding.

5.2. Data Collection Procedure

Data for analysis were collected retrospectively. After the decision was made for the research question (transformation of traumatic bonding in intimate partner violence in the process of Relational Family Therapy), we examined the

cases of different therapy treatments in the past in which we had gathered relevant data, and chose a case with obvious traits of traumatic bonding in a violent intimate couple relationship. Data were collected from the notes of the case and audio recordings of therapy sessions, which were obtained after client's consent, providing therapy treatment in accordance with ethical code. Therapy consisted of 12 one-hour weekly sessions with the client.

5.3. Data Analysis Procedure

A comprehensive and in-depth examination of the case was done. We examined the notes of therapy sessions, made by therapist to monitor the process, and analysed audio recordings of therapy process. Attention was paid on patterns, the descriptions of topics which revealed the characteristics of traumatic bond in intimate partner violence and interventions and changes in the dynamic of traumatic bond which emerged as a result of interventions. On this basis, a description of the whole process was written, with the findings about the therapy case.

6. Results

6.1. Description of the client's state

The client included in therapeutic treatment was 26 years old, employed, with a 15-month-old son. She had left her violent partner four months ago. Violence was not reported to the institutions, and their separate life was not at all organized. This was the reason for entering therapy because she felt that she needed help in setting up boundaries and structuring relations with her ex-partner, the child's father, who kept visiting uninvited, threatened and blackmailed in various ways, demanding that she and child return to him. The client felt a lot of confusion and was not sure if she was doing the right thing.

6.2. Dynamics of violence in intimate couple relationship

This intimate couple relationship lasted for four years. The client and the partner, who was ten years older, decided to live together rather early, but their relationship was ill-defined and never really firm. The partner was rude, dominant, possessive and jealous, while all the time having contacts and affairs with other women himself. Then the client became pregnant, and when she was in

the third month of pregnancy, he brutally physically attacked her for the first time; he was jealous when he learned that she had sent a greeting to the former boyfriend for his birthday. She was very scared of losing her baby because she was bleeding and had severe cramps, but pregnancy continued. Such incidents repeated several times, but she never reported violence. What she was able to do was that she left him four times and went to her family, but then, after his promises and persuading, and because of the fact that they had a child, who was supposed to change everything, she always returned to him. After she left for the fifth time, she did not return, but she felt that she was not firm in her persistence, she was confused and felt that the whole situation is very chaotic. She was wondering how to proceed.

The behaviour of the former partner, who constantly called and kept visiting, contributed to this confusion. Her parents' attitude did not help, either: they did not set boundaries, or provide some solid base and security; they even "benevolently" advised that it might be better if she tried with the relationship again. On these occasions, the partner was not physically violent, but he constantly exercised psychological pressure and dramatized. For example, he came at midnight because he wanted to see the child, he kept coming to her workplace, pressured and threatened to kill himself (his grandfather committed suicide), while she felt that he was so "mean" that he would really do it, only to harm her. He also began his own psychotherapy to prove to her that he was good and that he really wanted to be with her.

With all these dynamics, the client felt a lot of confusion when she began the therapy; in this state, she seemed as if she were paralyzed. Her reason and her body told her that it was right not to return, but with all the pressures and unprotectedness she felt more and more doubt and insecurity as if she were waiting for someone else to come and settle everything. She did say that she hated her ex-partner and that she was angry with herself because she felt so stupid as to having allowed all this to happen and to give him so many options. But on the other hand, under his constant pressure, she always found herself in a state of uncertainty that disarmed her. She even pitied him, and she felt guilty that her family was breaking apart because she was not ready to give the relationship a new chance. In such state she was very vulnerable, and in addition to that, her child needed to be protected and taken care of. In spite of feeling angry and determined, which revealed her potential for setting appropriate boundaries, her partner's manipulation quickly caused her to lose strength and quickly fall into a state of paralysis and helplessness. This state, however, was known to her not only from her intimate couple relationship, but had the foundation in her primary family system. She did not really feel the

fear in the current situation, except for the future, especially about whether she would make the right decision.

6.3. History of relations in the primary family

There was no safety or firmness in the client's primary family, both parents were alcoholics, both she and her older sister were neglected and unprotected. Her mother brought home other men, but her father did nothing against it, drowning his sadness in alcohol. As a child, she had to bear and tolerate a lot, in particular she had to suppress fear and pain of being discarded. She was a bright but silent child, and she was mocked and humiliated a lot. Her mother often physically punished her, for instance, when she got bad marks. There was also sexual abuse in the family; her deceased grandfather abused her mother and later her sister during their childhoods. No one set any boundaries, even though the parents knew what was happening. The client left the primary family with the baggage of insecure attachment, not being allowed to fully feel all the horror and disgust, since there was no one to protect this child, nor give her a "compass" that would show her the way to secure relationships. Traumatic relationships were thus the only ones that promised connection.

