

Understanding the Victims of Spousal Abuse

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As I write about spousal victimization I realize three very different audiences will read these words. First are those who *are* victims; second are those who *were* victims; third are those concerned enough to care and to learn and to help, but never victimized themselves. Since the word, victim, carries connotations and associations that some find degrading, I use it with misgivings. Once victim meant a living being sacrificed to the gods and the word implied innocence and virtue. Now our victor-oriented culture disparages the victim, blames the victim, ostracizes, isolates and condemns. Who desires the label, *victim* ?

Nevertheless, many readers are living with violent, abusive spouses and are enduring repetitive victimization. You deserve dignity, freedom from fear and compassionate acceptance by your community. You are not to blame. I hope your victim status will soon end.

Those readers who are no longer abused, who have escaped and survived, and who realize they were victims once, are the hope for a sea-change in spousal relations. You know how paralyzing the fear of the family tyrant can be; you know how difficult and dangerous the path to freedom can be; you know how frustrating is to debate those who perpetuate the status quo, often encrusting their ignorance in a shell of arrogant misogyny. I hope you will prevail, maintaining your own gains, helping others escape, persuading and educating the uninformed.

And those who have no personal experience as a victim of spousal abuse, those who read to understand and to help, might begin by recalling a time of intimidation by a larger person, perhaps in childhood, when you dared not fight, when you felt small and hurt and humiliated. Join hands with the victims and the survivors. Feel the partnership, the parity, the universality of being human and being hurt. Because in this field, to deny one's vulnerability to victimization is to pass from person to authority, to appear and to become separate. We are all colleagues when the issue is coping with human cruelty.

Why does spouse abuse happen?

Although there are cases of wives who assault husbands, by and large spouse abuse happens because men batter and get away with it. Violent aggression is human, And among humans, the dangerous violators are overwhelmingly male. Males outnumber females as murderers, assaulters, sexual abusers and every other category of violent criminal action. Males use deadly weapons for sport, for war, for personal gain far more frequently than do females. The mammalian brain has sex-linked differences associating aggression and male gender. The male hormone, testosterone, is implicated in violent behavior.

Laboratory experiments on rats and mice show hormonally induced reversal of gender correlates with reversal of aggressive patterns of behavior. Any attempt to explain why spouse abuse happens must begin with the fact that the male of our species, for many reasons, has aggressive behaviors and these often find expression in the family.

Spouse abuse has historic roots. Females have been bought and sold and bartered, ritually branded and mutilated, denied education, land ownership, means of travel, and are not yet full partners in owning and controlling the major institutions of this world. In a political sense, the female gender is engaged in a long march from slavery, still eclipsed in the shadow of patriarchal dominance. When parity in power is

sought, too often the seeker is punished. Behind closed doors the punishment may be swift, explosive and brutal.

Some cultures permit more subjugation and intimidation of women than do others. Some cultures extol the use of force to preserve the status of the male. When males teach males to slap their women to keep them in line, abuse is normative rather than aberrant. Although wife beating is no longer a publicly acceptable behavior, it is privately promoted within many male groups.

Why does the victim stay?

Why would a woman whose face is disfigured, whose bones are broken, whose pregnancy is lost, remain with a spouse who might beat her to death?

For some, there is simply no exit. The door is open but she cannot leave. She has no resources of her own. Her children need her. She is terrified of the police. Social workers are people who can declare you an unfit mother. The perpetrator has threatened to kill her if she leaves or if she tells and she knows no safe haven from him. There is no federal witness protection program for domestic assault victims. Her fear is real, the threat is real, the pathway to freedom cannot be found.

For some the shame is crushing. To heal in private, behind dark glasses, behind closed blinds is far better than to be seen by others. Physical pain is more bearable than shame. The shame is deeper than embarrassment. It is mortification, humiliation, dehumanization. Shame depends on the eyes of others. Avoid the eyes, avoid the shame. Stay home. Endure.

Some harbor hope for better times. The cycle of tension, abuse, relief; tension, abuse, relief has periods in which optimism is rewarded. Hope for the cessation of battering is realized and the relief experienced in the periods of peace is profound. Animal experimenters and human inquisitors know there is nothing as powerful as relief from torture as a positive reward for desired behavior. For some battered women the thin thread of hope and the episodic experience of relief reinforces her decision to stay.

