Treating Attachment Abuse—The Core Value Workshop

by Steven Stosny, Ph.D.*

Editor's Note: *In this article, Steven Stosny describes his approach to healing what he calls "attachment abuse," which, among other things, causes people to hurt those they love. His solution involves helping abusers to recognize their inherent goodness and to reclaim themselves as human beings who are intrinsically compassionate.*

COMPASSIONATE SELF-BUILDING

Individual differences mediate the influences on human behavior of social, cultural, historical, and economic forces. Thus, a sexist remark brings pleasure to one person and disgust to another. This chapter argues that the *motivation* behind controlling and abusive behavior—temporary self-empowerment—mediates key global influences on family abuse. (I use the term "family" to describe any relationship in which emotional bonds exist between participants.) Abusive behavior is antisocial self-empowerment, which most of the time relieves the powerlessness that results from blaming one's emotions on others.

The Core Value Workshop is an intensive, skill-building group for partner and child abusers, offered in 16 closed, didactic sessions of two hours each,

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Author's Note: My mother passed away shortly before I wrote this chapter. It was the first thing I'd written on family violence without showing her. Her sudden and unexpected death has stirred a lot of memories of why the Core Value Workshop came into being. It was born of her pain and will be improved forever in her memory.

with 63 pages of homework assignments. Additional process sessions are added if clinical observation and a battery of tests determine the need. Designed for integration into a coordinated community response to family violence, the Core Value Workshop addresses its primary goal, the safety and healing of victims, by engaging those abusers who are capable of forming emotional bonds. This excludes only sociopaths and those with severe personality disorder, mental illness, or substance abuse. Participants practice exercises to increase perspective taking and replace the pervasive but superficial need to control with their deepest motivation: to value loved ones.

Love without compassion is dangerous, possessive, controlling, and depersonalizing.

The Roots of the Core Value Workshop

Clinical colleagues invariably ask why I choose to work with a population as resistant to treatment as court-ordered family abusers, whose deplorable behavior stirs so much revulsion. Like many who toil for low pay in the field of family violence, my interest began in childhood. It started at age three, when a shingle my father had lodged in my skull had to be removed surgically. For eight years after that, I saw my mother, whose job in a factory provided the sole support of our family, get slapped, punched, and beaten, sometimes severely but never into submission.

For all my father's violence and abuse (most of it directed at my mother), we somehow always knew that he *loved* us. He showed his loving side when he felt sufficiently okay about himself to face life without a drink, which was most of the time. Of course, as the abuse continued, it became ever more difficult to feel okay about himself. There must have been no escaping what he described to me decades later as his abusive nature. He saw his brother badly hurt his own wife, his older sister harm her children, and his younger sister abuse their elderly mother. They would show painful remorse after violent incidents and sincere desire to "make up" for them any way they could, but none gave a hint of understanding their victims' emotions independently of their own. Their loved ones were not whole persons in their own right, merely emotional extensions of them. My mother and I knew something then that would take us many years to articulate. Love without compassion is dangerous, possessive, controlling, and depersonalizing.

Early Concepts

Decades after my mother left my father for the 19th and last time, as she enjoyed a good life with a compassionate husband, the early concepts of the Core Value Workshop formed in our conversations. At first we did not clinically address the devastation of abuse-torn families. We began with a criminological approach, which analyzes crimes from the motivational perspective of perpetrators and according to similarities with other crimes. The *commonality*

of crimes within families requires theories to explain and predict the abuse of children and parents, as well as partners of the same and opposite sex. What all of these crimes have in common is an attachment bond, the emotional connection between parents, children, and lovers that inexorably ties their well-being to one another. The depth and power of this emotional bond makes it *easy* to invoke guilt, shame, and fear to control the behavior of loved ones. In fact, guilt, shame, and fear are what *keeps* us attached whenever affectional bonds of interest, compassion, love, and trust fail (Stosny, 1995a). These negative emotions developed in humans at a time when leaving attachment relationships meant certain death by powerful predators, and they function to keep us in attachment relationships no matter how bad they are.

Even though the nature of attachment bonds makes them susceptible to abuse, obviously the vast majority of parents and partners are not abusive. My mother and I wanted to know what motivates those who are. What motivates the use of tactics to manipulate guilt, shame, and fear for the purpose of controlling not just anyone but persons emotionally bonded to the perpetrator?

