

Mental Health Treatment with Men Who Batter

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We begin this paper with a disclaimer. This paper addresses the difficulties inherent in providing mental health treatment for men who commit acts of abuse against their intimate partners. The focus of this paper is on voluntary treatment. Unfortunately many courts throughout the country are using mental health treatment as a penalty for men's acts of assault against their partners.

It is our strong professional determination, based on 25 years of work in the field, that an order for mental health treatment as a sanction for an assault is not the appropriate response. Mental health treatment offers people the opportunity to do the very difficult work of self exploration. Mental health counseling was never designed to hold people accountable for criminal acts, or to monitor unacceptable behavior.

While counseling can aid people with a wide variety of life issues, it has never proven useful in stopping crimes. Appropriate criminal sanctions partnered with social change and prevention efforts of outraged citizens remain our best efforts at creating safe communities.

Having made this very important point, we are nonetheless aware that men who abuse their partners will continue to voluntarily consult therapists for help with a wide range of personal issues, including depression, marital problems, anger management, parent/child difficulties, etc. This paper addresses those clients and those situations.

The feminist movement to end violence against women is almost 30 years old, and these years have taught us much. We have come to understand that the problem of violence against women is not a problem of individual men who are abusing individual women. The problem is a systemic one, an outgrowth of centuries of patriarchal privilege, which has defined man's relationship to woman in terms of domination, entitlement and ownership. Although the manifestations of male entitlement vary in different cultures throughout the world, it is a rare culture in which this paradigm simply does not exist. (NYS Model DV Policy, Jan.1998)

We having come to understand that domestic violence is not a problem of particular types of men who abuse particular types of women due to family background, psycho pathology, personality traits, or external stressors. Men utilize a wide array of tactics to control and dominate the women they are partnered with, not because they suffer from individual psychopathologies, but because they are socialized in cultures that encourage, support, or condone, a man's right to do so. (NYS Model DV Policy. 1/98) For the purpose of this article we will focus on treatment for men in which there is a known incident of domestic violence, although we understand too well the wide range of generally invisible financial, emotional, and social tactics, which can also be used to effectively intimidate women.

Research clearly indicates that men who batter come from every class, occupation, ethnic group, personality trait, IQ level and family background. Men who abuse may be stressed or bored, volatile or seemingly mild mannered, charming or rude. The locus of the problem is not in the complexity of the individual man, but in the system, the culture that supports his behavior, his sense of entitlement to control the behavior of his partner.

Psychotherapists are trained to explore the individual's psyche in order to understand the person's behavior. We hope that by understanding primary relationships, and freeing the person from the power of repressed thoughts and feelings, we can provide an experience of personal growth and healing which can reduce human suffering and result in a patient's healthier choices and actions.

Unfortunately, psychotherapists and social workers who are confronted with the challenge of providing treatment for men who batter, may find themselves attempting to address a rampant social problem with insights and techniques designed to relieve individual emotional concerns.

What we have learned in the last 25 years by listening to battered women and their advocates is that individual psychotherapy has not proven to be a constructive response in dealing with issues of domestic violence and is certainly not effective in stopping men's battering.

Men in our culture experience a sense of entitlement to get their partners to conform to their expectations. Men abuse women to control their behavior. And it works. Physical assault or the threat of it enables a man to get his way without doing the hard work of negotiation, compromise, or relationship.

Yielding the right to abuse the power a man has over his partner is a real and significant loss for him. The possible long term gain of a relationship built on mutual respect holds little incentive for a man whose gender privilege has been unconsciously enjoyed as a birthright.

This is not to suggest that men who batter can derive no benefit from psychotherapy. An individual man may develop self-awareness, resolve issues with a parent, recover some lost part of the self. The problem is that none of these commendable achievements have any direct relationship to him stopping the abuse against his partner.

