

Illuminating Domestic Violence Through Art and Stories of Men Who Are Batterers

by

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Illuminating Domestic Violence Through Art and Stories of Men Who Are Batterers

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Abstract

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This dissertation project presents a portfolio of creative nonfiction stories of male batterers from their participation in a 52-week domestic violence (DV) group and accompanying review of the literature, description of the methodology, and reflections on the project's implications. Participants were 7 males (22–36 years old) from diverse ethnic and cultural backgrounds who were court mandated to participate in a batterer intervention program for spousal abuse, partner abuse, or intimate partner abuse. Working from detailed case notes, narrative inquiry and art-based research methods were used to produce 7 stories, which were enhanced by the group facilitator/art therapist's own art reflections in the form of charcoal drawings. These stories are intended to break down stereotypical assumptions about male batterers by illuminating the complex emotional narratives of intimate partner abuse. The author posits that current DV treatment programs need to be updated with current research and improved by art therapy directives and skilled facilitation.

Key words: domestic violence, batterer, batterer intervention facilitators, batterer intervention programs, spousal abuse, partner violence, intimate partner abuse

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Dedication

I dedicate this work to M.R., who could not speak yet has changed the trajectory of my career. I am grateful to the men who participated in the 52-week domestic violence prevention group. These participants are fathers, brothers, and husbands who have volunteered their stories to help broaden understanding of psychoeducation for batterers.

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CHAPTER 1: INTRODUCTION

The narratives detailed in this contextual essay represent the archetypes of battered lives reconstructed and intricately woven into patterns of hope and vision for living free from violence. From my many years of professional experience as an art therapist working with perpetrators of violence I chose to conduct practitioner-based field research, conceived as a way of persuading domestic violence programs to change and enhance the current, widely used treatment protocols—specifically psychoeducation—for male batterers. The decision to conduct research on this theme came from my observation of men in domestic violence prevention groups who are expected to eradicate their violent behavior while simultaneously coping with mental health problems, addictions, and a myriad of social and economic challenges.

Personal Motivations

My interest in becoming a domestic violence (DV) psychoeducation instructor—which in turn gave me access to conduct field research with male batterers—is grounded in a personal story. I carried someone else's secret and possible guilt for a long time. I harbored the sad and perplexing emotions related to the death of a violent man who desperately needed help. In my youth, I didn't recognize the signs of DV. I didn't know my dearest friend was despondently living a life of hell. The death of her violent husband might have been prevented if only someone had intervened. Even today, I believe that someone should have been me. As a result of this tragedy, I have always had an interest in DV prevention work. I knew that my life would ultimately evolve by becoming a DV instructor.

Art therapy can be described as a kind of psychological therapy that uses art as a

tool for facilitating therapeutic growth (Moon, 1994). Both artwork and the process of making art require self-reflection, the “cornerstone” of psychotherapy (Curl, 2008, p. 164). The possibility of using art, and self-reflective artwork in particular, to assist batterers in reducing and/or eliminating violent behavior is an innovative way to deconstruct abusive behaviors and to construct more appropriate behaviors. I believed that art making had a greater chance of changing caustic behavior than traditional verbal psychoeducation process groups.

Fortunately, an opportunity was presented to me to intervene in the cycle of violence when a colleague encouraged me to work with her at a community agency as a batterer intervention facilitator. I was elated. This prospect provided a chance to use art therapy to make a difference in the lives of many survivors who experience violence when effective communication is unachievable. I applied for the job and was accepted for the position. I felt a sense of release by having the opportunity to become a voice for those who are terribly vulnerable and too frightened to talk about their abuse. The dehumanizing feelings that were described to me by women who were survivors of DV weighed heavily on my consciousness. Facilitating the DV prevention group was my chance to change the dynamics involved in the destruction of families.

Over time, my research evolved, taking many twists and turns in exploring women and social justice issues. Once the subject became definitive as a research topic, I decided that the best way to intervene in the elimination of intimate partner abuse was to work with men. I initially had implemented DV groups with women. However, I found that they were in an emotional state that was much too vulnerable, traumatized, and conditioned (sometimes even seemingly addicted) to the cycle of violence in their lives

for me to be able to empathically engage with them in prevention education. By contrast, I found that men who were batterers appeared to have the needed ego strength to engage in prevention groups.

Accepting the position as a DV prevention group facilitator was my way to say “I’m sorry” for not being able to intervene in the abusive relationship of a close friend. I was steadfast in my belief that facilitating classes to help men eliminate violence from their lives could be a conduit to improving the lives of women, men, and children who were stuck in the cycle of violence. I argued that the following goals could be accomplished by utilizing art therapy activities within a DV prevention program for battering men:

- Reducing violent behavior
- Increasing emotional self-awareness
- Reducing negative thinking
- Increasing educational opportunities to learn about the cycle of violence
- Increasing self-esteem and insight
- Having opportunities to work through personal tragedy

The Domestic Violence Prevention Project

I believed that participants would understand the characteristics of adverse behaviors better if they understood their aggression by seeing with enlightened vision—with the eyes of an artist—and experiencing their reality through the phenomenon of images. My first step in developing my research project was to ask the community DV agency at which I was a facilitator for permission to change their format and to introduce them to my research. My overall plan was to develop a collaborative approach to

domestic violence intervention through the participation of male batterers in their own treatment and education.

To this end I volunteered to conduct an educational in-service program on the attributes of art therapy that could be applied to DV. The success of my presentation resulted in being granted permission to start a pilot program where art-based activities would be integrated into the standardized curriculum for batterer intervention programs. As with teaching in general, this commitment committed me to additional unscheduled time involved in such a program, which included supervision, paperwork (e.g., progress reports), and other administrative tasks. The preparation for providing a weekly group session to batterers became a part-time job.

The community agency, like many others nationally, uses what is known as the Duluth model of psychoeducation. The agency's standard curriculum was based in a feminist, cognitive psychoeducational approach, provided in weekly group sessions. The intent is to help domestic violence offenders develop a better understanding of how their battering is part of a pattern of male behaviors that seek to control women (Feder & Dugan, 2004). However, I found that the Duluth curriculum did not begin to adequately address the needs of the men in my group. It quickly became clear to me that the Duluth model fails to eliminate cognitive distortions and maladaptive behaviors. It certainly did not address DV from a cultural perspective that included the ethnic and cultural values and history of the men in my group. In addition to this discovery, I found that the educational levels and mental health problems of some of the men were so pervasive that the Duluth curriculum could potentially do more harm than good. For example, an immigrant from a country where some domestic violence behaviors are condoned as

customary practice vehemently rejected the notion that he should be punished for an act that, in the United States, is a criminal offense. I wanted to implement a change paradigm in DV relationships without becoming punitive and therefore risk participants' disengagement in the very processes that could positively influence their behaviors. As an art therapist, I felt wholeheartedly that art therapy in particular could bypass many of challenges that were inherent in the multilayered composition of group members and their troubled history with DV.

The domestic violence prevention project that formed the core of my research culminated in a collection of lived experiences of intimate partner abuse as told by seven batterers who participated in the 52-week domestic violence prevention group that I facilitated as an art therapist. Group sessions were 2 hours long and took place once a week. The group itself had an open-ended process; when one man terminated services, another man was enrolled to join the group.

Psychoeducational Art Therapy Contributions to Healing Domestic Abuse

Understanding the cycle of violence is the primary educational concept germane to the successful completion of all DV prevention groups. In 1981, Walker conceived of the cycle of violence theory, which consisted of three phases that vary in both time and intensity for couples. Domestic violence begins in the tension-building phase that typically will fuel in the second stage's "explosion" of rage or acute battering incident. This in turn yields to a "calm, loving respite" phase that lasts only until tensions in the relationship build anew. My rationale for introducing art therapy into the DV curriculum noted the importance for batterers to be able to track their patterns in the cycle of violence as witnessed in their drawings. For example, initiation into the DV prevention

group included having each participant recount their story of the battering event as it unfolded according to the cycle of violence. This requirement assisted the men in understanding the affective components of their art images and taking responsibility for their actions. It also helped me to assess their degree of authenticity related to their disclosures.

In order to ascertain whether and how art therapy could compliment the Department of Probation mandates, I developed a structured protocol of art therapy and art-based activities for use in tandem with the required curriculum. Prior to implementing art therapy, a collaborative discussion with the community agency and the Department of Probation identified several topics that could be explored experientially: (a) cultural adaptation and violence, (b) family dynamics, (c) attachment deficits, (d) intergenerational patterns of abuse, (e) power and control, (f) personality disorders, and (g) inadequate self-esteem. The collaboration supported my redesign of the Department of Probation curriculum to include art making that worked in alignment with the state's required course of study.

As a tool of intervention, drawing combines critical thinking skills (e.g., observing, hypothesizing, evidence-seeking, questioning, and refining) with art-based meaning-making skills as "perceived-taking, recognizing formal elements, and attuning to the psychological quality of the imagery" (Curtis, 2011, p. 9). Drawing was a primary modality used for the art therapy experiential lessons introduced to the men each week. It was the preferred choice because colored pencils and paper was easily accessible. In addition, there were agency limits on the type of art materials that could be used at the facility that sponsored the group.

The art therapy psychoeducation project offered an opportunity to engage batterers in both understanding and coming to terms with their DV history. As I listened to the men and witnessed their drawings each week, I realized that art therapy also served to connect each of us to a larger search for meaning and common humanity. I believed that the drawings and stories of each man could serve to educate the public about DV in a way that no longer reduced batterers to simple stereotypes but preserved their humanity instead. Therefore, I focused my research on the following question: What can a facilitator of domestic violence psychoeducation learn from encounters with male batterers when they are recreated in narrative inquiry? To address this question, my research project involved three essential components: (a) narrative inquiry in the form of creative nonfiction narratives of the participants, (b) art-based research utilizing the drawings created by the participants, and (c) further art-based inquiry through my own reflective drawings and documentation as an art therapist and group facilitator.

Overview of the Contextual Essay

This contextual essay will introduce the reader, in Chapter 2, to the conceptual framework that surrounds DV treatment and psychoeducation and, in Chapter 3, briefly describe the methodology of the study. Chapter 4 presents the creative portfolio of works from a cross section of the men involved in the project, including a description of seven cases and accompanying artworks, and then recontextualizes the cases into creative nonfiction narratives. Each participant included in this essay was able to complete the DV prevention program. Following the portfolio, Chapter 5 presents an analysis of the stories and reflections on the implications of the project.

CHAPTER 2: REVIEW OF THE LITERATURE

This literature review examines the topic of domestic violence or intimate partner abuse from historical to current ideas related to postmodern theories and treatment. The goal of this review is to support my art therapy research study on the nonfiction narratives of batterers. Concise terminology will be defined to frame intimate partner abuse. The typologies of batterers will be examined, including the treatment and the neuroscience related to aggressive behaviors. This literature review will also examine art therapy contributions to the evolving changes in the psychoeducation of batterers.

The History of Scholarship on Domestic Violence

To understand batterers and battering behaviors, it is important to examine the theories and terminologies of DV, and, ultimately, to arrive at a concise universal definition. The definition of domestic violence relates to three overlapping contexts: the academic constructs presented by Dutton (2006) and Peace (2009), the position of the National Coalition Against Domestic Violence, and the postmodern definition of domestic violence cited by the Centers for Disease Control and Prevention.

Domestic violence has been perpetrated by one partner toward another in many cultures and historical times since antiquity. For example, Dutton (2006) noted attitudes of misogyny that were documented in the writings of St. Paul and St. Augustine and that legalized wife assault. According to Dutton (2006), the first enduring systematization of church law in 1140 specified that women were subject to their men and needed castigation or punishment for correction.

Domestic violence is defined by the National Coalition Against Domestic Violence (n.d.) as “willful intimidation, physical assault, battery, sexual assault, and other

abusive behaviors as part of a systematic pattern of power and control perpetrated by one intimate partner against another” (para. 1). This definition includes physical violence, sexual violence, psychological violence, and emotional abuse.

Linguistically, the concept of DV has been described using various terminology, such as spousal abuse, intimate partner violence (IPV), and domestic abuse. What is new is the current synthesis of the description of the aberrant behaviors of partner violence into a systemic framework. A new standardized definition of DV was developed in 2015 by the Centers for Disease Control and Prevention’s (CDC) National Center for Injury Prevention (CDC, 2015). The CDC concluded that intimate partner violence “includes physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)” (CDC, 2015, p. 11). The CDC further elaborated on its website (CDC, 2016) that sexual violence includes rape or penetration of a victim, a victim being forced to penetrate someone else, “non-physically pressured unwanted penetration,” unwanted sexual content, and “non-contact unwanted sexual experiences” (para. 5).

It is noteworthy that research related to IPV has been neglected because it can be particularly challenging to dig deeply into the personal lives of those who participate in partner abuse. The history of women being treated as objects or second-class citizens due to the power and control of men has remained intact over many centuries. This mindset also may have contributed to the limited historical data on DV. For example, Hamel (2011) pointed out that U.S. society’s awareness related to intimate partner abuse was not recognized until the 1970s.

Violence Against Women Act

The Violence Against Women Act of 1994 is a primary social policy implemented by the U.S. criminal justice system in support of women survivors of DV. The act focuses on six social justice areas: (a) safe streets for women, (b) equal justice for women in the courts, (c) reduction of stalker and DV incidents, (d) protection for battered immigrant women and children, and (e) provisions for strengthening existing laws (Cho & Wilke, 2005). The Violence Against Women Act addresses how batterers are treated in the courts and how they must change or conduct their behavior. This federal mandate provides the guidelines for all batterer intervention programs.

In *Hard Knocks: Domestic Violence and the Psychology of Storytelling*, Haaken (2010) documented the reality of domestic violence in U.S. society beginning in the 1970s with the commencement of safe houses for women and children who had experienced DV. Research for the book was based on an 8-year period when the author and her students interviewed women in shelters, studied DV literature, and screened films to explain the role of storytelling in the history of the battered women's movement. Haaken drew from psychoanalytic and feminist theory to analyze DV stories and their storytelling practices, and to revisit areas of tension in the DV movement. These areas include conflict that emerged between the battered women's movement and the state, the intricate relationship between DV and other social problems, and the tensions between groups of women within the movement nationally and internationally, including with respect to race, class, and other dimensions of power.

Haaken (2010) asserted that three genres in particular—"stories of captivity, stories of deliverance, and stories of struggle and reparation"—may serve society well "to

claim the cultural legacy of the battered women's movement while interrupting the voyeurism and enchantments that accompany its passage into popular culture" (p. 170). As I argue in this essay, the nonfiction stories of batterers also may present narratives of relationships that, when added to the studies of Haaken and others, will provide a more robust and grounded picture of violent intimate relationships.

Of interest to my study, I note that Haaken (2010) discussed the plight of women survivors and thus the importance of a supportive and motivational interviewing style. Her interview style models how to avoid blaming or shaming when obtaining trauma histories. Perplexingly, however, the author only interviewed women who played significant roles in their communities—that is, women with voices and women with power. These women discussed the reasons why many women who are racial or ethnic minorities, such as Native Americans and African Americans, remain in violent relationships, including the fact that leaving the relationships can sometimes damage the families and their communities.

Paradoxically, this feminist writer seemed to project a dual perspective by protecting women's voices while simultaneously addressing issues of male vulnerability. I would argue that other feminist writers might find Haaken's position to be problematic. I have found that intimate partner abuse is a subject on which people tend to take a stand to support survivors or to address the causative factors related to abuse, both positions that do not teeter or offer much middle ground.

Haaken (2010) also documented the DV policing strategies among people of color and poor communities. For example, she reflects on the cultural perspective of DV that is unique to Native Americans. Although this information is relevant, Haaken's view of

cultural issues presents a micro viewpoint that is focused on the U.S. Northwest. I assert that to document the ethnic and racial patterns of abuse, the literature should be inclusive, such as documenting the cultural behaviors of IPV for all groups recognized by the U.S. census.

Finally, Haaken (2010) explained the Duluth model of DV intervention for the treatment of batterers, which is the primary batterer intervention program used in the United States. Grounded in a feminist approach to counseling, DV is understood in this model to be part of a patriarchal ideology that encourages men to control their partners. Although Haaken (2010) explored the advantages and disadvantages of this theory, she seems to be a proponent of the Duluth model, whereas I have been very critical of the model from my years of clinical experience with it. I contend that the model does not address the full spectrum of batterer interventions, which I have observed directly and researched as a DV prevention facilitator. Many researchers have documented the pros and cons of the Duluth model; for example, its focus on offender accountability and its confrontational style. A concise summation of the Duluth model is provided, as follows, to support the principles inherent in the need for alternative models for batterer intervention programs.

The Duluth model of domestic violence intervention was authored by Michael Paymar and Ellen Pence as a project of the Duluth Abuse Intervention Project. The Duluth model prioritizes victim safety and autonomy (Paymar & Barnes, 2008). Within this model is the notion that criminal prosecution coupled with court-mandated batterer intervention is crucial to survivor safety and amelioration of violence (Aguirre, Lehmann, & Patton, 2011, p. 126). Paymar and Barnes (2008) purported that “the Duluth

curriculum's central focus is exploring and understanding power relationships and the effects of violence and controlling behavior on domestic partners" (p. 7). The Duluth model embraces a feminist-informed perspective, seeing violence against women not as a function of psychology (e.g., difficult childhood/emotional problems) or behavior (e.g., anger/rage) but as a consequence of the cultural and patriarchal beliefs that support a man's position of power and control over a woman (Aguirre et al., 2011, p. 125).

Since its inception opponents of the Duluth model have criticized this model of violence prevention, contending that it has had little or no effect on DV (Babcock, Green & Robie, 2002; Babcock et al., 2007; Dutton, 2010; Hamel, 2005; Jackson et al., 2003; Maxwell, Garner, & Fagan, 2001; Wessler & Hankin-Wessler, 1989). Many researchers over time have reported flaws in the Duluth psychoeducation protocol. For example, Hoff (1999) asserted that the Duluth ideologies are not scientific and that the model ignores drinking, drugs, and pathology (p. 1). Hamel (2005) coined the term "gendered politics of intervention" to denote the stereotyping of men and women's groups.

Paymar and Barnes (2008) disputed a controversial review of the Duluth model by the National Institute of Justice (NIJ) that reported that there are "no benefits from batterer counseling" and that "the Duluth model did not work" (p. 1). Paymar and Barnes reported:

The NIJ's research focused on *recidivism rates* and behavioral changes of male offenders at sites in Broward County, Florida, and Brooklyn, New York, which were ostensibly using the Duluth Model. In each of these sites, half of the men were ordered to participate in counseling programs using the Duluth curriculum *Creating a Process of Change for Men Who Batter*, and the other half comprised a

control group that received supervised probation without counseling. (2008, p. 1)

Paymar and Barnes also noted that the NIJ's report itself was widely criticized. They identified the following flaws in the NIJ report which they believed erroneously misrepresented the Duluth model:

Although it uses the term "Duluth Model," the NIJ report examines only the "batterers treatment" component. The researchers do not indicate to what extent, or even whether, the two treatment sites were part of a coordinated community response (CCR), a core element of the Duluth Model. Another key component of the Duluth is swift, consistent consequences (jail or return to the program) for noncompliance with conditions of probation, civil court orders, or program violations, e.g., missing groups and further acts of violence. This did not occur consistently at either NIJ site. (Paymar & Barnes, 2008, p. 1)

Feder and Wilson (2005) conducted a systemic review of court-mandated batterer programs throughout the United States. Their research included experimental and quasi-experimental studies that used matching or statistical controls. Feder and Wilson concluded that the research findings "were mixed" (2005, p. 241), writing that "while better research is needed to determine the effectiveness of court-mandated batterer intervention programs, the results from the meta-analysis do not provide confidence that these programs will be found to be effective" (2005, p. 258). I am in agreement with other researchers in arguing that irrespective of the pros and disadvantages of the Duluth model, cognitive behavioral interventions, or other treatment modalities, the elimination of IPV is a societal problem that requires continued rigorous research, evaluation, commitment and action. Feder and Wilson surmised that "it would prove beneficial for

the criminal justice system to begin looking at other types of interventions for addressing the problem of domestic violence” (2005, p. 258).

Standardizing Batterer Intervention Programs

According to MacLeod, Pi, Smith, and Rose-Goodwin (2008), court practices differ from location to location within jurisdictions, and considerable variability in outcomes across batter intervention programs undercut efforts to evaluate the criminal justice system’s response to DV. The problem in California (which was the geographic and legal reference point for my study) is the diverse delivery of batterer services and accountability within the judicial system. Buzawa, Hotaling, and Klein (1998) found a solution to how the courts can improve the response to DV, which was to observe a model court’s procedures. They reported that the Quincy Massachusetts District Court (QMDC) is the embodiment of how court systems should work in DV cases. Batterers often try to attack the legal system during their initial DV sessions because they are fixated on their perceived belief of unfair treatment. The QMDC administrative management of DV cases is stringent, holding batterers accountable for their actions, which results in the projection of inequitable treatment.

According to Buzawa et al. (1998), the QMDC has eight broad goals for treating DV cases and uses a coordinated, collaborative systems approach. What makes the QMDC program a model design is: (a) the court can easily retrieve a batterer’s previous criminal records, if applicable; (b) the District Attorney’s office will prosecute the majority of DV cases, preventing needless attrition; (c) QMDC will not allow plea bargaining for lesser sentences, avoiding needless administrative costs, and (d) there is no discrimination in processing DV cases based on socioeconomic status or ethnicity, as is

observed in other cases nationally (Buzawa et al., 1998). However, the QMDC protocol would be difficult to implement in California due to the diverse ethnic, cultural, and socioeconomic statuses of court-mandated individuals. In addition, the lack of coordination between counties continues to be divisive, causing loopholes in the judicial system.

Austin and Dankwort (1999) reported challenges with the QMDC model due to its relatively ineffective standards for working with those who are hearing-impaired, emotionally unstable, and/or speak a language other than English. California courts may have a long road to standardization as a result of its assortment of services and mixed strategies of DV education. Due to the varied ways prevention programs are implemented, however, there is potential for art therapy to become part of the complement needed to shift to innovative techniques that can embrace the multicultural dimensions embedded in intimate partner abuse.

Characteristic Personality Features of Batterers

There are a host of reasons for why people perpetuate abuse in interpersonal relationships. According to Dutton's (2006) historical review, "women's susceptibility to diabolic influence was the rationalization for murdering women during the Middle Ages to suppress witchcraft" (p. 5). He also suggested that male impotence was at the base of many accusations of witchcraft among women. From 1858 to 1970 in the United States, women suffragettes such as Elizabeth Stanton and Susan B. Anthony wrote, spoke, and demonstrated against wife abuse. Dutton (2006) reported that both activists "sought to reveal the darker side of marriage and both were discredited in the usual way, through character assassination" (p. 9).

Huss's (2000) doctoral dissertation, "The Utility of Batterer Typologies and the Construct of Psychopathy in Domestic Violence Perpetrators," presents compelling arguments in support of my research on DV. Huss focused on the differences between batterers who have antisocial personalities and batterers who have predominantly psychopathic identities. The hypothesis was that batterers with psychopathic behaviors are much more dangerous and resistant to treatment than individuals with antisocial personalities. Specifically, psychopathic batterers have been found to have cognitive deficits that compromise treatment and this information has not been adequately examined in the batterer literature. Huss wrote: "Innovative interventions for these batterers have to focus on the way they process and their inability to respond to contextual cues" (2000, p. 25).

There is some research evidence of a typology for psychopathy. Holtzworth-Munroe and Stuart (1994) empirically identified descriptive dimensions that are associated with psychopathic DV batterers: (a) severity of the violence, (b) generality of the violence, and (c) presence of psychopathology/personality disorders of the batterers. They categorized the three subtypes of batterers as: (a) "family only," where violence occurred only with the partner; (b) "dysphoric/borderline"; and (c) "generally violent/antisocial" (Holtzworth-Munroe & Stuart, p. 482). Earlier, research data were reported by Cleckley (1988), who suggested that there is a neuropsychiatric basis for psychopathy. Hare (1980) further developed Cleckley's conceptualization of psychopathy into a psychological profile using empirical data. The Psychopathy Checklist and its revised edition (1991) incorporated characteristics not noted in the *Diagnostic and Statistical Manual of Mental Disorders* at the time. Arnett (1997) conceived of a

motivational imbalance model of psychopathy that focused on strong and weak autonomic responses. These predispositions for psychopathy suggest that a relationship exists between impoverished environments and intentional life choices among DV batterers.

Huss (2000) attempted to update and replicate the research of Holtzworth-Munroe and Stuart (1994) by positing that a subgroup of batterers can present differential levels of pathology. Although limited by the demographics of the participants, the fact that self-referred batterers were included with court-mandated batterers, and the use of an outdated instrument that had not included people of color in its development, the study findings suggested that there is a difference between men who are violent in general and men who are violent with psychopathic characteristics. However, the author asserted that “the utility of psychopathy in risk assessment is certainly not limited to the most violent and most sadistic criminal offenders” (Huss, 2000, p. 73), which does not conform to my own experience of working with batterers and the contentious enrollment of men with antisocial personality who are placed in community prevention groups. Nevertheless, Huss provided evidence that there are character traits that should be assessed prior to placement in psychoeducational groups.

Dutton and Golant (1995) emphasized specific character traits of batterers, which enhance the understanding of identified behaviors of violent men in order to evaluate their tendencies to engage in acts of DV. According to these authors, individuals with borderline personality traits may also become batterers, although some batterers have been known to have borderline personality disorder comorbid with psychotic symptoms. The essential feature of borderline personality disorder is the proclivity for intense,

unstable relationships. van der Kolk and his colleagues (1996) found that adults with borderline personality disorder have histories of early trauma and abuse more often than patients in other clinical groups. According to these authors, physical abuse produces long-term modulation and aggression, which may lead to chronic anger in males. Therefore, to implement effective psychoeducational prevention, it is imperative to understand the behavior of batterers who also have borderline personality characteristics.

Dutton and Golant's theories may have derived from their 1995 study that tested borderline personality organization in wife assaulters. The researchers compared a group of batterers who volunteered for treatment with court-mandated offenders. Results indicated that the sample of volunteers scored in accordance with diagnostic criteria delineating borderline personality disorder, whereas the scores for court-referred men were mixed. The researchers attributed this finding to the capricious ways in which the court systems disperse men to certain kinds of groups. These data indicate that batterers exhibit correlations between borderline personality scores and the associated features of cyclical abusiveness. Although the test scores were not designed with empirical data, the test results nonetheless suggest that men who commit partner abuse should be screened for borderline personality disorder.

Saunders (1992) replicated a composite of previous related studies on the typologies of batterers to arrive at three subtypes from a sample of 165 abusers. The first type was coined the "family-only aggressor." This person tends to suppress emotions, reports the lowest rates of abuse during childhood and marital satisfaction, and has relatively liberal attitudes about sex roles. The second type was identified as the "generally violent type." Saunders reported that this type of batterer may need help in

uncovering and healing psychic wounds from childhood, stopping abuse of alcohol, and improving impulse control. The third type was labeled “emotionally volatile.” This type may need help in expressing feelings in nonaggressive ways, perhaps first learning to accept feelings of jealousy and depression without automatically channeling them into anger (Saunders, 1992).

Saunders’s (1992) analysis narrowed the composites of personality types to distinguish three character traits that dominate the criminal behaviors of abusive men. However, batterer intervention programs do not distinguish between these distinct characteristics when DV perpetrators are assigned to psychoeducation groups. The literature does not identify groups designed to treat the specific needs of the different types of batterers as described by Saunders.

Gondolf contributed to this literature with a 1987 study based on data on 550 shelter residents. He used a culmination of historical data to develop three cluster typologies. The first category was identified as the “typical batterer.” This type is described as having the “lowest levels of verbal, physical, and sexual abuse; these men apologized after the abuse and were the least likely to have alcohol problems or an arrest record, being thus similar to the dependent, family-only abuser” (Gondolf, 1987, p. 265). The second category was labeled “sociopathic.” Members of his group inflicted the most severe injuries, had the highest arrest rate, and were most likely to be violent outside the home. They were also the most likely to abuse their partners sexually, abuse their children physically, and abuse alcohol. The third cluster was labeled “antisocial.” This group was the most likely to use weapons and was the second most likely to cause injuries (Gondolf, 1987).

Gondolf (1999) implemented additional research on the personalities of 840 batterers in four cities. He used the revised Millon Clinical Multiaxial Inventory (MCMI), a self-report instrument commonly used to assess batterer behavior. The main reason for its wide use is its efficiency in assessing large clinical samples and the standardization that it provides (Gondolf, 2003). He concluded that “less than half of the men showed evidence of personality disorders according to the MCMI, and about 25% showed evidence of a severe mental disorder” (Gondolf, 2003, p. 387). Gondolf (2003) also dispelled the “attachment theory” conceptual model espoused by fellow researcher Dutton (1994) as a causative factor in the development of the batterer Dutton categorized as an abusive personality. Gondolf (2003) stated that “abusive personality was debatable” (p. 253) and was neither recognized as a diagnostic category nor deducible from the MCMI (p. 387).

The outcome of Gondolf’s (2003) studies raised a heated debate, particularly by Dutton, a pioneer in the field of family violence. Dutton (2003) disagreed with Gondolf’s research findings and wrote a response contesting his methodology. Dutton (2003) asserted that Gondolf’s “focus is an attempt to disprove that batterers are personality disordered” (p. 253), and cited his 1994 research that discussed the dyadic power in relationships, male violence, and how he aligned these behaviors with the feminist model of domestic violence. Dutton (2003) explained that “the abusive personality was an attempt to capture some key features of that psychology and to empirically connect them to wives’ reports of both physical and psychological abuse” (p. 254) and reported that the MCMI-III is “not the final word on the assessment of personality disorder” (p. 254). He also echoed other researchers who argued that “any form of self report with clients who

lack insight is contra-indicated” (Wester & Shedler, as cited in Dutton, 2003, p. 254).