Why do they love?

Beyond conscious hope and relief is an unconscious process of traumatic bonding, learned in infancy and relearned as intimacy is interwoven with abuse. This phenomenon appears in the bizarre attachment of some hostages to their captors known as the "Stockholm Syndrome." It explains why some victims love their abusers.

In a bank vault in Stockholm, Sweden twenty-seven years ago, Kristin, the hostage was held by Olafson, the armed assailant. She could not speak, she could not eat, she could not use a toilet without his permission. She was not only terrified, she was infantilized.

Infants cannot survive without care and feeding by their parents. They do not know the meaning of the word love. But they must experience relief when their hunger is sated, when a wet diaper is changed, when a warm blanket is provided. And we can assume that the child experiences a precursor of love --a profound, primordial gratitude for the continuing gift of life, expressed in finite acts of kindness. Often the kindness is relief from discomfort and pain.

Kristin denied that Olafson, her captor, was the source of her pain. Many hostages deny or repress or forget that fact. They do realize, consciously and deep inside, that someone with the power to take their

life is not killing them. On the contrary, this powerful person gives them food and blankets and permission to speak and the right to use a toilet. The hostage feels grateful and attached. Scores of ex-hostages have described this phenomenon to me. Only when the feeling of attachment has faded, sometimes years later, do they fully appreciate what occurred and arrive at a reasonable explanation. They describe that they did not seek a loving or compassionate attachment to a killer (many hostage survivors saw their captors kill others). The survivor often tried to fight a feeling of affection. But gradually they felt warmly toward one or more hostage holders, particularly those that showed some signs of nurturance. If the age and gender were appropriate, the positive feelings could approximate romantic love. Kristin felt it so strongly toward Olafson that she became his lover and broke off an engagement to another man. Patty Hearst felt it toward Cujo, one of her Symbionese Liberation Army captors. But others (a senior magistrate held by young Italian Red Brigades; a 50 year old editor on a train captured by Dutch Moluccans) described fatherly or avuncular affection. And the feelings were often reciprocated from hostage holder to hostage. Both parties feared and resented, even hated, the authorities outside--the government and the police who seemed to be the enemy. Those authorities delayed the negotiations, wouldn't take them seriously, and might storm the sanctuary and kill them all. Within the siege room traumatic bonding had occurred.

So in the case of the Stockholm Syndrome a normal adult may experience ironic attachment to an abuser through the sequence of terror, isolation, infantilization, denial, gratitude and attachment. Love is felt by some. A battered wife might love for similar reasons.

Or, a battered wife might love her spouse because she was trained from infancy to love an abusive parent --that is, to equate love with the intimate enduring dependence on one who provides life's necessities and who also hits and hurts.

Or, the battered wife might love her spouse because relief from punishment is so rewarding that she has learned to savor this feeling while denying the pain of physical abuse.

Or, she might love qualities that are lovable and suppress any outrage in response to behaviors that are cruel. Love is notoriously irrational, complex and paradoxical. To regard all love in abusive relationships as a product of abuse is unhelpful and untrue.

Few women and none that I have worked with as patients or clients wanted to be beaten. They were not masochistic. Because the term, masochism, exists, we seek examples to fulfill the concept. Theoretically, it is conceivable that love could be based on the aberrant attraction to a sadistic sexual partner. But this would be a rare exception. It is insulting to victims of abuse to suggest that the abuse is desired.

What are the merits of counseling methods for victims?

Given the many forms and facets and stages of spouse abuse, generalizations about counseling are hazardous. Those women who are currently being battered need physical protection, advocacy, financial resources, and a reliable support system. Practical training to assure independent survival is necessary. No single counselor can provide all the help that is usually needed at the outset. A successful intervention is multidisciplinary, proactive, and well coordinated. Survivors who have learned to cope not only with abusive spouses, but with intimidating bureaucracies are valuable allies. Attorneys who are willing to help with civil orders on short notice are critical assets. Shelters are often necessary. Doctors who will document wounds and testify to their findings may save a life. Police and welfare professionals are now more educated, aware and specialized. Unfortunately, other obligations frequently intrude. The therapist or counselor helps initially by opening the door to all of these resources, by assuring that life threatening

issues are appropriately addressed, by deferring any exploration of self defeating patterns of behavior until safety is achieved and a new network has been formed.