6.4. Therapeutic process

Therapy was conducted according to the Relational Family Therapy model. The therapeutic process was focused on two interconnected dimensions: firstly, to stop violence, provide physical security, and formally regulate the relationship and parenting; and secondly, to work on the client's emotional process accompanying this regulation, and on processing this traumatic experience. The client decided to seek help from the Centre of Social Work to arrange father-child contacts. But out of pity she felt for her partner, she initially did not tell anything about his violence and his pressures that were still continuing. She hoped that he would get tired and quit, but at the rational level, she knew that he was dangerous and unreliable even as a father. She told this only after her third visit to the Centre of Social Work, and only then the contacts were managed in a way where the child was appropriately protected. The client acted as if she was stupefied and not aware of the seriousness of the situation; she was awakened only by her motherhood and by the fact that in this relationship and its traumas, too much was taken from her already. She was appalled, which was the only strength that gave her enough determination that she managed to wake up and started to take measures.

The therapist felt a lot of helplessness and exasperation in this relationship, as if she was a parent giving the client an alphabet to be able to describe and perceive what a proper relationship is, and how to protect herself and not rush into abusive relationships. It was difficult to set boundaries and to establish basic security, since the client had not really experienced this in her life, and she did not trust herself. By denying the reality of her situation and waiting for the partner to get tired and give up, the client wanted to leave it to chance because she was not equipped to risk more - she preferred to persist in denial and turning away, as her parents used to do when seeing her distress. Consistently and decidedly, the therapist kept telling her about violence and establishing boundaries, and the client began to believe that her feeling that she was the victim was accurate. Addressing the fact that by denial and waiting, she was in fact reliving her feelings of being discarded, because she did not protect herself and her beliefs, she began to set boundaries. She first did this within herself when she came in touch with the terror accompanying the recognition how much she had to handle and how painful it was, and then in the relationship, when she stopped responding to her ex-partner's calls and pressures, and prevented him from entering her home more often than it was necessary according to the arrangements for his contacts with their son.

A breakthrough in their relationship and her perception occurred when her ex-partner withdrew slightly, and she showed signs of panic attacks (shaky hands, flashbacks – the feelings that she had experienced when she had been waiting for him to come home). She felt anxiety, emptiness, and feelings of redundancy and grief, as if she did not belong anywhere, which was very difficult for her. At the same time, the pain of being unwanted in the primary family was awakened. She was an unwanted child: her mother wanted to abort, but her father persuaded her not to. This was the moment when she cried for the first time in therapy. With this basic affect of sadness because of having been redundant and discarded, it was revealed that this was the driving force because of which she was prepared to tolerate and sacrifice so much. Her behaviour in situations where she preferred to be stuck in the feeling of helplessness and unable to protect herself was actually a way of regulating this basic sadness, since the promise of a relationship, no matter how bad, was better than re-feeling this redundancy and sadness. The client slowly began to feel what the dignity was and that it belonged to her; that it was not her fault that she existed; that she had the right to be loved; and that it was not her fault if it had not been given to her. But she could now begin to give to herself (and her son) the certainty and belief that she deserved dignity and her own home. When there is no abuse, there is a place for tenderness and a full life. The client felt that she had the power and the oppor-

tunity to take her life in her own hands and live it more fully. Above all, it was important to get back her own self, to trust and know who she was, how she felt, what she wanted - all those things she had never experienced before.

6.5. Conclusion of the therapeutic process

At the conclusion of the therapeutic treatment, the client felt much more calm and in touch with reality. She felt uncertain about how to proceed, but this fear was not paralyzing: it indicated that she would be able to listen to it so that she would protect herself against potential abuse and set proper boundaries in relationships. She believed in herself and in her own value; therefore, there was no longer any risk of reacting to this fear as she had reacted in the past: when she was afraid (of being discarded), she persisted in abusive relationships. She was in touch with her vulnerability and was aware that it should be protected.

7. Discussion

From the description of the case, we can see how in the violent relationship of the client with her partner, the dynamics of traumatic bonding was created, which by its power prevented the cycle of violence from being broken. Rationally, the client knew that this was violence and that there was no excuse for it, but she was emotionally committed to this relationship, which she was unable to break. She did try, but she always came back and was ready to try again, and the cycle of violence was repeated (increasing tension, a violent incident, honeymoon) and traumatic bonding deepened. This is not an isolated case, because, according to some studies, the average period of abuse before the woman leaves the relationship lasts 2.3-3 years, and during this time, the victim tries to leave on average seven times before she/he definitely leaves for good (The National Domestic Violence Hotline 2013). Before the definitive break of a violent relationship, abused women characteristically persist in a relationship with multiple shorter breaks: this is in fact the result of traumatic bonding, which keeps the victim attached to the bully, and thus this traumatic bonding is only strengthened (Bancroft 2003, 277). In our case, the victim repeatedly attempted to leave but unsuccessfully because she experienced enormous psychological pressure from her partner; she was afraid that something bad might happen, she felt helpless and was uncertain if her decision was right, but she was also worried (almost compassionate) for her partner when he showed sadness because she and their son left. Moreover, from her parents she did not get unambiguous and

