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# Through a Psychological Lens

*Personality Disorder and Spouse Assault*

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Recognition by researchers of the importance of personality disorder (PD) as a causative factor in spouse assault has been delayed largely because PD falls outside the major paradigms created by broad spectrum theories that are currently in vogue. Dutton (1994, 1995) surveyed the main explanations, particularly feminist and sociobiological approaches, put forward to account for wife assault when the issue achieved prominence in the 1970s. Dutton (1994) pointed out that “broad spectrum” explanations like sociobiology and feminism had difficulty explaining the skewed distribution of spouse assault incidence—that is, that the majority (about 80 percent) of males are non-violent, another 12 percent are violent once, 8 percent are repetitively and severely violent (Straus & Gelles, 1992). Both theories see “male violence toward women” as the defined problem. Hence, individual

differences in male violence (among other things, such as female violence or gay violence) are ignored or disregarded.

In surveys of wife assault incidence (for example, Straus & Gelles, 1992), the majority of males, according to their wives, are not abusive; a smaller group is abusive once; and a still smaller group is repeatedly abusive. This latter group probably constitutes 8–12 percent of the male population, large enough to constitute a significant social problem, but too small to be explained by gender analysis or evolutionary theories (Dutton, 1995). An explanation attributing spousal assault to “maleness” would lead to a prediction of a normal distribution of male violence, not the highly skewed distribution found in national surveys. It certainly would not predict that 88 percent of males would be described by their female partners as *not* physically abusive. Feminism cannot consider individual differences in males, since it is committed to a generic view of males or “maleness” per se as the cause of wife assault. As Bograd (1988) wrote in *Feminist Perspectives on Wife Assault*, all feminist researchers, clinicians, and activists address a primary question: “Why do men beat their wives?” (p. 13), and further, “Instead of examining why this particular man beats his particular wife, feminists seek to understand why men in general use physical force” (p. 13).

Despite the feminist claim that their sociological view can be combined with more fine-grained psychological analyses, it rarely is. In fact, there has been a resistance to examining psychological factors connected to spouse assault because such examination is incompatible with “gender analysis,” the paradigm of feminism. Feminist theory has also resisted the study of female violence, husband battering, lesbian battering, and gay violence, since these forms of intimate violence are also incompatible with gender analysis, despite a considerable empirical basis documenting these forms of abuse (Dutton, 1994). Studies such as the survey by Lie, Schilit, Bush, Montague, and Reyes (1991), showing lesbian verbal, sexual, and physical abuse rates to be higher than heterosexual rates, are simply dismissed, as are studies showing female intimate violence to be equal or higher in incidence than male intimate violence (Magdol et al., 1997; Archer, 2000). The essence of feminist theory has been to preserve its own ideology at the cost of ignoring or dismissing empirical data that do not serve its ideological ends. The notion that special characteristics of a small group of males may generate intimate violence is incompatible with gender power ideology. Similarly, any work showing that male violence stems from a psychological feeling of powerlessness is ignored (Dutton, 1994).

*Personality disorders* are defined as self-reproducing dysfunctional patterns of interaction (Millon, 1997). In some cases, they are general to all social relationships; in others, they manifest primarily in intimate relationships. Dutton (1998) described an "abusive personality" characterized by shame-based rage, a tendency to project blame, attachment anxiety manifested as rage, and sustained rageful outbursts, primarily in intimate relationships. This "abusive personality" was constructed around a fragile core called "borderline personality."

A variety of researchers have found an extremely high incidence of personality disorders in assaultive populations. Studies have found incidence rates of personality disorders to be 80–90 percent in both court-referred and self-referred wife assaulters (Saunders, 1992; Hamberger & Hastings, 1986, 1988, 1989; Dutton & Starzomski, 1994), compared to estimates in the general population, which tend to range from 15 percent to 20 percent (Kernberg, 1977). As the violence becomes more severe and chronic, the likelihood of psychopathology in these men approaches 100 percent (Hart, Dutton, & Newlove, 1993; Dutton & Hart, 1992a, 1992b). Across several studies, implemented by independent researchers, the prevalence of personality disorder in wife assaulters has been found to be extremely high. These men are not mere products of male sex role conditioning or "male privilege"; they possess characteristics that differentiate them from the majority of men who are not repeat abusers.