As we began clinical examinations of abusers, a combination of conditions began to emerge as causal in the use of power and control tactics in all forms of family abuse. These are a fragile sense of self (prone to states of powerlessness) and a need for attachment driven by fear of abandonment (don't pull away from me) and fear of engulfment (don't demand of me). This combination of qualities predicts that abuse will occur more frequently when an insecure perpetrator is in a relationship perceived to be insecure. The data indicate that as a group, child and partner abusers exhibit unusual levels of personality disturbance, substance abuse, and other symptomatology that render them personally insecure and destabilize any relationship in which they participate (Dutton, 1998; Gondolf, 1999; Hanson et al., 1997). The data also show that partner and child abuse occur far more often in homes with built-in relationship insecurity, those featuring stepfamilies, cohabitation, divorce, separation, or single parents, and far less often in marriage or other committed relationships (Waite & Gallagher, 2000). While there is no data to support the relationship insecurity hypothesis in same-sex partner abuse, it is my experience and that of other clinicians I have talked to who work with these couples that abuse is far more likely to occur in uncommitted or insecure relationships.

HURTING THE ONES WE LOVE

Theories of Attachment vs. Individuation

Attachment is the psychobiological glue that holds families together as the structural foundation of society. Developmental psychiatrist John Bowlby (1969; 1973; 1980) has elaborated an innate system of attachment behavior as proximity seeking for safety, support, and comfort. Attachment theory is:

> A way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbances, including anxiety,

> anger, depression, and emotional detachment, to which unwilling separation and loss give rise. (1977, p.127)

The central principles of attachment were extended throughout the life span with the empirical and theoretical work of Main and her colleagues (1984; 1985), Sroufe (1984; 1985), and others (see Sperling & Berman, 1994). West and Sheldon (1988) identify four clinical conditions that can emerge from insecure attachment styles of adults, easily recognized by clinicians who treat abusers: compulsive self-reliance, compulsive care giving, compulsive care seeking, and angry withdrawal.

The biological literature has established strong links between attachment and the endogenous opioid system, suggesting that powerful chemical reinforcers mediate attachment behavior and cause mental and physical illness in attachment failure (Newman et al., 1982; Kiecolt-Glaser et al., 1987; Notarius & Herrick, 1989; Panksepp, 1982, 1989; Panksepp et al., 1985; for more examples see Prager, 1995; Waite & Gallagher, 2000).

Individuation theories (Anderson & Sabatelli, 1990; Bowen, 1978; Karpel, 1976) posit a developmental behavior system that can be described as autonomy seeking, with a repertoire of behavior often in direct competition with the connection-seeking behavior of the attachment. The result is the grand ambivalence of human nature, with competing needs to be attached but separate, similar but different, independent but able to rely on others and to be reliable to others. The sense of self as attachment figure inevitably conflicts with the sense of self as autonomous. The emotional demands of attachment threaten autonomy as autonomy threatens secure attachment.

Attachment abusers, who use the attachment bond as an instrument of control and harm, are simply torn apart by the opposite drives for autonomy and attachment. The result is a fragile sense of self with a steady supply of guilt, shame, and anxiety in relationships (usually expressed as anger, resentment, and control), paralleled only by the guilt, shame, and anxiety of living without attachment.

A fragile sense of self (e.g., Baumeister et al., 2000) functions on a level of general competence, confidence, and self-esteem but suffers crashes into painful feelings of powerlessness, inadequacy, failure, and self-doubt. In their confident state, abusers can seem to have it together, at least on the autonomy front. They may even exhibit bravado, grandiosity, and denial of faults and shortcomings. The *crashing* state is when they become dangerous, as they attribute the pain of the crash to their loved ones, creating the motivation to punish and, ultimately, control.

Why do they attribute the pain of their own insecurity to loved ones? To a large extent, we all do.

The Mirror of Attachment

Relationships with parents, children, and lovers serve as mirrors of the inner self. We learn how worthy of love we are and how valuable our love is to

others *only* by interacting with loved ones. A distressed or misbehaving child can make us feel like failures as parents, incompetent, powerless, and unlovable. A raging or withdrawing parent can make a child feel inadequate, guilty, unworthy of compassion, and powerless. An intimate partner perceived to be distracted, preoccupied, conniving, or attacking can seem to make us feel disregarded, devalued, rejected, unlovable, and powerless.

In our more helpless moments we blame the mirror for the reflection. Abusers differ from most of us by trying to change the painful image of themselves as inadequate, unlovable, and powerless by manipulating or coercing the mirror. In the process they become highly dependent on the mirror reflection for a sense of self, producing more feelings of powerlessness and more motivation to control, in the downward spiral so familiar to anyone who works with family abuse.

