

## Psychologist outlines six types of spouse abusers

by Aphrodite Matsakis

### The destructiveness of family violence

At the very least family violence results in marital unhappiness, and in developmental delays, low self-esteem and insecurity in children. Left unchecked, violence tends to escalate over time, resulting in major injuries or divorce and, possibly, in suicide or homicide either on the part of the abuser or the victim.

Four women a day in this country die as a result of domestic violence. Battered women have four times the suicide rate of other women (nine times higher than normal on the day of the battering).<sup>4</sup> Wife abusers themselves can be suicidal. They have been found to threaten or to attempt suicide upon the departure of their battered mate. Furthermore,<sup>5</sup> both partners are capable of killing each other.

### Spouse murder: suicide or homicide?

In his now famous study of spouse murders, Wolfgang found that wives killed husbands at about the same rate that husbands killed wives. However, one-half to one-third of the women who killed their mates did so after years of abuse or in response to a husband's attack.<sup>6</sup> Wolfgang calls these "victim precipitated murders," in that the victim was a "direct positive precipitator in the crime."<sup>7</sup> This does not mean that the victim merely quarreled with or insulted the offender. It means that the victim was the first to use physical force, to show and use a weapon, or to strike a blow.

Wolfgang found a higher proportion of husbands than wives provoked their mates into killing them and suggests that in some instances victim precipitated homicides were forms of suicide, especially among male victims who viewed suicide as unmasculine or passive.<sup>8</sup> Since some PTSD-afflicted veterans harbor unconscious suicidal wishes, the possibility that their battering contains underlying suicidal or self-destructive intent should be considered.

Is the veteran consciously or unconsciously using abuse to provoke his mate into assaulting

him?--to confirm a negative self-image?--to land himself in jail?--or to destroy a marriage or love relationship which is dear to him? If he suffers from low self-esteem, survivor guilt, or other unresolved problems from Vietnam, he may not feel he deserves his wife or girlfriend. In such cases, battering the woman he loves (and who loves him) may be a form of self-punishment.

### Six battering types

To date, six types of abusers have been identified. The categories, however, are not mutually exclusive. Any particular veteran may fit into more than one category.

1.) **PTSD-related wife abuse:** battering is not inherent to PTSD, i.e., it is neither a primary or secondary symptom of the disorder. Yet some veterans batter and, for some, the battering is PTSD related.

If the veteran adheres to traditional male, sex-role stereotypes, which dictate that real men are unemotive, always strong, and never confused, he might panic when emotions pertaining to Vietnam rise to the surface (due to some reminder of Vietnam or due to the therapeutic process itself). Feeling out of control and emasculated (by his own emotions which, save for his anger, he views as feminine), he may attempt to regain a sense of control and affirm his manhood via battering. Battering also helps release the mounting anger caused by his pent-up emotions and inner turmoil.

The veteran may also attempt to feel strong and manly by attempting to control his wife or girlfriend by other means, e.g., by making excessive demands on her, by restricting her financially, or by isolating her from others. However, if she resists his attempts to control her, or otherwise frustrates him, he may resort to violence or threats of violence in order to assume a position of dominance.

PTSD-related wife abuse is usually sporadic and lessens when: a.) the veteran learns to identify and express his leftover anger and grief from Vietnam constructively and, b.) when he learns to root his sense of mastery, competency and achievement in developing his skills and talents rather than in dominating a woman.

He also must learn to accept his own emotions and see them as part of the human condition rather than signs of feminine weakness.

Renewed pride in himself, as a Vietnam veteran and as a competent person, may reduce his need to batter in order to feel powerful, important or masculine.

2.) **Veterans from violent homes:** stopping battering is usually more difficult for the abuser from a violent home, one who saw his mother being beaten and who, perhaps, was beaten also. Socialized to see violence as normal,<sup>10</sup> it may be harder for him to unlearn violence as a coping mechanism, especially if he still harbors unresolved painful and angry feelings regarding the abuse he saw or endured as a child.

Furthermore, if his mother spent most of her time avoiding beatings or recovering from them, the veteran may have suffered from inadequate physical and emotional nurturing as a child.<sup>11</sup> In his wife he may hope to find the mother he never had. When his wife fails to meet his needs, he may become furious quickly.

3.) **Veterans with neurological disorders:** psychomotor epilepsy, hypoglycemia, or organic brain dysfunction also can underly battering.<sup>12</sup> Psychomotor epilepsy is characterized by sudden unexplained outbursts of movement. Veterans with this disorder usually do not remember their violent behavior. While medication often can control the onset and frequency of violent attacks, it will not eliminate them altogether.