Since the family of origin is, too often, a source of insult and betrayal, undermining the woman's search for freedom and dignity, counselors learn to assess trustworthy contacts. Shelters may offer the best initial environment not only because they keep the perpetrator out, but because they offer an esteem-enhancing human group instead of a dysfunctional family of origin.

Ultimately, psychological issues are addressed. Herein lies a strenuous challenge for survivor and therapist. The disturbing fact that more depression is encountered by battered wives who leave than by battered wives who stay must be confronted. And the treatment of post-abuse depression is not as simple as the treatment of common mood disorder. The victim/survivor's depression is rooted in the reality of abuse and neglect and historically condoned cruelty. Prozac won't change that truth.

The emerging specialty of traumatic stress studies provides a new generation of clinicians with diagnoses, theory and techniques that help victims of sudden, catastrophic stress. PTSD (post traumatic stress disorder) is well understood as a common syndrome including flashbacks, nightmares, unwanted memories, emotional numbing, avoidance of reminders, concentration deficit, insomnia, irritability and other related symptoms. PTSD specialists know how to educate and coach and guide survivors toward mastery of traumatic memories and a new emotional equilibrium.

But liberation from a lifetime of abuse is a different issue entirely. PTSD may or may not be present. If it is, it is complex rather than simple. Brief therapy is usually insufficient. Issues of trust, rejection, anger and abandonment take time, skill and patience.

Writing about long term therapy with battered wives who are alternately compliant and resentful, Lenore Walker observes "Some therapists become so confused by this process that they relabel it as borderline behavior because of the intensity of the client's angry or smothering demands. . . battered women feel so unlovable that they need to be sure that their therapist likes/loves them, and like adolescents they are constantly testing it. Keeping to firm limits and calm but minimal responses are the most helpful behavior the therapist can engage in. This gives the message that you like her, are willing to stay with her in treatment without being abusive, and understand that she is scared. However, some of the limit setting and distancing techniques recommended for use with borderline clients would be counterproductive for use with a battered woman as they would set up power and control issues and not provide the warmth and understanding needed to regain feelings of safety. "

Obviously, not every therapist is equipped to help the woman who wants to change the habits that helped her endure abuse. In fact, many therapists make matters worse. They do this by announcing their skepticism. They do this by withholding support. They do this by falling in the traps identified by Dr. Walker.

Therefore three caveats are offered for those seeking counseling:

1. **Shop Around.** The first or second counselor may not be right for you. This relationship will be very important. You should feel comfortable and you should be sure your counselor is comfortable with you.

2. **Change Counselors If You Must.** Early in a therapeutic relationship you may feel betrayed or insulted. Since sensitivity to rejection is often a problem for persons dealing with interpersonal issues in

therapy, you deserve a counselor who you can trust. If a counselor cannot deal with your anger, you might be better off elsewhere .

3. Endure Once You Find the Right Counselor. Those who are out of an abusive relationship, but struggling to find a sense of personal worth, consistency and security, will often have stormy times in therapy. Your job is not to please your therapist, but your therapist will be pleased if you reach your goal of independence.

In sum, spouse abuse happens because our so called civilization is not that civilized and men get away with beating women. Women stay with these men for several reasons, including fear, isolation and unusual forms of love. Leaving is dangerous for many, difficult for most. A common long term consequence of abuse is an interpersonal and intrapersonal condition that includes depression, rejection sensitivity, anger and difficulty with trust. Counseling for victims should be practical, multidisciplinary and geared to security needs. Therapy for those who are safe but not fully "whole" is a longer, more demanding process.

Therapy is not the answer; we must do more than treat the wounded. Spouse abuse is a long standing, entrenched problem. Fortunately, there are experienced, effective survivors committed to changing this cruel aspect of human history. We who treat and teach can do no better than to join hands with them.

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