The Internal Alarm: An Intolerable Self

The internal alarm that sets off abuse (and motivates controlling behavior that denies compassion) is most apparent in shaken baby syndrome. Adults are physiologically mobilized by the distress cry of an infant. We experience such powerful arousal from these cries that we *must* either go to the aid of the child or get out of earshot; it is nearly impossible just to sit still and listen. This internal distress alarm increases in intensity in concert with the infant's distress cry. There's an obvious survival advantage here. The worse the baby feels, the worse the caregiver feels, motivating care-giving behavior that will give relief to both. As the caregiver's attention soothes the baby's distress and converts it to interest, enjoyment, or contentment, both child and caregiver achieve well-being.

As every parent knows, when one fails to soothe a child, the distress alarm in both the caregiver and the child intensifies, taxing the best of coping mechanisms. This hotwired internal alarm system can easily overwhelm a fragile sense of self, creating a compulsion to stop the alarm as one might stop a relentless alarm clock, by shaking it or throwing it against the wall. The controlling, manipulative, and coercive behavior of child, parent, and partner abusers is designed to *prevent* the sounding of their *internal* alarms that they believe will reduce them to utter powerlessness. The constant warning of the abuser is, "For your own sake, don't make me feel something I can't handle."

Empowerment and Self-Regulation

The human brain loathes states of powerlessness. Whenever confronted with it, we automatically and involuntarily find some form of at least temporary self-empowerment. The empowerment can be:

- Covert (mumbling under the breath, passive-aggression)
- Overt (assertiveness, defiance, withdrawal of interest)
- Self-destructive (alcoholism, resentment, high-risk behavior)
- Antisocial (deteriorating attachment or social bonds—betrayal of trust, coercion, dominance, violence)

- Prosocial (building attachment and social bonds—compassion, cooperation, empowerment of others)

It is not a question *whether* abusers will empower themselves, but *how*. If treatment fails to teach prosocial self-empowerment, abusers will continue to empower themselves in the only way they know how, through some form of blame and punishment, as their own sense of powerlessness obscures the pain and powerlessness of their loved ones.

What keeps us from abusive behavior? If you could be absolutely guaranteed that there would be no negative social, legal, or relationship effects, would you emotionally or physically abuse someone you loved tonight because you didn't like his or her behavior? Of course not. You wouldn't do it because your compassion is too important to your sense of self; abusing someone you love would be self-destructive. This is precisely the internal regulation of abusive impulses that abusers lack. Compassion for loved ones, not fear of consequences, prevents us from abusing them. It is not so much that abusers have too much anger or too many negative attitudes; they have too little compassion (Gilbert, 1994; Levenson, 1992; Miller & Eisenberg, 1988; Shipman & Zeman, 1999). Instilling the common *internal regulator* of abusive impulses is the primary task of successful treatment.

First Encounter With the Workshop

We ask abusers on the first night of the Core Value Workshop to recall the most hurtful thing they have ever done or said to a loved one. All readers of this article, though not abusive, have certainly said or done something hurtful to a parent, child, or lover. Close your eyes for a moment and recall that event. Now imagine strangers doing or saying that same thing to that person. How would you respond?

The typical response to this question in the Workshop, whose members have done far worse than readers of this article, is "I'd kill them." (Attachment includes an automatic instinct to protect, which is why, without thinking about it, we would jump in front of a bullet to protect our children.) Then we ask, what happens to your brain when that same person for whom you have this automatic, unconscious, and powerful instinct to protect, you're also harming? A frequent response is, "It's like driving with one foot on the gas and one foot on the brake." They devalue what they value. A participant's sense of this internal conflict serves as our screening test for whether he is an appropriate candidate for our classes. A man who does not have an instinct to protect attachment figures from outside assault cannot form emotional bonds; for him, treatment will be unsuccessful.

We tell the participants we have treated over 2,500 court-ordered partner, parent, and child abusers, and that no matter how "justified" and "provoked" some of them said they felt when inflicting violence, we have never met one who felt proud of hurting a loved one. The self-destructive nature of family abuse reveals a truth so fundamental in their lives, far deeper and more

meaningful than mere defensive attitudes, that they do not offer denial or resistance. When we ask, Are any of you proud of it?, no one has ever claimed to be proud of abusive behavior. At that point, on the first night, they are engaged with little resistance in the pursuit of genuine pride. This low level of resistance allows the Core Value Workshop to ensure the only reliable safety of victims—rehabilitation of their abusers—at an accelerated pace, covering a 177-page manual of difficult concepts in 16 weeks.