The most promising developments in the effort to stop the abuse of women have not been in the therapeutic arena. Sociopolitical responses, befitting a systemic problem, have, in fact, begun to make a difference. (Bulletin, Office for the Prevention of Domestic Violence, Fall 2000, page 8). A systemic response is a comprehensive coordinated community effort: every institution in a community does its part in holding perpetrators accountable for their acts, and also provides extensive supports, including shelter, for women who are the victim/survivors. 2 When a whole community treats violence against women as criminal behavior, instead of a private, predictable and acceptable family problem, things begin to change. When a whole community treats violence against women as shameful, looks down on those who perpetrate it, and make no more jokes about it, things will change. (Bulletin OPDV, Fall 2000).

Recent examples of discernible shifts in social norms are related to driving while intoxicated, and cigarette smoking. These behaviors were once thought harmless, or in the instance of drunk driving, even funny. When the reality of their damaging consequences was exposed, these behaviors became the focus of intense social and political pressure. Drunk driving deaths decreased when whole communities were no longer amused by drunkenness, and instead responded to drunk drivers with outrage and serious penalties. Similarly, cigarette smoking is far less acceptable than ever before - and is disallowed in more and more public and private settings.

Thus, if the problem of violence against women truly requires a wholehearted community response, how can those of us who are therapists do ethical mental health treatment with a man who batters his partner? First and foremost, we must surrender omnipotent fantasies about being able to control or cure his battering. We cannot. Only he can do that.

Next, we must acknowledge that we never know if we have a reliable picture of our client's behavior at home. Neither what a man says nor how he interacts with us in the treatment office reflects how he is behaving towards his partner in the privacy of their home. This is an uncomfortable notion for many therapists. We like to believe that after a period of time, we have worked hard and established a relationship which would incline a client to be fairly open with us. And in fact, a man may be revealing a great deal to us about his thoughts, feelings and experiences.

When a man is battering, however, he may not disclose this information to his therapist. Since he operates through an often-unconscious sense of entitlement to control her, he feels entitled to use any means necessary to do so. (NYS Model DV Policy 1998) When he commits acts of abuse of which he is conscious, he justifies these acts as being caused by forces outside of himself--his wife's failings, the stress at work, the bills coming due etc. He has been socialized to feel little to no responsibility for his own abusive behavior. Thus, many men who batter are capable of encapsulating the most heinous acts of abuse, while continuing to see themselves as exemplary men. In other words, abusive treatment of a partner may be experienced as ego syntonic by the perpetrator. For all of these reasons, therapists are ill advised to use the man's own reports to assess whether he has actually stopped abusing his partner.

At the same time, trying to monitor a man's abuse of his partner by checking with her may also endanger her, and therefore should not be done. We therapists are very skilled at encouraging openness. Doing so with an abused partner could be asking her to share information that she could be punished for imparting. There are thousands of women who have given testimony to this reality. In some cases, abused women lie about their partner's abuse. They have been warned, overtly or covertly, not to tell - and they don't. Previous experience has taught them the dangers of revealing this particular family secret.

Also, we must remember that no one wants the abusive husband to change more than his partner. She is often so invested in trying to fix him that she is willing to do anything that she believes will help. When we as therapists ask her to be part of his treatment, by monitoring his progress for us, or by even being present in the session, it suggests that she has a role in stopping his abuse. She does not. (Domestic Violence: Identifying Victims, UPDATE, NASW-NYS Chapter, 1/01)

We can use our therapeutic skills to assist men with a variety of problems. But we must be clear that no therapeutic insights, experiences of repressed emotion or remembered pain can ever be used to justify abuse.

Ironically, and tragically, when therapists lose sight of this awareness, they sometimes inadvertently encourage a man to increase the level of violence he perpetrates on his partner.

The therapist assumed that Mark physically abused his wife because he did not verbalize his feelings. He encouraged Mark to express himself more at home. Mark did not stop the physical abuse, but he did begin verbally abusing his wife relentlessly. He told her that the

therapist had directed him to express himself, and that she was therefore obligated to listen without responding.

Therapy assists clients to "get in touch with their feelings". Often these feelings include anger and rage over events ranging from early childhood to the present. Repressed resentments can also emerge, along with a man's new found perceptions of being deprived, hurt, or victimized by important figures in his background. A man who batters can misuse all of these therapeutic events to motivate and/or justify continual violence towards his partner.