#### ❖ EARLY RESEARCH ON PERSONALITY DISORDERS

By the 1980s the Millon Clinical Multiaxial Inventory (MCMI: 1987) joined the Minnesota Multiphasic Personality Inventory (MMPI) as a broad assessment instrument able to detect personality disorder. The MCMI was intended to configure closely to *DSM-IV* definitions of PD. Having a self-report instrument allowed lengthy structured interviews to be avoided and generated more attention to PD. The initial studies investigating incidence of PD among abusive males were conducted by Hamberger and Hastings (1986). These researchers identified eight subgroups comprised of various combinations of three factors that could account for 88 percent of the entire wife assault subject sample.

Dutton (1988) argued that repeat offenders were personality disordered and that three specific forms of PD were most prevalent among wife assaulters: Antisocial, Borderline, and "Overcontrolled."

Hamberger and Hastings (1986) refined their eight clusters to three groups corresponding to their initial factors: "Schizoid/Borderline," "Narcissistic/Antisocial," and "Passive/Dependent/Compulsive." Each subgroup scored high on one factor and low on the other two factors. This "three factor solution," or three subtypes of batterers, has been found repeatedly (albeit under different labels) in various studies. In a study of psychophysiological functioning of batterers, Gottman et al. (1995) established differential patterns of psychophysiological reactivity in what they termed "Antisocial" (Type 1) batterers and "Impulsive" (Type 2) batterers.

Hamberger and Hastings began to report the existence of an expanded non-PD group emerging from their data in 1988. Whether or not this was a response to political pressure to de-pathologize their work is not known. Lohr, Hamberger, and Bonge (1988) cluster analyzed the eight PD scales on the MCMI-II in a sample of 196 men. This time, a cluster was found that showed no elevations on any PD scale (39 percent of the sample, compared to 12 percent in the 1986 paper). A second cluster (35 percent) was termed Negativistic/Avoidant (Overcontrolled), while a third (26 percent) was labeled Aggressive (Antisocial/Narcissistic-Paranoid).

A later study by Hamberger, Lohr, Bonge, and Tolin (1996) used a sample of 833 court-referred men, but unfortunately, this study relied on self-reports of relationship violence, which typically is underreported by batterers (Dutton & Hemphill, 1992). Using a two-stage clustering technique, they again obtained three large clusters and three smaller clusters. Cluster 1, or the Dependent-Passive Aggressive (Overcontrolled) comprised 18 percent of the sample. Their average MCMI scale elevations exceeded baseline (> 75: clinically present) on the Dependent, Passive Aggressive-Negativistic and Avoidant subscales. Cluster 2, or the Instrumental, accounted for 26 percent of the sample; this group showed elevations of Antisocial or Narcissistic subscales. Cluster 3, or the no PD group, comprised 40 percent of the sample, an increase from the original 12 percent. The Borderline or Emotionally Volatile cluster seemed to have disappeared.

Two problems exist with this approach. The first is that the MCMI was not meant to be factor or cluster analyzed; it was intended for individual assessment. The second is that the authors do not report Desirability scores for their sample. Men entering treatment groups who perceive a strong judgmental aspect to treatment and who are assessed early in treatment may attempt to underreport all pathology,

including trauma symptoms and violence experienced in the family of origin (Dutton & Starzomski, 1993; Dutton & Hemphill, 1992). Another example is clearly exemplified in a recent paper by Gondolf (1999), which attempts to show that personality disorders are overdiagnosed in batterers. Gondolf published data showing that a large percentage of a batterer sample had no personality disorders, but his sample also scored extremely high on the Desirability scale used to assess pathology. Fifty-five percent of his sample was above the 75th percentile criterion on the Desirability scale of the MCMI-III, and although he does not report means or standard deviations for the Disclosure and Debasement scales, they appear low from the percentile data. Gondolf drew his sample from "psychoeducational" treatment groups (the majority following the Duluth Model: Pence & Paymar, 1986). The setting and treatment of this model creates a shaming atmosphere for clients, one that instantly puts them on the defensive (Dutton, 1998). Gondolf's low scores could simply have occurred because men were underreporting on any item that read as signifying psychological problems. This social desirability pattern could lead to underreporting of "undesirable" traits (psychopathology). While the MCMI does correct for desirability, there are not, as yet, studies to indicate that the correction factors are sufficient. Hence, assessments of PD based solely on self-report may underrepresent the actual incidence of PD. Assessors need to closely examine scale scores on the MCMI-III, especially the Desirability subscale.