Learning theory researchers call this approach *incompatible response strategy*, based on the well-established principle of behavior that human beings cannot engage in two incompatible responses at once (Baron, 1984). Inducing reactions incompatible with control and aggression, such as empathy and compassion, immediately dissipates the impulses to aggression and control (Baron, 1983, 1984; Miller & Eisenberg, 1988; Stosny, 1995a; Whiteman et al., 1987). To paraphrase Virginia Satir (1988), where you shine the light there is growth. The Core Value Workshop shines the light on the part of the self that wants attachment, the compassionate part that does not want to abuse.

CORE HURTS—LABELING THE MOTIVATION TO ABUSE

The ability to label emotional states is necessary to regulate them efficiently (Hariri et al., 2000). Labeling emotional experiences allows us to discriminate among and express various emotional states. Without this ability, the brain is susceptible to a free-fall of associations with increasingly more painful emotions. In a few seconds one can go from, say, loneliness to feeling inadequate and unlovable. There is evidence that the associative effects of negative emotions cause most anger and aggression (Berkowitz et al., 2000).

In the Core Value Workshop we label the motivation to abuse loved ones "Core Hurts." This specific label emerged from our first two groups, when we asked abusers for terms that described the deeper emotional states against which their abusive impulses empowered them. The Core Hurts are all forms of shame. They are feelings of being:

- Disregarded
- Unimportant
- Accused
- Guilty
- Devalued/disrespected
- Rejected
- Powerless
- Inadequate
- Unlovable

In the Core Value Workshop, we reject the superficial *intention* of behavior ("I was trying to shut her up"; "I had to get the kid to obey me"). We focus

instead on the self-empowerment of abusive behavior. On this motivational level, abusers can see that their abusive behaviors are attempts to empower themselves against Core Hurts, particularly those of feeling inadequate and unlovable. To help them redirect their path of motivation we ask, in the history of human kind, has anyone ever felt more lovable by *hurting* loved ones? It follows that any aggressive behavior by their loved ones comes from the same core hurts, and we ask, in the history of human kind, has anyone ever felt more lovable by *getting* hurt? Abuse is no longer an option; anything that makes core hurts worse makes *everything* worse.

Core hurts are also the engine of sexism and racism. If I'm feeling so bad about myself that I have to pretend to be better than other people, I can lop off 50 percent of the population with sexism and another 20 percent with racism. Racism and sexism are less a matter of close-mindedness than close-heartedness.

CORE VALUE, THE NEW RESPONSE TO CORE HURTS

The key concept of the Core Value Workshop is really not a concept at all but an emotional state. "Core Value" enables people to form value-laden emotional attachments at birth and to keep forming them to the end of their lives. The most humane part of the self, Core Value is the experience of one's own value *while valuing others*. The fragile sense of self that plagues abusers comes in large part from devaluing what they most value. Which is the *real* you, we ask—the compassionate self who values loved ones, or the abusive self who devalues those you most value? Unless they are sociopathic or antisocial personality disordered, they like the humane part of themselves much better.

The experience of Core Value is the unique well-being that occurs when we invoke interest or compassion to transform devaluing behavior into value investment. It is most commonly experienced in relationships through emotional reconnection, such as compassionate understanding or emotional validation. With or without emotional reconnection, we feel it internally with appreciation of things like God, loved ones, art, community, the "sea of humanity." With personal value enhanced, the motivation to avoid, control, or attack loved ones gives way to the deeper motivation to heal, improve, connect, renew, appreciate, and understand.

Trainees choose images of Core Value, typically images like rescuing a child from a car accident or other perilous situation or images from nature, art, or religion. By the third week of the Core Value Workshop, abusers have knowledge of three complex layers of self. The first most superficial level is power and control (drinking, drugging, numbing out) caused by the deeper level of core hurts, which can be regulated only by going to the deepest level of Core Value.

Thus the impulse to exert power and control becomes a signal to value the self and loved ones *more*. From then on, whenever participants blame family members or express sexist, racist, homophobic, or other negative

attitudes, the group leader helps them go to their Core Value and then asks a question regarding the issue such as, for example, does your partner have a right to decide what she wants to wear? Doesn't she/he deserve respect? Does your child deserve respect and freedom from fear? It is a far more powerful experience for abusers to reject negative attitudes from their own internally regulated value state than for us to argue with them or otherwise tell them how wrong they are.