David realized in therapy that his parents had been overly demanding of him, due to the presence in the home of a handicapped sibling. He used this insight to determine that no requests should be made of him to help with housework or childcare. When such requests were made, he would respond in enraged and abusive ways, insisting that his wife was to blame since she should now understand what set him off.

Therapists are generally not aware that thoughtful therapeutic observations may contribute to endangering the man's partner.

George told his therapist that he was upset because his wife was consistently refusing him sex. The therapist empathized with how hurt and angry George must feel, and then connected these feelings to George's early experiences of abandonment. George understood this to mean that his wife owed him sex in order to make up for early childhood pain, and he proceeded to use his therapist's words as a support to emotionally assault her until she reluctantly agreed to have sex with him.

Most batterers are poor reporters of their acts of abuse against their partners, using denial (not bringing it up at all) and minimization: i.e. "We had a disagreement."

Ed spent his whole therapy session sobbing, because his wife had left him, taking their two young sons with her. Ed expressed deep love for his family, felt he was a good husband and father and could not understand why she was behaving in such a 'crazy' manner. He wondered if his sons were safe with her since she was behaving so irrationally. He begged the therapist to help him get his family back. He did not think he could live without them. The therapist was very empathic and tried to give Ed some hope. Much later, as the result of a police investigation, the therapist learned that Ed had brutally beaten his wife, and it was this act that had driven her from her home in the middle of the night in a distraught condition. Ed, himself, never brought this up.

As therapists, we may "make contracts", or provide men with anger management techniques which we like to believe will ensure safety at home.

Frank's therapist gave him "Rules for Fair Fighting". The Rules encouraged couples not to walk out on each other, and to give each other a fair hearing when they were in disagreement. When Frank became enraged, his frightened wife tried to leave the house. Frank took away her car keys, and blocked the door, insisting that they follow his therapists 'rules.'

As well trained and well-intentioned therapists, we have held to beliefs that connecting to feelings and promoting self-awareness will give rise to good actions. Battered women assure us that this is not the case.

Social workers are trained to be empathic, non judgmental, and 'join' the clients. These are generally helpful responses. But, as responses to a man's account of 'losing it', these

otherwise helpful interventions endanger battered women. Such interventions fail to hold the man accountable for what he has done - and make him feel that his abuse is understandable.

Roy reported 'losing it' on the day of his wedding anniversary. He said he had been driven to 'shoving Jane around a little' because he was so hurt. He had given a lot of time and thought to a special gift, a bracelet, which she had rejected, refusing to even try it on. The therapist knew that Roy was often abusive to his wife, and suspected this was related to Jane's refusal of the gift. However, he did not feel the time was right to raise that issue. He felt that the therapeutic task was to join with Roy's seemingly real sense of hurt, so that the therapeutic relationship would be furthered, and a discussion of the abuse could take place later on. After this session, Roy felt that his abuse of Jane was absolutely understandable and reported to Jane that he had worked on the 'incident' in therapy and the therapist had agreed that 'the whole thing was Jane's fault.'

Although a therapist cannot take responsibility for a patient's misrepresentation of sessions, we can almost anticipate that a batterer will use the therapy as an extension of his abusiveness. Knowing this can be helpful to us.

As we struggle to develop a helpful and responsible model for working with abusers, we must heed the voices of battered women. They tell us that men who make heartfelt, weeping apologies, and swear never to hurt a woman again are very likely to hurt a woman again. Those "in the moment" commitments sound real - and are real - in the moment. Remorseful men can be compelling husbands. The moments of remorse and vulnerability are often the very moments women wait for-when closeness and emotions are real. Such moments spur women's hope that the longed -for, loving marriage is possible.

As therapists we understand that remorseful men are also compelling clients. Rarely, however, do they do they sustain intentions to end their violent behavior. To be effective, we must acknowledge this reality and confront its meaning to our work.

None of the points that we have raised should in any way suggest that we ought to be punitive to our abusive clients. We must, however, be clear about the dynamics of abuse in order to avoid therapeutic pitfalls. Our interventions must consistently expose the client's responsibility for his decisions, choices and behaviors. Our 'misreading' of the battering construct can endanger battered women, and does little to assist the batterer to learn new ways of being.