Among other researchers in this area, Mott-McDonald (1979) constructed a typology that was based on clinical impressions that categorized abusers as either “hitters” or “batterers.” Accordingly, the hitter tends to take greater responsibility for the abuse and warns the victim of the buildup of anger. The batterer, on the other hand, is more frequently and severely violent, uses threats to terrorize, and refuses to take responsibility for the abuse. Caesar (1986) identified “tyrants” as a dominant type who use fear to control their partners, show little remorse, and expect their partners to take care of them. A second type was called “exposed rescuers,” who may have intervened in their parents’ fights as a child. This type of abuser may be chronically resentful but has trouble expressing resentment. They often feel remorse for their violence. The third type was called “non-exposed altruistic abusers.” This type tends to inhibit their anger, please their partners, and experience strong ambivalence about dependence.

Domestic Violence: Treatment and Epistemology

The Duluth Model

The Domestic Abuse Intervention Project in Duluth, Minnesota, was the first multidisciplinary program designed to address the issue of DV nationally (Maxwell et al., 2001). The organization’s domestic intervention protocol is commonly referred to as the Duluth model. This model has been implemented nationwide since the 1980s. The primary goal is to hold batterers accountable for their abuse and to keep victims safe. According to Maxwell et al. (2001), the Duluth model is “an ever-evolving way of thinking about how a community works together to end domestic violence” (p. 1). The approach has six constructs: (a) “a commitment to shift responsibility for victim safety

from the victim to the community and state”; (b) “a shared collective mission and strategy regarding intervention that is based on a number of core philosophical agreements”; (c) “a shared understanding of how interventions are to be accountable to victim safety and offender accountability”; (d) “a shared understanding of how each agency’s (practitioners’) actions either support or undermine the collective goals and strategies of interventions”; (e) “shared definitions of safety, battering, danger and risk, and accountability”; and (f) “prioritizes the voices and experiences of women who experience battering in the creation of those policies and procedures” (Domestic Abuse Intervention Programs, n.d, para. 3).

The focus of the intervention is to hold the batterer accountable while holding the community socially responsible. Another important facet of this model is the coordinated community response, which outlines the steps from the start of an emergency hotline call to the end of the legal process, and includes restorative justice sentencing, restorative circles, and men’s nonviolence programs. Critics argue that the model can be ineffective when taking into account that it was developed without attention to or input from communities of color, as well as the failure to address root psychological or emotional causes of abuse (NIJ, n.d.). This argument epitomizes my own opposition to the Duluth model. Despite the fact that research has found this model to be ineffective, it remains the primary psychoeducational intervention model in California.

As a component of the Duluth model, the Domestic Abuse Intervention Project developed the “Power and Control Wheel,” which is a visual representation of how a balance of power enjoyed by men harms women and children. Since the conception of the initial wheel, the organization has developed five additional wheels that focus on the

abuse of children, the nurture of children, equality, and the intervention and prevention techniques and recommendations for Native Americans. Although seemingly comprehensive, the Duluth model has not incorporated the advances made in the field of social science related to intimate partner violence, which includes neuroscience and other biopsychosocial theories. Broadening the scope of the Duluth model or replacing it with more creative and innovative theories was a goal of my research project.

Babcock, Green, and Robie (2004) conducted a meta-analysis of outcome studies on the effectiveness of batterer treatment programs. In particular, these researchers compared the two most widely used intervention and prevention models today—that is, the Duluth model and the cognitive behavioral therapy (CBT) model. They found that, according to the literature, the primary cause of DV is its patriarchal ideology and the implicit or explicit societal sanctioning of men's use of power and control over women. These researchers then compared the Duluth model to feminist psychoeducational and CBT models. The latter was developed from social work practice and the *DSM*. Although clients are not diagnosed, the *DSM* was used to set standards for antisocial behaviors and does not consider intervention to be therapy (Babcock et al., 2004). Cognitive behavioral therapy focuses on violence as a learned behavior that can be unlearned. It espouses that “violence continues because it is functional for the user, reducing bodily tension, achieving victim compliance, putting a temporary end to an uncomfortable situation, and giving the abuser a sense of power and control” (Sonkin, Martin, & Walker, 1985).

Treating Psychological Disorders

The Duluth model and CBT are often the treatments of choice by batterer intervention programs. The two models are sometimes indistinguishable because they

both are arguably based on patriarchal ideologies. Their limitations are important to critique because both approaches to intervention fail to appreciate the “real and durable progress in such areas as cognitive neuroscience, brain imaging, epidemiology, and genetics” (American Psychological Association, 2013, p. 5).

For example, traumatic brain injury, substance abuse, and medications are all categories of coexisting behaviors and neural dysfunctions known as mild neurocognitive disorders (American Psychological Association, 2013). Many people with comorbid borderline personality disorder and antisocial behaviors also exhibit these diagnostic features. The *DSM-5* provided more specific criteria with regard to this comorbidity. It specifies that aggressive outbursts are observed to be impulsive and/or anger-based in nature, cause marked distress, and cause impairment in occupational or interpersonal functioning (American Psychological Association, 2013, p. 815). These new criteria are in accordance with what Dutton and Golant (2008), Babcock et al. (2002), Saunders (1992), and Gondolf (1987) asserted in their typologies of batterers. They identified the features of batterers and, thus, supported the argument that batterers should be assessed for comorbidity.

Babcock et al. (2002) studied batterers employed by the U.S. Navy who were treated with CBT. The authors described this study as “the most methodologically rigorous study conducted to date in terms of sample size, length of follow-up, attrition rates, follow-up reporting rates, and assessment of treatment adherences” (Babcock et al., 2002, p. 1034). A 1-year follow up concluded that neither CBT nor couples therapy had a significant impact on recidivism. The results address the implicit inference that social economics likely have an influence on the research on batterers. However, the research

participants in the sample were all employed, had a high stake in social conformity, and were seen to be socially bonded. It also appears that Navy employees are a specific group that cannot be compared to other mandated groups of batterers. In addition, the expectations for military personnel are subject to different judicial system rules.

The research design of Babcock et al.'s (2002) study should not be compared to general or community DV prevention groups due to the closed system the Navy uses to eliminate domestic abuse. In community DV prevention groups batterers can relocate as long as there are no court mandates against doing so. However, unlike Navy personnel departments, community agencies have limited resources to track recidivism. Most importantly, in California, the Department of Probation is opposed to couples counseling for intimate partner violence until the batterer has completed the required psychoeducation coursework, per California Penal Code Section 1203.07 (see Center for Domestic Peace, n.d.). CBT is a psychological treatment modality that is used by most batterer intervention programs. Babcock et al.'s (2002) research applied CBT to a distinct population whose judicial system can change the research outcome. Data indicated that there was minimal change in behavior and recidivism based on economic differences.

J. Brown (2004) examined the personality traits of batterers and discovered that shame manifests in violent behavior. Shame is a dangerous emotion that batterers tend to hide and do not acknowledge, nor do they understand its impact and precipitants to violent conduct. J. Brown presented three vignettes that highlighted the undercurrent of shame as a precursor for violence and are meritorious in the disclosure of how an inadequate self-object and the lack of affective regulation can lead to intimate partner violence. According to J. Brown, the interconnection of shame and other emotions is

critical to understanding how impulsive behaviors are antecedents of shame. Many batterers have poor self-esteem; shame appears as a precipitator that often results in battering. Emotion and affect are feeling states one should understand when working with batterers; they can help in understanding a facilitator's response to emotional material projected by batterers. To understand affect, one should be able to distinguish emotion from affect (J. Brown, 2004). One of the best ways to understand emotion is through art and art making. Additional research is required to confirm if there is a correlation between affect, shame, and partner assault.

J. Brown (2004) detailed the pros, cons, and timing for discussing shame, which can either result in effective treatment or further shame when introduced too soon. In my experience with group counseling, shame was never a primary topic; however, it was alluded to, even though clients did not explicitly admit it. J. Brown interviewed 24 men who perpetrated DV. His analysis identified several experiences that can ultimately lead to abusive behavior, including humiliation, embarrassment, and vulnerability. Identification of these salient experiences is profound and contributes to a deficient perspective of affect and emotions in batterers.

In describing some of the fundamental theory and tools required to intervene in partner abuse, Hamel (2005) included such topics as prevailing statistics, risk factors, relationship dynamics, clinical syndromes and stress disorders, attachment patterns, and the parenting of children exposed to violence. Hamel also offered a list of supportive questions and strategies for working with abusers that may lead to reduced treatment resistance and also decrease intake evaluation errors. Such resource material promotes increased understanding of personality types. The related diversity of intervention tools

presented in Hamel's research can be incorporated into DV prevention group facilitation.

Creative Interventions for DV Treatment

Russ (1999) distinguished emotion and affect processes from cognition, writing that "cognitive, affective, and personality processes are involved in a creative act" (p. 659). Accordingly, the areas of creativity as well as psychopathology implicate the role of affect. Russ identified five affective states that are essential to creativity: (a) openness to feel the affects and specific emotions as they occur; (b) access to affect-laden thoughts and fantasy, such as aggression, sex, affection, or anxiety; (c) affective pleasure in a challenge; (d) affective pleasure in problem solving or completing an artistic production; and (e) cognitive integration and modulation of the affective events one experiences without getting swept away by emotion.

Meaningful therapeutic work with batterers requires comprehension of affective states and understanding of facial cues, artistic representation, and emotionally laden communication. Such affective processes can be identified in drawing, poetry, and other creative endeavors. Russ (1999) observed that creativity and psychopathology are dynamic and ever-changing within a mixture of affect states. In fact, "only a dynamic model can capture the complexities of the interactions" (Russ, 1999, p. 667). Thus, art making in DV prevention groups could significantly contribute to regulating affect while also increasing insight, sublimating emotions, and helping to prevent abuse by way of learning new coping skills.

Gardner's (1983) construct of emotional intelligence may similarly contribute to DV treatment. Emotional intelligence involves a capacity for self-awareness, self-regulation, self-motivation, social awareness, and social skills. However, Waterhouse

(2006) critiqued the concept of emotional intelligence and rejected the thesis, citing insufficient empirical evidence. Nevertheless, the constructs of emotional intelligence could easily be integrated into art-based activities to enhance visual learning and the affective components inherent in art making. Further research could assist in delineating the interconnectedness between emotional intelligence and DV.

Loewenstein and Lerner's (2003) findings are critical because they focus on dysregulation of emotions, one of the primary features exhibited by batterers. These authors examined how affect functions in the decision making of men who become violent. Two states of affect appear to impact DV behavior: the "expected utility model" and the "immediate emotions model." Expected emotions consist of predictions about the emotional consequences of the outcomes of decisions. The authors found that people attempt to predict the emotional consequences associated with alternative courses of action and then select actions that maximize positive emotions and minimize negative emotions. Expected emotions are not experienced as emotions per se at the time of decision making. They are expectations about emotions that will be experienced in the future. This expected emotion theory seems to explain the conditioned patterns of behavior exhibited in domestic abuse. In contrast, immediate emotions influence decision making by either exerting a direct impact or by altering the decision maker's expectations of probability or desirability of future consequences by changing the way that the consequences are processed. The immediate emotions theory seems to explain the cyclic behaviors described by the Duluth model of DV when adverse behaviors are based on the perception of the emotion instead of the reality of the event.

Loewenstein and Lerner (2003) contended that two factors limit the efficacy of

decision making based on expected emotions. First, people systematically incorrectly predict their affective reactions to the outcomes of their decisions. Second, expected emotions leave out “gut” considerations that are important to people. This tendency to ignore intuitive emotions appears to relate to emotional deficits in batterers; that is, disconnects between thinking, intuition, and making appropriate decisions. Loewenstein and Lerner’s research helps to explain the incongruence between normal emotions and the propensity of violent behaviors in abusive men.

Naff (2014) provided guidelines to assist art therapists who engage in trauma work. She highlighted how one’s emotions related to a traumatic event may be more important than the incident itself. Emotional perception is intensified by batterers, and the traumatic event may even be removed from conscious awareness due to cumulative trauma. Naff’s study results have the potential to assist with the evaluation and assessment of DV prevention group participants who may require additional mental health services. The behaviors demonstrated by DV group members may be erroneously attributed specifically to DV when, in fact, these behaviors may be reactions to cumulative complex trauma.

Naff (2014) also described how art therapists may process projections of trauma. For example, art therapist Barbara Fish (2012) astutely described how she debriefs from working with her client’s projections. She reported, “Immediately following each interview, I created a response in art to document, reflect on, and distill information about the clinician’s perspective, approaches and strategies, and treatment considerations discussed” (Fish, 2012, p. 80). Such art can be used not only in the art therapist’s self-care but also in a research study’s data analysis to deepen understanding and to facilitate

conceptualization of information (Kapitan, 2010).

Whereas Naff's (2014) directives for the treatment of cumulative trauma are pertinent to rehabilitative recovery and treatment of batterers, Hetzel, Barton, and Davenport (1994) took a creative approach to DV treatment by utilizing storytelling, mythopoeic, and Jungian techniques of communication rather pushing for direct expression of emotions. These researchers investigated whether there are fundamental differences between male abusers in voluntary DV prevention groups versus mandated DV prevention groups. Unlike many typical psychoeducational groups that have only one facilitator, the study by Hezel et al. included two facilitators, a male and a female, for the volunteer group. The facilitators evaluated the curriculum and related activities with respect to building trust and cohesion, opportunities for intimate conversations, and the integration of verbal and nonverbal techniques. Hezel et al. discovered that "although group participants stated that they wanted to learn how to develop intimate relationships with other men, they often built walls that prevented intimacy from developing" (1994, p. 57). The researchers attributed this behavior to male expected socialization. Another challenge to facilitators was to encourage participants to give and receive feedback.

The creative arts therapies as mental health modalities have long been used to contribute to the health and well-being of various clinical populations. Stuckey and Nobel (2015) contended that engagement with artistic activities, "either as an observer of creative efforts of others or as an initiator of one's own creative effort," can improve moods, emotions, and other psychological states as well as impact important physiological parameters (p. 2). Stuckey and Nobel raised several questions that are pertinent to DV treatment. For example, can the impact of therapy be tied to other

important variables, such as recidivism, and is psychoeducation sustainable? The authors asserted that the creative arts (specifically, music, visual arts, movement-based creative expression, and expressive writing) are holistic modalities that enhance health.

Accordingly, engagement in creative arts activities has the potential to contribute toward reducing stress and depression and can serve as a vehicle for alleviating the burden of chronic disease (Stuckey & Nobel, 2015).

In their review of the literature from 1995 to 2007, Stuckey and Nobel (2015) focused on the treatment of adults through creative expression as a healing process to promote wellness in clinical settings and in informal settings. They found limited reporting on art therapy and concluded that “much of the published work in art therapy is theoretical in nature, with little discussion of specific outcomes” (p. 3). However, the work of Pennebaker (1997) is relevant particularly with respect to the use of narrative forms of journaling that have healing properties. As a clinician, I have used poetry and journaling with forensic patients as a therapeutic tool. As corroborated by Pennebaker, creative writing provides for a release of adverse emotions, increases communication and sublimation, and promotes the emotional growth of patients who engage in this art form.

In my search for research related to how art can shift societal views of DV, I was especially interested in qualitative studies that offered in-depth understanding of batterers. A study by Van Lith, Penner, and Schofield (2011) used an interpretive phenomenological analysis to explore the impact of art-based activities with 18 consumers in a 2-year mental health facility in Australia. These authors aimed to “humanize” mental health recipients who are often seen in stigmatizing or adverse ways. Similarly, Spaniol (1998) contended that such research involves a shift from the “one size

fits all approach” found in many treatment settings to one of understanding lived experiences of people served in treatment. Van Lith et al. (2011) found that art making was useful to explore emotions and validate self-esteem, which radically changed participants’ social outlook from passive patients to advocates and consumers. Consumers also participated in art gallery shows, which helped their family members to see them differently—with heightened empathy. This approach to shifting both self-perceptions and the perceptions of the public toward a stigmatized group offers insight into how societal views of DV could be changed through art imagery.

Van Lith et al. (2011) found that participating in art-based activities offered three qualitative results: (a) development of artist skills, (b) transformative characteristics based on the art making itself, and (c) social benefits that derive from making art. Additionally, the researchers argued that rehabilitative art-based programs “achieve their positive effects by promoting internal shifts through developing hope, healing, empowerment, self-esteem, and connection” (Van Lith et al., 2011, p. 653). These conclusions corroborate similar shifts I have found in my experience of facilitating DV prevention groups, which include connectedness, acceptance, and security. Along with support, encouragement, and autonomy, these characteristics solidify connectedness and deter distraction from negative thoughts and/or feelings (Van Lith et al., 2011). My experience suggests that drawings by domestic violence perpetrators can possibly increase insight, develop connectedness, and distract from the cyclic behaviors inherent in abusive relationships.

Gussak (2013) discussed the power of art making and rehabilitation in a high-profile murder case. The significance of his pioneering work helped to broaden my

awareness about the art produced by men who have committed felonies. For example, Gussak stated:

The art therapist as an expert witness is as a fact-finder, relying on the art to provide insight into a defender's state of mind at the time he or she committed the crime, to determine the potential for rehabilitation, and perhaps even reveal patterns that offer insight into the impetus having committed such an act. (2013, p. 15)

According to Van Lith et al. (2011), "absorption in the creative process enables a sense of wholeness and perspective" (p. 656). These researchers also suggested that the art process provides intrinsic rewards: enabling a sense of inspiration, groundedness, problem-solving capacity, and relaxation. However, there is still a strong need to incorporate the consumer voice into research in order to adequately understand how services can better support mental health recovery (Van Lith et al., 2011).

Neuroscience and Violence

Arden and Linford (2009) are among many neuroscientists who have documented the complexity of aberrant behaviors (Brewin, Elzinga, Schmahl, & Vermetten, 2007; Lanius, Lanius, Fisher, & Ogden, 2006; McEwen, 2004; van der Kolk, 1994, 1996). Arden and Linford reported that some individuals have faulty wiring in the brain that causes adverse behavior. These researchers described how the human brain adapts to changes in the environment via neuroplasticity. Their findings indicate that aggression may not solely be a reactive behavior or due to lack of emotional intelligence.

Over the last several decades, a growing body of knowledge from science and medicine has redefined mental health interventions (Malchiodi, 2012, p. 17).

Neuroscience, the study of the brain and its functions, is rapidly influencing both the scope and practice of psychotherapy and mind-body approaches (Malchiodi, 2012). According to Kolb, Gibb, and Robinson (2003), “brain plasticity is associated with functional changes that include phenomena such as memory, addiction, and recovery of function” (p. 1). With respect to DV perpetrators, aggressive individuals may be responding to changes in brain functioning over time, particularly in the areas of the limbic system and the amygdala, which are the parts of the brain associated with reactions of aggression. Neuroscience is beginning to change how therapists relate to people with anxiety disorders, posttraumatic stress disorder, obsessive-compulsive reactions, depression, and other disorders (Arden & Linford, 2009). Likewise, many batterers have undiagnosed mental health problems. Neuroscience suggests that not all people who engage in DV do so because of personality disorders or sociopathic behaviors. Evidently DV prevention program personnel need to rethink how DV prevention groups could be facilitated. Neuropsychological testing and medical screening may identify underlying neurobiological vulnerabilities to partner-battering behavior.

Arden and Linford (2009) mentioned the role of serotonin receptors in the thalamus that can cause increased introversion, mood dysregulation, anger, depression, and aggression (p. 24). Having this evidence-based knowledge would equip the DV prevention group facilitator to evaluate the progress of participants more thoroughly. “The more often a patient does something new—whether that is losing his temper or trying to subdue it—the greater the effect on the underlying neurodynamic structures,” wrote Arden and Linford (2009, p. 47). The ability of the brain to take in new information and accommodate that knowledge, known as neuroplasticity, appears to

validate the need for new standards of treatment.

Davidson, Putnam, and Larson (2000) argued that dysfunction in the neural circuitry system of the brain impacts emotional regulation and may be a possible prelude to violence. A deficit in emotion regulation appears to be a primary contributor to batterers being unable to control behavioral reactions. Davidson et al. wrote that “emotion is normally regulated in the human brain by a complex circuit consisting of the orbital frontal cortex, amygdala, anterior cingulate cortex, and several other interconnected regions” (2000, p. 591). These researchers reported that there are genetic and environmental structures that impact brain circuitry, and argued that impulsive aggression and violence arise as a consequence of faulty emotion regulation.

Davidson et al. (2000) focused on the subject of temperament or “affective style,” which might predispose individuals to aberrant behavior. Affective style is a term that refers to consistent individual differences in various parameters that govern emotional reactivity. The researchers asserted that the propensity for impulsive aggression is associated “with a low threshold for activating negative affect (a mixture of emotions and moods that include anger, distress, and agitation) and with a failure to respond appropriately to the anticipated negative consequences of behaving aggressively” (Davidson et al., 2000, p. 591). The link between this work and my study relates to the forms of aggression that are relatively unplanned and spontaneous, known as impulsive aggression.

Davidson et al. (2000) conducted a study in which participants were exposed to stimuli that triggered a startle response and also required participants to regulate emotions in response to unpleasant pictures. Results showed that participants varied considerably

in their skill at suppressing negative emotions. For example, baseline levels of regional brain activation inferred from an EEG predicted the ability of subjects to suppress emotions. Those subjects with greater relative left-sided activation in prefrontal regions showed “greater startle attenuation in response to the suppression instruction” (Davidson et al., 2000, p. 592). Related findings implicated the orbitofrontal cortex as a contributor to a reversal of learning (i.e., changing emotional behavior in response to a previously rewarded or punished stimulus). Davidson et al.’s study suggests that men who are vulnerable to impulsive aggression may be particularly deficient in the task of emotional regulation.

Westby, Ferraro, and Richard (1988) hypothesized that neuropsychological deficits, specifically inhibition, are active components in DV. Their research findings help in understanding violent behaviors, especially if frontal lobe deficits are causative factors related to violence. The authors discriminate between psychopathology due to cognitive deficits and sociopathic behavior. They conducted tests with men who committed battery after having been diagnosed with head injuries that caused a loss of consciousness. They found that men who committed battery and had difficulty with inhibition did not score significantly lower than participants in a control group on neuropsychological tests of frontal lobe activity. It is suggested that there are many reasons for aggression beside the simplistic assumption of not being able to control anger. The more we learn about how aggression manifests in the brain, the better society will be able to eliminate domestic abuse.

The capacity to change is as fundamental a question in DV treatment as it is a characteristic of the nervous system. Kolb et al. (2003) and other researchers have

highlighted how synaptic organization is changed by experience, and neuroscience is just beginning to address the expansive intricacies of these findings. Of interest to DV treatment, Lipton (2008) traced the neuroscience of belief, finding that if one believes in one's perception, irrespective of what others believe, then one is capable of implementing a paradigm shift in brain membrane. I suggest that this information is important because it implies that DV prevention curricula could be amended to reflect behavioral modification in accordance with these new study findings. Lipton offered the evidence of how a single molecule multiplies and becomes a community, writing:

Like humans, single cells analyze thousands of stimuli from the microenvironment they inhabit. Through the analysis of this data, cells select appropriate behavioral responses to ensure their survival. Single cells are also capable of learning through these environmental experiences and can create cellular memories, which they pass on to their offspring. (2008, p. 7)

Art Therapy Contributions to the Neuroscience of Domestic Violence Treatment

In the field of art therapy, Hass-Cohen and Carr's (2008) discussion of brain plasticity highlights the brain's ability to alter its shape within weeks, reflecting structural adaptation to physical and mental activity. They purported that art therapy activities may very well activate neural pathways, particularly those related to tactile and kinesthetic sensations. The interconnectedness of art therapy and neuroscience is evident in the sensory experience of art therapy. Hass-Cohen and Carr suggested that "experiencing and learning how to regulate affects can perhaps happen more easily through sensory integration activities and kinesthetic movement associated with art therapy activities (2008, p. 35).

Hass-Cohen and Carr's (2008) work was preceded by Lusebrink (2004), who described how the brain processes haptic information. She delineated that "motor information is processed in the basal ganglia, a group of subcortical nuclei in the forebrain, which are an important part of the motor system" (p. 128). Information integrated by the amygdala travels via the thalamus to the orbitofrontal cortex and the prefrontal cortex. These areas of the brain are involved in emotional regulation. Lusebrink (2004) explained that these two cortexes must be stimulated in batterers for cognitive restructuring via art-based activities. The prefrontal cortex impacts affective states and memory in anticipation of the consequences of both positive and negative emotions. The left amygdala is preferentially involved in processing conscious emotional information whereas the right amygdala processes nonconscious information. The amygdala is the area in the brain that stimulates the fight or flight response (Lusebrink, 2004), which is triggered in many men who commit intimate partner violence. This information is pertinent to research in DV because it highlights the need to include art-based sensory tasks with batterers.

Malchiodi (2012) has long believed that art is most naturally a sensory mode of expression. Highly charged emotional experiences, such as trauma, are encoded by the limbic system as a form of sensory reality. Malchiodi documented the positive effects of art-based interventions on posttraumatic stress disorder. She postulated that art expression may bridge different areas of the brain that house discrete forms of memory of a stressful event, from which a visual narrative may be created to explore why the memories are so upsetting. Art can help a person think and feel concurrently while making meaning of troubling experiences.

Sousa (2011) contributed cutting-edge research on brain imaging that implicates the role and importance of the creative arts—particularly music, visual arts, and movement—to brain growth and cognitive functioning. He asserted that art and art-based techniques are particularly important in changing behavior. According to Sousa, art promotes the growth of cognitive, emotional, and psychomotor pathways; life-long learning; high quality of human experience throughout a person's lifetime; and skills that involve creativity, problem solving, critical thinking, communication, self-direction, imitative, and collaboration. In addition to its contributions to neuroplasticity, the importance of symbolic imagery in visualization processes is pertinent to how the arts may facilitate abusers' understanding of their experiences. Sousa emphasized that imagery contributes to the storing of information in the brain. One can utilize imagery by mentally visualizing something that one has actually experienced, or one can imagine and depict something one has not yet experienced. Although there are limited research data on how the visual arts improve academic functioning, Sousa identified the eight habits of mind that are strengthened by the arts, which also support the literature on DV. For example, individuals can use mental imagery to envision what they cannot directly observe and to imagine underlying structures in their drawings and how those structures could be shown. Art also encourages thinking about and explaining their processes, decisions, and intentions when producing it. Further, individuals can learn how to evaluate their own work and the works of others, to be self-critical, and to reflect on how they could improve.

According to Lusebrink (1989), images can be future-oriented, presenting ideas before these ideas become manifest in behavior and thus motivating behavioral change.

Her research on neuroscientific bases of art therapy, extending over 20 years, took an interest in how images carry intense affective charges. Lusebrink (1989) affirmed that art imagery can evoke emotional reactions and can produce physiological changes as well. As a DV prevention facilitator, I have observed how emotionally laden images can evoke intense conversations, insight, reflection, and shame. Some batterers appear to internalize new information based on visual images. Among the functions of imagery that Lusebrink (1989) identified, one is to span the continuum that exists between the conscious and the unconscious mind, providing access to preverbal memories. Other important functions include drawing attention to problem areas and defenses and assisting in the recovery of repressed material. Images can quickly highlight subversive behaviors and pinpoint defenses that may be masked by language. Such research provides a compelling argument for the use of art-based interventions with batterers.

Similarly, Breiner, Tuomisto, Bouyea, Gussak, and Aufderheide (2011) combined strategic CBT and art therapy interventions for inmates and batterers in an anger management program. Their program was devised for 12 90-minute weekly group sessions and included seven primary CBT constructs in the curriculum: the anger meter, anger triggers and cues, anger control strategies, relaxation strategies, the aggression cycle, cognitive restructuring, and assertiveness and conflict resolution. These and other art-based interventions that include visualizations and the use of metaphors may offer a strategic schema for batterers. Moreover, visual representations that use tangible media to display images in a concrete form, as proposed by Lusebrink (1989, 2004) and others, are important for making images explicit and difficult for a batterer to deny. Thus, the use of drawing in DV prevention groups may assist batterers with visual interpretation of their

behavior.

Use of Art for Interpretation and Meaning Making

Participants in DV prevention groups not only benefit from externalizing imagery related to their behaviors but also in learning to view their artworks and interpret their meanings for their lives. For example, Betensky (1995) advised looking at art by focusing on the mental phenomenon of conscious self-reflection and intentional seeing, offering a theoretical frame of reference that objectively describes creative imagery without judgment. Betensky's 10 steps or protocols are important to consider in DV treatment because of their emphasis on the significant restorative value of reflective art making to mental health. Specifically:

1. "Intentionality" is a guided experience that may present new insights.
2. "The art of looking and seeing" involves producing an art expression, a direct experience, followed by experiencing its appearance in one's eyes and then in one's immediate consciousness, a second direct experience. The goal is to learn how to look to see all that can be seen in one's art expression.
3. "Intentionality and meaning" can be accomplished by exploring the intent or unconscious aspect of an art image, and witnessing its meaning.
4. "Intentionality as relatedness" is another step that inherently directs the artist to reality.
5. "Intentionality and body" acknowledges that intentionality of consciousness resides in the body. This protocol is paramount to making visual images with batterers, particularly in light of the fact that, as van der Kolk (1994) asserted, trauma is stored in somatic memory and expressed as changes in the

biological stress response.

6. “Unity of body” is a step that relates to sexual energy as a life force that exemplifies one’s being in the world.
7. “Unity of emotion and unity of expression” acknowledges that emotion also is a life force that permeates all things, including the body and spirituality. Introspection is the focus of this step.
8. “Meaning making” is a step that centers on meaning in the participant’s art expression, which is where the emergence of meaning in expression, processing, and understanding occurs.
9. “Phenomenology and the unconscious” provides information pertinent to anyone who engages in art expression because it helps individuals understand the event, explore what is going on that they may not understand or have the capacity to express, and foster union of the conscious and unconscious mind.
10. “Conceptual experience” is a final step that offers a way of coming full circle, where the artist is now able to synthesize, with purpose and thoughtful reflection, the integration of self-projections.

I found that this outline was integral to interpreting the violence projected in the drawings of the participants in my study.