HEALS™—Hyde Remembering What Jekyll Learned

The nagging problem of intervention with abusers is getting them to retain their new knowledge and skills under stress. The culprit is the learning-recall problem of "crossing domains." You can learn a skill or information in a calm environment like a class or a group but not be able to access what you've learned in an aroused state. That's why we so often act against our best interests even though we clearly know better when we are aroused by things like hunger, certain cravings, sexuality, or anger. The crossing domains problem can be solved with classical conditioning, by associating skills with the arousal cues themselves. Just as Pavlov's dogs learned to salivate at the mere ringing of a bell associated with their feeding, the new skill is automatically accessed whenever the associated arousal cues occur. If attachment relationships go well, they build this internal regulation skill naturally through compassion, which inhibits impulses to harm loved ones or impede their autonomy, growth, and development.

HEALS™ is designed to create a conditioned response of value and compassion associated with the urge to control or abuse.

Developed for the Core Value Workshop, HEALS™ (Stosny, 1991, 1995a) is designed to create a conditioned response of value and compassion associated with the urge to control or abuse. The conditioning target is 5 percent arousal level, approximately the point where attack impulses gather strength and *before* the epinephrine, norepinephrine, dopamine, and cortisol cocktail of aggression hijacks thinking processes (LeDoux, 1998).

The acronym HEALS stands for:

"Heals" flashing three or four times over the face of the loved one (Clients visualize and hear it.).
Experience for one second the deepest Core Hurt causing the impulse to control or abuse. Say aloud, "I feel [the core hurt]."
Access Core Value (the participant's Core Value image).
Love yourself by proving how lovable you are: feel compassion for your loved one.
Solve the problem in everyone's best interest through respectful negotiation.

Following each repetition of HEALS™ in group, the instructor asks three questions:

1. Will you be better able to solve this problem with aggression or with compassion?
2. Which do you prefer?
3. Which makes you feel more empowered to act in your best interest?

In the beginning, trainees are shocked to find that they think far more clearly with compassion for loved ones and prefer it over aggression and, most of all, that it makes them feel more empowered, even when loved ones do not respond in kind.

To practice HEALS™, trainees must recall in detail a time when they had the impulse to control or abuse. They do the self-talk necessary to intensify the impulse: "I can't believe she did that!" "That brat is not going to disrespect me!" "This isn't fair, it's not right!" "They can't do this!" Trainees experience the physiological arousal in their eyes, jaw, neck, shoulders, arms, hands, stomach, and thighs. When the impulse to control or abuse reaches an apex, they begin the work of HEALS™.

Our experience shows that 12 repetitions per day (nearly twice that many for head injuries) for four to six weeks achieves a conditioned response that will prevent recurrence of abuse. After six weeks of practice, occasional rehearsal will keep the skill in tune. Each repetition requires the client to experience for one second the core hurt causing the aggression. At around 750 repetitions, a vaccination effect occurs, diluting the power of core hurts and replacing antisocial self-empowerment with prosocial empowerment. To ensure compliance, participants must pass a final examination that includes spot checks of mastery in HEALS™.

Who Changes Whom—Ethical Imperatives in Treating Abusers

Anyone who chooses to work with abusers deserves the gratitude of the community. Unfortunately, the workers expose themselves to certain psychological hazards. Unless treatment providers are skilled in regulating their own emotions, abusers will likely change them more than they change abusers. Core Value Workshop instructors look at each new class knowing that 26 percent of the members will drop out, 4 percent will be dismissed, 14 percent will reoffend, 8 percent will inflict physical injury, 29 percent will continue to emotionally abuse, and nearly one-half of the group will look at them with derision for at least one week. It can be disheartening and, worse, cause hidden emotional spillover that affects all areas of life.

I urge providers to review the effects on their own lives and relationships of working with abusers. Is your own level of resentment or irritation increasing at work, while driving, or at home? Are you losing interest in work and family? Do you need time to "unwind" after meeting with abusers and before

interacting with your own family? (If you are coming home that tense, how are abusers, who lack your coping skills, going home to their families?) How many colleagues at your agency have burned out, lost all enthusiasm for their work, and need to motivate themselves with resentment or anger? If you do not soften abusers, they will harden you.