Bill began complaining to his therapist that his marriage was not improving, even after months of therapy. Bill thought that the therapist really could not be helpful without meeting Bill's wife, and getting a 'better picture of the relationship.' Bill was eager for joint sessions, and, sensing the therapist's reluctance, threatened to leave treatment if his wife was not involved. The therapist felt that any therapy would be better than no therapy and therefore relented, scheduling several joint sessions. In one session, Bill's wife Mary was encouraged to share some of her dissatisfactions in the marriage. Later that night, Bill, enraged at how she had represented him, beat her. The therapist was genuinely shocked to learn about the violence, since the three of them had 'contracted' that therapy sessions would be a 'safe space.' (Also, Bill had taken control of the treatment, which was not good for anyone.)

Still, there is much good work that the therapist can do. We can become educated about the ways in which men avoid taking responsibility for abusing women. Men will externalize

blame. They will fault women, work conditions, financial problems, traffic, fatigue, etc. for the acts that originate with them (Domestic Violence: Identifying Victims, Update, NASW-NYS Chapter, 1/01).

Joe routinely asked Mary where she had driven every day and then checked her gas gauge and her odometer to see if everything checked out. He said he needed to do this because Mary had admitted that in her last relationship she had cheated.

Therapists can help men identify their own responsibility for their own behaviors. Joe certainly needed help to understand his behavior as separate from anything that Mary had or had not done in the past.

The therapist can also expose the many forms of abuse that clients often don't see.

Dennis married a woman much younger than himself. After about a year he began to criticize her for not being serious or thoughtful enough. He began to select books and articles for her to read and discuss with him, and then derided her when she failed to complete her 'assignments.'

The therapist can educate as to the social, political and cultural supports for men's continued abusive behaviors.

Ralph never referred to his wife by her name. Her called 'the wife', 'her', 'she' etc. He considered this a norm since all of his friends did the same thing.

We have discussed a number of areas in which therapists sometimes encounter difficulties. After pondering all of this, therapists sometimes wonder what positive steps they can take with an abusive man.

Most important perhaps, a therapist can convey complete confidence that the client is capable of changing the way he allows himself to respond to his partner. This therapeutic stance illuminates the client's accountability for his own life and discourages the client from getting involved in a power struggle with the therapist. We as the therapists are not the winners if a man stops his abuse. The winner is the man, his partner, his children, his whole family. By the same token, the man, not the therapist, is the loser if he continues to make choices which destroy his family. As is the case with many of our clients, it is possible for therapists to offer skilled, responsible treatment and yet not attain the desired outcome. Since we cannot force men to change, therapists must confront the parameters of the work we can actually accomplish. The paradox in work with men who batter is that the clearer we are about what we do not know and what can not do- the less likely we are to collude with our clients. Once we acknowledge our limits, we can proceed to do work that has real integrity.

Most men who batter are not sociopaths, psychopaths or persons who are out of control. They generally function appropriately in all other aspects. The entitlement to act abusively is specific to their interactions with their partners. These same men are often model citizens, the pillars of their communities, good workers and helpful neighbors. It simply would not occur to them to be violent in any setting other than the domestic one.

Men who 'lose it' at home do so because they can. Violent behavior in other settings is not tolerated and is responded to as the criminal behavior that it is. Historically, men's violent behavior at home has been acceptable, and men who batter have taken their cues from the subsequent lack of social response. It is for these reasons that systemic sanctions hold more

promise for ending violence then helping individual men understand their abusive behavior. (Bulletin, OPDV, pp.8-9 “What Have We Learned?”)

These caveats notwithstanding, most therapists will find themselves treating men who batter - for that presenting problem - or for the full range of other life issues. As we recognize that our treatment will not likely get a man to stop from being violent, it is important that we become well informed about the sociopolitical aspects of this issue and the implications for treatment as discussed in this article. In this way we can best treat him and - and do nothing that will further endanger his partner.

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