C. Brown (2008) conducted an art-based research study that, similar to my study methodology described in the next chapter, constructed reflective narratives that she used for meaning making. Of interest to the DV population, C. Brown’s study described how divergent thinking can be initiated through art making. For both DV prevention group participants and art therapist facilitators, art making helps to discover new analogies and

resolve difficult situations.

Curtis (2011) focused a study on how art therapists make meaning from viewing client-made art. She found that viewing client art typically is a dynamic practice that is cyclical, relational, and personal. Meaning making from art imagery may be adopted for such processes as observation, hypothesizing, evidence-seeking, questioning, and reframing. A number of salient constructs extend into the study of an artwork's formal art elements; spatial relationships with respect to both the gestalt and discrete parts of a piece; the participant and the image; labeling; storytelling; and associations with emotional experiences, memories, historical events, and existential matters. Thus, art-based research on the part of both a DV prevention group participant and an art therapy researcher may provide the means for reconstructing and contextualizing meaning making that relates directly to the art therapy experience.

Curtis (2011) noted that relational themes emerged quickly in the initial stages of data analysis in her art-based study. Throughout the viewing process, the relational experience was mediated not only by occurrences of depersonalization but also by attention to formal elements, ruling out meaning, asking questions, and storytelling, to name a few processes. Participants were able to make meaning based on memories and personal experiences. Utilizing an image to see, sense, and feel may be beneficial to the treatment of batterers because affective states represent psychological deficits for many men who engage in DV.

Runco's (1999) study is also applicable to meaning making in its focus on the characteristics of convergent and critical thinking in the creative act. Whereas convergent thinking "allows the individual to find the one correct or conventional ideal" (Runco,

1999, p. 449), divergent thinking expands the ability to discover multiple solutions to problems. The ability to form coherent ideas and narratives and to communicate ideas related to representational images is increased, which contrasts with how batterers often use violence when adverse thinking and limited problem-solving skills result in distress.

Critical thinking is involved in creative problem solving—as is sometimes dialectical thinking, which is a specific form of reasoning that involves the coordination or integration of contradictory views or frames of reference (Yan & Arlin, 1999).

According to Yan and Arlin (1999), “some of the highest forms of creative thinking appear to be dialectical in nature” (p. 551). Dialectic thinking embraces creativity and contains the elements of communication that can change abusive relationships. Yan and Arlin explained that dialectic discourse is not right or wrong; rather, it involves a shift in perception. The introduction to dialectic thinking decreases resistance in communication. These researchers provide a framework for introducing communication techniques that can lead to nonjudgmental, effective verbal communication in psychoeducational group discussions. Dialectic thinking also can aid in understanding diverse communication styles.

Creative Nonfiction Narratives

A final area of the literature of interest to my research has to do with the use of creative nonfiction narratives for meaning making, particularly as a means for presenting authentic stories of selfhood. Gutkind (1997) and Donovan (2015) provided extensive context on how to define and write stories in the postmodern genre of creative nonfiction. Creative nonfiction demands spontaneity and an imaginative approach, while remaining true to the validity and integrity of the information it contains. This is why the creative

nonfiction form is so appealing to people with new ideas or fresh interpretations of accepted concepts in history, science, or the arts; people with an intellectual curiosity about the world around them or a fresh viewpoint or approach to staid and seemingly inaccessible disciplines (Gutkind, 1997). Wrote Gutkind:

Information is the goal of the nonfiction writer—teaching or enlightening a reader is the unalterable mission of all nonfiction. The importance of providing accurate information cannot be overemphasized: Names, dates, places, descriptions, quotations may not be created or altered for any reason, at any time. (1997, p. 10)

Donovan (2015) asserted that “creative nonfiction is factual” (para. 5), and identified six contextual principles of creative nonfiction: (a) “get your facts straight, (b) “issue a disclaimer,” (c) “consider the repercussions,” (d) “be objective,” (e) “pay attention to language,” and (f) “know your audience” (para. 10).

Gutkind (1997) and Donovan (2015) systematized the creative nonfiction protocols in a genre in which authors could easily unpack their ideas into creative, real stories, “told well.” Two researchers informed my own understanding of creative nonfiction, Dennett (1986) and Hendersen (2008). Dennett was an early proponent of narrative who intertwined a variety of ideas from multiple disciplines to describe the concept of the self. Speaking relatively, he inquired of the self, “What is it?” and “How do we use it?” This author also described how a writer builds a plot and grasps the reader, who may be a disbeliever, and converts this disbeliever into a believer. The premise behind this concept affirms that as a writer, I was compelled to document the stories of participants in my study in a way that would be both intriguing and informative while maintaining the integrity of nonfiction writing. As a nonfiction writer, I had to ask

difficult self-reflective questions that served to add credence to the narratives I created while remaining entirely true to the participants' subjective experiences that I observed in my study.

Dennett (1986) created crescendos of micro stories to support his ideas, using Newtonian physics theory to discuss the “gravity of ideas” one may have and how to keep these ephemeral thoughts together. He used the word *gravity* in various philosophical ways, writing that “gravity is just an abstractum. It’s a wonderful fictional object, and it has a physical legitimate place within serious, sober, physical science” (Dennett, 1986, p. 2). The author contended that writers should be entitled to make extrapolations, and that beyond the limits of such extrapolation, “fictional worlds are simply indeterminate” (Dennett, 1986, p. 2). In placing emphasis on the location of the self, Dennett was referring to the writer’s personal relationship with the manuscript. Despite the previously cited literature on the neuroscience of art therapy, DV, violence, and the brain, in narrative nonfiction it is a “categorical mistake to start looking around for the self in the brain,” according to the writers of this genre (Dennett, 1986, p. x). When writers create, they use both the left and right hemispheres of the brain, utilizing all of their creative intelligence to produce an aesthetic product.

A very thoughtful way of understanding how a writer thinks is Dennett’s (1986) contention that writers must listen to themselves:

It could be true that the way to get yourself to figure out a problem is to tickle your ear with it, to get that part of your brain which is best stimulated by hearing a question to work on the problem. Then sometimes you will find yourself with the answer you seek on the tip of your tongue. (p. 7)

The ability to use “self” as an inextricable element in the development of writing narrative nonfiction or fiction is an invaluable tool. In addition, writers should use knowledge from their environment. Although listening to one’s self is how one becomes a good author, I would suggest the same is true on some level as a practitioner-researcher. As a researcher, I was encouraged to go beyond my discipline to acquire the information to create my diaspora. The integration of nonfiction narratives with artwork is an example of the use of multiple domains.

The capacity to understand the context of narrative fiction and narrative nonfiction writing was salient to my ability to retell the stories of participants in my study. Hendersen (2008) stipulated that readers process fiction and nonfiction the same way. In delineating the differences between fiction and nonfiction as it pertains to social background influences in the way narratives are remembered, she suggested that writers focus on two effects. The “fiction superiority effect” argues that retellings of fiction contain reliably more words and details than retellings of nonfiction, whereas the “fictional style effect” contends that retellings of fiction retain more of the original language than retellings of nonfiction.

According to Hendersen (2008), nonfiction must conform to the actual world, whereas fiction places much less emphasis on the need to be informative and, instead, places greater value on its imaginative powers. Nonfiction is a precise, unambiguous way of storytelling. Hendersen contends:

Nonfiction works to map to the real world. The author of nonfiction looks out at the real world, selects his or her topic, and then begins picking out the relevant pieces of information to include in the narrative. The author then distills all this

information and passes it onto the reader in what is hopefully an enjoyable and informative manner (2008, p. 3).

Conversely, fiction works “more like a blueprint, giving the reader the props needed to imagine the fictional world” (Hendersen, 2008, p. 3). This difference is important because when writing nonfiction, even when given the freedom of creativity in its presentation (as is the case in creative nonfiction), one still must be constrained to the real world. Therefore, authors of nonfiction are a great deal more limited in their creative range than authors of creative nonfiction. However, in both forms of narrative writing the author should be internally consistent.

The creative nonfiction story of batterers allows for locating myself in a subjective portrayal of my experience, but this does not suggest that such subjectivity is mere “fiction” and no longer attached to the clinical narrative from which it is derived. As Hendersen (2008) pointed out, “one of the functions of nonfiction is the spread of information, unlike fiction, which is inherently unreliable and focused more directly on entertainment” (p. 11). It is for this reason that I chose creative nonfiction writing to serve the larger goal of disseminating my research to broader audiences that know so little about the real-life histories of batterers. Hendersen offered me a foundation to explore art-based interventions grounded in nonfiction writing. In particular, fiction and nonfiction differ both in their story content and in their antecedents. In nonfiction, the story’s content is bound by the Gricean maxim of quality, which dictates that an author keep silent about that for which the author lacks adequate evidence. This tenet appears to address a limitation of my research, which is the unavailability of my participants to read and respond to my retelling of their stories. Nevertheless, by rigorously following the

composition guidelines of nonfiction writing I had confidence that the narratives produced would convey essential qualities of the participants' experiences.

Hendersen (2008) went on to write that "in nonfiction, authors may choose the topic, the facts to include, and the manner in which to include them. Otherwise, they are bound to include only what is true" (p. 13). This guideline reminds nonfiction writers to stick to the facts, to stay true to the story, and to limit embellishments. Even though characters in fiction can experience all sorts of improbable events, characters in nonfiction experience mostly mundane events.

Finally, Hendersen (2008) made several compelling statements that helped me with the formation and content of my narrative writing. First, when retelling a narrative as a piece of creative nonfiction, it is important to the storytellers to give their listeners the fullest experience possible, and not leave out mundane details or merely summarize the information. Second, readers of narrative inquiry may search the text for causal and thematic connections to a greater degree than readers of nonfiction who can depend on their own general knowledge to a greater degree. Finally, for nonfiction writers the transmission of information—rather than the transmission of the experience—may be the element of utmost importance. In this respect, the hybrid genre of creative nonfiction permits a storyteller to transmit information through compelling personal storytelling, as I attempted in this research project. As a storyteller of nonfiction I was interested in preserving the participant's story content, ignoring the details of everyday life that could be generally assumed. I focused on transmitting the most important information, which in my case was the common humanity of a batterer's life history that drove the experience revealed in the weekly sessions of the 52-week art-based DV prevention program.

Conclusion

The research included in this literature review was selected from a breadth of studies to present what I viewed as the most relevant knowledge on topics that directly and/or indirectly influence the research, writing, and application of art therapy with intimate partner abusers. Many of the topics, such as trauma, anger, and neurobiology, appear to be germane to the causative precipitation of anger involved in domestic violence. However, upon close review of the details related to this discourse, reported results culminate in the understanding of theories and ways of knowing based on a collaborative, multidisciplinary approach to obtaining knowledge on batterers, art-based interventions, and acquired knowledge on nonfiction writing.

This multidisciplinary, integrative approach to understanding art therapy, science, and DV significantly contributes to my demonstrating the value of retelling the stories and art of batterers in the form of creative nonfiction. This review also helped me delineate my role as a DV prevention facilitator and an art therapist. In addition, as I reflected on my own experiences that were conveyed through response art and narrative inquiry, I became more cognizant of my internal affective states related to the images I produced and the divergent thinking that emerges from self-reflection.

CHAPTER 3: DESCRIPTION OF THE RESEARCH PROJECT

This research project drew from a 52-week intervention program for male batterers that integrated art therapy activities into a standard psychoeducational domestic violence prevention program. The program provided the context for a narrative inquiry into the lived experiences of participants, which were analyzed retrospectively after the program concluded. A creative portfolio of seven narratives was constructed from domestic violence histories and events as told to me as the art therapist and batterer intervention group facilitator. In a radical departure from my long experience with clinical case reporting, these stories were written within the creative nonfiction genre and illustrated with my own responsive artworks. These drawings functioned as the primary tool to explore the participant-facilitator relationship. The research served to illustrate the effects of the innovative art-based domestic violence prevention program as implemented in alliance with traditional psychoeducation for batterers.

The product is a collection of stories within this contextual essay that I intend to further disseminate in the form of a book, journal articles, and oral presentations to the professional art therapy and mental health communities.

Relevance to Art Therapy Literature and Practice

As made clear in Chapter 2, art therapy techniques have not been used conjointly with departments of probation to support the psychoeducation of batterers from diverse cultural and marginalized communities. This study is a step toward communicating the potential for collaborative interventions that may result in deconstructing punishment in service of innovative treatment for multicultural populations. The current model of treatment lacks the ability to engage the changing demographics of men adjudicated for

domestic violence.

This research project opens a pathway for art therapists seeking to work with batterers using verbal and nonverbal techniques to eliminate intimate partner abuse. This leading edge of inquiry can assist art therapists and the DV treatment community at large to consider whether there are better approaches to batterer treatment. This study adds to the body of knowledge and practice currently known as the Duluth model that is used nationally to address intimate partner abuse.

Research Design

This study was designed as a creative nonfiction narrative project that used my first-person reflections in art and story drawn retroactively from past clinical practice with batterers. Participant drawings from my yearlong internship were incorporated into the stories but no identifying information was included. The therapeutic practice on which this project is based conformed to HIPAA standards. The study was reviewed and approved by the Institutional Review Board of Mount Mary University.

This study utilized a narrative inquiry methodology. Narrative inquiry is the study of experience understood narratively (Clandinin & Huber, 2010). “As with other interpretivist approaches, the narrative researcher attempts to amplify and convey meaning through evocative forms in a way that clinical case material typically does not” (Kapitan, 2010, p. 153). Narrative inquiry may involve “personal narratives, family stories, suicide notes, graffiti, literary nonfiction, and life histories [that] reveal cultural and social patterns through the lens of the individual experience” (Patton, 2002, p. 115), to which may be added artworks created within or outside of therapy and other forms of expression (Kapitan, 2010, p. 153). All these forms of meaning making highlight the

salience of stories to how human beings experience and make sense of our lives.

Narrative inquiry explicitly honors people's stories as worthy of study for their individual and universal meanings and significance (Kapitan, 2010).

Within the narrative inquiry field, the creative nonfiction genre was chosen for this study because it provided an opportunity to, first, rethink and recontextualize the clinical narratives of DV abusers by recasting them into subjective accounts, which opened new thinking about domestic violence. Because the genre is subjective in its presentation of information, the months of work on retelling these stories also integrated a new level of empathy into my therapist skillset. Second, the decision to rewrite my case notes into narrative stories allowed me to tell true stories about abusive relationships in a creative way that eliminated all identifying details of identity, time, and place, while preserving clinically significant data on the causes and effects of intimate partner abuse and its amelioration in the DV prevention program I facilitated. It should be mentioned that art-based interventions also protected the identity of participants because they do not explicitly illustrate actual persons and events but rather are symbolic, metaphoric, and ideographic responses to experiences. HIPPA compliance and research ethics was and is maintained by the following:

- The names of participants in the creative nonfiction stories were changed to protect their identity.
- The names of survivors were never disclosed in therapy.
- Pseudonyms were created to enhance the nonfiction stories.
- Stories and drawings were stored in a locked cabinet.
- Drawings were given numbers for identification.

- All relevant data related to events of abuse (e.g., location) were altered.
- Any related data connecting the participant to the Department of Probation or the community agency supporting this study were omitted.

Data Collection and Analysis

The research was conducted in three phases. The first phase involved a retrospective review of all of the analytic memos and clinical notes that I had collected over the course of the 52-week program. These data were pulled into a case record that I then studied to determine which of the many retrospective cases were most representative of the life histories, themes, and psychoeducational progress of batterers who had gone through the program.

The second phase involved narrowing 12 identified cases to a select seven, fitting the scope of my research without obscuring the project's focus by having to manage too much data. Once I had selected the seven cases, I studied my case notes and the participants' drawings, and then created artistic responses to the cases. Narrative inquiry involved not only an initial process of constructing case narratives but also, just as importantly (if not more), preparing to reconstruct the cases by "listening" to their details as stories, what Clandinin and Huber (2010) called "thinking narratively."

In the third phase, I drafted the creative nonfiction stories. This was, for me, the most difficult phase of the study. I was challenged to move much closer to the stories than I was used to as a clinical case writer. Here, I found that I needed to warm up the prose and linger on narrative details that offered a complete and human "picture" of each man, his life history, the scene unfolding in the DV prevention group, and my own role in the unfolding story. A process of heuristic data analysis gave me a structure for drafting

these stories and then refining and integrating the stories with my own reflective artworks. Moustakas (1990) outlined six steps that closely follow the creative process, in which the researcher begins with initial engagement and immersion in the data to the point of saturation, followed by an incubation phase that ends with illumination of meaning, explication of central discoveries through concentrated attention, and ending with a creative synthesis, which in my study took the form of creative non-fiction stories.

In phase four, I immersed myself more directly in art-based research by integrating the participants' and my own artwork into the stories, drawing out their meaning and contextualizing it in the participants' experiences and my own observations and reflections. Specifically, this shift into art creation as a form of data analysis that decontextualized the cases by working through their emotional impacts on me and then re-contextualizing them with my interpretive art responses that illuminated and amplified their meanings aesthetically (Kapitan, 2010).

Ethical Considerations

Each of the seven participants was asked to sign a consent form to participate in this research project (see Appendix). One-to-one conversations and interviews were performed to assess if participants were emotionally capable of retelling their story. Participants were then provided a consent form in duplicate, one for their records and one to be maintained by me as the facilitator/researcher. The consent form was read to each participant, and all participants were asked if they understood the consent form prior to signing it.

This project protected the identities and confidentiality of data through the use of creative nonfiction writing and responsive art reflections that utilized techniques to

fictionalize accounts while enhancing their power to inform audiences of participants' realities. At the start of the study, in keeping with HIPPA requirements, participants were verbally informed of the definition of confidentiality as well as provided with written documentation of how it would be followed. Throughout treatment and its retrospective exploration for this project, I kept all study records locked in a secure location. All electronic files containing personal information were password protected. All information about participants contained in the creative nonfiction stories was masked or unnamed in order to protect participants' identities. No one other than me had access to any data.

The risks involved in this study were minimal in that participants were able to relate to the characters but, were unable to identify themselves in the nonfiction stories. The experiences of the participants will be made accessible to members of the mental health and correctional communities, such that treatment interventions may be improved for batterers and their victims. Thus, this project benefits subjects in giving voice to their experiences and reducing stigma. The project benefits society with respect to increasing understanding of intimate partner abuse in substantive ways.

CHAPTER 4: THE CREATIVE PORTFOLIO

What follows in this chapter are the seven creative nonfiction stories that were written to evoke the subjective realities of men who are batterers and move audiences beyond stereotypical assumptions about this population. Because they contain creative nonfiction dialogues and artwork from both the men and myself as the art therapist in response to them, the narratives provide an opportunity for readers to examine the art therapeutic relationships that metamorphosed into new paradigms of self-discoveries—unveiling unconscious assumptions, distorted thinking patterns, triggers of aggression, cyclic behaviors of violence, and the evolution of new coping strategies. My experience as the art therapist and facilitator also documents the use of creative art-based techniques to circumvent secondary trauma to the facilitator and to increase objectivity when an art therapist's emotional content is triggered.

The stories illuminate the experiences of many men who volunteered to participate in this research project are a sample of the various men who participated in the 52-week domestic violence prevention group and my own challenges as an art therapy facilitator. The sponsoring agency, like many DV community agencies, had an open-door policy. When one individual graduated, another enrollee joined the group. Therefore, maintaining a cohesive group and building rapport was challenging. Another obstacle included working with culturally diverse participants whose cultural traditions were at times diametrically contrary to expectations with respect to violence in intimate partner relationships in the United States.

Finally, a major concern that could have determined the success or recidivism of the participants was the unexpected switch from a male facilitator to a female provider.

As the new group instructor, I had to work to gain the trust of the men in order to become an active member of the group. As illuminated in the stories, there were weekly challenges to see if I could cope with the multiple personalities and passive-aggressive behaviors. Most importantly, without a co-facilitator I had to change the perceptions of how these men treated women without appearing docile or overly controlling. The following stories offer a glimpse into the lives of batterers whose lives have changed through the process of self-awareness, forgiveness, and accepting accountability, as well as by the increased awareness of the reality of their lives through phenomenological art experiences.

Foreign World Order: Bautista's Story

The sky was bright—not a cloud was visible, only a clear open expanse. I was about to start my new job as an experienced facilitator for a batterer intervention program. Intellectually, as a well-trained clinician, I was certainly prepared. But my stomach was like the deep sea, with wave upon wave of emotions. I tried hard not to let my anxiety show. I steadied myself as if I were about to give a recital performance before a full house. The reason? I was taking over another therapist's position, which he had held for the last 4 years. And I felt on edge—the group I would facilitate was all male. I was about to assume my role as an uninvited female instructor of violent men who had been found guilty of battering their loved ones. I was prepared to stand with the courage of Daniel. Like me, he had been thrown into the lion's den!

Simultaneously exhilarated and anxious, I walked into a room full of men who probably felt just as nervous to find out who was taking over their group. The outgoing clinician introduced me: "This is Anna, your new facilitator." Then he turned and walked

out of the room. There I stood, trying to be brave and hoping for success. I could almost feel the men's sorrow at facing yet another new facilitator—and this one a woman. As I visually scanned the room and made mental notes, I observed the ethnic diversity of the faces in front of me. Each was sending me different nonverbal messages. Then I absorbed information gleaned from the men's postures. I noticed who were the most assertive, from their straight posture and astute questions. I also scanned the room for expressions and stares from the more reserved men, whose demeanor forewarned me of who might test the limits or wait for me to fall on my face.

Then I noticed Bautista, a man who stood out from the rest. There was something lost about him, reminding me of a baby bird that had fallen out of its nest. He appeared to sink into his chair, trying not to be noticed. As I proceeded to discuss the group's rules, Bautista seemed to sink even more deeply into his chair, as if to say, "Please don't ask me questions." His face revealed worry and surprise, all bundled into a ball of anxiety. I invited the men to introduce themselves and tell me how they came to be in the group. During introductions, I learned that Bautista was born in the Philippines. He was 46 years old, married, and had three young sons.

Bautista took the opportunity to tell me his story of why he had been mandated by the court to attend the DV prevention group. He adamantly declared, "I didn't do anything. They told me I had to go to this group." He didn't identify who sent him here, but I knew. When I prompted him to tell me more, Bautista grew pensive and then responded:

Her father died and I didn't want to go to the house. I didn't want to see her family. They don't like me. We got into an argument; she got in my face, and I

pushed her and she fell on the bed.

Bautista glanced across the circle of men he had been attending the group with for the past 6 weeks. He put on a pitiful face, looking like a child who just lost his best friend. Then he turned to me and said, “I didn’t hit her! I didn’t do anything.” Bautista did not convey any sense of remorse or even wrongdoing. Everyone in the room was quiet, listening intently. The men were focused solely on him and this new version of a story he had told them many times before.

As Bautista’s story unfolded, it became apparent to me that he didn’t grasp that what he had done was domestic violence. It was just what men did. This was still his belief, despite the fact that he had completed 22 weeks of DV prevention group sessions. He seemed not aware that pushing and shoving his wife was a dangerous part of the cycle of violence that couples go through that result in verbal or physical violence or battering—even, sometimes, to the point of death. As I asked the group about their knowledge regarding the battering cycle, Bautista seemed to be genuinely surprised while also oblivious to the information. His raised eyebrows and his erect posture seemed to say, “What the heck is this?” At the same time, the other men in the group glared at him as if to say, “What planet have you been on?!” Group members know the cycle of violence; it is taught to them repeatedly.

As if to regain their respect, Bautista offered no further excuse for his violence. Now, instead, he told the group that sometimes his brain gets confused when changing from his native Tagalog to English. As I listened, I noticed that Bautista’s English appeared to be pretty good.

Addictive Behavior and the Cycle of Violence

The next week's session was devoted to reviewing the cycle of violence. I diagrammed the different stages couples typically go through that result in battering. Although some facilitators talk about four stages, I like to stick with the theory's original three stages because they seem easier for the men to understand. After listing the stages so the group participants could write them down, I invited Bautista to help demonstrate the tension-building stage by role-playing. He agreed.

I asked Bautista to pretend that he was any animal. I assured him it could be any animal he liked. He decided to pretend he was a dog. I then asked him how a dog would act if it were fearful. Bautista said, "I don't know." I asked him if he had ever owned a dog. He said yes. I then asked if his son had ever frightened the dog. He laughed and said, "Of course." I moved closer to Bautista to gain his confidence and said, "Show us the tension and anxiety of the dog!" Bautista thought for a moment with his eyes looking up to the ceiling. You could tell he was thinking about how he would act like the dog. Suddenly, Bautista stood straight up in the chair and began shaking. His head was bobbing from left to right. His shoulders turned inward. He reared back off the legs of the chair, lost his balance, and fell to the floor. Everyone in the room howled with laughter.

Bautista gently picked himself up off the floor. He was laughing sheepishly. I asked, "How did you feel?" Bautista said, "My arms felt tight, my legs became stiff, and I wanted to attack her before she attacked me. I wanted her to feel my anger. In my head, my bark got louder and louder."

I asked Bautista who was he thinking of when he referred to "her" in the role-play. He said, "No one." With a firm but soft voice I said, "That muscle tension in your

legs and arms is what one feels when one is involved in the tension-building phase of the cycle of violence.” Bautista looked at me with a sad expression and said, “Oh, I didn’t know.”

As the group continued to look at Bautista, I explained to everyone about the acute abusive phase. I informed them that this stage of the cycle is what probably brought the attention of the police. I looked from left to right at each person, assessing if they understood what I was talking about. The men tried not to make eye contact, but they all seemed to know what I was referring to. Their heads hung low, shoulders dropped, and the atmosphere in the room became putrid. To be explicitly clear I said, “This stage is when physical abuse happens. Remember, this phase can also include verbal abuse or the abuse of children. Most importantly, this is where you feel completely out of control.”

I decided to be quiet for 2 to 3 minutes. This silence made the group completely uncomfortable. I allowed time for them to make the connection between their thoughts and their behavior, to understand the impact of acute battering. Finally, I said now that Bautista has demonstrated the tension-building stage and you understand the second stage, let’s discuss the “honeymoon” stage.

One group member volunteered to explain. He said, “This is when the couple makes up. It’s a pattern of intimacy that they’ve repeated.” I said, “Yes, you’re right. The honeymoon stage is when the perpetrator says he’s sorry and it will never happen again.” “And then,” one participant softly uttered, “it happens again!” There was nothing more to say. Each person in the group now implicitly understood how violence begins, ends, and repeats an established pattern. I had meticulously discussed this information because I needed to make sure everyone understood the same definition of domestic violence. Most

importantly, the men had to comprehend the expectations of the Department of Probation that determined whether they had fulfilled their obligations to society.

Clearly, Bautista's views of women were shaped by a different cultural frame of reference that, of course, was based on his life experiences. He had grown up in the patriarchal society of the Philippines. Perhaps as a legacy of the colonial Spaniards, he was taught that men were dominant. Pushing and/or shoving a spouse were considered acceptable behavior in his family. All of Bautista's role models were "macho" men who were expected to display hypermasculine values and cultural ways of being, which few frowned upon. Bautista's attitude and actions were considered normal in his country (although these values are changing). However, in the United States, Bautista's behavior is understood as intimate partner abuse. Most people just refer to it as domestic violence, or spousal abuse.

Musing and Creative Unfolding

In order to take the focus off of Bautista's verbal justifications for his and others' behaviors, next I introduced art therapy. I explained that drawing was an important part of an art-based DV curriculum. I highlighted the benefits of drawing as a form of relaxation. The men picked up on this idea and quickly moved from telling their stories to drawing. I kept assuring them that it was okay—if their images looked juvenile, it was okay. It really was. After all, the last time most of the men had drawn anything was in elementary school!

As they drew, the men began to relax. They talked and laughed about their drawings. Even though some men seemed a little anxious or worried about what the others might say, smiles and laughter prevailed. For their first assignment, I suggested

that they “draw a picture of yourself as an animal.” I often use this art technique to assess a person’s self-image, as well as the ability to use metaphor to connect with and to raise self-esteem. On this day, I wanted to find out if Bautista’s drawing would reflect symbols or patterns of aggression as part of his sense of self. Did he feel persecuted by the legal system? Or by his abused wife?



Figure 1. Bird Self-Portrait (Bautista)

Art making subtly changed Bautista’s usual macho demeanor. I saw his body soften doing something he never had time to do because of his work and family. Centered on the page, he drew himself as a bird (Figure 1). Balancing with its talons on a branch, the bird dominated the empty space around it. But despite its size the sketchy lines used to draw it made the bird

appear quite fragile. Bautista explained, “This is the kind of bird we have in the Philippines,” as if to underscore the origins of the kind of person he saw himself to be.

The bird looked as pensive as Bautista. So I asked him, “If this bird had a voice what would it say?” Bautista responded, “How could I do such bad things?” But I wondered about this. Was his answer calculated to get the group to support his claim of innocence? Although his drawing was composed of sketched lines, it was meticulously rendered, revealing his control of the material and composition.

I thought about the bird as a metaphor for Bautista’s self-image. Who was this timid-looking bird? Victim or perpetrator—or both? Evidently, the bird had migrated from the Philippines to the United States. Migratory birds, I thought, are resilient. As I

gazed at his drawing, the bird seemed to cry out for empathy. But then my clinician's training suddenly interrupted my thoughts and sternly reminded that bullying and battering are never okay—there is simply no excuse for domestic violence.

The Intervention: Sculpting Truth and Compassion

When we met the next week, the group members had already reached a kind of consensus that Bautista had been disingenuous with them the week before. They had heard several differing variations of his story many times. Now they wanted to confront him. The participants with more DV prevention education under their belt particularly felt Bautista needed an intervention. They wanted him to “get it”—to literally understand the definition and meaning of pushing and shoving. I decided to allow this confrontation as long as it was neither abusive nor disrespectful to him. After all, they knew him far better than I did. And I wanted to know the truth.

And so, the men began to talk about Bautista's stories and behavior. Their calm, unviolent demeanor and genuine concern caused me to step back and observe their intervention, which they offered as constructive criticism. It took quite some time for Bautista to reconstruct his thinking as a result of hearing how these men saw his behavior as abusive. Group members took turns explaining how pushing, shoving, or touching someone when angry was wrong. Bautista looked stunned and confused at being confronted in this way. But the men supported him by letting him know that in the United States what he had done to his wife was domestic violence. It was against the law.