The ethical imperative of working with an abusive population is protection of victims. Intervention must strive at the very least not to make it worse for them. We must always keep in mind that some current or future victim will pay for our mistakes and failures. The following high-risk, low-gain strategies must be avoided:

- *Reinforcing the abusive dynamic*—Invoking guilt, shame, and fear to control clients' behavior recapitulates what they do in their homes and confirms their belief that the one with the most power wins. After all, we can put them in jail or deprive them of their children if they don't agree with us.
- *Disempowerment*—We disempower abusers by telling them that we are right and they are wrong. Abusers will recover from disempowered states evoked in treatment in the only way they know how, through blame and punishment. We must *empower* them instead by letting them see that *their own deepest values* tell them what is right and wrong concerning loved ones.
- *Displaying contempt, disgust, or moral superiority*—Physical and emotional abusers of family members can stir strong revulsion in treatment providers. If we do not regulate these reactions, clients will increase their revenge motives, and the weakest victims will pay. Do not make the mistake of thinking you can hide your true feelings; a fragile sense of self is hypersensitive to the most concealed of superior or patronizing emotions. Confrontation must occur to stop self-destructive abuse of loved ones, in the abuser's best interests. It must never occur to meet the group leaders' needs for power and control. To avoid doing more harm than good, providers must be brutally honest about their own motivation in their interventions.
- *Reinforcing superficial focus on attitudes*—Abusers will retain the motivation to abuse as long as intervention remains focused on surface attitudes and excuses. Keep in mind that their belief system is life or death for them, but just a job for you. Even if attitude confrontation were to overcome the massive defensiveness or offhand dismissal it usually encounters, they will ultimately defeat your challenge in their minds (and in their behavior) with the knowledge that "You just don't know what it's like in our house." Attitudes and excuses are the smoke; self-destructive, antisocial empowerment is the fire.

- *Organizing identity around abuse*—We do this by focusing on clients' antisocial behavior and by naming programs something like "Re-Education for Batterers and Child Abusers." In any kind of intervention for any kind of problem, you want identity to form around prosocial, not antisocial, behavior.
- *Guessing at effectiveness*—When we fail to keep in contact with victims (or social service workers when victims are young children), we can only guess at how effective abuser treatment was in the longer term. Providers must secure a license to offer the Core Value Workshop in which they agree to administer the valid measures of emotional and physical aggression to victims at least once a year, until a baseline of effectiveness is achieved.

WORKSHOP STRUCTURE AND TECHNIQUES

The *Manual of the Core Value Workshop* (Stosny, 2004) outlines six highly structured modules designed to serve as stand-alone treatment or as precursor enhancement of standard programs for abusers. In a shortened version called *Love Without Hurt* (1995b), the *Manual* can be used for individual, group, or family therapy when abuse is a risk and as a program to prevent family violence. The Core Value Workshop was developed through session-by-session evaluation with one of the most difficult of treatment populations, violent male heterosexual partner abusers. We contacted the victims after each session at first, and later reduced this to after every third session.

In and around the nation's capital, the Workshop has proven effective at one-year follow-ups with victims of all racial and socioeconomic levels, from the chronically unemployed and undereducated to laborers and truck drivers, to high government officials, professional athletes, and attorneys (Lawson, 1997; Stosny, 1995a). To underscore the universality of the sense of powerlessness that motivates abuse of loved ones, every Core Value Workshop has at least one representative of each form of family abuse: child abusers, heterosexual partner abusers of both sexes, abusers of same sex partners, and, when possible, adult abusers of parents. The strategic advantage of doing this should be apparent. Homes with one kind of abuse do serious damage to all attachment relationships. How can we expect that someone will abuse one family member and treat everyone else with dignity and respect? Parenting is almost always an issue in partner abuse, and some form of relationship pain is usually present in child abuse.

Clients do not for the most part share their experiences in Core Value Workshop sessions. (They do so in the 63 pages of homework assignments.) Instead, they learn to use a variety of tools to solve their problems and regulate their experience in compassionate ways. "Sharing experience" before they know how to responsibly understand their behavior or view themselves and their loved ones with respect and compassion can scarcely avoid months of complaining, arguing, and confrontation. The high number of manipulative

personality disorders among abusers (e.g., Dutton, 1998) indicates that abusers will learn what they need to say to get out of treatment, at which point their reflexive manipulation grows more subtle.

The intensity and didactic-training nature of the Core Value Workshop affords a more efficient form of service delivery, especially important for poorer clients who can pay little or nothing. Groups with up to 35 members have been shown to be equally effective as smaller groups, given sufficient assistants to direct small subgroups in the skill-practice part of the sessions.

From the first contact with clients, we establish emergency and safety plans. All discussion of rules, such as confidentially, attendance, lateness, fees, and other issues take place *before* the first treatment session. This preserves the high intensity tone of the treatment sessions that run two hours without a break.