Hypoglycemic veterans are more prone to attacking their wives when their blood sugar levels cause starvation in their body cells. Proper feeding can reduce battering incidents.

If a veteran reports blackouts and/or memory loss and he is not drug or alcohol addicted, then the possibility of organic brain disease or malfunction should be explored through proper neurological testing.

4.) **The character disordered or paranoid veteran:** stubbornly defends his right to batter and feels little or no remorse over the fact that he batters. He might even boast about it.

Veterans in this category take practically no responsibility for their behavior. Usually they come for help because the courts have ordered treatment or because the wife has left or is threatening to leave. Their battering can be stopped or reduced by appealing to their self-interest, i.e., their desire to stay out of jail, to be able to stay in their own homes, and to be able to see their children.<sup>13</sup>

5.) **The psychotic abuser:** is clearly out of touch with reality and displays various psychotic symptoms. Here, wife assault seems to be triggered by the wife's idiosyncratic role in the veteran's fantasy life. This veteran needs psychiatric care and possible hospitalization.<sup>14</sup>

6.) **The alcohol or drug addicted abuser:** approximately 40-90 percent of domestic violence episodes involve either alcohol or drugs. However, this does not mean that alcohol or drugs cause abuse. Rather, for some individuals, alcohol and drugs function to bring repressed anger to the surface, while at the same time reducing inhibitions against expressing aggression. In addition, substance abuse provides the batterer with a convenient excuse for his behavior: he "couldn't help it" because he was inebriated or drugged.<sup>15</sup>

Although the problems of addiction and violence are intertwined, they are separate and must be treated separately in therapy. Sobriety will not automatically bring about an end to violence. Similarly, refraining from violence will not automatically result in the veteran giving up alcohol or drug addiction.<sup>16</sup> According to Wright and Pompham, "Violent behaviors can terminate before sobriety. However, without a program for maintaining sobriety, the chances of violent behavior recurring remain high."<sup>17</sup> □

**Aphrodite Matsakis, Ph.D., is a psychologist at the VA Medical Center in Washington, D.C. She is also a consultant to the Vet Center in Silver Spring, Maryland.**

#### REFERENCES

1. Walker, L., *The Battered Woman*, Harper and Row, New York, 1979; Savina, L., *Help for the Battered Woman*, Bridge Publishing Co., South Plainfield, New Jersey, 1987; Walker, L., *Children as Victims: Prostitution and Pornography*, Battered Women Research Center, Colorado Women's College, symposium presented at APA, Sept. 1979; "Correlation Between Spouse Abuse and Child Abuse," Southern California Coalition on Battered Women, 1985, P.O. Box 5036, Santa Monica, CA 90405.
2. "Battered Women: Issues of Public Policy," a consultation sponsored by the U.S. Commission on Civil Rights, Washington, D.C., Jan. 30-31, 1978; Walker, *The Battered Woman*, op cit; Savina, op cit.
3. Walker, *The Battered Woman*, op cit; Boyd, V., "Domestic Violence: Treatment for the Male Batterer," Group Health Cooperative Medical Center, Seattle, Washington, 1978; Klingbeil, K., "A Treatment Program for Male Batterers," Social Service Dept., Harborview Medical Center, Seattle, Washington, 1978.
4. Matsakis, A., "Counseling Battered Wives of Vietnam Veterans," *Vet Center Voice*, Vol. 8, No. 7, 1987, pp. 6-8.
5. Boyd, op cit; Klingbeil, op cit; Walker, op cit; Consultation sponsored by U. S. Commission on Civil Rights, op cit.
6. Wolfgang, M., "Husband-Wife Homicides," *Journal of Social Therapy*, 1956, pp. 263-271; Wolfgang, "Victim Precipitated Criminal Homicide," *The Journal of Criminal Law, Criminology and Police Science*, Vol. 48, May/June 1957, pp. 1-11.
7. Wolfgang, M., "Husband-Wife Homicides," op cit, pp. 267-268.
8. Wolfgang, M., "Who Kills Whom?," *Psychology Today*, Vol. 3, 1969, pp. 55, 56, 72, 74, 75.
9. Walker, *The Battered Woman*, op cit; Ritter, R., "Bringing the War Home: Vets Who Have Battered," unpublished manuscript, Vet Center, Fort Wayne, Indiana.
10. Walker, 1979a, 1979b.
11. Ibid.
12. Walker, *The Battered Woman*, op cit.
13. Ibid.
14. Ibid.
15. Savina, op cit.
16. Wright, J., Popham, J., "Alcohol and Battering: The Double Bind," *Aegis: Magazine on Ending Violence Against Women*, P.O. Box 21033, Washington, D.C., Autumn 1982, No. 36.
17. Wright and Popham, op cit, p. 56.