This group-led intervention was a significant turning point for Bautista, in large part because he felt safe with these men. As peers, they helped him make the transition from batterer to a man who could learn to behave with socially acceptable behaviors. The

shift for Bautista occurred in an atmosphere of male bonding that must have seemed natural and familiar to him. Perhaps it was a reminder of male initiation rituals—an acceptance of change that could only be executed by knowledgeable, wiser men. I felt proud of the group for supporting Bautista. I was genuinely moved by their sincerity and bonding.

We knew Bautista “got it” when, after a silent pause, he softly said, “*Now I understand. I didn’t know.*” We all breathed a sigh of release. You could feel the tension in the room dissipate as Bautista tenderly remarked on how his 7-year-old son had protected his mother by calling the police. We believed him when he said he wasn’t angry at his child’s decision. He exhaled deeply and looked as if a heavy weight had been lifted. He straightened his posture and had a smile on his face. He even looked everyone in the eye while talking.

I felt a personal sense of achievement as facilitator—an ownership, if you will, of knowing when to allow the group to naturally unfold its leadership and influence. My decision to pull back and allow participants to confront Bautista caused me to reflect upon the change dynamic at play. First, I saw that a male-to-male intervention was critically important in helping Bautista work through cultural aspects of his coping style that came from a male dominant culture. Choosing to step back, I effectively bypassed a male-female confrontation that likely would not have been helpful. And what about allowing group members to illustrate that pushing and shoving are aggressive, violent behaviors? The group intervention gave every member a chance to validate their own insights and the hard work of change they were invested in. The cohesion they built allowed them to focus on and discuss which male behaviors are appropriate and valued.

Ultimately, Bautista was able to cut through his protective denials and reflect on the fact that his 7-year-old son felt the problem was serious enough to call the police. Thus, Bautista was able to accept responsibility for his role in the altercation with his grieving wife and open the door to real change.

Inner Vision: The Artist/Therapist



Figure 2. The Leaf (Response Art)

After the session, I reflected on my role as the facilitator by making art. I picked up a soft stick of black charcoal and stroked the grainy grey paper, feeling my thoughts drift in the meditation of the scratchy rhythm against the paper. Slowly, a large black leaf appeared in the center of the paper, surrounded by empty space (Figure 2). The leaf is soft, even fluffy looking, yet it projects a bold strength. There is something innocent about it. Is it the way it hangs delicately suspended in the air? Or perhaps it is the unambiguous way it dominates the

paper. Like Bautista's drawing of the timid, innocent bird, my artwork informs me that there is no power struggle between Bautista and me. We share a connection. Both the bird and the leaf can fly away at any time. Yes, and so can adverse behaviors!

We will never know if Bautista is truly innocent. Many people call on different strategies to cope with the bureaucracy of the legal system. As a recent immigrant, American laws and the cultural values pertaining to domestic violence certainly were foreign to Bautista. He had to adapt to new social norms while simultaneously showing

others that he had changed. I believe Bautista will continue to adjust, but for now he has friends who are willing to listen, help, and guide him to stay out of trouble. He is also learning to use his creative talents to release tension and practice relaxation to influence his life positively.

Cocreating a Life: Tye's Story of Recovery

Tye is a talkative person whose demeanor makes you to want to sit down and converse with him. With his baseball cap and stylish clothing, he appeared to be a young, confident, and financially secure man. His sleek black glasses made him look like a Hollywood star, as did his handsome face and pleasant disposition. Tye contributed a unique perspective to group discussions, and seemed to get along with everyone. The theories he espoused were impressive—except for the constant “you know what I mean” interjected at the end of his sentences.

It seemed unusual to me that a man in a domestic violence prevention group would read self-help books by popular writers like Napoleon Hill, author of *Keys to Success*, or James Redfield, author of *The Celestine Prophecy*. Tye would quote these authors and make a profound impression on the group and on me—I was familiar with the same authors. We shared an interest in New Thought writers. My perspective of Tye was different from my view of most of the men in the group. He contributed to the flow of conversation, as if he was running interference on my football team. I welcomed his comments and feedback to others. He was a breath of fresh air. I didn't have to cope with brooding expressions or challenging remarks.

Tye was a champion of women's rights—or so he proclaimed. If this were true, then what turn of events could possibly have landed Tye in a 52-week group for

perpetrators of domestic violence? Tye had a quiet disposition; he never sounded angry until he had to tell his version of the violent event. I was very interested in finding out how this seemingly low-key guy ended up surrounded by other perpetrators.

At first, Tye was quite angry that he had to attend the domestic violence prevention group. As he explained to me and the other participants, all he did was try to “protect” his girlfriend and stay out of a fight. It happened at a July 4th celebration. People were drinking, things got out of hand, and an argument ensued between his girlfriend and another man. Tye stated, “I told my girl, ‘we’re leaving.’ She was inebriated and she didn’t want to leave.” He said she continued to argue with the stranger. “I took her arm and pulled her toward the door to leave,” he explained. “She was yelling at me because she forgot her purse and wanted to go back.” The yelling and his forceful grip on her arm seemed to have given the impression that Tye and his girlfriend were in the midst of a dispute that was escalating into violence. A passing police car stopped. The officers saw what looked like partner abuse, noticed the smell of alcohol on both of them, and arrested Tye.

When Tye finished describing his ordeal, the other men in the group responded by showering him with empathy. He was their hero. They shook their heads in disbelief that his situation could be anything like partner abuse. From their point of view, Tye had defended “his woman” and was simply trying to avoid a difficult situation. Tye’s intentions, they believed, were admirable.

My view, of course, was quite different. I told Tye that restraining, pulling, and dragging his girlfriend constituted domestic abuse. Tye argued, “I was just trying to pull her out of the house to avoid further fighting.” So I reiterated, “She didn’t want to go and

she said, ‘No, I’m not leaving.’” Tye eventually admitted that they’d attracted a group of concerned people who had gathered around them, believing that he was fighting his girlfriend. What they witnessed did not square with Tye’s claim of innocence. This altercation is how Tye came to spend a year in weekly sessions with abusive men he would not have met otherwise.

Another facet of the story Tye strove hard to hide was his unacknowledged streak of jealousy. Gradually, because of his willingness to discuss his relationship with others in the group, Tye could see the major role that jealousy played in how he interacted with women. He said that jealousy was something he had learned from his father. He hated it because it made him feel helpless and vulnerable—denying the culpability of anger. Tye agreed that he could not tolerate seeing his girlfriend talking to another man. But he didn’t identify his jealousy as a trigger or precipitant to domestic violence. At first, Tye insisted that jealousy was no big deal—certainly not a problem in his relationship. He remained adamant that he was innocent. He had done nothing wrong “except to try to keep a drunk girlfriend from fighting.”

There was more at play here than the group’s defense of domestic violence. His peers admired Tye’s leadership qualities because he always engaged them with astute questions and offered interesting ideas from New Thought philosophers like Ernest Holmes and Wayne Dyer and theologians like Howard Thurman. In a way, he was sort of a metaphysician, whether or not he saw himself as such. Like all metaphysicians, he tried to clarify how people view the world. He would ask things of the group members and seemed to appreciate when they listened to his insights, gaining greater awareness of themselves following his input.

Tye was astutely aware of my need to address the passive-aggressive behaviors of less socially adjusted men in the group. The constant attention given to participants with more aggressive behaviors seemed to help divert attention away from his misdemeanor. The other participants made Tye look like the police had railroaded him. The diversity of personalities and vast range of issues the men brought to the group provided a shelter in which Tye could easily hide. His seemingly superior social skills, good looks, and intellect made his crime seem innocent compared to others.

I thought about women who are attracted to smart, charismatic, good-looking men like Tye. He seemed to represent the sophisticated type of batterer—the jealous type who keeps a lid on his emotions by appearing to be worldlier than the guy who has too many drinks and goes home and beats his spouse. It was easy for me to allow Tye to hide out in the group. He didn't cause trouble, he seemed humble, and we shared similar taste in reading material. Tye represented a unique type of participant, one with good advice for everyone (including me), except for himself. His personality and character were never questioned by the other men. He said whatever he needed to keep himself separate from the others, yet he still managed to fit in with the group. He was able to balance acceptance by sharing his weekly mystic insights.

The men admired how Tye eventually came to interpret his attendance in the domestic violence prevention group as a good thing. As he neared the end of his yearlong participation, Tye declared, "I wish I'd had domestic violence education in high school," and further shared, "Boys should participate in domestic violent curriculums in elementary school." I concurred and pointed out that with the rise of bullying, boys and girls, as well, should have a class. "After all," we both reasoned, "kids are exposed to this

stuff early in life.”

The subject of bullying did not seem to faze Tye with respect to his own behavior, or how it impacted other members of his family. He was proud that his parents had never divorced. He talked about his parents’ relationship. It did not occur to him that his father was a bully. His parental stories never featured his mom as the hero, and she certainly did not have a voice. Tye shared that he “never saw his father hit his mother.” According to Tye, his parents were “happy.” His mother did whatever his father told her to do. He was proud that he treated women like his father did.

Tye believed that his girlfriend should do the grocery shopping and cook for them. He also believed that he should be the main bread-winner. He and his girlfriend had weekly dinners at his parents’ house. The family gatherings showed his girlfriend how she could make him happy. It wasn’t apparent to Tye that he was modeling how the interactions of his family of origin were to continue to be enacted in his home with his girlfriend. He disclosed to the group that he and his girlfriend had constant “disagreements” about their roles but it was never a big deal. Even his descriptive language about his relationship seemed to underscore behaviors obvious in the cycle of violence. It seemed easier for Tye to focus on physical abuse than to admit to engaging in emotional abuse. He also wasn’t ready to fully acknowledge that he did not come from a “happy-go-luck family.” I felt that it was better to leave Tye with his dignity and to journey with him on his road to recovery.

The Art of Letting Go

Although Tye started the group before art was introduced into the curriculum, he did participate in some of the art activities toward the end, and came to understand that

art was another way to express emotions. During each drawing activity, Tye was focused and noticeably relaxed. He took his time to select colors for his work. He enjoyed “talking to” his drawings. He shared each drawing achievement with the other group members and also influenced the direction of group with his wise proverbs. He modeled how art making could assist in telling one’s stories and with gaining important self-knowledge.

Tye was accepted as someone who had a special knack for embracing whatever came his way, even drawing—which he said he hadn’t done since elementary school. The whole group seemed to unknowingly provide a platform for Tye’s ego to radiate more profusely. His peer support seemed to help with the process of talking about art, and it also enhanced friendships. Tye’s willingness to engage in art making along with his comfort level with the art material seemed to set him apart from his peers.

One day Tye drew a color-coded genogram to help him study the patterns of behaviors in his family. Tye identified that anger had been a major problem between his father and mother. This gave him the new insight that anger was a generational pattern that had been passed down to him. He had never thought he had a problem with anger or with controlling other people until he created the genogram and recognized how many people in his family had the same problems in their relationships. Tye had always thought that because there was no divorce in his family, the power to tell your spouse what to do was simply normal and okay. With this insight, Tye could now identify what triggered his reactions of anger. He discovered that his learned behavior of controlling a woman came from his father, who was a veteran and always ordered his mother around. Tye attributed significant changes in his behavior to his art-based domestic violence education and the

power of belief to change old patterns.

Soon I found myself looking forward to the group each week with curiosity and anticipation of what Tye would contribute. His drawings documented his feelings in an organized, sequential way, from the beginning of drawing to his storytelling middle phase and endings that produced an entire visual sequence that everyone could comprehend, irrespective of language or culture. A clear example was a bridge drawing he created to reflect on his life's direction.

Tye drew a bridge and told the group, "It's made out of steel!" He slowly looked around the room to see who was looking at him. He continued to talk in a soft, slow, methodical way, saying:

The water below is murky, but the sky is piercingly blue—a big difference from the water below. On the left side of the bridge are tall buildings . . . it's a big city. I see neon lights in many colors. People seem to be busy scurrying around. There are all sorts of things happening. There's a traffic jam on the north side. Children are playing in a park. It's crowded.

Tye took a breath and then continued his story:

On the right side of the bridge there are trees and meadows, so abundantly colorful. The smell of cut grass is in the air. The view is clam, inviting, and spectacular—wide-open roads. The sky is even bluer, not a cloud in the sky. I'm in my sports car driving, without a destination. I couldn't be happier.

I wondered about his girlfriend. Where was she in this scene?

Because he was able to capture the imagery from his imagination and use it to produce a complete story, the renderings of other group members looked

developmentally and artistically immature by comparison. Yet the other men so admired Tye's work that they only felt challenged to try harder when drawing. Tye himself was frequently amused when his peers insisted they couldn't draw. His drawing level was not artistically advanced but his creative instinct to use the whole paper produced admirable aesthetic compositions.

Tye's final drawing task was to illustrate an emotion. In response, he drew an abstract image (Figure 3). He didn't give the drawing a title nor did he define his emotion. "This picture represents my hopes for the future," he asserted, adding, "I want to leave this town." The color is vibrant and seems to burst in all directions. The image does indeed capture a goal of transition, his wish to relocate to another town—a direction unknown.

Tye used black paper to render this brilliant color mandala. The chalks were chosen seemingly randomly, and he worked quickly. Tye was standing as he drew this picture, giving himself the height needed to look at his peers' drawings for comparison. The inner rings of circles seemed to encapsulate the



Figure 3. Hopes for the Future (Tye)

color that appears to sprout out into the egress of life, confirming one direction: upward. Tye's choice of paper seemed to be another statement related to his subjectivity of being different from other participants. The selection of black paper was a turning point that

seemed to highlight observable narcissistic behavior. But, his use of the chalk—smoothing the paper and enjoying the tactile sensuousness of the medium—quickly refocused my thoughts and admiration of his use of the entire paper. This drawing may epitomize Tye’s wish to have a thoughtful, respectful, and emotionally independent relationship, as noted by the inner circles that continue to evolve in an infinite manner. The circles may represent the desire for a strong, robust, scared union.

Perhaps if Tye continued to explore metaphysics he might release his jealous tendencies and other familiar traits in his search for meaning. This pastel drawing seems to convey the same message projected in Tye’s bridge drawing. It visually depicts his future intentions of leaving—leaving his family, his girlfriend, his employment, his friends?

The Phenomenon of the Image: Know Thy Self

After I studied Tye’s drawing of his future and his wish for a new direction, I created Figure 4 in response, which I titled *Journey*. It is a painting of a mountainous landscape and a slate-colored sky. At the uppermost part of the composition, I painted a



Figure 4. Journey (Response Art)

circular disk with four directional points, like a compass with a mysterious center. The mountains represent possible blocks in Tye’s continued quest for self-knowledge. The circle is a rendering of the finale.

As I thought about Tye before rendering my reflective artwork, my musing envisioned the need to create an image using a fluid, free-flowing medium to symbolize his personality. He has a softness yet exhibits a strong presence. This ink painting projects the light and darkness of his character. The crevices in the mountain seem to represent Tye's gift of hiding in plain sight. I didn't see him as a typical batterer. He blindsided me and remained on the surface, superficial. The center of the painting shows a light of hope. The wheel will continue to traverse mountains and valleys until it confronts truth and authenticity.

The background has a hint of blue, which is a departure from my original decision to use only black and white to express my responses to the artwork of participants. Maybe this detour led to my inner subjective awareness of crossing boundaries, so to speak—my new insight of not being quite so objective as I had believed myself to be. The color in this image is like a warning that says, “‘AVOID’ getting caught up in a nontherapeutic relationship and/or overfamiliarity.”

Conclusion

The self-reflective piece entitled *Journey* seems to embody Tye's vision for himself—he gave the impression of being a diamond in the rough. He was able to influence his peers with his good nature, artistic self-expression, and by his guru philosophy. These positive character traits are skills that Tye can continue to develop to create a successful life.

Tye's attributes in his domestic violence education included his desire to be an active participant in the group. His peers admired him. He was willing to take responsibility for his actions. However, sometimes hindsight is a truth-bearer. It could be

that Tye's willingness to take responsibility for his behavior was superficial, a way to fend off more difficult challenges or deeper inquiries. In addition, maybe wanting a new life was a way to run away from the abject truth of a dysfunctional family. I'll never know. But I'm thankful to Tye because he exemplified how easy it was to unknowingly participate in someone's fictional account of life. This painting of the wheel is a cue for me to keep the wheels (thoughts) spinning in my mind about the totality of this individual—his offense, his story, and his visual representations. It's a reminder to stay focused on the inconsistencies and the congruencies of Tye's nonfiction narrative. Tye increased my awareness that batterers are as diverse in personality and behaviors as the communities that they live in.

One evening Tye disclosed to the group that he had broken up with his girlfriend. He said, "I realized that my relationship is a hindrance to my personal growth." This appeared to be his first authentic step in letting go of dysfunctional behaviors. Understanding the genesis of his actions helped Tye to develop new insight and the strength to let go of things that no longer served him. Tye learned that cocreating a life included incorporating feedback from other participants and his group facilitator, and—most importantly—learning to free himself from the cultural norms he had learned from his father. Tye exemplified how DV education can become another social construct for men and women in the evolution of humanity.

Love and Intensity: The Story of Jay

Jay approached his very first session with me, a female psychoeducation facilitator, with the goal of turning on the charm. His infectious smile and tender voice were seductive. He tried to woo me as if he were attracting a stranger. Jay was charming,

respectful, and blinked his long eyelashes at me continually, as if to say, “You can’t resist me.” I smiled in return—giving him the same attention I would give a stranger in an airport. He missed my cue of indifference. He seemed to accept my warmth as an indicator of the possibility of a cozy friendship. I made a mental note of Jay’s behavior and wondered if this was the lure to turn me on and thus let my guard down as a facilitator.

Jay sat in the front row of the classroom. He stared at me; he complimented my dress. I said, “Thank you,” and continued talking to the group. Intermittently, I looked at Jay, trying to assess if he was understanding what I was teaching. I also wondered if he believed his seductive game is working; did he truly think he could beguile me? I could hear other participants chuckle as they watch Jay’s behavior and interactions with me. Jay probably wasn’t charming, nor did he sit in the front row, with the previous male facilitator. The intensity of this nonverbal duel was uncomfortable for me and I knew I would have to address Jay’s behavior soon.

Some of the comments I heard from other participants during group breaks indicated that Jay was quite impervious to my facilitation of the group. He had a history of start and stop participation in domestic violence prevention groups due to his inability to keep up with his payments (group participants are required to pay for the classes every week). It was clear to me that Jay was practicing his moves in order to “conquer” my emotions. I felt an innate pushback toward Jay. His “overly friendly” attention toward me generated feelings of distrust—as if I should give him permission to miss paying the required class fees.

Jay enjoyed being the focus of attention from peers. He was loquacious, freely

volunteering his thoughts and grasping the attention of other participants. He took pride in using the group to flaunt his weekend adventures. His free time was spent enticing women. When he discussed his escapades, Jay seemed to transform into a vulture who callously seduces and devours his pray. One day Jay arrogantly interrupted a discussion on positive traits of successful couples. He wanted to the group to see how his weekend lifestyle was more exciting than the current subject of discussion. He told the group, “All of this stuff is good, but I can pull women of any race or age.” I glared at him as he told the group, “Women love me and I’m a man who enjoys 52 flavors.” He coldly stared at me as if to say, “I can have you too.” I took note of the fact that Jay is a handsome young man with sultry eyes. I easily imagined that his eyes and his vivacious personality draw women to him. Once again, I had to redirect Jay and set limits on his intrusive unsolicited tales. I said, “Jay, this topic is not about you. If you pay attention you might learn something; please focus on this topic.”

Jay pushed my buttons as he unabashedly offered his opinions—right or wrong. He didn’t seem to think before he talked. He also seemed to thrive on asking silly questions. Because he sat in the front of the room his behavior seized the attention of everyone and impacted the flow and direction of the group’s progress. When Jay impulsively interrupted, he incorrigibly looked around to see if other participants noticed how he had managed to change the mood. Redirecting him to remain on topic was very challenging. I frequently felt as if I was merely babysitting the group in these instances. I talked to him calmly, trying to get to know the person hiding behind the mask of sex appeal.

Although Jay was charismatic and other participants seemed to take mental notes

from him on how to become “a player,” he also had a dark side. He had a disdain for women whom he perceived as “disrespectful.” When he talked about women whom he believed had done him wrong, you could see immediate changes in his behavior. He flipped from being “Mr. Charming” to someone who could become “as cold as ice.” This behavioral change became vividly clear when Jay told the group about his relationship with his wife and how he came to be in the domestic violence prevention group.

Jay was married and has seven children, as far as he knows. He was 31 years old, and triumphantly admitted that he was dating a 19-year-old. The relationship with this young woman was complicated because she was also the daughter of a coworker. Jay shared this story with the group as if I would assist him in untangling the emotions he had toward his friend, who hated the fact that his daughter was dating Jay. According to Jay, the relationship between the two men was pleasant until Jay started befriending this young woman. He paused, expectedly, and I immediately stepped in, not giving the group any chance whatsoever to hear the conclusion of this story. I told Jay, “If you would like to get advice about your relationship I suggest that you go to individual counseling.” Jay was surprised that I would shut him down in such a way. He became furious with me. His face turned red with anger, as he was about to explode. He glared at me as if he could pierce a knife through my heart.

I then asserted, “Jay, I know you like telling stories, so why don’t you tell us the story of how you came to be in this group.” He then looked at me with a smirk on his face. The veins in his neck were still protruding. He then said, “Of course,” and shared:

I’m in this group because I slapped my wife. She liked to do drugs; she even had two overdoses. I slapped her because instead of taking care of my kids she was

doing drugs and left them alone. They're too young to take care of themselves.

We argued and she thought she could disrespect me—get away with calling me names in front of my kids—so I had to put her in check.

I had expected Jay to unfold his story in a cunning manner; I had not expected him to be so bold about his abusive behavior. “I wondered what happened to Mr. Nice Guy?” I thought.

When Jay finished telling his story I thought it would be best to discuss the triggers that precipitate violence. Jay's behavior and attitude while telling his story conveyed to me that this was not his first time abusing his wife. He knew that hitting, pushing, and shoving are characteristics of partner abuse. This was his third time taking domestic violence prevention classes.

Anger Management and Responsibility

The following week I focused on anger management. I told Jay that his disclosure was far from over and I wanted to return to his story. “So,” I asked, “what did you learn about yourself last week?” Now, with a seriousness I had not observed before, Jay said, “I learned that I take a lot of attitude from my wife but when I've had enough of her mouth I curse her out or other things happen.” I responded, “I think we know what those other things could be.” I said, “I think the behavior you're describing is called passive-aggressive behavior.” I told the group, “Passive-aggressive behavior is the indirect expression of anger.” For example, I explained, Jay became very angry with his girlfriend for making him late to pick up his children. Instead of abusing her physically, he told the group, “I talked to her about the importance of picking up my kids on time for a long time. I wanted to make sure she understood so I talked to her about it for 3 hours.”

“Jay is paying her back for making him late without hitting her,” I explained. “But chastising her for 3 hours is verbal abuse.” Jay looked at me in disbelief that I would nail his behavior so accurately and in front of his peers. Then his facial expression shifted, seeming to say, “Who cares?” as his lip poked out and his eyes had a glimmer of mischief. I encouraged Jay to tell the group more about his marriage. The more he talked about the relationship with his wife and the women in his life the more I learned about his personality. The group was slowly beginning to see Jay for who he was. Jay said,

I like to be in control of conversations with my woman. I know I’m right most of the time. If my woman disagrees with me and I know I’m right, we’re done. I stop talking to her—we have nothing more to talk about.

Now I explained to the group that Jay’s behavior described what is called “emotional cutoff,” telling them, “This behavior involves isolation, withdrawal, or running away.” I looked at Jay and said, “Emotional cutoff does not resolve the problem; it only makes it worse.” Jay admitted, then, that emotional cutoff applied to all women in his life except for his two daughters. Jay smiled and gallantly said, “I will never stop loving my daughters and I won’t get upset when they disagree with me!”

The “Art” of Storytelling

The art-based task that I required participants to draw was a picture of what had led to their perpetration of domestic violence. My initial look at Jay’s picture (Figure 5) raised a question: Who is this man Jay? Although this drawing appeared developmentally immature, Jay clearly illustrated himself as a person smoking a drug pipe. He even highlighted the smoke from the pipe in red as if to say, “pay attention,” or “all eyes on

me.” I wondered about how this or other things may have contributed to Jay’s abusive behaviors—the things he didn’t say. I questioned, “Is he smoking marijuana or meth?” “Is Jay a casual smoker or is his smoking chronic?” “Were Jay and his wife

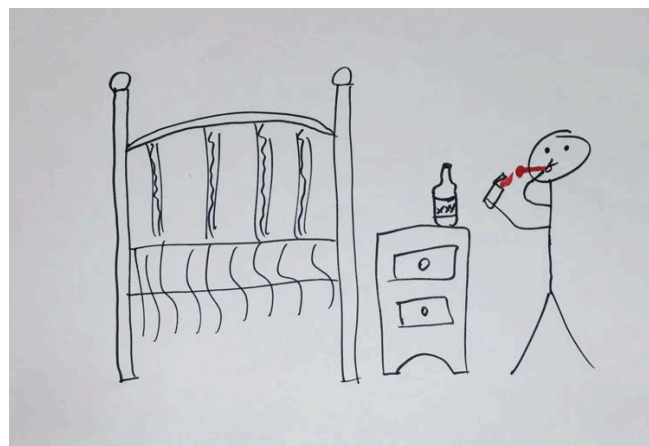


Figure 5. Substance Abuse (Jay)

both high when the abuse occurred?” I had so many questions that I was becoming confused as to who was showing up as Jay to the group each week.

Jay’s picture shows a bottle of alcohol at the edge of a nightstand. Now I wondered, “Could it be that Jay is a multiple substance abuser, which is why he can’t seem to keep up with his payments for the classes?” Viewing the bed in the picture, which takes up most of the paper, I wondered if the bed is drawn so large in order to convey Jay’s promiscuity. I started feeling judgmental based on the many ideas I was projecting onto his picture that Jay didn’t say in group discussions. His artwork told a story of his life that he kept secret.

Evidently, there was much more to Jay’s story than he had disclosed. It is striking how his sparse drawing provided such a vivid picture of the real Jay. As if opening a door beyond his masked, ever-changing exterior, Jay’s imagery helped me to understand other aspects of Jay’s life, such as precipitants to violence. It could be that Jay’s impulsive behavior was caused in part by the addictive grip of drugs that controlled his life. This bold story, vividly illustrated, seemed to validate my impression that Jay’s provocative conduct in the group was constructed to hide his antisocial activities.



Figure 6. Broken Heart (Jay)

Jay was able to draw whatever he liked for his second drawing. Figure 6 is an image that depicts both clouds and the sun. Jay had no words to describe this drawing. I

interpreted this picture as if it were a snapshot of his unhappy life—the emotional ups and downs that he may have experienced with his spouse. It could also represent the joy and sadness in his relationship with his children. The cloud with the large arms seems to say, “Why me?” Then there’s the broken heart as a focal point. It could be that Jay was saying his heart had been broken but he could never verbalize these tender feelings of sadness or betrayal. The baseline of the paper is drawn as green grass and watery turmoil as though expressing chaos and powerlessness. The mountains with their icy peaks seem to have an energy pointed toward the sun, as if they are craving its warmth. I also feel anxiety emanating from the mountains and into the world, as though representing Jay’s outer self. Such emotion is below the surface of the mountains. This energy or anxiety suggests the feelings Jay holds close, not wanting others to get too close to the truth—the essence of who he is: a scared little boy trying to be a man. If Jay were to be so vulnerable in the group of other men, he’d ruin his contrived image as a womanizer. Ultimately, I believe this picture was Jay’s way of asking for help.

The Alchemy of Creativity

My artistic response began as a linoleum print (Figure 7) to represent my imagined image of Jay uncharacteristically sitting in the group with a Band-Aid over his mouth, relaxed and listening intently without impulsively giving feedback. I may have unconsciously picked this art material because of its inflexibility. Linoleum is a cool, one-dimensional art material. It doesn't bend—it's clearly my metaphor for silence!

There were numerous times I just want to tell Jay to shut up, but of course I couldn't. The more I redirected his intrusive behaviors, the more he mimicked a young child.

After I completed the print, I titled it *The Gift*. It intrigued me. The face has no eyes. I wondered if I had picked up and represented Jay's unwillingness to see how abusive he is. Jay never accepted the description of "batterer" so maybe I unconsciously took up the linoleum knife as a type of weapon that carved an image of him as a victim with a Band-Aid on his mouth. I wondered how he would feel if he were emotionally cut off and slapped around like his victims. Perhaps he felt the same. Like Jay's images, my linoleum print gave me a platform to nonverbally say what I could not verbalize. The art process and final product released the intensity of my emotions related to being seductively provoked and battered by Jay's extreme and impulsive lack of boundaries. This image also reflected my perception of Jay's narrow thinking—black and white felt appropriate given his limited appreciation for alternative viewpoints. However, as I dug

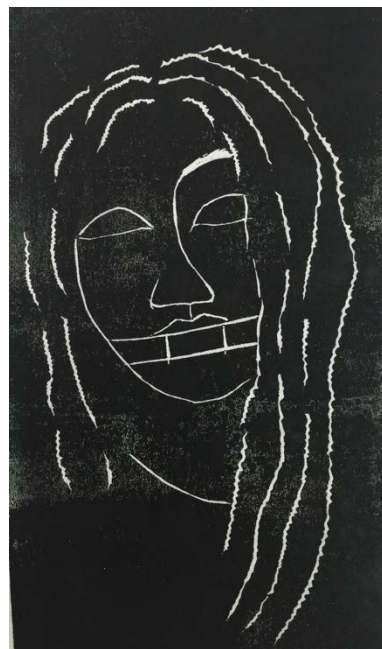


Figure 7. The Gift (Response Art)

deeper into my feelings, I found that I had more compassion for his limited insight regarding women and himself.