Hart, Dutton, and Newlove (1993) investigated the incidence of personality disorders in court and self-referred wife assaulters using the MCMI-II (Millon, 1987) and a structured interview called the Personality Disorder Examination (PDE: Loranger, 1988). The PDE results were more modest than the MCMI, with a prevalence rate around 50 percent. The MCMI-II results indicated that 80–90 percent of the sample (court and self-referred,  $n = 85$ ) met the criteria for some personality disorder. The most frequent PD was what came to be called "Negativistic" (Passive-Aggressive + Aggressive-Sadistic). Almost 60 percent of the sample achieved base rate scores equal to 85 or higher, signifying that this particular PD was central and prominent in the psychological makeup of these men. In contrast to Gondolf's (1999) sample, the mean Desirability score for court-referred men was 53.4, for self-referred 50.7. Hart et al. (1993) argued that the court-ordered men approximated a random selection of spouse assaulters (compared to self-referred), as the criminal justice system operated somewhat capriciously.

Saunders (1992) performed a cluster analysis of 182 men being assessed for wife assault treatment and reported on 13 potential differentiating variables. He also found a trimodel set of patterns described as Family Only (overcontrolled), Emotionally Volatile (impulsive), and Generally Violent (instrumental). His Instrumental group (26 percent of the sample) reported severe abuse victimization as children but low levels of depression and anger. They were violent both within and outside the marriage. The Emotionally Volatile group (17 percent of the sample) was the most psychologically abusive and had the highest anger and depression scores. Overcontrolled (Dependent PD) comprised 52 percent of the sample.

Murphy, Meyer, and O'Leary (1993) compared batterers with nonviolent men in discordant relationships and well-adjusted men, using the MCMI-II. Each sample contained 24 men. Batterers had significantly higher elevations on Borderline, Narcissistic, Aggressive-Sadistic, and Passive-Aggressive PD than non-batterers. More important, Desirability scores did not differ among groups, although Debasement was higher among batterers, possibly reflecting a pervasive remorse about their violence. Severe physical abuse in the family of origin was related to presence of psychopathology. One conclusion that emerges from the previous review is that, when social desirability scores are equivalent, batterers exhibit significantly more psychopathology than controls. When they differ, groups emerge that show significantly higher social desirability scores while appearing to have no PD elevations. Personality pathology, it seems, is something that respondents attempt to conceal when they are assessed for wife battering (Dutton & Hemphill, 1992).

Holtzworth-Munroe and Stuart (1994) published a review of previous studies clustering men involved in domestic violence, reiterating the tripartite typology of batterers and again describing instrumental and impulsive batterers. The impulsive batterers (whom they labeled Dysphoric/Borderline), primarily confine violence to their family, carry out moderate to severe violence, and engage in sexual and psychological abuse. These batterers are emotionally volatile (and were so labeled by Saunders, 1992), psychologically distressed, have Borderline and Schizoid personality disorders, elevated levels of depression, and substance abuse problems. Holtzworth-Munroe and Stuart (1994) estimate that *impulsive batterers make up 25 percent of treatment samples*. The instrumental cluster (called Generally Violent/Antisocial) batterers, engage in more violence outside the home than the other abusive men,

carry out moderate to severe violence, and engage in psychological and sexual abuse. They may have an antisocial personality disorder or psychopathy and may abuse alcohol and/or drugs. Their use of violence is frequently instrumental. Holtzworth-Munroe and Stuart (1994) suggest that *the instrumental group also makes up 25 percent of all batterers*. A third group (which they called "Family Only") appears to be *over-controlled, and make up 52 percent of the sample* (when men are recruited from the community as well as batterer treatment groups). It is important to note that the authors were not insisting on respondents achieving criteria on a test such as the MCMI to make these determinations.