Engaging Abusers

Criminal justice intervention is vital to controlling abusive behavior. The Core Value Workshop promotes the coordinated community response pioneered by Ellen Pence (1983) to stop domestic violence (see also Pence, 2002). This includes working in conjunction with courts, parole and probation offices, state family violence counsels, and local family violence committees to eradicate all forms of abuse. (Tragically, most domestic violence and child abuse committees are separate from each other and exclude professionals working with parent abuse and same-sex partner abuse.) Adult victims receive letters outlining options for safety and further criminal justice intervention. Participants sign a contract under which they promise:

- To be compassionate with loved ones;
- To understand their perspectives, especially if they disagree with them;
- To sympathize with their hurt; and
- To negotiate differences with respect for the autonomy and selfhood of their loved ones.

As important a role as criminal justice intervention plays in controlling violent crime, it fails to prevent recidivism (BJS, 1989) as long as it fails to change the motivational affect of criminals (Baumeister, 1997; Katz, 1988; Gilligan, 1996). For one thing, fear of consequences works only with those who value themselves enough to act in their best interest. Legal consequences are after the fact, usually too little and always too late. Changing the motivation of abusers *before* they re-abuse requires *engaging* them in a treatment process. We can rely on the courts only to get them in the door; once there, treatment must engage them to have any chance of reducing recidivism.

Money-Back Guarantee and Lifetime Membership

The Core Value Workshop engages abusers in the first minute, with a money-back guarantee. We promise that if the participants do all the required

work, they will understand themselves and their loved ones more deeply than they have ever done. Required work includes the 63 pages of homework, a final examination, and 350 practice repetitions of HEALS™. We promise they will feel more powerful than they have ever felt and will know the genuine internal power of regulating their own emotions, as opposed to the powerlessness of trying to control other people. The money-back guarantee is a gimmick, of course, but it gets their attention. We have never had to refund anyone's money.

The final written assignment is a Statement of Compassion addressed to victims.

Once the required 16 sessions are completed, clients have a free lifetime membership to the Core Value Workshop, which allows them *and* their loved ones to return for as many sessions as they please at no charge.

Homework

The 63 pages of written homework assignments help abusers acquire three habituated perceptions. The first internalizes the locus of control—the abuser accepts that he and he alone is responsible for regulating his emotions and behavior. To the extent he blames his emotions and behavior on anyone else he renders himself powerless. The second perception is that his emotional well-being absolutely depends on valuing and respecting himself and his loved ones. The third is that he must be able to take the emotional perspective of loved ones, especially in disagreements.

For example, directions for the first assignment are as follows:

> Even mild motivation to control, stonewall (silent treatment), or emotionally abuse produces major physiological changes. *Your body reacts to this motivation long **before** your conscious mind knows that anything is wrong.* Write what the controlling, stonewalling, or verbally abusive motivation feels like in your eyes, jaw, neck, shoulders, chest, arms, and hands.
> An assignment for the sixth week is:
> Describe, in as much detail as possible, the perspective or point of view of your spouse/significant other . . . in a recent argument. In describing it, *do **not** edit it or **comment** on it, simply **relate it the way she would.***
>
> - What was her solution to this problem?
> - Did she feel understood?
> - What was the deepest core hurt driving her behavior?
> - How would she describe you at that moment?

The final written assignment is a Statement of Compassion addressed to victims. The hardest of all their assignments, this one makes a clear demarcation between the self-destructive and abusive styles of thinking, feeling, and behaving of the past, and the self-building styles they have learned in the present. The letters must recount the steps of the client's individual recovery, including what needs to be done to advance recovery in the future.

One objective of this assignment is to create a document that can be read during vulnerable periods in the future, to serve both as a blueprint of what to do for renewed progress and as inspiration to enhance their emerging identity as compassionate persons. Thus the letter includes the effects of abuse on all family members, particularly their ability to sustain the attachment emotions of interest, trust, compassion, and love. It must include specific things they must do to prevent relapse. They are not permitted to ask for forgiveness. True compassion recognizes the burden that forgiveness puts on the aggrieved. On the final day of the Workshop, clients read their letters aloud. Other members are asked to give feedback on how well the letter meets the requirements and objectives of the assignment.

Most clients give up denial and minimization of their abusive behavior in this assignment. They do so voluntarily and without confrontation. They do so, not out of guilt and shame, but out of something approaching the compassion familiar to us all, which empowers us, maintains our autonomy, sustains our attachments, and keeps us from abusing those we love.

Once they pass the final examination, satisfactorily complete all homework assignments, and demonstrate mastery of HEALS™, they receive a certificate of completion.