Emotional Naiveté, Playfulness, and Stress

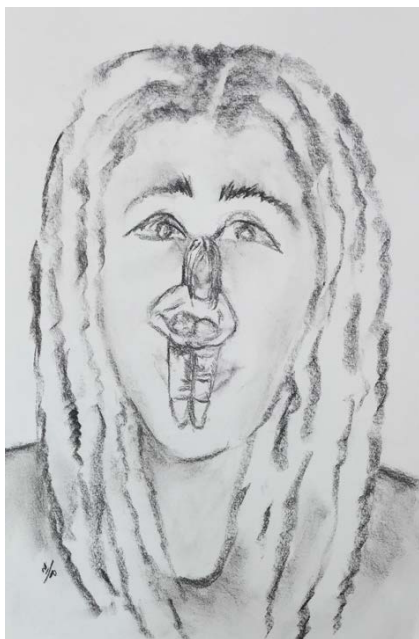


Figure 8. Rescue (Response Art)

My second response artwork is a charcoal drawing of Jay with his inner child as a focal point (Figure 8). This image is the opposite of the Jay shown in Figure 7. In place of the Band-Aid, I drew the figure of a small child over Jay's mouth. This curled-up little boy represents Jay's emotional immaturity, his playfulness, and his need for attention from women and peers. Jay's immaturity was observed in several types of behavior that captured my attention and the admiration of his peers. As a storyteller Jay was able to distract me away

from my goals with tales of his bodacious weekend adventures with women much too young for him. I thought to myself that if he were a responsible man he would probably date women closer to his age.

Jay enjoyed the attention he received from his peers. He made himself out to be a Don Juan, a lady's man. The other group participants seemed to ingratiate Jay's alpha energy. They craved his knowledge and strategy of attracting young women. They also paid close attention to see if I would warm up to Jay's enticing compliments. The more Jay laid on the compliments, the more he reminded me of a younger brother—someone I'd chastised for bad behavior. After Jay disclosed how he coped with distress by cutting women off emotionally, I realized that Jay needed more help than I could possibly give.

A player for life is a man who believes he can entice woman forever. Jay is such a man. He can't financially afford to take care of all his children, but this seems to be the least of his worries. Jay is more interested in the pursuit of woman than having a permanent relationship. I once overheard him proudly blurt out, "It's not about love—I'm a player." Jay sought approval from peers by talking about his romantic life. He also seemed to galvanize attention by distracting other participants from paying attention. This need to be the center of attention seemed to be deep-seated. Jay's jokes and inability to show empathy for others created an atmosphere where it appeared difficult for Jay to know if others were laughing with him or at him. As I reflected on his response to his peers, I thought about his drawing of a heart with the hands that seem to say, "why me?"

Jay was provocative and playful as well. At times, I was amused by his comedic performances, such as blinking his long eyelashes at me in a sultry way. When he engaged in this behavior the laughter of participants in the back of the room sounded like the roar of the ocean. I had to laugh too. He entertained me with his attempts to divert attention away from the curriculum. But gradually I realized that Jay was more receptive to embracing DV prevention when a joke or two relieved the tension in the room. I observed how the discussion of wife battering changed the relaxed look on Jay's face. I could see the folds on his forehead along with the buildup of sweat below his nose. He appeared stressed out as if the discussion was just about him. Jay's behavior confirmed my belief that he was easily embarrassed and that he used humor as a defense against humiliation.

Conclusion

Jay made a lasting impression on me due to his approach-avoidance interactions

with me. He taught me how to sort through the debris of theatrical performances by himself and other participants to reveal the concealed emotions of wounded men. Conversations about feeling disrespected came up repetitively in group discussions. Emotions that manifest as bizarre behaviors related to a perceived insult can easily be viewed as a severe mental health problem. I learned that slights as harmless as rolling one's eyes at an angry man may be experienced as "being disrespected."

I also learned that humor has its place in therapeutic relationships as well. A fundamental lesson was learning how to allow for humor to unfold regardless of how it is expressed. It seems that there is always room for the correction of inappropriate humor by telling another story. Sometimes the jokes in the group can be so distasteful that I find myself humming an old Beatles tune: "When I find myself in times of trouble / Mother Mary comes to me / speaking words of wisdom / let it be" (Lennon & McCartney, 1970, track 6).

Wiley: The Road to Recovery

Every week I began the group session by taking attendance. Then I'd do a check-in to see how everyone's week went. I'd especially listen for any stories of discord in the men's relationships with their significant partners or children. Wiley would sit with his elbows on the table and his hands tucked under his chin, listening intently. An attractive college student, he wore his hair in a distinctive cut that was short on one side and long on the other. His look was mysterious, yet there was a subtle softness in his gaze. His dark, penetrating eyes gave the impression that he could see right through me. These eyes followed my every move, imitating my behavior like it was a dress rehearsal for his weekly performance that was about to begin. I knew he would soon stand up and rephrase

my instructions for his fellow group members, as if I were speaking a foreign language.

Wiley's favorite opener was "What Anna is saying?" as though I was incapable of speaking clearly for myself. Although his self-designation as my co-facilitator always left me feeling perturbed, the other group members seemed to appreciate his verbal reiteration. As the youngest person in the group, he was well educated but wore his intelligence lightly. He enthusiastically contributed to group discussions, and always was open to new ideas and feedback. Wiley's pleasant, engaging personality and natural gift for narrative captured the other men's attention; they considered his opening question without objecting to his attitude or his need to present himself as superior. Their compliance was helped along by Wiley's habit of speaking with a pronounced British accent, despite the fact that he was born in California. His strong accent not only covered up his notable lisp but it also set him audibly apart from other group members. Even if I wanted to look elsewhere and escape his gaze, I always knew when he was speaking. With his extensive vocabulary and unusual facility with words, his peers treated him as if he were a foreigner.

In every possible way, Wiley was saying, "I don't belong to this group." His interference with my facilitation of the group underscored his separateness and severely limited his chances for getting optimal benefits from the group. If his opening performance was Act 1, then Act 2 frequently found me having to redirect Wiley to keep him on track. Consistently and gently, I worked as his ally to help him to resume the role of a group member. Like a game, first he would retreat from me with his taunting behavior and then I would reframe my request for him to stop repeating my directions. Then, 10 minutes later, we'd start our routine performance all over again. Indifference to

my leadership was one more manifestation of his resistance to the group sessions and to having to confront his own abusive behavior.

Although these maneuvers appeared harmless on the surface, over time Wiley succeeded in undermining my confidence as a facilitator. He got on my nerves. Looking back at the situation, I see now that I was the one who was treated as an outsider. I often wondered if Wiley's choice of sophisticated language was a conscious attempt to display his intellectual superiority or whether he was simply being his truly gifted self. I had to ask myself, "What is going on here?" How did such a young person, with lofty career goals and remarkable dreams for the future, end up in a mandated group for domestic violence perpetrators?

Mental Illness Underlying Wiley's Violence

One day it was Wiley's turn to share his story of how he became a member of the group. Slowly, intriguingly, and passionately, he began:

I was out with my girlfriend. We were having an okay time. I asked her where she was the night before and she said, "It's none of your business!" I became perturbed and kept on asking her questions. Before I knew it, she had broken up with me. I don't know what happened next—I lost it.

Wiley couldn't explain what "I lost it" meant. But whatever happened, it resulted in a crisis that ended not only with Wiley being arrested but also hospitalized.

Wiley was the only group member with a confirmed diagnosis of mental illness. As he explained, he had been forced to involuntarily commit himself to a psychiatric hospital. He couldn't remember fighting with his girlfriend at all—or even that she had broken up with him. With each scant detail of his story he appeared to roll up into a

cocoon. He ducked his head and drooped his shoulders while his eyes filled with tears as if he had just lost his best friend. He quietly insisted, “I don’t know how I got to that hospital.”

The other group members appeared to be fascinated by his story. Wiley explained that suddenly he noticed an envelope beside him on his hospital bed. “I opened it,” he said after a brief pause, “and it was a restraining order to stay away from my girlfriend!” Wiley had acknowledged, for the first time, that the victim of his violent behavior was his ex-girlfriend. Now he explained how she had told him that she’d called the police—but the details of his actual behavior were missing from his account. Instead, he skipped ahead to how he was discharged from the hospital and went to live with his grandparents. “I don’t know what I did to her,” he repeated despondently. His story trailed off, leaving his peers sympathizing with his helplessness.

When Wiley ended the telling of his story, he was rewarded with fervent, positive feedback from the other men, as well as advice on how to handle his legal problems. This is unsurprising, given that some of the other group members were “jailhouse attorneys,” meaning that as wards of the State they were well versed in legal matters. Although Wiley knew he couldn’t depend on their counseling, his broad smile and erect posture reflected deep gratitude for his peers’ support. He looked relieved to me, as if—well, as if he had won the lottery!

I praised the men for supporting their peer and then asserted, “Let’s focus on the behavior that resulted in a felony.” I felt it necessary to remind the group that, despite their evident knowledge, there were no actual attorneys present in the room. “Wiley should obtain legal advice from an attorney,” I said. I wanted the men to understand that

Wiley was not the victim. I needed, once again, to redirect the conversation and get everyone back on the track of understanding control, aggression, and violence.

The Struggle for Accountability

Enter the grandparents into Wiley's fragmented account of his situation. His grandparents had reasoned that he would be more likely to recover from this traumatic experience if he moved far away from his victim, so they paid his court fines and invited him to live in their home. I believed that Wiley's grandparents loved him and wanted to make sure he was safe. I am sure that they wanted him to have all of the resources he needed for a full recovery. But their understanding was blocked by the fact that they didn't know about his relationship with his ex-girlfriend or what had actually happened. Wiley said, "My grandparents have always been there for me. I knew they would help me." Accepting his grandparents' help during his hospitalization and recovery presented many challenges. Wiley had to adjust to living in an unfamiliar city, which he found difficult. In actuality, his entire life was turned upside down. He had to take medication daily to manage the symptoms of his mental distress. He continued to have legal difficulties. He traveled an hour or more just to attend the domestic violence prevention group. But he never missed a group session.

As the weekly group progressed, Wiley continued to struggle to accept accountability for his violence. One day, more than 9 months through the program, Wiley made a remarkable statement. "I have forgiven my ex-girlfriend for causing me legal problems," he declared. "I'm also okay with having to attend this domestic violence group just because of her." The men said nothing in response. No one addressed the fact that it was Wiley's behavior that had landed him in a group with other perpetrators. His

ex-girlfriend was not responsible for his troubles, which became my duty as a DV prevention facilitator to point out. I found myself feeling disheartened that Wiley's disingenuous statement of forgiveness was left unchecked by the other men.

Gradually, Wiley pieced together his thinking and the behaviors that had led to his hospitalization as well as the breakup with his girlfriend. He also comprehended the theory of DV and learned to identify the triggers he had that resulted in intimate partner abuse. What Wiley could not perceive, however, were the various clinical features of his case that included a destructive level of narcissism and underlying attachment issues in his ability to relate to others. These unfortunate traits would determine the success of his future relationships. What prevented him from taking full accountability for his violence were his relentless grandiosity, need for admiration, and lack of empathy for his girlfriend. Domestic violence psychoeducation could not resolve Wiley's emotional and cognitive wounds. Long-term psychiatric counseling likely would be required.

Vortex of Insanity

Wiley was fortunate that this pilot program offered a unique, art-based curriculum integrated into the requirements of the Department of Probation. Unlike many participants, he easily adjusted to the art directives and seemed to enjoy drawing to express his emotional conflicts. His first drawings were organized around his school and his social life. His artistic development appeared to be congruent with his cognitive development. He drew his emotions vividly, giving the image a voice of its own by his use of color and by his visual storytelling ability. But when he shared his drawings with the other men, he seemingly could not help but remark on his superior skills. His methodical criticism undermined his peers' self-esteem and preyed on their

vulnerabilities regarding their talents and skills.

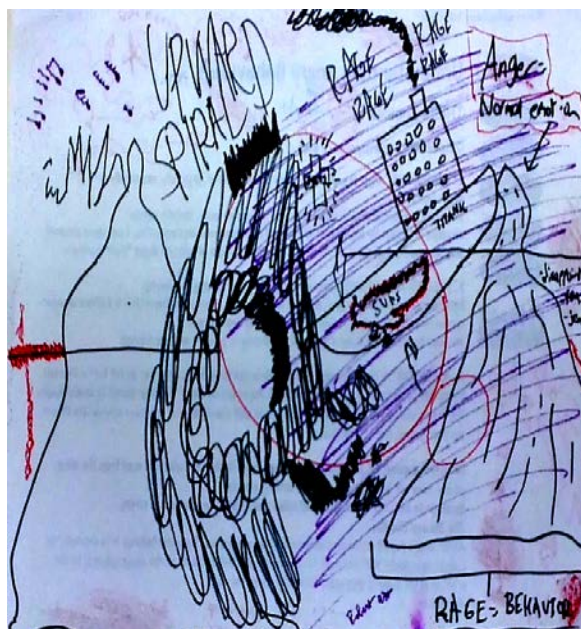


Figure 9. Shattered I (Wiley)

Drawing gave Wiley the opportunity to recall the DV incident in visual form, beginning with Figure 9, which he titled *Shattered I*. It illustrates the traumatic “disconnect” or loss of reality he had experienced during the altercation with his ex-girlfriend. Using the visual vocabulary of chaos, anger, rage, and anxiety, Wiley narrated his psychotic break. He said the drawing of

his psychiatric admission represented a “pivotal life-changing event.”

When my mind’s eye enters and travels through Wiley’s pictorial landscape, I can empathetically feel the overwhelming chaos and destruction of this promising young man’s life falling apart. The words *rage* and *anger* and the blackness of fear are all spiraling into the deep abyss of the unknown. A round figure lightly outlined in red appears poised on the edge, like Humpty-Dumpty shattered and falling apart. There is no space in this picture to construct hope or recovery from the chaos. What appears to be the image of the hospital—the building with smoke protruding from it—could also symbolize Wiley’s home life. It appears that a culmination of problems resulted in Wiley’s mental health crisis. Although on the surface Wiley looked like a bright young college student, his drawing cried out that something was gravely wrong.

Wiley next turned to the anxiety and dissociation of his event, which he illustrated

in *Shattered II* (Figure 10). The chaotic spirals give way in this drawing to a field of grey emptiness with a skull floating upon it, which I saw as a concrete expression of fear. Maybe the skull is Wiley's metaphorical symbol representing the feeling of being between the states of sanity and insanity, a place that stripped Wiley of his voice and judgment. I wondered if this image represented the wish to die or a cry for help. The word *dissociation* seems to invite viewers into the picture without a path for knowing what to do, rendering them as helpless as Wiley.

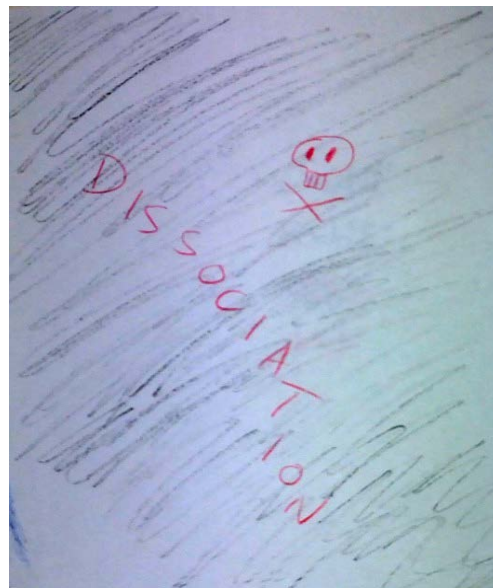


Figure 10. Shattered II (Wiley)

On another day, Wiley responded to a directive to “draw a bottle and fill it with everything you want to ‘keep a lid on’ to maintain good mental health” (Figure 11). He



Figure 11. Impulse (Wiley)

said his bottle included all of the difficult challenges in his relationship with his ex-girlfriend. Front and center is the word *impulsivity* in large letters. Above and below are the words *jealousy*, *fear*, and *loneliness*. I noticed that drawing was bringing him closer to self-awareness of his own limiting behaviors.

This drawing seemed to be a turning point for Wiley. It illustrated the hard work he invested in keeping a lid on the things he couldn't control.

However, the lid isn't on the bottle, it is floating in air. Although Wiley appears to know what he should control it seems like it's impossible to do it alone. The bottle looks as if it is going to tip over due to the number of things Wiley "should-could-would" do with his emotions.

The last of Wiley's drawings was titled *Crucifixion* (Figure 12), and Wiley said he drew it in order to depict himself as a "victim." He explained, "This is a picture of my body being nailed to the cross." The difference between the small cross and figure placed upon it and the huge block lettered words *ABSOLUTE TERROR FIELD* is striking.

Although he did not elaborate, I found it particularly interesting as a metaphor. In this drawing, Wiley placed himself at the intersection of two forces that prevented any resolution. It suggested that Wiley's mental illness had a dual diagnosis. When a person has two separate illnesses, each illness exerts a debilitating influence and needs its own treatment. Wiley presented a complex diagnostic picture, which made it extremely

difficult to meet the requirements of his DV offense—that is, to consciously accept full responsibility for his actions.

He was unaware of his conceit that compared his suffering to that of Jesus while forgetting the fact that he was a perpetrator of a crime. Time would be the gatekeeper of his resurrection from partner abuse.

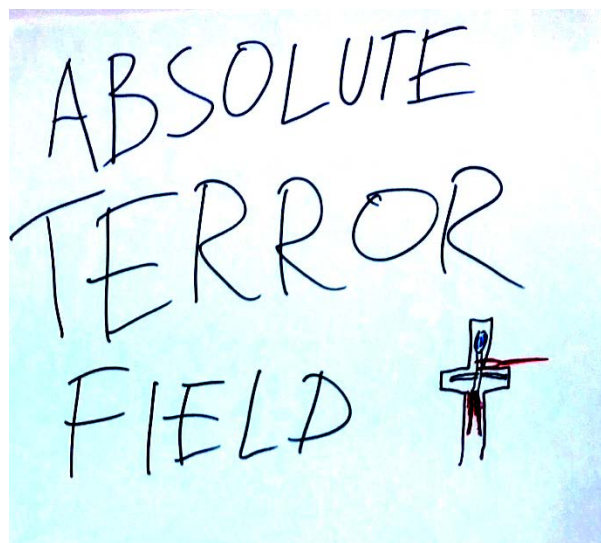


Figure 12. Crucifixion (Wiley)

While the men created their drawings, I "ear hustled" as I walked through the

room. I listened to Wiley's conversation with his peers. His chauvinist attitude caused me to think that he was far from recovery. He boasted to his peers about not taking his medication, about not understanding the consequences of his actions. He engaged in immature gossip, relishing the spotlight. Wiley bemoaned the burden, he said, "of having to live with old people." Who were these "old people" but his own grandparents who posted his bail and graciously allowed him to live with them? It was instinctive for Wiley's grandparents to rescue him. But it seemed that Wiley couldn't care less about how his predicament affected those who cared about him. I wondered if Wiley's grandparents had enabled him throughout his life. Now, when I looked into his eyes I saw an insecure, ungrateful little boy. His dark sorrowful eyes seemed to plead, "take care of me," while his words belied his resentment toward those who answered his plea.

The Mind's Reflective Canvas

Wiley's youth and age, his DV story, and his interaction with other group members frequently occupied my mind during my ride home from facilitating group sessions. I found that the best way for me to reclaim my personal and emotional space was to project my emotions onto paper. This became a weekly routine. Once comfortable in my studio, I would clutter my drawing table with a variety of art media. But, as was the case with so many of these stories, the choice of charcoal seemed magnetic.

The first image of Wiley that came to mind was a portrait that represented his persona and the verbal omissions in his story (Figure 13). There was so much that Wiley didn't say. Creating *Wiley's Reality* helped me to become more objective. My drawing shows Wiley looking into a mirror, contemplating the moment. He appears to be wondering if all of the thoughts swirling around in his head are real. His eyes are soft but

they appear to be looking for answers. Although Wiley's eyes are small they seem to

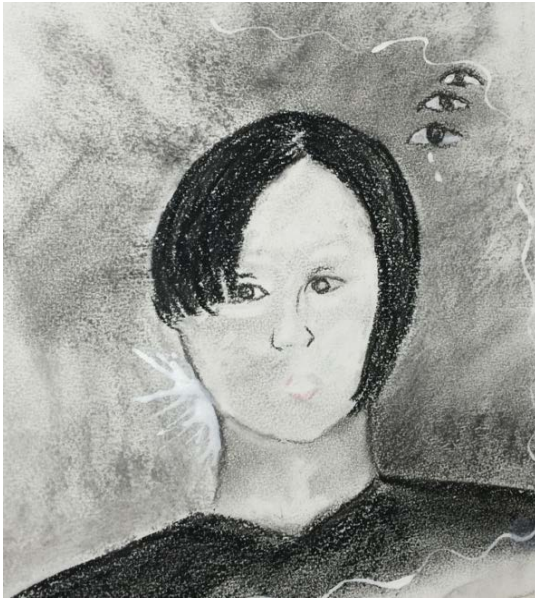


Figure 13. Wiley's Reality (Response Art)

carry a lot of weight—I feel the burden of his disingenuous behavior with his peers. Maybe Wiley has some guilt related to his controlling behavior of his ex-girlfriend?

In my portrait of him, Wiley's expression does not seem to convey happiness or sadness. Overall, this image reflects a sense of being stuck, an emotional detachment. Wiley seems to be wondering

what will happen next. Looking in a mirror reflects exactly what one sees. It could be that on some level Wiley is recognizing that changing his behavior means acknowledging flaws—of not being perfect. This outwardly contemplative look seems to mask his vulnerability. He appears too afraid to cry; his lips are pursed, as if to deny or protest what he sees in the mirror.

While Wiley stands wondering about his reality, his demons are still there in the background, staring at him. His confusion, depression, and distress are represented in the floating, disembodied eyes that I placed above the figure's head. The background charcoal is applied in multiple directions to represent Wiley's confused thoughts. There is a glimmer of hope expressed in the splash of white ink near his neck. This artistic embellishment of the color is symbolic. It is a symbol of hope that Wiley will develop the ability to show empathy toward other people. The color white is also used as a springboard, pushing him to forge ahead.

My art-based research routine was to study my illustration and then turn it face down as my closure of the week. The intent was to think about Wiley's predicament in order to refine my illustration and my emotional responses. The purpose of this drawing was to help me to let go of the thoughts in my head related Wiley's story. The reflective drawing should have been cathartic, but it wasn't. The portrait of Wiley allowed me to symbolically feel his anxiety and fear—but I didn't realize that I could get so close to someone else's psychosis. Making art allowed me to dwell in what seemed to be Wiley's abyss of insanity. I didn't like that feeling. I was forced to place the drawing face down on my desk in order to grasp my own emotions. I needed the freedom of releasing this mysterious picture.

Wiley's demons—his feelings of isolation and aloneness—may continue to impact his life until he understands that he can't compartmentalize his emotional and mental health from his behavior. This divisiveness is illustrated in Figure 13 by the curvy white line at the bottom of his shirt. This line also symbolizes Wiley's inability to put the story of what happened between him and his ex-girlfriend in a sequential, logical order. Wiley vacillated between truth and delusion so much that his story curved in and out of reality like fiction. Reflecting on this image made me think about people with Munchausen syndrome, delusions, and other mental health problems, as well as my own feelings and interpretation.

The image I produced of Wiley had its own spirit. When I looked at the picture I created it was difficult to establish a mental distance between Wiley and myself. I was unable to limit my emotions as they percolated into my awareness, flowing ever so closely to Wiley's drawings. This new insight left me speechless. I became enthralled

with a pervasive feeling of fear. I quickly turned the drawing face down to escape the image in order to recoup my own stability. I wondered about my obsessive interest regarding this image and, its significance to Wiley's understanding of the limitations of psychoeducation due to his mental health.

Conclusion

Wiley's mental health and his lack of progress toward recovery were visually documented in his drawings and my own. The pictorial representation of his violent event provided an alternative means to cope with his life when his orientation to reality had been severely shaken. Wiley's drawings vividly projected his subjective experience while aptly capturing his conceptualization of confusion and chaos. Requesting that Wiley draw how he perceived his life now and in the future was a way to measure his therapeutic progress. Perhaps he would be able to see less chaos in his future, which would enable him to begin to map his recovery journey.

My role as a DV prevention facilitator limited my opportunities to help Wiley process by using art therapy interventions. Fortunately, his drawings offered him an alternative solution. His illustrations will continue to communicate his emotions and sensory perceptions and increase his ability to think clearly. Making art built the bridge that helped Wiley to communicate that which he could not verbalize.

Malcolm: Chasing the Neutral Zone

I turned the corner and there he was—sitting alone at a café table looking angry and somehow pompous. Malcolm's lips were curled down, in contrast to the brightness of his usual appearance when happy. With his furrowed brow and piercing eyes, his anger wasn't hard to miss. All around him, other men walked back and forth or stood in small

groups, pretending that no one knew their secrets. Several of them were smoking cigarettes, perhaps to quell their anxiety.

I sat down next to Malcolm and watched him react as his eyes darted back and forth, trying not to make contact with mine. He acknowledged me by saying, “Hello, how ya doing?” I brightly replied, “Great, ready to get started!” Malcolm looked at me with a smirk on his face and said, “Yeah . . .” with a voice devoid of emotion. His words were not angry, just flat.

Malcolm was a strikingly handsome 28-year-old man who identified as African American although his ethnic background was multiracial. He also was one of my most challenging clients—so much so that I had to wonder why was I writing about him. The simple truth? Because he pushes buttons! In psychotherapy, this is called countertransference—a term used to describe a therapist’s subconscious reactions to the emotions, experiences, or problems of patients. Malcolm ignited intense emotions in me that felt reactive instead of therapeutic. I hated the feeling. Worse, it took more time than I wanted to spend unraveling my emotions, for no reason other than that I liked him.

I did like him, but never his behavior. Malcolm was always on the edge. He was openly hostile regarding people in positions of authority, especially the police. No one was spared from his hypersensitive running commentary on race, discrimination, and the history of Black men in America. He had the uncanny ability to make others interact with him almost to the point of assault because he insisted on taking every little thing personally. Clearly, mine were not the only buttons he pushed.

When I wasn’t reacting to him, I saw Malcolm as a seeker of knowledge. But it didn’t help that he took pleasure in blurting out irrelevant information having nothing to

do with his domestic violence education. He was verbally combative, with a propensity to derail serious group discussions. Malcolm would become so animated when talking that other group members would never think to interrupt him. When they saw him glaring at fellow participants and felt his bottomless rage, they seldom offered feedback. They just listened with contempt evident on their faces.

I construed this behavior as Malcolm's means of asserting power and control. I often wondered if the behavior of dominance I experienced from him is what resulted in his felony conviction. The actual details of why Malcolm was placed in the domestic violence prevention group were never made clear. When asked to disclose what had happened, his only response was, "My attorney said not to talk about the case." All I knew was that he had had an altercation with his wife. It landed him in a group formed expressly to educate abusive men.

Women Are Inferior

Malcolm was unable to disguise the repulsion he felt at being in the domestic violence education group. During an outburst one day, he just couldn't stop the impulse to assert, "I think women are inferior." Then he boldly announced, "I don't think this group is going to change me." His reason? "My glass is always half full," he griped. "Being a Black man in America, I'm never going catch a break." His impulsive tirade left everyone in the room dumbfounded. The more Malcolm expressed his true feelings, the more it became apparent that his emotional problems were very deep-seated.

I actually was grateful that Malcolm had expressed his true feelings, as hard as they were to hear. I felt compassion for him and I believed the other group members did as well, in spite of his tantrum. As a clinician, my immediate thought was, "Now, here's a

man who probably has undiagnosed depression. He can't control his emotions—especially anger—and so his wife left him.” In my mind, I determined that one-to-one therapy should be a priority for Malcolm, along with intensive domestic violence education. However, the legal system had already decided his course of treatment. He only needed to complete the DV prevention group sessions successfully.

Each week Malcolm tried to engage me in a discussion of current events related to Black men. “He thinks he knows me,” I thought to myself, as a Black woman. “He thinks I’ll side with him on any topic just because of his ethnicity and my race.” Malcolm was truly a good distractor and an awesome manipulator. I saw how he used this strategy as a way of diverting my attention away from the group and away from our focus on domestic violence. Of course, I realized that these men would rather be at home watching football. I also knew that, because they had to pay weekly fees to attend the group, some wanted me to give them their money’s worth of DV education. So I had to agree with them and try hard to redirect Malcolm every week. This balancing act was difficult. Then I noticed that every week it took a bit less time to—nicely—tell him to shut up!

Malcolm was smooth. He easily adopted an affect of pure innocence when it suited him. After all, people with antisocial behavior often have the ability to lie while looking directly in your face. I pictured his childlike face when expressing a viewpoint in opposition to what everyone else thought. A fast talker, he didn’t leave room for discussion. His posture and expression compelled you to believe that what he said was the truth, the whole truth, and nothing but the truth! Spend 5 minutes with Malcolm and you would understand how he ended up in a domestic violence prevention group.

Over time, I got good at limiting to 2 minutes Malcolm’s rehashing of whatever

had happened in the news that day related to Black men. I participated in this dance of power and control to provide Malcolm with the respect he believed people would not give him. At the same time, it allowed me to model to other group members how two opposing views could be managed constructively. In truth, I was not always open to his arguments. But I honestly wanted to hear his perspective as an African American man because of the other Black men in the group. What were these news briefs but Malcolm's unique way to help other Black men in the group process their emotions related to their own experiences with the police and domestic violence? These impromptu conversations also helped White participants and other men of color understand why some African American men distrust and hate the police.