Holtzworth-Munroe, Meehan, Herron, and Rehman (2000) conducted an empirical confirmation of their earlier work, comparing 102 maritally violent men. This time data formed four clusters, the difference being that the Antisocial (Instrumental) cluster was subdivided into two groups, depending on level of antisocial behavior. Consistent with Dutton's (1994, 1995, 1998) findings, Borderline/Dysphoric exhibited the highest level of fear of abandonment and had the highest scores on Fearful Attachment and Spouse-Specific Dependency. Their wives reported them to be the most jealous of all groups. They also had significantly higher scores on the BPO (Oldham et al., 1985) scale ( $M = 74$ ,  $S.D. = 14.3$ ) compared to a mean score of 48 for nonviolent males. Their BPO score was also higher than for any other batterer group. Dutton (1994) found a BPO score of 72 for batterers and 74 for independently diagnosed borderlines. As in the Dutton work, Holtzworth-Munroe et al. (2000) also had the highest reports of parental rejection.

Gottman et al. (1995) recruited a "severely violent sample" of couples in which male-perpetrated battering was occurring. The psychophysiological responding of these men was monitored *in vivo* while arguing with their partners in a laboratory conflict. Two distinct patterns of psychophysiological responding were obtained. Type 1 batterers demonstrated unexpected heart rate decreases during intimate conflict. They were also more likely to be generally violent and to have scale elevations on the MCMI-II for Antisocial and Aggressive-Sadistic behavior.

Type 2 batterers showed psychophysiological increases during intimate conflict. Tweed and Dutton (1998) examined these two groups, which they called "Instrumental" (Type 1) and "Impulsive" (Type 2), on a variety of psychological measures. The Instrumental group showed an Antisocial-Narcissistic-Aggressive-Sadistic profile on

the MCMI and reported more severe physical violence. The Impulsive group showed elevations on Borderline, Avoidant, and Passive-Aggressive, higher scores on the Oldham et al. (1985) BPO measure of borderline personality organization (more about this following), higher chronic anger, and a fearful attachment style on the Relationship Style Questionnaire (RSQ: Bartholomew & Horowitz, 1991).

In a series of studies on what he called the "abusive personality," Dutton (1995, 1998) described a number of associated psychological features of abusiveness that clustered around Oldham et al.'s (1985) measure of BPO. The BPO scale assessed a disorder of the self-characterized by feelings of inner emptiness, a terror of being alone, temporary deficits in reality testing, and tendencies to use projection and splitting as defenses against anxiety. The associated features, all of which correlated significantly with BPO, include a fearful attachment style (Dutton, Saunders, Starzomski, & Bartholomew, 1994), high scores on chronic anger (Dutton & Starzomski, 1994) and trauma symptoms (Dutton, 1995), a tendency to construe intimate conflicts as due to the personality of the intimate other, and a negative attitude toward women (Starzomski, 1995). With its basis in BPO and with its clinical signs of impulsiveness and hyper-emotionality in intimate relationships, the abusive personality described in this work seems more closely aligned with Impulsive or Type 2 batterers. Tweed and Dutton (1998) confirmed this in a comparison of "instrumental" and "impulsive" batterers; impulsive men had BPO scores of 75 (identical to Oldham et al.'s (1985) reported mean for borderlines), while instrumental and control batterers had significantly lower BPO scores. More recently, Edwards, Scott, Yarvis, Paizis, and Panizzon (2003) found that measures of Borderline and Antisocial Personality Disorder were significantly correlated with physical aggression (spouse assault) in a forensic sample (43 men convicted of wife assault, 40 convicted of nonviolent crimes). Their high-violence groups had higher scores on all pathology scales of the Personality Assessment Instrument (PAI: Morey, 1991). The authors relate personality disorder to spousal violence via the mediating variable of impulse control.

Some studies have also found BPD to be predictive of intimate violence in female perpetrators. Zanarini et al. (2003) found that BPD symptomatology increased with sexual relations and included intimate abusiveness for both male and female subjects. Fortunata and Kohn (2003) found that lesbian batterers were also more likely to report both borderline and antisocial personality traits on the MCMI-III.

BPO self-report scores of batterers, controls, and various community groups (college students, psychiatric outpatients, gay couples) all correlated significantly with intimate partners' reports of emotional abusiveness and, in the case of batterers, with physical abusiveness. Dutton (1995, 1998) found evidence in retrospective reports of abusive men for a triad of developmental factors contributing to BPO: witnessing abuse in the family of origin, being shamed by a parent, and insecure attachment. It was hypothesized that the modal family constellation for producing abusive men was an abusive and shaming father and a mother incapable of providing consistent attachment (probably due to dealing with the abusive father). The transmission of abuse by this personality type occurs through a conjunction of two primary personality features: the inability to modulate arousal, generating extreme volatility and anger, and the tendency to externalize blame onto the intimate other, providing a target for the unmodulated rage. This latter feature appears to develop through a failure in "object relations" (Dutton, 1998; Celani, 1994) or through an attachment disorder (Dutton et al., 1994; Dutton, 1998). Treatment systems that would be compatible with cognitive-behavioral treatment for batterers (Dutton, 1998) would include systems by Linehan (1993) and Arntz (1994).