Why 16 Weeks?

There are several important reasons that the Core Value Workshop is 16 weeks long. First, this length produces the fewest dropouts without lowering the rate of effectiveness. The feedback from victims that we processed in developing the Core Value Workshop indicated that highly structured, concentrated treatment, delivered intensely, didactically, and with skill-building emphasis elicits in abusers a much broader change in their sense of self than if they were pacing themselves in longer treatment durations.

Second, the extensive written homework covers a whole dimension of work on perspective-taking that does not require group attention. Third, we do not encounter anywhere near the resistance that other treatment providers report. Confrontations in the Core Value Workshop are always: "Value yourself more and you will value your loved ones more." That's hard to resist. Fourth, we do not waste time on excuses and attitudes. Core value changes attitudes, while confrontation and arguments only consolidate the most virulent defenses and endanger victims. Answering excuses at all implies that there might be one that has merit. Core Value Workshop instructors dismiss excuses as unworthy of comment. "Even thinking of excuses makes you a powerless reactaholic controlled by your partner and children. Go to your core value. There you're too powerful for excuses."

Fifth, we focus on making abuse impossible in the present and future, not on how abusive clients have behaved in the past. The continuum of abuse on page one of the *Manual* begins with hurting the feelings of loved ones by failing to understand their perspectives and progresses through worsening degrees of abuse, all the way to murder. Many interventions spend weeks

arguing with clients about where they fall on the continuum. Since no abusive behavior is acceptable, our target is the first leg of the continuum. When we stop that, progression down the continuum never occurs.

Sixth, we don't insist that clients give up denial before beginning the treatment. The idea that people cannot change their behavior until they give up denial has no empirical support. People cling to denial, the primary defense of the two-year-old, when they do not know another way to regulate shame. Once we begin to grow and see ourselves and the world differently, we do not have trouble giving up denial. That's how we can look back at the foolish things we did as adolescents with none of the denial we lived in then. Fortunately, no one tells adolescents that they cannot learn new perspectives until they give up denial. Instead of confronting abusers with the scope of their abuse at the outset, we ask them to recount abusive incidents from the perspective of loved ones. We don't ask what they did, but what they could have done and can do in the future to prevent abuse. In their last assignment, clients willingly give up denial of their controlling and abusive behavior and its harmful effects on their loved ones.

Victims in Treatment

Victims who go through the Core Value Workshop show a 46 percent reduction in anxiety, 54 percent reduction in anger/hostility, 41 percent increase in self-esteem, and 29 percent increase in well-being. Part of this remarkable empowerment is due to victims voluntarily attending (at no cost) the same groups as abusers, but not their own abusers. The fact that no one has a right to abuse is a far more powerful message for victims when delivered in the presence of, and to the agreement of, abusers.

Pilot Study and Ongoing Evaluation

The following are results of a pilot study (Stosny, 1995a) with random assignment of court-ordered heterosexual partner abusers to the Core Value Workshop and to profeminist, power, and control programs offered by five different agencies in Maryland and Virginia. Core Value Workshop participants were 87 percent violence-free (push, grab, or shove) and 71 percent free of verbal aggression, compared to 41 percent violence-free and 25 percent verbal aggression-free in the comparison groups, one year after treatment, based on reports of victims.

Since then, 325 court-ordered men and women have reached one-year follow-up eligibility in Prince George's County, Maryland. Some 86 percent of victims report freedom from violence (push, grab, or shove), 92 percent are free of serious violence (one punch or worse), and 71 percent remain free of verbal aggression.

FINAL NOTE

Successful treatment is in no way a substitute for the social changes necessary to eliminate family violence. I very much appreciate the concern of many

advocates who fear that effective treatment might impede needed social change. Yet our experience in the Washington, DC, area also shows an opposite reality. When family violence was seen as primarily an intractable social and cultural problem that would require nothing less than a major cultural overhaul, public response was more or less an acceptance of what could not be changed. The success of the Core Value Workshop has further stigmatized abusive behaviors and reduced the public's tolerance of its causes. Valuing loved ones *more* is a popular social message—people generally prefer to be *for* rather than against something. They would rather be for safe, equal, compassionate relationships than against domestic violence.

The pursuit of effective treatment and social change can and must occur simultaneously. It is our duty to work as fervently for egalitarian households as we work for an egalitarian world. Every provider of intervention for abusers is morally bound to make that intervention as effective as possible for the largest number of families and, at the same time, never fail to advocate for equal rights and opportunities of all persons.

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