Malcolm was smart as well as intuitive. Whenever I used a sophisticated-sounding word without defining it, some group members would just ignore the term and still grasp my meaning. But not Malcolm—he'd demand a definition. And I was not the only one subject to Malcolm's obnoxious behavior. He would use his intelligence as a weapon against the other men in the group; he would flaunt his knowledge as if to raise his low self-esteem. So, in truth, I didn't look forward to Tuesday evenings. I didn't look forward to the challenge of redirecting Malcolm or setting limits on his behavior. But this was the job, and I generally felt good at the end of the evening. Whenever participants left the classroom talking about the session, they gave me the great sense of satisfaction that maybe what was discussed would become a lifelong lesson. Then, after all the men departed, I would get my quiet time to reflect on our positive outcomes and the challenges that still needed solutions.

Life Is Black and White

Malcolm once said that his glass was always half filled, meaning that he was never happy. He seemed to be chasing happiness in order to balance his life, or, perhaps more accurately, as a way of “chasing the neutral zone.” This idea seemed to describe the real man, the person who gravitated to one thing over another but in so doing could never get enough of anything, whether that was attention, love, or even conflict. Ironically, chasing the neutral zone was Malcolm’s way of staying stuck emotionally. He had developed a pattern of offending people, which pushed them away. He then became used to never having successful relationships because of this behavior. Subsequently, he could not move forward in life; he couldn’t push past his comfort of the neutral zone to a more positive lifestyle where happiness stretched past black and white thinking.

Although Malcolm spoke with a tranquil voice, his tone belied poorly leashed rage just below the surface. I was keenly aware whenever his cryptic responses and posture signaled, “Now is not a good time to disagree with me.” The other men perceived this too and would not talk to Malcolm. This left me as the point person to navigate and respond to his inquiries. How did I respond? As a stopper in his free-flowing, narrow-minded assumptions that threatened to drown us all. I redirected the group. I engaged in nonconfrontational communication. I, too, stayed in the neutral zone and on the fence—neither agreeing nor disagreeing with him. I simply moved discussions forward. Ultimately, by asking him questions to reflect on, I tried to help Malcolm understand that the world was not as narrow as his view of things.

Malcolm had developed into a man who thought in limited ways, without much use for imagination. I understood that it was too difficult for him to cope with the gray areas of life—the places where one can create alternative ways to solve problems. It

wouldn't matter what topic was discussed; Malcolm would listen intently and then provoke an argument. I thought about how all of these confrontations were directly related to gender differences, which concerned me greatly. Malcolm's tone of voice was charming yet decisive, offensive while also authoritative. I handled his defiance by deciding not to be reactive, remembering that he was in the group due to this very behavior and inability to communicate effectively. I recognized his behavior as a learned pattern in terms of how he related with women. Possibly, Malcolm would have been less apt to argue with a male facilitator. So, as a woman who modeled strength and clarity, I accepted each encounter as an opportunity to confront Malcolm's perceptions of male dominance.

Malcolm's lack of boundaries and poor timing when asking questions disrupted the continuity of the group. It left the other men shaking their heads in amazement at his sense of entitlement. The questions he flung at them were usually irrelevant, too complex, or too difficult to answer in the moment without sounding trite or superficial. Malcolm's constant interruptions angered me.

One day, the air in the room felt heavy—as if full of boxers ready to brawl. I seethed with a desire to verbally annihilate Malcolm. The concerned facial expressions of other participants conveyed wonder at whether I was going to lose my patience. The men looked at me, they looked at him, and they looked at me again. I was center stage again, having to respond appropriately to Malcolm's onslaught of irrelevant questions. So I took a deep breath before answering. I looked at each individual, assessing the situation. This gave me time to form a coherent, thoughtful response. You could think of this moment as a dance of anger but no, I believe I was conquering the moment by letting go of a

potentially toxic response. I breathed in and I exhaled. I chose to ignore the challenge and continued with the topic of the day.

Deep breathing is a powerful alternative to words, sometimes. My response to Malcolm's confrontation ruined the moment for him, interrupting the toxic pattern that he craved in relationship with women. The tension on the faces of other men dissipated as I steadfastly ignored the onslaught of irrelevant inquiries. Malcolm and I never discussed this situation but I'm sure the lesson from this challenge was profound.

Betrayed by Family and Society

Malcolm was detached from his family, believing all his family members were against him. To prove his point, he decided to shock the group once more. In the next session, Malcolm disclosed that his grandmother had told the family that he stole money from her, and then quickly contended that he never stole from her. He has never forgiven her for telling family members this. Malcolm declared, "My grandmother owes me an apology for lying and I'm not going to talk to her until she apologizes!" But this incident happened when Malcolm was 12 years old! His grandmother is now in her 90s. I was stunned at how long Malcolm held onto anger at his grandmother. There were probably other family members on Malcolm's list of resentments, too. "What if your grandmother were to die without you trying to make amends with her?" asked another man. Malcolm retorted, "Oh well!" His response was very alarming to the group. But for me, an art therapist, it was very informative. I wondered if Malcolm would be able to cope with his buried emotions through drawing.

To avoid giving Malcolm the same emotional slight he reported receiving from his relatives, I used his disturbing comment as an opportunity to model positive regard,

empathy, and active listening. My response to him was open-ended and empathic, forcing Malcolm to confront the gray areas of his life. In a soft voice I said, “Malcolm, everyone makes mistakes. You can show her how wrong she was by visiting her, helping her out with chores, becoming her hero.” I encouraged him to acknowledge that life is not black and white. My display of empathy also helped to maintain the group’s support for Malcolm, while also helping to keep the other men engaged in the discussion. This style of non-blaming and non-shaming supported Malcolm’s fragile ego. I maintained group continuity after Malcolm’s outburst by talking about forgiveness as a formula for repairing abusive relationships.

I introduced the group to one of my favorite writers on forgiveness: Colin Tipping (2002). I truly believed that Tipping’s concept of “radical forgiveness” was sure to make the group understand the principles and behaviors demonstrated by empathic acts. I shared Tipping’s theory of empathy, stating that there are three stages. All eyes were on me because no one had ever heard of this concept before. After explaining the differences between radical forgiveness, traditional forgiveness, and pseudo forgiveness, I told a story that I have told many times before, about a woman whose son was shot in a drive-by killing. I asked the men to listen and to think about what they would do if this had happened to them. The victim’s mother eventually forgave the perpetrator and adopted the killer as her son.

The group was speechless. Each participant toiled over how the story was about radical forgiveness or traditional forgiveness. But Malcolm wasn’t impressed. He blurted out, “I’m still not forgiving her.” Several men in the group looked at Malcolm with a mixture of disdain and sympathy, shaking their heads as if to say, “Get a grip, dude.” This

intervention provided an educational opportunity for all the participants by redirecting the dialogue and by learning new ways of treating people in general.

Muse, Reimagining, and Self-Reflection

With Malcolm, I always felt as if I was walking in a minefield dodging explosives. I had to be relentlessly mindful of my choice of words, along with their intonation and intended meaning. But this taught me to notice the immense impact language had on Malcolm's mental state, as evidenced by his rapid and variable emotional responses to every question. Slowly, I began to see past my reactions as a woman in the role of batter intervention group facilitator. I was seeing Malcolm from a therapist's perspective. "Oh!" I reflected. "These are the features of borderline personality," was the thought that jumped to the forefront of my mind. Borderline personality disorder produces telltale instability in interpersonal relationships, self-image, and affect, and is particularly marked by impulsivity. It explained Malcolm's need for control and his demand for attention, as well as his grandiosity, need for admiration, and lack of empathy for others. It revealed why, after each group session, I was mentally exhausted from the challenge of defining words for Malcolm, presenting alternative solutions to his problems, and balancing against his power and control.

After each group session I returned to my drawing table seeking the truth—via the authenticity of my art making—to the voice that is created from the image and through the truth elicited from the drawings of the group participants. These drawings seem to be genuine creative expressions based on my perception of each group member and, on my art therapy training. It is in this quiet space that I mused and contemplated what participants said, differentiating this from what they did artistically.

Turning Point

“Nurturing the image is necessary for gaining the sensitivity to adequately respond to the needs of the natural world and to the cultural needs of humanity” (McConeghey, 2003, p. 11). Each week Malcolm approached the art task by writing instead of drawing. He seemed to be trying very hard to avoid dealing with his true feelings. As if engaging in his own private ritual, each week he would declare, “I don’t know how to draw.” Initially, I didn’t confront him on his resistance and lack of engagement. I didn’t want to deter him from any expression of his feelings. In response to one particular drawing prompt, Malcolm wrote a list of lessons he wanted to show me he’d learned (Figure 14). His hope was that these drawings would not be shared with the Department of Probation or used against him in court.

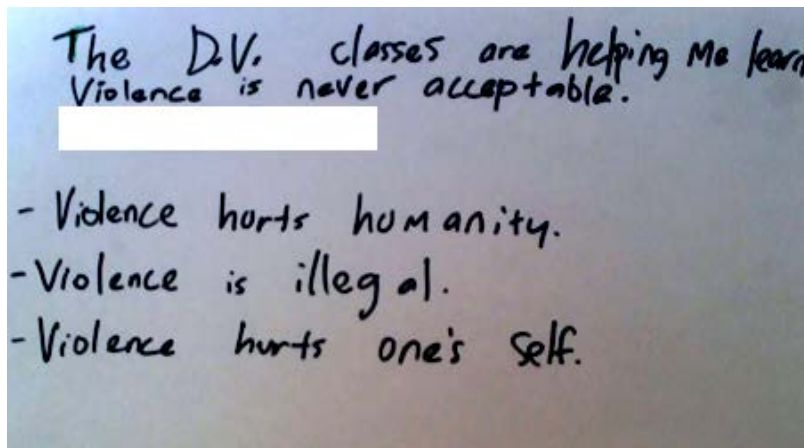


Figure 14. Malcolm’s Response to the Drawing Task

Malcolm had refused to talk about his court case until this day—when I confronted him with the fact that I could not provide the court with a satisfactory

report on his progress. This compelled him to do more to show that he was participating in a positive way. Out of fear of a negative progress report, Malcolm began to talk with the group about how he had learned aggression from his family. With his disclosure about the origins of his anger, it appeared as if a small step toward progress had been

made. I decided he would benefit from the drawing task of constructing a genogram.

A genogram is like a family tree that visually documents the different character traits, patterns, and behaviors of family members. When color is used to define these patterns of behavior, the emotions related to them are visually intensified. Sometimes a genogram will evoke insights about the negative forces that compromise a family's stability or highlight the behaviors that need to change. Alternately, one might more clearly see a family's strengths and healthy patterns. The emotional impact of mapping one's family can be surprising to people. This seemingly simple art activity was one that truly pushed Malcolm's buttons.

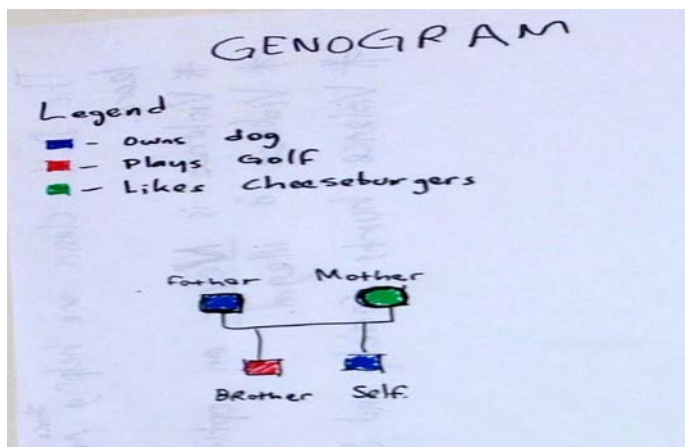


Figure 15. Malcolm's Family Genogram

You don't have to be a scholar to see Malcolm's resistance to the art task. Quickly, he sketched a simple diagram and color legend that was as superficial as possible (Figure 15). The family dog, the brother who plays golf, and a mother's

fondness for cheeseburgers—mere fluff. My clinician's mind interpreted these symbols as one of avoidance and being passive-aggressive. But because Malcolm had illustrated something on paper, now he felt justified in declaring that he had participated in the activity.

It frustrated the other men to have shared their painful family histories so openly while Malcolm placated each one of them in turn. He, of course, didn't disclose anything

related to his family history and, in fact, purposely resisted doing so. Malcolm didn't want to look at his family history. He didn't want to acknowledge all of the anger that permeated his family interactions. Instead, he retreated by being disingenuous, frustratingly so. But before I could follow up with him about the genogram, he switched to another facilitator's group. The agency informed me that Malcolm's work schedule would not allow him to continue in my group and so they had allowed him to switch out.

Finding the neutral zone truly was Malcolm's enduring pattern. He used it to survive and to maintain his equilibrium, however damaging. Seeing the reality of his life pictorially was too disheartening for Malcolm. He may not have been able to cope with his overwhelming emotions. He could no longer blame other people for his unhappy life. He was learning that life was not black and white and he could no longer survive in the "neutral zone" where everything was either/or. He must have felt petrified with his worldview being shaken up. Now I was left to wonder what would happen to Malcolm and any progress he had made in the domestic violence prevention class. He had had a major impact on my work as a therapist. Fortunately, I had a way to work with my emotions—art making was essential to my ability to reflect on this experience.

Creativity and Personal Growth

As I mindfully reflected on the group I thought in terms of systems: the whole of my domestic violence prevention group versus the individual who was Malcolm. The system had to be my focal point, rather than attempting to resolve the extensive problems of each individual participant. Within the collective and the intricacies of the system, I could astutely recognize the individual situations that ultimately resulted in battering. However, my role was to educate, to report abuse, and to produce transformative

behaviors. This goal can only be accomplished by having empathy and by understanding individuals within the systems that surround their life events. Aristotle said it best: that “the whole is greater than the sum of its parts” (as cited by Anderson, 2014, para. 2).

Drawing always helps me understand how I think about an individual’s story of intimate partner abuse. I use my drawings to synthesize and reflect on the group process. As I focus on my own artwork, I am able to develop divergent thinking and clarity. Like other domestic violence prevention facilitators, I am at risk for experiencing the trauma of group participants as a by-product of my work. But as a nontraditional batterer intervention group facilitator—as someone who uses art making as a catalyst for personal and professional growth—I can create invisible boundaries that separate the emotions of group participants from the essence of who I am. I also have the liberty of seeing the symbols and metaphors in participants’ artwork, and this increases my ability to understand clients.

Malcolm’s Shadow

Drawing after each session helped me to release ruminating thoughts about Malcolm; that is, what I should have, could have, or would have done. My art freed me from what felt like a weekly rendezvous in the cycle of violence—the tension building, the battering, and the assault projected onto me by Malcolm’s intense emotions. Paradoxically, I found that my work with the group members required me to wear a mask. I recalled Ibbotson (2008), who wrote, “We need to reflect very deeply on what is ‘the right’ mask for the moment” (p. 54). I wore a mask when interacting with Malcolm because it assisted me in remaining nonjudgmental. My acting taught me that the “right mask” was my “simple self-response to the infinitely complex moment with effortless

presence” (Ibbotson, 2008, p. 54). This affirmation resonated with the authenticity of both my artwork and the art produced by participants.

To be able to dwell inside my creative image in response to another individual’s artwork is a phenomenon. To explore emotions through the drawings of batterers is an anomaly; a gift not to be taken for granted. Examining the relationship between Malcolm, my response artwork, and the group process helped me to maintain objectivity. Art making also helped me to develop interventions that could offer broader alternatives to thinking in black and white.

The blank white paper that accepted my charcoal marks offered me a bounded space around the intense emotions I felt and introduced me to the reality of what a tethered relationship must be like with such a wounded man as Malcolm. I began by capturing my perception of Malcolm’s edgy personality with a large geometric form in the center of the page that suggests a dark character who could explode at any moment (Figure 16). The rectangular box seems to be a container that holds Malcolm’s emotions—a strongbox to control the veiled, abusive, passive-aggressive interactions he uses to hurt others emotionally and physically. Although this image looks like a nuclear

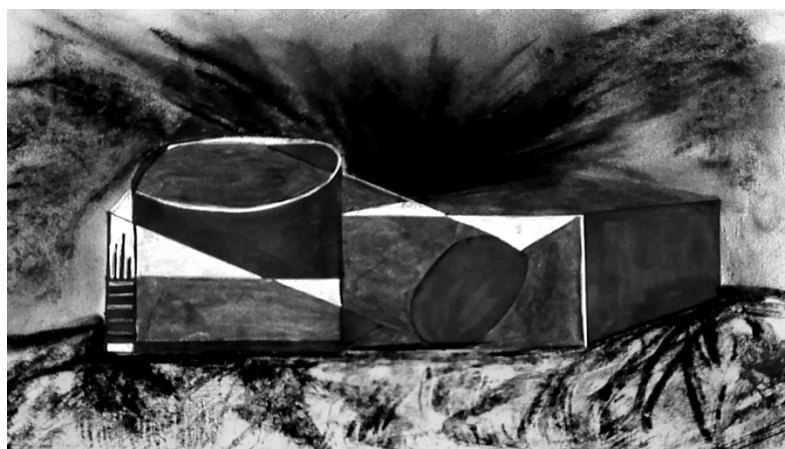


Figure 16. Malcolm’s Shadow (Response Art)

power plant that is about to implode, it reflects a self-contained prison, isolated and barren. The barbed wire fencing used by many prison institutions is simply

implied. Gray and silver tones create an interplay of negative and positive space, which is symbolic of the gaping holes in Malcolm's story about what brought him to the group.

Blackness emanates from the top to represent his volcanic reactions to feedback—whether from his boss, his coworkers, his family members, or the group participants who heard him tell his story. To the left, small rectangular lines represent a thermostat that symbolizes Malcolm's fluctuating moods.

Gazing upon the drawing, my first inclination is to ignore the brooding violence and appreciate instead the sensual feel of the charcoal. Its softness reminds me of my desire for a gentler, verbal Malcolm, devoid of challenging questions. The charcoal gives voice to my silenced feelings of intolerance and anger. In contrast, to produce the darkest part of the picture, which looks like a volcano erupting, I had to dip the charcoal in water, as though physically tapping into anger. Does the volcano belong to Malcolm or to me? To reinforce my professional stance, I embrace my drawing and ask myself, "Why am I angry? Do I have what it takes to deal with his tests of trust?" At the time, I wondered whether I should I allow Malcolm's deeper feelings to surface and help him work through his contempt for women. Confronted by this picture I now wonder, "What do I do with my feelings?"

My drawing is primitive. Its simplicity reminds me of Malcolm's black and white thinking and his rigid ways of processing information. At times he was emotionally flat; other times he could quickly spiral up and down like the thermostat I added to the picture. As I reflected on my work and spent time with his own drawings, I became keenly aware of the reality that Malcolm had extensive work to do to reach the goals mandated by society. Yes, he disclosed guilt and regret about abusing his partner. But he also had to

cope with institutional racism, which contributed to his anger and aggression, and a fragile self that seemed to be falling apart. Should I dive into this arena? Or hold back and hide behind the pretext that coping with oppressive systems is not in the Department of Probation's curriculum?

The answers to my questions seemed to be found in my artwork, which said, "Anna, not everything is in black and white. There is silver in the image, like the gray areas of life. Think of this as the 'neutral zone' Malcolm sought—the life-space where there is room for possibilities." I feel supported by my artwork and its message that art-based activities also would benefit domestic violence prevention group participants. My reflective drawing uncovered the authenticity of my client–therapist relationships even as it exposed my mixed emotions about Malcolm and aroused more questions than answers.

I treasure the experience of reflective response drawing. The intrinsic value of art making provides a place where divergent thinking became a reality. Art making can assist batterers as well as myself with strengthening interpersonal skills by being able to dissect the image, to compartmentalize what's happening pictorially, and to connect the intuitive creative expression to thinking. It can support the goals established by the Department of Probation because batterers instinctively draw the raw material or essence of their experience; there are no masks to wear. Drawing can be a visual observation of progress. Drawing can measure change over time or reflect a lack of progress, as evidenced by Malcolm's genogram. Art making can aid both batterers and facilitators in processing anxiety, guilt, depression, and anger. It can also instill hope.

Introspection, Vision, and Clarity

I decided that another response drawing might provide more insight to help

resolve my perplexed feelings. I created *Hidden* (Figure 17) with charcoal and ink. It's a foreboding picture that developed over several days; a portrait of intrigue. It was my attempt to represent the complexity of the intertwining relationship with an abusive man. A profile of a face is overlaid with an amorphous white abstract design embedded in several spots with black ink. It captures Malcolm's black and white thinking, or

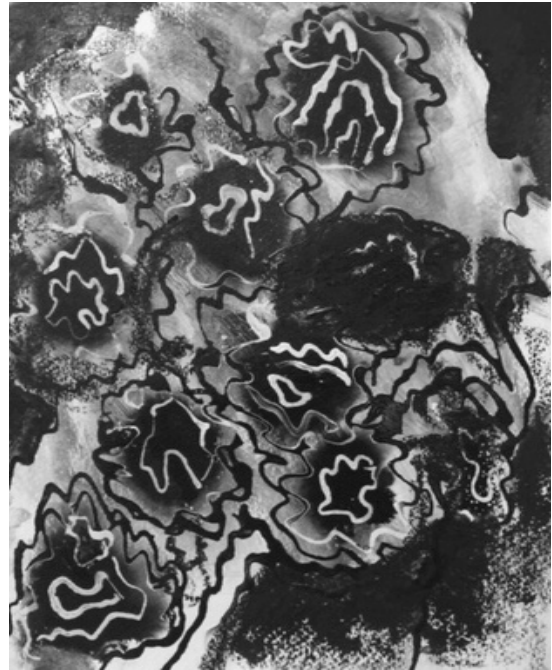


Figure 17. Hidden (Response Art)

perhaps his mixed race. The dark glasses illustrate Malcolm's distancing of himself from others. Maybe the dark lenses depict Malcolm's avoidance to see the havoc and destruction he causes in his intimate relationships.

As I reflected further on this image I became more aware of how abstract it is. Malcolm's life was certainly abstract as well. However, the black ink in the background does not leave room for white ink to seep through. This thought has several metaphorical implications. Malcolm believed that he was constantly harassed by the police. The black background implies that there is no room in his life for White people. Maybe this was my way of depicting Malcolm as being the center of his world; his attitude in group demonstrated his need to be center stage.

Conclusion

Studying *Hidden* with reflective distance helped me to recover my objectivity. I could now think about the perceived trauma Malcolm expressed related to his family

interactions. Maybe his hurt was fed by small incidents, ultimately culminating in a vortex of uncontrolled anger. This image is so foreboding that it seems to have a voice, which whispers, “too close.” Malcolm never seemed to desire closeness with family members, per his assertions, even as he pushed for attachment verbally. In addition, because of his elusive disclosure I will never understand the circumstances related to his intimate relationship that resulted in his group enrollment.

In retrospect, once again I ended up with more questions than answers. The intense energy of the portrait tells me that maybe I had not mentally terminated the relationship with Malcolm or found closure yet. The bold emotions I see displayed in my two response artworks remind me of the emotional roller coaster of energy I exhausted working with this DV prevention group participant. I think about Malcolm’s passive-aggressive behavior and his dilemma of wanting help while simultaneously rejecting that help. My unwavering presence with the pictures elevated my professional capacity for seeing more clearly. Art making supported and acknowledged my emotions and insulated me from Malcolm’s intrusive behavior. Thus strengthened, I could provide Malcolm with the opportunity to interact with someone who would not be exploited.

Billy: Living on the Edge

Billy met the textbook definition of a sociopath: criminally impulsive, prone to rage, lacking in empathy, and exhibiting little regard for risks or the consequences of his actions. He had been arrested several times and had had multiple detainments in juvenile hall and jail. Billy appeared to be a loner. He never socialized with the other men. He appeared to be uninterested as peers told their stories of why they were in the domestic violence prevention group. A tall, lanky young man with a short military style haircut and

otherwise ordinary features, Billy appeared younger than his true age. But look into his eyes and you would feel as if you could see right through them. They gave me a glimpse into the void where I would expect empathy to reside. They stared back at me from their hollow depths: two pools—clear, blue, and icy cold.

Billy attended group sessions weekly and maintained a posture of indifference as he sat slumped in his chair, staring at the ceiling. He told his story of the battering event haltingly, trying to figure out the correct words to use. There was zero empathy; he seemed to be telling someone else's account of abuse. He seemed to have no remorse for battering his wife. Communicating with Billy was difficult because of deficits in his education and his ability to process information as well. He frequently looked perplexed, as though he truly did not know what I was talking about. He seemed unable to follow a continuous thought. To compensate, Billy looked me in the eye, then answered any question with "yes," "no," or "I don't know." When these responses failed him, Billy just sat, staring at me as if I was not there.

It was Billy's third enrollment in a domestic violence prevention class. The start-and-stop encounters with him to build a rapport were emotionally draining for me. He was constantly raging at something or someone. I was the most obvious target of this anger simply because I facilitated the group to which he'd been assigned yet again. As part of his plea agreement, the judge allowed Billy to continue his DV education where he left off before being incarcerated. He was given a break; he didn't have to start over from the beginning. Now, it was my turn to work with Billy to complete his 52 weeks of classes.

It clearly perturbed Billy that he had to actively participate in order to appease his

probation officer with my progress reports. If he were unsuccessful in completing the course in good standing, he would be sent back to jail. It didn't help that Billy had reentered the group at a time when many of the members were halfway through. There was a group cohesion that he was not a part of—not that he wanted to be. So there he sat in self-imposed isolation, a perfect picture of smoldering hostility. I saw his sulking mood and vacant stare beyond my shoulders as he sat slumped in his chair.

The group's 2 hours often felt like 8 to me as I tried to engage Billy in participation. The other men soon seemed ready to rescue me from Billy's sarcasm. However, I knew that for Billy to begin the process of change, I had to confront his sociopathic behavior and verbal assault.

No Regrets: Session 1

I asked Billy to tell the other men how he came to be in the group. This was my standard ritual for new members to introduce their alleged offenses to the whole group. There were no secrets here. In this way they could tell exactly what they wanted us to know until they were ready to become truthful. But my opening prompt was intolerable for Billy, who reacted with visible rage. His face flushed. He suddenly sat upright in his chair; I felt myself grow smaller under his piercing, scornful gaze. Reluctantly and angrily he snapped, "My wife got smart with me. I was tired of her mouth so I smacked her." The room became so quiet you could hear a pin drop. All eyes were on me, waiting to see how I would react. Stunned and speechless, I simply said, "thank you."

Although it might have seemed inexplicable to the other men, my response to Billy's abusive words actually was a way of composing myself. It is amazing how skilled some people can be at pushing buttons and Billy certainly was pushing mine. I took a

breath, met his eyes and stared back at him, and then calmly continued on with the group activity. I felt it was important to move on to avoid giving Billy any further attention. His withering response to my first encounter with him is forever etched in my memory.

Impervious and Lawless: Session 2

The next week I was prepared to confront Billy and his words and behavior from the previous week. I calmly informed him of the requirements of his participation, but Billy would have none of it. He became enraged and started to yell. Forcefully, he blurted out, “You think I’m young because I look young!” What did Billy mean? I had no idea. What he was saying made no sense. I quickly considered the possible causes for his outburst. I realized that when I had talked with him in front of the other men about his attitude, he believed I was disrespecting him, which triggered his rage. With a hostile tone in his voice, his straining face flushed with blood, Billy warned me, “I’ve been in jail and I have no problem going back!”

This gave me an opening to inform him that going to jail was not an option for him. Going to prison was his next step. “You have to realize, Billy,” I explained, “prison life is very difficult. It is nothing compared to jail.” Now others spoke up, wisely trying to dissuade Billy from continuing his verbal assault. The men who had spent time in prison warned Billy that he wouldn’t survive. And why was that? Their unspoken message was that in prison, Billy would become another man’s “b——” because of his youthful attractiveness. As their meaning dawned on him, Billy lost all semblance of control. His rage erupted like a volcano. He cursed at me and at the other group members. He jumped up from his chair and stormed out of the room. Everyone else was left startled and confused. Stunned, I thought to myself, “What just happened here?”

I brought the incident of Billy's outburst to my supervisor. In supervision we explored what to do, due to the fact that Billy was so close to completing his third attempt at a court-ordered 52-week domestic violence prevention program. He had only five more classes to go. The situation presented an ethical quandary to us as mandated reporters. If we did not report the incident to the Department of Probation, there could be legal fallout. But if we did report it, it was quite possible that Billy would be remanded to prison. There also was a potential liability problem for the agency, because Billy was clearly a threat to me and other group members. My supervisor had never before had to deal with an incident like this. Together we reviewed the options. I was adamant that Billy needed to be reported, not only because of the risks to me and others but because Billy's outbursts made it clear that he was still quite capable of hurting his wife.

Identity and Empathy: Session 3

I debriefed with the group the following week in order to make sure everyone understood that Billy's behavior was unacceptable. However, my authority had been undermined in that the agency had decided to let Billy complete the few sessions remaining in order to graduate from the program. I disagreed with this decision. I reasoned that I had evidence of his lack of progress and therefore submitted an unsatisfactory progress report to the Department of Probation. I had no doubt that Billy would eventually end up in prison for partner abuse.

Although my action was reasonable under the circumstances, my commitment to this work felt less clear and stable. I was perplexed about the legal aspects of Billy's enrollment and about the implicit understanding that Billy had to successfully complete the class. I had started working with Billy toward the very end of his mandated

commitment. I wasn't happy with the outcome and I silently questioned how someone like Billy could participate in so many classes without his sociopathic behaviors being scrutinized more closely. Reflecting on the incident, I considered that having to switch to a female facilitator may have triggered his disrespect of women. Having a woman in charge of his destiny was impossible for him to reconcile with his own history and belief system. Race may have also played a role in Billy's resistance, anger, and attitude, evidenced by several of his tattoos that indicated his allegiance to the Aryan Brothers, one of the most racist gangs in jails and prisons.

Complicating the behavioral problems that landed Billy in jail, he also appeared to have significant learning problems. Billy could not read. I recalled that whenever it was Billy's turn to read aloud to the group, he would make a sarcastic comment. It was only after I insisted on his participation that the other group members and I understood Billy's limitations. He read slowly, mispronouncing every other word. I remember the disbelief of what they were hearing on the faces of the men. The energy in the room became tense as everyone ducked their heads and refused to look up to meet Billy's eyes in order to avoid humiliating him. Their heartache for him was evident. The depth of Billy's problems seemed overwhelming.