### **Specific Disorders 2: Psychopathic Batterers**

*Psychopathy* is characterized as a personality disorder that involves a variety of distinct interpersonal and affective characteristics and socially deviant behaviors (Hare, 1993, 1996). Hare's *Psychopathy Checklist-Revised (PCL-R)*: Hare, 1991), the primary assessment tool for this disorder, generates two factors for psychopathy. Factor 1 is comprised of interpersonal and emotional features, including shallow affect, grandiosity, lack of empathy, glibness, and manipulativeness. Factor 2 characterizes the behavioral pattern that presents for most psychopaths as one of irresponsibility, impulsivity, violence or aggression, and promiscuity. As Hare (1993, 1995) notes, psychopaths may be serious violent offenders, men who assault their partners, or even stock promoters. As Langhinrichsen-Rohling, Huss, and Ramsey (2000) point out, even though a particular batterer may not meet the actuarial cutoff on the *PCL-R*, and thus may not be classified as a psychopath per se, the presence of a significant number of the more severe interpersonal and affective characteristics could still be important for discriminating this class of batterer. Finally, the generalized and instrumental

violence identified in the generally violent batterer (Dutton, 1998; Holtzworth-Munroe & Stuart, 1994) is also quite characteristic of offenders with psychopathic personalities.

Langhinrichsen-Rohling et al. (2000) argue that psychopaths who score high on Factor 1 of the *PCL* commit more instrumental violence with less provocation and arousal and tend to have a more distant relationship with the victim. Hence, the quintessential psychopath seems defined more by Factor 1 scores (lack of empathy, manipulativeness, shallow affect, pathological lying, glibness) than by the social deviance scores generated by Factor 2. Thus, similar to the batterer typologies, the most common type of violence across all batterers is reactive or impulsive. Those who are capable of committing planned acts of violence for control or gain, however, are more likely to be psychopathic.

Notwithstanding the other similarities, it is this pattern of generalized and instrumental violence identified in the generally violent batterer that most clearly demonstrates the likelihood that these men are psychopathic. Moreover, it is this difference that separates the generally violent batterer from other men who perpetrate domestic violence so strikingly. The existing theories regarding the causal mechanisms underlying abuse probably do little to explain the etiology of this particular subtype. Edwards et al. (2003) found that "Antisocial Personality Disorder" (ASPD), which is similar to but not synonymous with psychopathy, was a significant predictor of wife assault in their sample. A key moderating variable between ASPD and violence seems to be a lack of empathy and a sense of entitlement.

#### ❖ THE BACKLASH AGAINST "PATHOLOGIZING WIFE ASSAULT"

The main resistance to accepting personality disorders as important explanatory criteria for wife assault comes from sociological feminism. The feminist perspective on wife assault complains that wife assault was being pathologized, which deflects attention from social causes and from the radical social restructuring needed to end patriarchy (Yllö & Bograd, 1988). Yet the data reported earlier in the chapter clearly show that personality disorders are central to intimate abusiveness in North American samples. Gender studies handle this empirical disconfirmation by simply ignoring it, a tendency that is at odds with academic values of free inquiry and the construction of empirically

testable and falsifiable hypotheses. The analysis offered by feminism is a paradigm that would be unacceptable if applied to any other social problem. Imagine researchers suggesting that they wanted to study "why blacks in general were violent" or "why women in general became rock groupies." These proposals would, with good reason, be vilified. Yet feminists continue to ask why men in general beat their wives. Data about female abusiveness, lesbian battering, and female-perpetrated child abuse all exist (Dutton, 1994; Archer, 2000), yet continue to be willfully ignored by dogmatic feminist analysis.

Studies on the impact of personality disorders indicate they are related to intimate aggression across a wide variety of groups: male batterers, college students, clinic outpatients, gay male couples, lesbian couples, and heterosexual females. In cultures where intimate violence is disapproved but where intimacy remains problematic, personality problems remain a robust predictor of intimate violence.

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