firm protection - a message that she was indeed exposed to violence for which there is no justification or permission. All this created in her the feeling of helplessness (being paralysed), she did not know if she was doing the right thing, she developed a bad opinion of herself and felt that she was lost, helpless, guilty, and unable to do anything on her own. This was how the fundamental traumatic bonding characteristic in violent intimate couple relationship was manifested, that is, the imbalance of power, when the victim feels that she/he is in a subordinate role, depends on the dominant (violent) person and believes that by getting closer again, their relationship could deepen, and she/he would find support and protection in her/his fragility and anxiety (Dutton 1995, 77). This uncertainty was also heightened by partner's promise that from now on, everything would be different, by temporary pausing of violence and other psychological pressures, so that the client was even more convinced that she can only get the feeling of security if she returned to her partner, which she had done repeatedly in the past. When the violent partner tries to change and temporarily ends violence, which is another feature of the traumatic bonding dynamics (Dutton, Painter 1993, 107-108), the helpless and vulnerable victim, who yearns for security and protection, returns to her/his partner, having decided to persist in the relationship.

Strong emotional ties bonding the partners in a violent relationship are cemented with distorted beliefs and behavioural strategies that prevent "seeing" the truth, or recognizing it, and taking appropriate measures; they also have a deeper basis in the victim's psychological structure, which was formed in her/his past relationships and experiences. From the point of view of the Relational Family Therapy paradigm based on modern relational neuropsychology, this psychological structure is instrumental in the creation of the individual's later (dys)functional view of herself/himself, the other, the relationships and the world (Gostečnik 2017, 39-40). If the base of this psychological structure is affected by pain, discouragement, and fear (basic affect), the individual is vulnerable and ill-equipped for appropriate responses that would be in accordance with adult functionality, because the individual constantly craves for being finally accepted, loved and safe. She seeks all this in an inappropriate way, because various experiences in the past have created a dysfunctional regulation (defensive mechanisms) of these painful basic affects (Gostečnik 2008, 514). In our case, we can see that in the client's childhood and in her life in the primary family, there were many dysfunctional patterns, a lack of security, inadequate boundaries, emotional neglect, trauma and inappropriate ways of coping with it. On this basis, the client developed a way of survival (defensive mechanisms) where she maintained her sense of belonging in such a way

that she was unseen, undemanding, and powerless. She could not show anger or protest, or she would risk feeling discarded even more deeply. She could not set the right boundaries for her, but without borders, there is no protection (Bradshaw 1988, 21). With this baggage she entered a new relationship where she felt that she had to bear a lot, not being allowed to set up clear boundaries and take care of herself. This starting point added to her vulnerability, on the basis of which the possibility of developing traumatic bonding was even more possible.

Therapeutic treatment was conducted according to the Relational Family Therapy model, the main intervention of which is to detect dysfunctional behavioural patterns and beliefs that often serve as defence (affective psychological construct) and to explore which basic affects at the intrapsychic level are the driving force that drives these patterns of behaviour and thinking (Gostečnik 2017, 39), in our case, persisting in the cycle of violence. The therapeutic relationship created by the therapist and the client was in some ways a place in which the client was given a "good enough parent" (Winnicott 1986, 63), who compassionately, but persistently addressed the need to establish appropriate boundaries and protection. This was a new experience for the client. In addition to directing the formal aspects of relationship and parenting, the therapeutic work was oriented to revealing the fundamental emotional complications that prevented the client from being able to protect herself and her child.

When the client began to feel the pain of being redundant and discarded which she used to experience in her primary family, she understood that her helplessness was only a way of regulating the fundamental sadness she felt if there was no relationship, regardless of its quality. This was especially evident in the signs of panic she felt when she realized that the relationship was really coming to its close, which in her deepest core meant a greater risk and anxiety than if she lived in a relationship - however abusive it might be. In terms of Relational Family Therapy, relationship patterns were repeated compulsively (Gostečnik 2017, 43-45), in order to finally resolve this fundamental pain, but the manner was not appropriate. In the past, the client psychologically survived so that she closed her eyes to reality, believing that she would be loved by trying hard and giving ever new opportunities, which only kept her in the role of a victim. When she faced the reality of having been unwanted and redundant, she encountered her basic affect (in her case, it was sadness), which she could accept and began to regulate in a different, conscious and therefore more functional way (she was not any more paralyzed by it, rather experiencing it as pain to which she could feel compassion, but not helplessness).

8. Conclusion

For a client, therapy offers a possibility of processing a painful affect, and at the same time a new way of establishing relationships at all levels. The therapeutic relationship enables the client to recognize and evaluate her/his own pain, which is especially hard in the cases of broken relationships. On this basis, the client begins to experience relationships and people around her/him differently, since in the therapeutic relationship, the psychological structures and thus relationships have been transformed. The therapy also helps to articulate and shed light on painful relationships that are compulsively repeated, in this case in the form of traumatic bonding in violent intimate couple relationship. Therefore, in understanding the dynamics of violence and the creation of appropriate support for the victims of violence, it is also sensible to consider deeper approaches to psychosocial treatment, which enable the transformation of complex psychodynamic causes of persisting in violent relationships, for which there is never any excuse or permission, at a deeper level.

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