Billy's inability to read changed my feelings in this session from apathy to empathy. In that moment something changed for Billy as well. He told the group that he hated reading. "I never learned how to read in school," he explained. "In my sophomore year, I dropped out of high school." With his secret now out in the open, Billy relaxed a bit. Somberly, he told the group that he had been abused as a child and wasn't encouraged to go to school. He said he had a bad relationship with his parents. He felt

abandoned by them. Then he disclosed how ashamed he felt that he couldn't read to his son. It struck me that without reading skills he also was severely limited in understanding the educational agenda of the group, especially this session's topic on the effects of domestic violence on children. Dawning insight into how he was damaging his relationship with his son was really upsetting to Billy. He suddenly shut down and returned to his usual guarded, uncompromising self. When I explained that learning about the effects of domestic violence on children was a required topic, he abruptly left the room with a bright red face. I believed that he didn't want to have another power confrontation with me.

After the session, a group member stayed behind to tell me that Billy's girlfriend had filed a restraining order against him, which was to keep away from her and his son. Now I understood Billy's reactions. But at the same time that I felt for him, I was also saddened that he couldn't explain himself. My wave of emotions that mirrored Billy's own emotional ups and downs could be put into some kind of context that could help me cope. The pieces of the puzzle that was Billy were slowly coming together.

The Interlude: Self-Concept and Artistic Perception

The roots of my empathy for Billy developed further when he gave drawing a try. I directed the group to draw a picture of an animal to symbolically represent an aspect of their personality. Such a drawing presented insights into a person's self-selected metaphors, self-esteem, and self-worth. However, Billy misunderstood the assignment at first. He actually thought I was "calling him an animal." Once assured that this was not what I meant, he was able to draw a symbolic image of himself (Figure 18).

It surprised me that Billy had drawn himself as a bear. He wrote, "This is how



Figure 18. Bear Self-Portrait (Billy)

people see me,” but I had asked him to draw “how you see yourself.” Billy missed the intent of the art task. He drew the image of the bear in the center of the page along its bottom edge. The bear looks menacing. It has claws for fingers and, instead of a bear’s rounded ears, they are pointed like a devil’s horns. The bear crouches as though it’s

going to attack someone. I find myself thinking, “That someone might be me.” Then again, its rounded softness and expression of surprise also suggests that the tables are turned on Billy. Perhaps it is the bear that is under attack, its hands raised in surrender. A tiny butterfly—could this be me?—buzzes the annoyed bear, and a quartet of V-like birds are ready to swoop down on him from above. Billy described the bear as a “slow, lazy bear,” and “ignorant,” which confirms his fears and poor self-esteem. Billy acted like a bully-bear in order to mask his weaknesses.

Although the bear looks aggressive, in his seated position he seems to say, “Look at me, I need help.” I can’t help but have empathy for this bear, whose mouth is shut—drawn in a way that makes it seem impossible for it to ask to help. Perhaps Billy is acknowledging that he’s a man-child needing to be recused but his lack of trust alienates others from helping him.

The words “Bird Ears” are written at the top of the picture, separated from the whole of the image. Maybe these words are symbolic—perhaps they’re a metaphor for

Billy's strong disposition and will to cope with conflict in his way, without listening to authority figures. The most dominant element besides the bear is the overly large date, 9-16-14. Elaborately detailed, it nevertheless hangs at an angle over the bear, as if pressing down upon it. The vertical, black strokes of the letters remind me of the bars of a cell. Billy's tag-like numbers look as if he is proficient at tagging walls in public places, which contrasts with his otherwise underdeveloped drawing style.



Figure 19. Billy 666 (Billy)

Figure 19 is Billy's self-portrait drawing. Although it depicts a face, its features are not completely illustrated. The prominent blue eyes are bloodshot; when I look at them I feel a sense of paranoia. The mouth is crossed out and plastered over with a large, centrally placed "666." The feeling of the drawing is conflicted: a crossed out mouth suggests self-censorship,

whether to control his impulses and hostility or as a struggle to communicate his emotions verbally. The 666 is a taunting symbol of the devil, which projects a controlling power that Billy both wishes to project and also reject as if stating he's really not a devil. A row of vertical strokes appears on the bottom of the page, perhaps as teeth or as the bars of a jail cell. The drawing draws attention to the mental health problems that are beyond Billy's awareness.

Figure 20, entitled *Fear*, was created in response to the directive that group members draw an iceberg to represent their experience of anger. By depicting what is

under the iceberg, the amount of underlying rage can be expressed.

As with an earlier drawing of a sinking ship, Billy identified his anger as triggered

by disrespect and being

taken advantage of. Anger made him feel like “the Titanic, a sinking ship.” Although Billy accepted that his anger is an emotion, he seemed to be more accustomed to and consumed with rage. Looking at the scene from the lower right corner, the figure of an octopus reacts with an expression of startled fear. The details and complexity of his drawing makes clear that Billy was able to use drawing to help overcome his deficits in verbal emotional processing and to provide a voice for the many things he could not say.

The Art of Reflection and Self-Healing

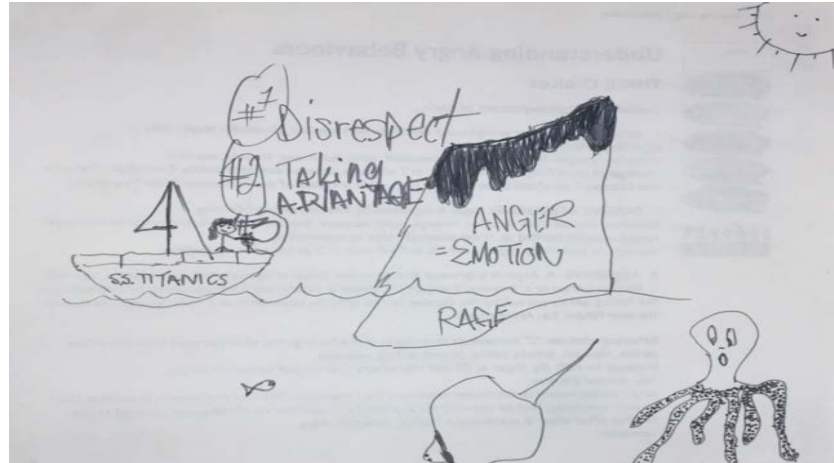


Figure 20. Fear (Billy)

My drawings in response to Billy also evolved as a series. Figure 21, *Emotional*

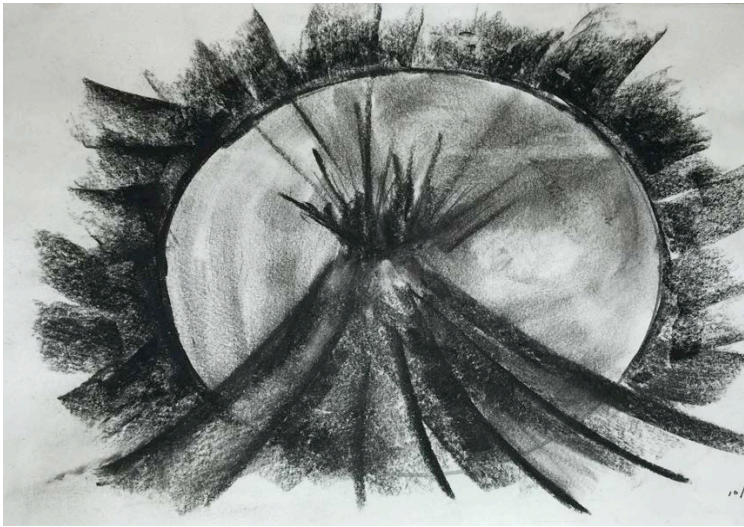


Figure 21. Emotional Eruption (Response Art)

Eruption, represents my anger at being verbally abused by Billy during our first session together. The circle with thickly applied charcoal in heavy strokes protruding from around the perimeter reinforces a solid boundary to keep negativity

and the threat of violence at bay. At first I viewed the volcano in the center of the page as Billy's impulsive, explosive interactions toward me. The composition is arranged like a target or a bull's-eye—as if Billy has me in his sights. Then I see that the dark circle forms the image of an eye, its pupil placed at the very center of the explosion. Who is the target and who is the victim? Who is seeing whom? The black charcoal surrounds me, protecting my core, embellishing the outside of the circle. The bold use of the material expresses the will to avoid a power struggle. The softness of the interior of the circle is soothing, with a glimmer of hope for a constructive ending to working with Billy. The cloud-like lighter color on the right side of the circle symbolizes hope. The volcano of emotions I sometimes feel can easily subside, just as the charcoal seems to disperse in light and dark shades descending the volcano. The power struggle seems to be in me—as the molten ash descends, I can begin to breathe.

As I studied this unsettling drawing I struggled to cope with my anger and desire

to call Billy on his behavior. The right thing to do was to report him to the Department of Probation. This drawing, so aptly titled *Emotional Eruption*, clarified my indecisiveness around reporting Billy. Understanding my feelings through my artwork comforted me and enabled me to work harder to help him develop emotionally. I needed to monitor when to set limits with his abusive behavior and when to ignore other behaviors that compromised his grasp of information. Mostly I wanted Billy to leave my group with some coping strategies.

Billy did make some progress. One day he actually told my supervisor that he wanted to apologize to me. After he had graduated from the program, I drew Figure 22, *Letting Go*. The charcoal drawing of the volcano from my first encounter with

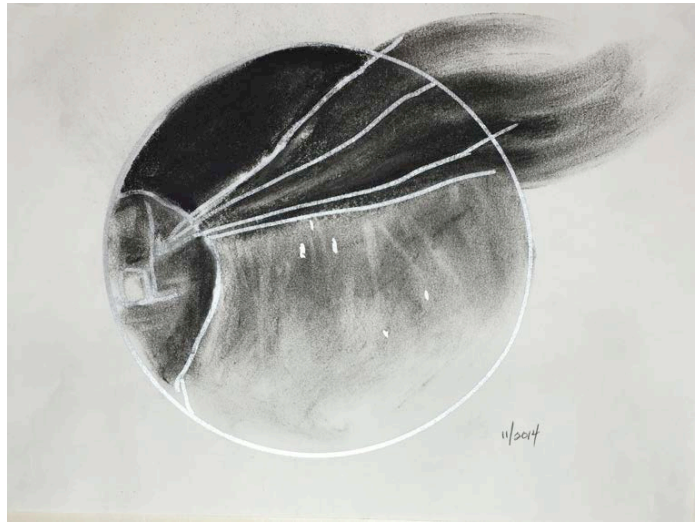


Figure 22. Letting Go (Response Art)

Billy greatly contrasts with this response to my last encounter with him. There is a half-drawn fist that is releasing negative energy. This discharge is electric as it disperses the blackness of the sky. The boundary between dark and light has thinned, illuminating delicate raindrops that fall from a foreboding sky. This drawing captures the difficulty I had in containing and letting go of Billy's emotional energy. Perhaps this image represents the termination of an inward struggle—a mental tussle for me to work with Billy's sociopathic behaviors. As I continued to reflect on this image I believed the tears are ones of gratitude. "I am now mentally free!" As the tears flow, the sky lightens as I

am released from the darkness that could have pilfered the sunshine of hope I have for all of the men in the group.

Conclusion

When placing individuals in the psychoeducation group, the agency interviewer did not inquire about each enrollee's level of education. I learned from Billy himself that he was a high school dropout. He also seemed to have other mental health problems that made it hard for him to meet the legal expectations related to his felony conviction. He was given a break by being allowed to enroll in the domestic violence prevention group for the third time. Myriad problems could have accounted for Billy's behavior and hostility. I will never know the whole truth of who Billy is, nor will I even fully know what happened that made him into an antisocial human being. What I do hope is that Billy's humanity was strengthened with more information than when he entered.

Dear Lover: Ken's Ephemeral Attachment

Ken was a recently divorced man with two sons. By all accounts he was a responsible, loving father. But within his extended family, Ken longed for a companion—a "buddy" he could relate to. Thus began Ken's struggle with family secrets, a ghastly friendship, and an attachment to unhealthy love that marked his descent into hell. Ken's violent behavior consequently resulted in him being mandated to attend the domestic violence prevention group.

I met Ken when he had already completed most of the program. The shift to a new facilitator really stressed him out. It meant that he would have to revisit the drama of disclosing his story to yet another DV prevention group facilitator. His demeanor toward me was pleasant, courteous, and nonconfrontational. However, there was another more

aggressive side to him that he revealed when we discussed why he was in the group. It was like seeing someone turn into a chameleon. His whole body language changed. He began to stutter and turned bright red with discomfort and shame. I felt quite surprised that Ken had completed 44 group sessions yet still carried so much anger.

Ken's Story

“Every payday me and my brother-in-law Todd went out drinking after work,” Ken began. “We liked to hang out together. Mostly we talked about things, like, you know, work, family, and friends.” It was clear that Ken loved Todd and considered him his best friend. Because Todd was married to Ken’s youngest sister, their families spent holidays together and their children loved being with their cousins.

Ken’s wife Allie was also very close to Todd. They enjoyed the same hobbies and spent hours together building model railroad cars. Ken said that he had not been bothered by the amount of time Todd and Allie spent together. After all, Ken was the only son in a family with four girls. To his way of thinking, it was great to have a “brother” and a wife who truly got along.

Allie was a mother who did not work outside the home. So it concerned Ken when she began to spend less time with her sons. He noticed she’d stopped doing many routine chores like laundry and making meals. “My boys told me that Todd was coming over to our house almost every afternoon,” he stated. Ken hadn’t known; Todd had never revealed this “secret” to him. Allie hadn’t told him about it, either. He had assumed Todd was at work in the afternoons.

Ken thought he had offended Todd in some way, and that this was the reason for why they were spending less time together. He pondered what to do to mend the

relationship with his buddy. Then, one afternoon, as Ken was mentally beating himself up for the rift with Todd, he decided to go talk with Allie about the situation. When he arrived home, Allie was nowhere to be seen. He found her in the bedroom—with Todd. “I thought I was imagining what I saw,” Ken exclaimed. “I could not believe it! I’ve never felt so low, so betrayed, so humiliated and stupid.” To make matters worse, Todd got out of the bed laughing. He put on his clothes and left. “Allie jumped up screaming about how much more of a man Todd was than me and I just lost it,” Ken related. “I slapped her and threw her out of the house. I wanted to kill the both of them. I gave that b—— everything!”

In telling his version of the battering incident, Ken was adamant about his innocence. His assertion had everything to do with how he still rationalized his behavior. Ken told us that he could not figure out what to do next. He loved his kids. He didn’t know what to tell them about their mother. He also believed that they already knew their mom was involved with another man. Meanwhile, Todd went back to his wife as if nothing had happened. That’s when Ken decided he had to tell his sister that her husband had been sleeping with his wife.

Ken said, “One day after work, I drove over to my sister’s house and told her about Todd and Allie. My sister denied it. She just couldn’t believe her husband would do such a thing. She accused me of lying.” Ken felt alone and betrayed. “I could not believe my own sister would take Todd’s word over mine.” To her credit, the next day Ken’s sister confronted Todd about the affair. “At first, he denied it,” Ken explained. “Then he manned up and said ‘yes, I slept with Allie but it didn’t mean anything.’” Having told his sister, Ken despaired that he couldn’t stop another family breakup from

happening. “She told Todd he had to leave—it’s over. I felt a tremendous amount of guilt,” he admitted regretfully, “but I had to tell her.”

After Ken told his story, the room was quiet. It felt as though the entire group had been pulled down into a deep vortex of Ken’s sorrow. I saw reflected on their faces an understanding, as if Ken’s story was their story. They surrounded Ken with words of empathy and encouragement, and exchanged phone numbers so that he would have male friends to call for support. I supported the men’s actions by nodding and, more importantly, by remaining quiet. Aware that I was a woman in a role of power and authority, I pulled back my own energy and allowed a comforting male energy to fill the room. However, I did not lose track of the fact that what Ken had done was wrong and unlawful.

The following week I returned to Ken’s story to follow up on how the group was processing it. It was important to honor his real feelings and also to discuss the violence he had inflicted. I needed to reaffirm that attacking and hitting his wife was not okay. I was obligated to refocus the group, to draw attention to the legal issues involved in Ken’s story. After a discussion on violence prevention, I encouraged participants to draw.

Ken was ready. Done with words, he wanted to draw. He felt the need to put his overwhelming feelings on paper. So he started a storyboard, which is a series of small drawings, to track his feelings visually. In this way he could keep himself grounded and avoid violence for his boys' sake. Ken was allowed to have supervised visits with his sons and he desperately wanted to be a good role model to them. He was steadfast in his belief that violent behavior would never separate him and his children again.



Figure 23. Buddies (Ken)

The first drawing in Ken's storyboard was created in pencil (Figure 23). It depicts two large mugs of bubbly beer clinking together in a toast. Below them is the figure of a man whose

smile is partially hidden behind a banner that says "happy hour." Ken told me it represented his past routine of bar hopping with Todd. It illustrates how happy Ken was with his best friend. Drinking beer and shooting the breeze was how Ken and Todd bonded and shared their family secrets. Below the surface, however, is another, less innocent interpretation of the story being told here. Two happy beer glasses, like perfectly matched lovers, join in a spark of energy; they are poised to fill each other in a warm, liquid embrace. Step back a little and the image reconfigures into what looks like a pair of unzipped pants. Below the veer of their joining, a man hides at the appointed afternoon hour, like a guilt-stricken peeping tom.

Next, Ken drew Figure 24, *Dear Lover*. He drew it to symbolize the relationship Allie shared with himself and with Todd. The drawing contains many opposites within one picture plane. In the center is the figure of a woman with bared breasts, blushing face, and provocatively raised arms that express seduction. She emerges from a heart split in two. Her voluptuous figure is surrounded by a large



Figure 24. Dear Lover (Ken)

web with the words “dear lover” and flames of fire licking out from behind it. A scattering of stars are placed in the foreground, which give the picture a mythic quality. Ken said that the drawing was about “hell, brimstone, and fire.” He pointed to “the split in the relationship” that he said was “simultaneously illustrating heaven—the way things used to be.” Ken drew his broken heart and placed it tenderly on the backdrop of his wife’s “web of deception.”

Eventually, Ken started therapy for support in his new single-parent relationship with his sons. He also wanted to work through his dependent relationship with his ex-wife, and to explore new friendships. His determination to understand his emotions was much more important than understanding how his marriage went so wrong. His willingness to share his progress with the other men in the group was a step in the right direction. He encouraged them to go to counseling. Ken said to the group, “the best thing I did was to seek advice from someone who wasn’t a family member! After several

months of counseling, I'm beginning to feel a little like myself." He also shared, "Letting go of 17 years of marriage is like throwing my youth in the toilet." For his sons' happiness, Ken was determined to let go of depression and move on.

I noticed that Ken's emotions were no longer channeled into a vortex of anger and vengeance. He eventually started dating. And, as a test to his personnel growth and to eliminate emotional family distress, Ken asked Todd to meet him at a bar for a drink. Ken wanted to let Todd know that he forgave him. So he met with Todd at their favorite bar.

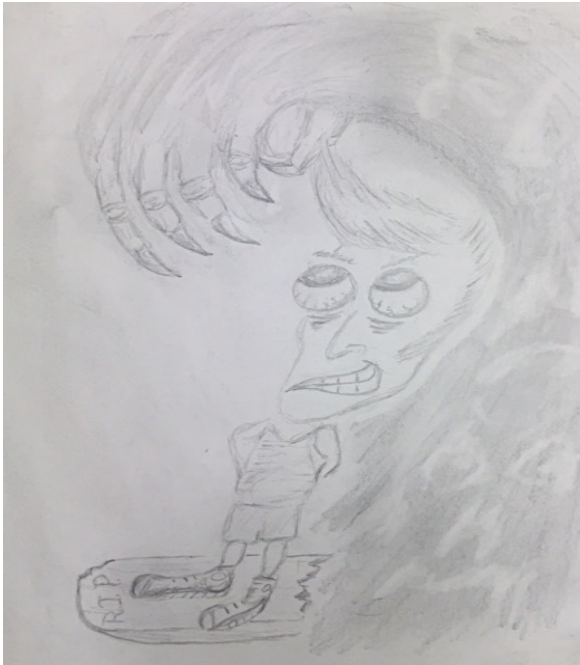


Figure 25. Forgiveness (Ken)

"I forgive you Todd," Ken said. The response from Todd was, "F—— you!"

Figure 25, *Forgiveness*, was Ken's way of saying goodbye to his wife. Perhaps it was aimed at his painful loss of Todd as a friend, as well. The theme of forgiveness is important in the journey of moving forward in recovery from DV. Every man in the group knew they had to forgive themselves and their victims.

Despite the fact that Ken had tried to move on with his life, his drawing of forgiveness projected a sense of fear, anger, and rage. A large, central figure of a man is shown standing on a broken tombstone with the letters RIP ("rest in peace"). Looming above the figure is a menacing hand with claw-like fingers. Swirling behind him in the background are ghost-like images. The entire drawing projects a feeling of horror. It is incongruent with what Ken disclosed verbally about forgiveness. It carries overwhelming

emotions of his anger, loss, and betrayal that he must overcome. How could such an image represent forgiveness? The man's rational head is detached from its reeling emotional body and the facial expression is one of absolute fear. Something was threatening to engulf Ken, his life, and his future with his children. Perhaps it was the fear of emotional breakdown, resurgence of uncontrollable violence, or impending death.

Emergent Aesthetics

The swirling emotions in Ken's drawings haunted me. I couldn't stop perseverating on his misfortune. I felt the need to produce a swirling image of my own and give it a broad, sweeping movement that would express my letting go of his sorrow

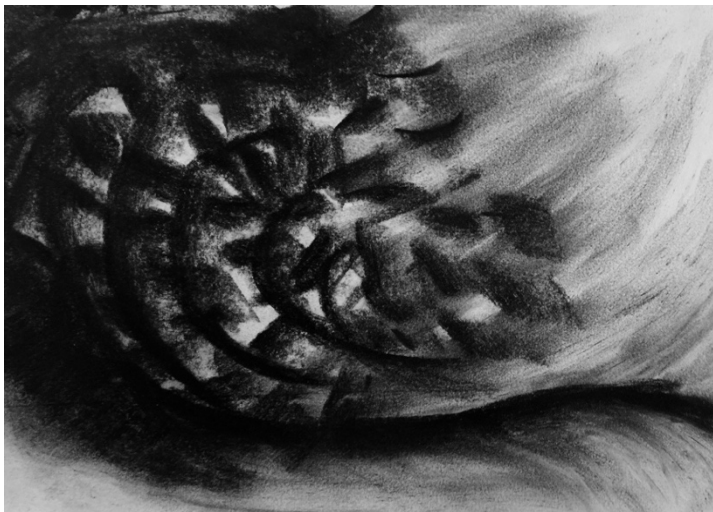


Figure 26. Letting Go (Response Art)

(Figure 26). The tumble of black charcoal shapes represents Ken's fear in confronting his impulsive, reactive, and violent behavior, as well as the complexity of having to relinquish and put his "perfect" family into the past.

The gritty charcoal makes a bold statement. The drawing represents Ken's movement into the new role of being a single parent. It also illustrates the stormy road ahead.

Letting go led me to a deep sense of calm. Figure 27 arrived as a more contained, charcoal mandala, which I titled *Transcendence* to illustrate the continuing maze of family difficulties and challenges that Ken had to meander through. The drawing is composed of spirals and map-like symbols viewed from above, as though I had gained perspective from my entanglement in his story. The parallel lines on the left depict a road that represents the journey of Ken's past and where he is going in the future.

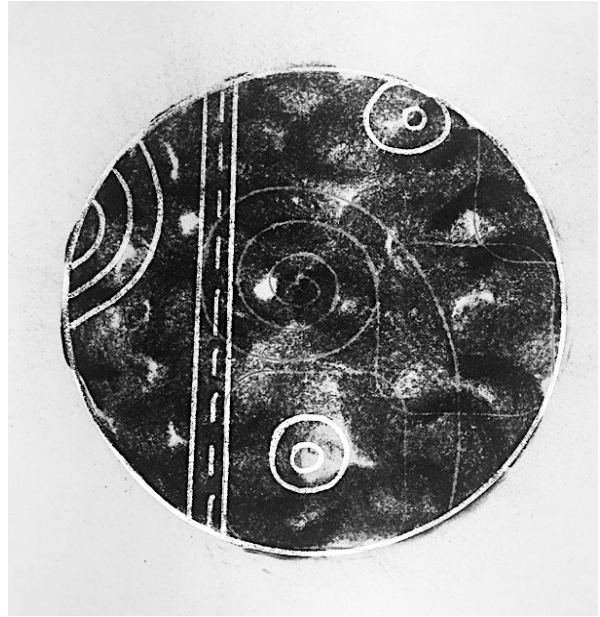


Figure 27. Transcendence (Response Art)

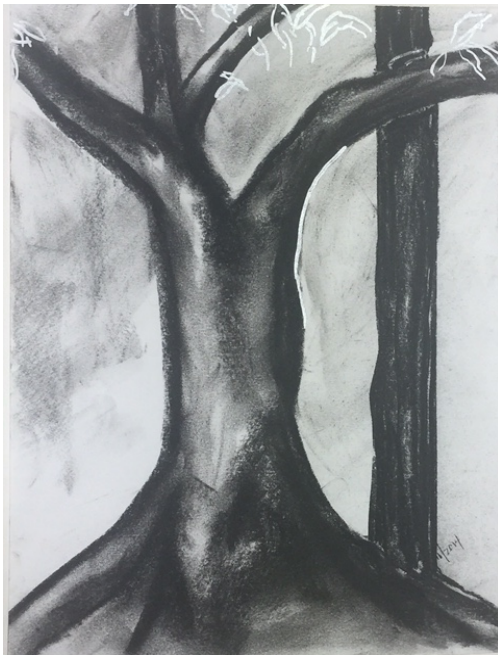


Figure 28. Baobab Tree (Response Art)

With these new insights, I focused in on the relationship between facilitator and participant. Figure 28, *Baobab Tree*, actually depicts two trees. I felt I had to be the strong, upright tree in the background. I had to be there in case the dynamic, multi-limbed tree in the foreground might fall. I realized that my empathy for Ken was twofold: I did not want Ken to flounder in front of his peers when he told his story with such fragility, and I knew that Ken needed a

great deal of support to salvage and gradually rebuild his self-esteem. The tree in the

foreground of my drawing carries this sense of vulnerability in its soft, torso-like surface. The delicate, colorless leaves, I believe, represent the outlines of Ken's unknown future, which I hoped he could color in with his lifelong journey.

Turning to the matter of Ken's future, I created a black and white ink print to express my hope for him (Figure 29). His road to recovery will traverse



Figure 29. Journey (Response Art)

mountains and valleys. Tears may fall but, like the mountains, my wish for Ken is that he will remain strong, with no residual behaviors to draw him back into violence. Optimistic though this message seems, I am assured by Ken's sons who will thrive from his pillar of strength, will, and determination.

Conclusion

Ken's story filled me with sorrow. I wanted to rescue him, to protect him. I could not imagine a worse way to tear apart a family than Allie and Todd's affair. Gone was Ken's family history, rituals, and culture. However much I felt for him, Ken's behavior was still spousal abuse! I could only work through conflicting emotions and access my empathy through drawing.

Sympathy is not empathy, as my desire to rescue Ken epitomized. Reflecting on the movement toward clarity that my charcoal drawings gave me, it became clear to me that somewhere along the way I had lost my objectivity. The depth of my drawings

allowed me to look beyond the surfaces of the images for insight. The charcoal medium was bold and strong. When I finally shifted into the fluid inks to express my evolving understanding, I was pleased how utterly my reflective work had grabbed my attention! The myriad shades of grey whispered to me, saying, “Like the water in this image, Ken’s new behaviors may be ephemeral.” My art informed me that now it was okay to let go—to remember my role, to regain and maintain boundaries, and to instill new hope.

CHAPTER 5: REFLECTIONS AND IMPLICATIONS OF THE PROJECT

The Duluth model has been criticized for its “confrontational, deficits-based orientation and lack of motivational components, as well as the lack of therapeutic engagement and attention to individual needs” (George, 2010, p. 1). My acquired knowledge indicated that the Duluth model had not kept up with the ever-changing cultural and demographic characteristics of batterers, which rendered this concept of DV prevention ineffective. I surmised that a multifaceted, innovative, mental health curriculum should be initiated to address the extensive underpinnings of diverse populations, one that incorporated art therapy. Drawing was a primary modality used for the art therapy experientials in my study. It was my preferred choice because colored pencils and paper was easily accessible. In addition, there were agency-imposed limits on the type of art materials that could be used at the facility that sponsored the domestic violence prevention group that I was facilitating.

The artistic chronologies illustrated in these creative nonfiction stories were limited, as noted previously, by the type of art materials and the group environment. However, the drawings still attest to the power of art to communicate inner experiences that may be omitted verbally. The artwork and life stories of these group participants provided a small window into batterers and their personalities, as well as their convictions, perceptions, and struggles to overcome IPV.

As I reflect on each man’s humanity conveyed through my portfolio of creative nonfiction stories, I am charged with helping readers to broaden their awareness of DV prevention and education. The stories helped to provide a visceral experience related to the complexities of unhealthy relationships. Reflections on the journey of these seven

men may help readers to further understand each man's path from violence to self-awareness and accountability.

Seven Journeys Leading to Intimate Partner Violence

Culture and Domestic Violence: Bautista's Story

How do you differentiate a batterer from an immigrant whose cultural norms clash with his host country's values? Is this an ethical question? Is it a moral question? This deontological problem is resolved by statutes in place that are intended to stop intimate partner violence. Bautista is an immigrant who found himself in the midst of divergent cultural values. His misguided beliefs resulted in a felony conviction and subsequent mandated psychoeducation classes.

The *DSM-5* defined culture as "systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations. Culture includes language, religion, and spirituality, family structures, life-cycle stages, ceremonial rituals, and customs, as well as moral and legal systems" (APA, 2013, p. 749). This definition of culture describes why a native of the Philippines could have very different values related to marriage than someone born in the United States. Bautista's core beliefs may have included aggression or violence as an acceptable behavior. However, in the United States these behaviors are identified as spousal abuse. The *DSM-5* definition of abuse left zero wiggle room for Bautista to deny his abusive behavior.

A change paradigm occurred for this participant when other batterers with more DV prevention course work developed and implemented an intervention to disrupt the cyclic behaviors in spousal abuse. Bautista's participation in art-based activities was also vital to his recovery from intimate partner violence. His self-image as a bird appeared to

broaden how he perceived himself. Drawing also offered Bautista a way to reconstruct his identity noted in his story.

Art-based interventions can bypass language and behaviors related to culture. Arnheim (1969) proposed that the perceptual and mental processes used in art making are a form of visual thinking. Curl (2008) contended that “cognitive operations are not divorced from perceptual” and that “knowledge is built from the environment through senses” (p. 165). Higher-level thinking processes of exploring, abstracting, and creative problem solving all are involved in acts of perception. Arnheim’s theory aligns with my own argument that art therapy can be effective for intervening in the cycle of violence. The story of Bautista demonstrates the necessity of understanding how intergenerational patterns of behavior can precipitate IPV, and the need for batterer intervention facilitators to design cross-cultural interventions to eliminate partner abuse.

Family Dynamics: Malcolm’s Story

Malcolm’s story is idiosyncratic due to the complex facilitator–batterer relationship. He opposed having to attend DV prevention groups yet he consistently sought help related to family dynamics. All the while, his narcissistic behavior flooded out, exterminating potential positive relationships. For example, Malcolm disingenuously told a story about his struggle with family members and having to cope with shame and blame. He appeared to ask for empathy but his narcissism prevented him from comprehending the significance of shame. Bradshaw (1992) contended:

Healthy shame is an essential component of our humanness. Awareness of limits is necessary to our psychological balance. Shame is our primary human boundary.

When we lose our healthy sense of shame, we lose our boundaries and our shame

becomes toxic. (p. 33)

Malcolm's perceived family problems epitomize the difficulties experienced by many in closed family systems. Malcolm's story is retold to help highlight how negative family dynamics can have an insidious impact on future generations as well as being an implicit portal for IPV. Family dynamics is a core subject in DV prevention curriculums. Malcolm's story demonstrates the complexity of using the Duluth model when adverse personality constructs and antisocial behaviors produce extreme challenges to psychoeducational efforts. If Malcolm had not prematurely left the group, it is possible that he could have acquired new behaviors due to the benefits of art making.

Mental Health, Attachment and Intimate Partner Violence: Wiley's Story

The *DSM-5* defined spouse or partner neglect as the "context of relationships in which one partner is extremely dependent on the other partner for care or for assistance in navigating ordinary daily activities" (APA, 2013, p. 721). This concept describes Wiley, another group participant who engaged in an intense, stormy relationship with his girlfriend. This relationship may have been the precipitant to his mental breakdown.

Coker et al. (2002) asserted that mental health and physical IPV victimization was associated with increased risk of poor health; depressive symptoms; substance use; and developing a chronic disease, chronic mental illness, and injury. Davidson et al. (2000) documented that impulsive aggression and violence, irrespective of the distal cause, reflect abnormalities in the emotion regulation circuitry of the brain. These authors appear to explain Wiley's behavior. He reported not knowing what had happened to him—the cause of his admission to a psychiatric hospital. I will never know which came first, the onset of a psychiatric condition or neuroplasticity as a contributor to IPV.

Arden and Linford (2009) documented the complexity and hypothesis of aberrant behaviors. They described how some individuals have faulty wiring in the brain, which causes adverse behavior. Neuroscientists now know that aggression is not solely a reactive behavior or caused by the lack of emotional intelligence. These researchers reported on how the human brain adapts to changes in the environment, which is known as neuroplasticity.

Wiley's affective style suggests another content area for batterer psychoeducation. His story generated an increased awareness regarding the link between psychiatric conditions and partner abuse. Wiley is young, on the cusp of becoming an adult. It is possible that his psychiatric break was inevitable. Irrespective of his mental health onset, the Duluth model does not take into account the psychiatric needs of batterers; in fact, the Duluth model may do more harm to someone like Wiley because of its confrontational style.

Intergenerational Patterns of Behavior: Tye's Story

Tye's unwavering progressive beliefs motivated group members to learn more about intimate partner abuse and he encouraged them to ask astute questions regarding their own relationships. However, Tye was unaware that the subtle behaviors he acquired in his family of origin had an unintended negative impact on his relationship with women.

Tye did not realize he was a controlling man and that he had abusive behaviors. It may be that he confused power and control with confidence. I included Tye's story in my creative portfolio because of his personality type. He is strikingly handsome and women are attracted to his appearance and charm, but beneath this exterior is a man who has

learned that men are superior to woman. When pushed to the edge of tolerance, aggression may supersede his charisma and wisdom, making him a dangerous man. Tye did not appear to have antisocial traits. However, he responded to a crisis with impulsive aggression. This seems to indicate an inability to reason when under duress.

In a group, a participant like Tye may be a welcome addition compared to many more obviously violent group members. However, it is Tye's personality type that often goes unnoticed by authorities because women may be seduced by charm, wit, and intelligence. They may even believe that they are responsible for being assaulted. In his final group session, Tye made a commitment to use drawing as a coping skill. I trust that reflective drawing will continue to help him meander through the peaks and valleys called life.

Power and Control: Jay's Story

Jay is an abusive man. This is his third time participating in a DV prevention group. Jay has many deficits as evidenced by the following: (a) he is a self-proclaimed womanizer; (b) he has been convicted of several counts of assault; (c) passive-aggressive behavior is a major character flaw of his, as evidenced by emotional cutoffs of all woman with different opinions from his; and (d) he believes women should acquiesce to his desires.

I enjoyed having Jay in the group because his shenanigans often brought comic relief to difficult subjects. Additionally, Jay helped to increase my focus related to transference and countertransference. My reflective drawings of Jay often depicted what I could not say for fear of hurting his feelings. For example, I drew a picture of him with a Band-Aid on his mouth. What I often wanted to tell him was, "Shut up!"

Another therapeutic insight involved setting limits with participants. I am cognizant of when I need to intercede in negative behaviors, but Jay's need for "motherly affection" or, conversely, seductive behaviors, were too close to my personal challenges with friends and family members. My ability to identify and eliminate this inappropriate behavior aided in my quest to talk with Jay about the liberties taken with other women in his life and how to accept rejection in an acceptable way. I believe I achieved my goal of educating Jay about limits, boundaries, and respect for others. At graduation we both departed with sincere looks of gratitude.

Comorbidity of DV With Psychopathic Features: Billy's Story

Billy was difficult to engage and building a rapport with him seemed futile. He failed the expectations of the Department of Probation. Billy came very close to reoffending. The victim was not his wife but was rather me, the DV prevention group facilitator. Billy appeared to have marked character deficits that combined personality and cognitive deficits. These psychological problems may have been the reason for his repeat of DV prevention groups and the substantial barriers to his success. As described in the *DSM-5*, Billy had 12 out of 34 characteristics under "personality disorder trait domains," which included pronounced levels of negative affectivity, emotional lability, anxiousness, hostility, suspiciousness, depressivity, antagonism, manipulateness, irresponsibility, impulsivity, distractability, and extreme risk-taking (APA, 2013, pp. 779–780). My sense of safety around Billy was always in the pinnacle of my mind. As I note these psychopathic features, I am grateful the community agency decided to let him graduate, avoiding any further encounters.

I believe there are other women who may be at risk for abuse by Billy based on

all of the above constructs of personality disorder that he exhibited. Billy's complex psychological construct clarified how pertinent it is to pay attention to those feelings of fear, anxiety, and even exhilaration. Billy's drawings said more than he could ever verbalize.

Hidden in Plain Sight: Ken's Love Story

Ken was often sullen, appearing depressed and teary eyed. His affect and behavior implied that he was coping with low self-esteem. Fennell (2005) asserted that low self-esteem "is a reflection of central negative beliefs about the self" (p. 236). A composite of research findings depicts people with low self-esteem as uncertain and confused about themselves; oriented toward avoiding risk and potential loss; shy, modest, and emotionally labile (and having tendencies toward depression and anxiety); submitting readily to other people's influence; and lacking confidence in themselves (Baumeister, Bushman, & Campbell, 2000). Personality is a broad concept with considerable room for theoretical variation in terms of emphasis on different—even overlapping—components (Hopwood & Thomas, 2012). Character traits that indicate low self-esteem may include feeling unworthy, incapable, and incompetent. Individuals may also exhibit maladaptive behaviors such as limited interpersonal skills and poor communication skills; they may be unaware of social norms and exhibit sexually inappropriate behavior (Kennedy, 1992).

Hopwood and Thomas (2012) further contended that "intra-individual variability in emotion and behavior is thematic of the [personality] disorder" (p. 687). Research using ecological momentary assessment—in which assessments occur several times per day over several days—has generally showed increased variability in mood, interpersonal behavior, and self-esteem among individuals with borderline personality disorder

(Sadikaj, Russell, Moskowitz, & Paris, 2010; Trull et al., 2008; Zeigler-Hill & Abraham, 2006). Personality disorder was prevalent and observable in Ken's story. His narrative was selected for inclusion in my creative portfolio because he represented a composite of all of the participants. Ken's behavior exemplified poor attachment characteristics that can induce impulsive behavior and violence. He also demonstrated how inadequate interpersonal skills deteriorate and may become precipitants to IVP.

Ken was able to illustrate his DV incident in such a way that it emotionally impacted his peers. His drawings visually illuminated the most intricate details of his life. Ken asserted that "drawing increased my awareness about my situation." Projective drawings assisted Ken in accelerating in his quest to move forward. Ken's subjective and objective experiences eventually merged into a healthy, productive man. Reflective drawings enabled Ken to develop coping skills to continue to be a good father.

Group Process

The challenge of conducting psychoeducation groups for domestic violence prevention includes the continual adaptation and acclimation required when an open-door policy is in place. Another challenge to the group process was the belief by many participants that they did not belong in DV education classes. The characteristics involved in running atypical process groups also apply to DV prevention groups; that is, establishing group rules and developing a culture of cooperation, collaboration, and mutual respect. It was imperative to verbalize expectations and rules weekly. In my experience, participants may physically be in attendance but they are also at times mentally inattentive.

New enrollees frequently pushed the limits of cooperation and respect. Negative

behaviors were frequently projected toward other participants and the facilitator.

Resistance and paranoia appeared insurmountable at times, due to my responsibility of reporting participants' progress to the Department of Probation. Clear and consistent rules were utilized as a mantra so that all participants could easily share these operational principles with newcomers.

A cohesive group allowed for rapport to develop between members and myself. This was evidenced in my group when participants helped to mitigate the negative behaviors of new enrollees. When a cooperative group culture was established, resistance was reduced, participants engaged in the group process, and group members supported each other while disclosing the intimate details of their IPV events. The establishment of trust between participants decreased bravado, allowing participants to (a) accept new ways of dealing with stress, (b) change cognitive distortions, and (c) change destructive behaviors.

Schneider Corey, Corey, and Corey (2010) contended that "psychotherapy groups help individual group members remediate psychological problems and interpersonal problems of living" (p. 15). These acquired skills were exhibited by participants as they progressed in group sessions. I learned that DV prevention facilitators must have diverse skills to meet a variety of needs. My combined skills of being a marriage and family therapist and an art therapist, in particular, were invaluable. The 40 hours of training to become certified as a DV prevention facilitator were not enough to sort through the problems presented by group participants.

Art Therapy: An Innovative Paradigm for Intimate Partner Violence Treatment

In this study, art-based activities were developed to sublimate negative thinking.

The implementation of strategic interventions such as “draw a picture of yourself as an animal” changed how some participants thought about themselves. Introducing art activities that integrated color and emotions increased effective communication. The excitement of the various techniques and skill levels generated humor and a more relaxed environment. It was my observation that art activities helped participants to (a) visually recognize abusive behaviors, (b) accept responsibly for their offense based on their drawings, (c) develop diverse problem-solving skills through increased discussions, and (d) acquire new strategies for the management of chronic symptomatic behaviors.

The Art Therapist and the Triadic Relationship

The triadic experience includes understand the art medium, the participant’s spirit in the studio, and my nonverbal communication with the image. I selected my art materials for my reflective artwork based on the group topic of discussion. Art materials were also chosen dependent upon which medium best expressed my emotions—for example, joy, sorrow, or disappointment. This collaborative therapeutic practice created existential experiences that art therapist McNiff (1998) so fondly affirmed as: “Trust the process!” (p. 4).

Committing to creativity is an act of faith, a promise that we will keep at it despite our fears and failings and despite whatever obstacles we find in our path (Phillips, 1997). This commitment to explore my artwork and the participants’ artistic productions provided a way for me to bypass their verbal statements and engage with the primary emotions in their drawings.

Self-Portrait of the Soul: Reflective Musing as a Research Strategy

The leadership skills and knowledge required to run a DV prevention group that

incorporated art activities were more complex and challenging than I had imagined. I had an insatiable need to be the best at this undertaking as a way to make up for my previous limited knowledge about domestic violence. The culmination of my educational acumen and creative spirit was vital for the creation of an integrated DV prevention curriculum. In addition to the task of creating art-based activities, I was compelled to explore my emotions and document my feelings and insights. I waffled back and forth, indecisive regarding how to implement these tasks.

The writing of Allen (1995) was an extraordinary guide, spearheading the path for me to follow and reducing anxiety and fear. She proclaimed that “when personal content first begins to manifest, it can arrive in strange and cryptic forms” (Allen, 1995, p. 59). As a pervasive social product, visual art can provide a significant source of information about the social world, including cultural aspects of social life; economic and political structures; identity issues at the global, national, group, and individual levels; and many other issues (Leavy, 2015). Allen’s and Leavy’s comforting views infused me with the courage I needed in order to share my feelings with readers. I also had wonderful conversations, support, and encouragement from my advisor, Dr. Lynn Kapitan. These mentors assisted me in embracing drawing as a therapeutic guide for critical decision making and for relaxation.

An important facet of my art-based research was the decision to make reflective art with primarily black and white art materials. This idea was conceived by thinking about the statutes related to probation and rehabilitation of batterers. I aspired to visually engage readers’ curiosity related to the limitation of color and the metaphors contained in the images. Betensky (1995) asserted that “phenomena include visible, touchable, and

audible things in the world around us, as well as thoughts and feelings, dreams, memories, fantasies, and all that stems from the human mind or spirit and belongs in the realm of mental experience” (p. 3). As I observed the artwork of participants, I had the privilege of witnessing the phenomena of each individual’s experience. The information gleaned from the art product was translated into language the group (including myself) could use to discuss emotional problems that could not be communicated verbally or effectively.

Producing reflective art as part of my inquiry entailed many decisions. The first difficulty was how I could out of my own way (head) and discover what Betensky (1995) called the phenomena in participants’ artwork. As I looked at the individual works of art I had to dig below the surface. I tried to avoid initial reactions like, “Oh, he’s angry.” I looked beyond the surface of the paper where I could imagine souls in distress. I wanted to talk with each participant through the realm of visual connectedness. I was keenly aware that I did not want to write and sound like a bleeding heart knowing the devastation, humiliation, and pain caused by partner abuse. I decided that the best way to protect my heart and my professional identity was to develop a “creative art-based treatment plan” (Kapitan, 2010, p. 168). This plan included:

- Making art as soon as possible after the session;
- Identifying the main topic of discussion;
- Reimagining the air in the room and the smell (i.e., was it stagnant, and was it tense or did it feel light?);
- Asking myself, “What was the participants’ affect?”;
- Taking note of my emotions during the session;

- Asking myself, “What medium would I use to express anger, humor, or fleeting thoughts?”;
- Meditating to stay in the moment; and
- Producing the artwork like an assignment—after all, it was not as if I had all week to respond!

The treatment plan helped to keep my artwork authentic, with little room for changes. I call the work produced by this outline “soul work.” It revitalized my spirit and helped me to remain objective in the mist of emotional storms. It also helped to create healthy boundaries between me and participants.

Another guide was Gussak (2013), who discussed the power of art making and rehabilitation in a high-profile murder case. The significance of his pioneering work helped to broaden my awareness about the art produced by men who committed felonies. Gussak stated:

The art therapist as an expert witness is as a fact-finder, relying on the art to provide insight into a defender’s state of mind at the time he or she committed the crime, to determine the potential for rehabilitation, and perhaps even reveal patterns that offer insight into the impetus [for] having committed such an act. (2013, p. 15)

As the DV prevention facilitator I had a responsibility to understand the contents of participants’ drawings. As a mandated reporter, I was obligated to inform the Department of Probation regarding verbal and nonverbal threats of any kind—including creative images that projected potential harm toward others. This was a compromising position to be in as an art therapist. Fortunately, verbal threats to a known victim never

occurred. Therefore, I did not have to disclose the contents of the illustrations.

One limitation in the design should be mentioned. Due to the complexity of the legal protocols involved in this study I was unable to reconnect with participants after they graduated from the program. The inability to collect additional drawings limited the ability of the sponsoring agency to document recidivism. Terminating the facilitator–participant relationship without the capacity to follow up with participants limited the potential for additional data in this study. However, the creative non-fiction stories served to illuminate the experiences of batterers, which was the project goal.

Since the conclusion of the study, this research has been shared with community nonviolence agencies, mental health organizations, the Department of Probation (the study’s sponsoring agent), and the Duluth Domestic Abuse Intervention Program. The goal of presenting the stories and resulting knowledge from the project has been to educate clinicians, educators, art therapists, and correctional agencies about the salient breakthroughs in neuroscience research, implications of male-female therapeutic relationships, and innovative work related to the benefits of art-based activities used to explicate intimate partner abuse. These presentations provided attendees with the opportunity to reflect on the standard domestic violence protocol—the Duluth model of DV prevention—as contrasted with the art-based curriculum utilized in this study. These gatherings provided a safe place where clinicians as well as novice change agents engaged in their own narratives related to their perceptions and knowledge about domestic violence.

Conclusion

The historical context that drove me to become a domestic violence prevention facilitator did not prepare me for the tumultuous emotions and self-assessment required in order to be authentic, direct, and confident. I was naïve to the notion that working with batterers takes a unique individual—one who can be an be a consummate professional and an objective individual, as well as being someone who can cope with the unrelenting transference and countertransference inherent in a mentally healthy facilitator. An addendum to this description also includes the ability to appropriately engage in empathy.

Although I feared disclosing my intermittent raw emotions, I believe this research study and resulting contextual essay was a unique opportunity to put in writing what many DV prevention facilitators may feel when coping with vicarious trauma. In addition, I believe my creative nonfiction and artistic works also provide an opportunity to inform readers about the real perspectives of batterers who are frequently casualties of a legal system that is unprepared to truly cope with the complex precipitants and antecedents of domestic violence.

This research project presents a compelling argument to change the way psychoeducational domestic violence classes are administered. All of the individuals in this study had complex lives and challenges, and I believe their violence could have minimized and/or eliminated with early intervention such as one-to-one counseling or additional mental health services. These observations are not to be misconstrued as a way of obstructing accountability. The identification of precipitants to violence calls for better professional screenings to eliminate aggression in and out of mandated programs and to protect abusers' partners and children. With the advancement of neuroscience, it is time

to revamp the delivery of mental health services to this fragment of society.

As previously mentioned, the narrative nonfiction dialogues and the accompanying artwork provide a glimpse into the psyche of my soul. It is a transparent and vulnerable position to undertake. However, the courage to reveal my dilemmas also produced alternative, innovations ideas. I trust that the art activities and nonfiction stories detailed in this dissertation project will contribute to the increasing knowledge of forensic art therapy. The transparency related to my professional identity reminds me of my commitment to be present for clients, knowing that “the affirmation of one’s essential being in spite of desires and anxieties, it creates joy” (Tillich, 1980, p. 14).

The material presented in this paper supports Allen’s (1995) argument that “art is a way of knowing” (p. 3). I trust that these creative ideas will help to delineate how transference and countertransference can be successfully mitigated by the use of drawing as an effective communication tool. These drawings may provide clues to the symbols and metaphors observed in the artwork of other aggressive or violent individuals. Additional research in the field of forensic art therapy will help to establish reliable information to help eliminate IPV. The research in domestic abuse is fertile ground for further exploration by art therapists. Qualitative research in neuroscience and IPV may provide the much-needed research to eliminate this horrific social crisis.

As a DV prevention facilitator I explored the crevasses and subjective experiences of men who were court-mandated to attend a 52-week psychoeducational DV prevention course. The men were offered support and encouragement to become better husbands, fathers, and partners. In order to graduate, participants were required to do a presentation to their peers. They were allowed to present using any creative format they wished; for

example, they could write a poem or present a compilation of drawings. This closing ritual offered an opportunity for participants to demonstrate new skills such as effective communication, problem-solving abilities, or empathy toward their victim. Successful participants were then honored with a certificate of completion. After facilitating DV prevention groups for a year, it was imperative that I succinctly reviewed my own achievements and areas of deficits.

The yearlong program helped me to cope with many emotions, such as fear, anxiety, transference, and exhilaration. Fear is an unpleasant emotion caused by the belief that someone or something is dangerous, likely to cause pain, or a threat. Fear is also a healthy emotion to be mindful of when conducting batterer intervention groups. Lukas (1993) asserted, "If you believe that you are always supposed to appear 'gutsy' or 'noble' or 'fearless,' and that anything less is unprofessional, you might ignore some healthy, appropriate signals from yourself that you are at risk" (p. 102). I learned to be cognizant of these emotions. I accepted fear as a personal friend who helped me to avoid the pitfall of choosing empathy over common sense.

Projected indignation, anger, and resistance were continually present as one group member graduated and another participant entered the group. Establishing clear boundaries and expectations and being unwavering in my interactions with each participant helped to reduce fear and increased my resolve to be an effective change agent. These tenets also helped to develop rapport and build group cohesion.

Experiencing occasional anxiety is normal. I felt anxious when I did not know how to respond to a participant's question; or when I agreed with a group member's perspective and the requirements of my facilitator duties eluded common sense. One

example was having to turn away a participant who showed up for group but was unable to pay the fee for attending. Showing up for the group was half the battle for achieving success. Anxiety also helped with decision making. Using a scribble drawing to illustrate a problematic situation was self-healing. It reduced anxiety and helped me to consider deontological or teleological decisions.

Transference and countertransference are always present in client–therapist relationships. Understanding the consequences of both negative and positive transference was resolved by having cogent discussions with participants and my supervisor. Drawing my emotions and discovering the phenomena in the image resolved difficult problems and helped to increase multiple solutions for solving problems.

Enlightenment, that “aha moment,” was a wonderful feeling after the storm of a confrontational situation with an angry participant. I was always in a position of learning from my mistakes. When solutions to problems eluded me, the joy of having colored pencils nearby comforted me. Phillips (1997) wrote, “To come at our art like water, notice, not fixed in a particular shape, but fluid and able to flow with the source” (p. 31), and this was how participants contributed to my visual understanding of the depth of art making. “Every action generates a force of energy that returns to us in like kind . . . what we sow is what we reap” (Chopra, 1994, p. 39).

Working with domestic violence perpetrators provided me with lifelong lessons about the human spirit. I hope the stories in this dissertation will change how offenders are perceived. This is also my story. Art making made a difference in the lives of men who used violence when the frustration of effective communication eluded them. I am thankful to the men who agreed to participate in this project. They helped me to

understand what I refer to as “soul work.” Creating reflective art was a phenomenon I could only experience by honoring my own images.

This research portfolio helped me increase my professional development and clinical skills exponentially. Through art making I gained a greater awareness of the possibilities of treating DV by using imagination, creative interventions, and storytelling. Listening to the men in the group I facilitated was educational. There were many lessons related to listening that helped me to transform passive-aggressive and sarcastic responses into more effective communication by the use of empathic attunement. The narratives and artwork helped to determine therapeutic direction. They also guided the course of when to dig deeper to assist with building self-esteem and authenticity.

The reflective critique experiences resulted in a paradigm shift in my understanding that the “victim” is only one side of a coin. The other side of the coin is a victim/perpetrator. This empathic stance acknowledges that abusive husbands, sons, and fathers are also wounded human beings with their own stories.

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APPENDIX**Informed Consent Form**

Consent Form

RESEARCH TITLE: Illuminating Domestic Violence Through Art and Stories of Men Who Are Batterers

INTRODUCTION

You are being invited to participate in a research study. This consent form will give you the information you will need to understand your role in this study. It also describes any known risks, inconveniences or discomforts. Please take some time to think this over. You may ask questions now or any time during the study. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. This process is called "informed consent."

WHY IS THIS STUDY BEING DONE?

You are being asked to take part in this study because it will document problems experienced in intimate partner abuse that may not be acknowledged in traditional verbal psycho-education groups for domestic violence. The purpose of this research study is to:

- (1) To use pictorial representations of batterers to understanding domestic intimate partner abuse.
- (2) To provide a framework for art therapists to work with male batterers in an innovative, creative, non-verbal and non-traditional way to assist in the elimination of intimate partner abuse.
- (3) To use art therapy techniques and counseling interventions to eliminate and/or decrease the cycle of violence in intimate partner abuse and increase coping skills.
- (4) To explore the possibility of art therapy as a viable technique which contributes to the current treatment of domestic violence.

WHAT IS INVOLVED IN THE PROGRAM AND RELATED STUDY?

Participants are required by California Law to pay weekly compensation based on income directly to the community agency in which they are enrolled per the Calif. Penal Code Sections 243, 1463.27. No compensation or funds will be paid to the Art Therapist/Batterer Intervention Facilitator by participants. The commitment to the research study includes the following:

- You will be asked to tell your story verbally about the domestic violent incident.
- You will be asked to tell your story via drawings.
- You will participate in psycho-education presentations that will define art therapy and the requirements of the California Department of Probation.
- You will be required to attend 52 weekly mandated sessions.
- You will be required to participate in two hours of group, one time per week.

WHAT ARE THE RISKS OF PARTICIPATING IN THE PROGRAM?

There may be some emotional risks connected to the process of stimulating and working with images. Art therapy often elicits feelings and thoughts that may have been neglected or repressed. Art therapy can be emotionally difficult, painful, and frightening at times. Additional counseling referral sources will be made available when requested.

ARE THERE BENEFITS TO TAKING PART IN THE PROGRAM AND RELATED STUDY?

Benefits may include the following:

- Decrease and/or elimination of intimate partner abuse
- Increase in emotional resiliency
- Increase of self-esteem
- Increase in insight and judgment
- Increase understanding of the benefits of non-verbal, art-based interventions and techniques
- Increase in ability to communicate effectively
- The attribution of creative artwork for self-knowledge

WHAT ARE MY OPTIONS?

You do not have to participate in this study if you do not want to. The option of non-participation applies to the art therapy (drawing) content of the group only. As an adjudicated individual you have to attend each group and, you are expected to participate in the psycho-education portion of the required course curriculum.

WILL I RECEIVE PAYMENT FOR BEING IN THIS STUDY?

You will not be paid for taking part in this study.

HOW WILL MY PRIVACY BE PROTECTED?

All identities of participants will be confidential. If the results of this research study are reported in journals or at scientific meetings, the people who participated in this study will not be identified. Information about your participation will not be released without your written permission, unless required by law.

Confidentiality will be provided to the fullest extent possible by law.

The following specific procedures will be used to protect the confidentiality of your information:

1. The researcher will keep all study records locked in a secure location.
2. All electronic files containing personal information will be password protected.
3. Information about you that will be shared with others will be unnamed to help protect your identity, unless required by law.
4. No one other than the investigator will have access to the original data.
5. At the end of the study, the researcher may publish the findings. You will not be identified in publications or presentations.

PROBLEMS OR QUESTIONS

[REDACTED] will be happy to answer any question(s) you have about this study. If you have further questions about this project, you may contact the principal investigator at [REDACTED] or [REDACTED]. You may also contact [REDACTED] or fax [REDACTED].

Consent Form

I, [REDACTED], agree to be a participant in the research title, Illuminating Domestic Violence Through Art and Stories of Men Who Are Batterers which is being conducted by [REDACTED] who can be reached at [REDACTED]. I understand this participation is in collaboration with the [REDACTED] and [REDACTED]. I can withdraw my consent to participate in art activities at any time and have the results of the participation returned to me, removed from the experimental records, or destroyed.

The following points have been explained to me:

1. The *purpose* of this research study is to assist the art therapist/Batterer Intervention specialist to: (1) understand the non-fiction stories of batterers, (2) to use pictorial images for insight and psycho-education (3) to eliminate domestic violence and use art therapy techniques to increase coping skills.
2. The procedures are as follows:
 - You will be asked to verbally describe the domestic violent event
 - You will be asked to draw the sequence of precipitating events
 - You will be asked to discuss/process your artwork within the group
 - You will be asked to participate in weekly psychoeducation group 1x per week for 52 weeks
 - You will be asked to participate in group for 2 hours each session
 - You will be asked to participate in the debriefing of the research project
3. You may find that some questions are invasive or personal. If you become uncomfortable answering any questions, you may cease participation at that time. No discomforts or distresses will be faced during the research.
4. **Risks of Participation:** There may be emotional risks connected to the process of stimulating and working with images. Art therapy often elicits feelings and thoughts that may have been neglected or repressed. Art therapy can be emotionally difficult, painful, and frightening at times. Additional counseling referral sources will be made available when requested.
5. The results of this participation will be anonymous and will not be released in any individually identifiable form without prior consent unless required by law.
6. The investigator will answer any further questions about the research (see above phone number).
7. In addition to the above, further information, including a full explanation of the purpose of this research, will be provided upon request.

Signature of Investigator

Date

Signature of Investigator

Date

Signature of Participant

Date

Research at Mount Mary University involving human participants is carried out under the oversight of the Institutional Review Board. Questions or problems regarding these activities should be addressed to [REDACTED], at [REDACTED] or [REDACTED].