



The absence of evidence is not the evidence of absence: The abusive personality as a disordered mental state



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ABSTRACT

Does the perpetration of domestic violence reflect a distinct mental disorder? This essay does not and cannot definitely answer that question. Rather it aims to prompt a discussion of the various indices for surmising a position on this issue. For example, batterer behavior and attitudes are associated with severe psychopathology. Batterers are treated in intervention programs for an unnamed condition. Ultimately, domestic violence is contextualized as abnormal behavior. This paper reviews research in the field of domestic violence to establish a forum for discussion and debate about the potential for an abnormal mental state to describe the psychology of a batterer. This review posits that at minimum, the field of psychiatry should consider a review of batterer characteristics to formally investigate the “abusive personality” as a categorization of a distinct mental disorder.

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1. Introduction

One of the most dangerous, irrational and fatal patterns of human behavior is not considered a mental disorder. It cannot be that psychiatrists and psychotherapists are unaware of the condition. They regularly treat victims of it (Harris, 2006). It cannot be that the condition is too mild to register as statistically significant behavior. Each day, three women die because of it (Lee, 2012) as domestic violence results in murder, rape, psychological abuse and some of the most disturbing human behavior known to humankind (Kozma & Dauer, 2001).

Nor can it be that no research on it has been conducted. It is undeniably one of the most widely researched topics across multiple fields (e.g. women's studies, gender studies, psychology, sociology, social work, public policy, public health, counseling and psychotherapy, psychiatry, human and family development, law, criminology). Partner violence has been identified as a “major public health and human rights problem throughout the world” (“Gender-Based Violence.” World Health Organization, 2008), yet today there is no recognized condition associated with its perpetration to rehabilitate or to treat.

The objective of this paper is to review current and past intimate partner violence research to prompt a discussion of the “abusive personality” of batterers as a distinct mental disorder. By surveying relevant research on batterer characteristics, victimization, and the

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“abusive personality,” this review posits that, at minimum, the field of psychiatry should consider a review of batterer characteristics to formally investigate its categorization as a distinct mental disorder.

This essay does not and cannot definitively answer the question, does the perpetration of intimate partner violence constitute a mental disorder? Rather it aims to prompt a discussion of the various indices for surmising a position on this issue. In this paper, I provide a basis for posing this question for scientific review. To support my argument, I review literature on the following three topics: (1) Domestic violence as abnormal behavior, (2) Research associating batterers with psychopathology, and (3) Treatment for what? This work is rooted in an emergent debate about the nature of an abuser’s personality.

1.1. The “abusive personality”

The “abusive personality” (Dutton, 2007), “abuser” or “batterer,” describes the perpetrator of intimate partner violence. Donald Dutton (2007) argues that the male abuser manifests an abusive personality throughout childhood and adulthood that comprises a particular psychological profile. The abusive personality is more than an individual who has learned and reproduced intimate partner violence in his relationships. The abusive personality is linked to a personality disposition to perpetrate violence and abuse in intimate partnerships. This paper questions whether or not the abusive personality is an actual mental disorder?

Here, the terms *intimate partner violence* (IPV) and *domestic violence* (DV) are used to describe the same phenomenon. *Abuse* and *violence* are also used synonymously although they describe slightly different concepts. To narrow the focus, the present study will focus on male perpetrators and female victims of IPV. While we know that IPV occurs in same-sex/gender relationships (Balsam & Szymanski, 2005; McKenry, Serovich, Mason, & Mosack, 2006; Stephenson & Finneran, 2013) and women use aggression in opposite sex relationships (Richardson, 2005), the present work will not include those dynamics. IPV is defined as a pervasive pattern of battering, abuse (physical, psychological, sexual, economic, etc.) and social control in intimate partnerships.

This literature review of IPV research explores the notion of conceptualizing the psychology of an abuser as abnormal and a distinct mental disorder. The reader is asked to contemplate the full scope of this debate. Additional research is needed to directly test the concept of the abusive personality as a mental disorder. This project makes the argument that there is a need for that additional research.

1.2. Diagnostic Statistical Manual for Mental Disorders

The American Psychiatric Association’s (APA) Diagnostic Statistical Manual of Mental Disorders (DSM) defines a mental disorder as:

“A syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.”

[APA, 2013, p. 20]

Unless abusive behavior in the context of IPV can meet these criteria, it should not be explored as a mental disorder. Based on this review, the reader is asked to decide whether or not the abusive personality meets these criteria and if there is evidence that it should be studied for clinically significant abnormal behavior.

Abnormal behavior, in and of itself, does not definitively indicate the presence of a mental disorder. However, the persistent abnormal pattern of battering, or verbal, physical, and sexual abuse with a pathological level of exerting power and control over another human being deserves attention as a potential mental or behavioral health problem. Either it is possible that the perpetration of IPV has been somehow

psychiatrically overlooked or its absence from the DSM is the evidence that it is better understood as a social problem.

1.3. Socio-cultural oppression of women or a mental disorder

The reigning explanatory theory of domestic violence centers on the gender paradigm which suggests that this largely male perpetrated violence against women is rooted in patriarchy and cultural norms endorsing male control of and oppression of women. Conceptualizing an abusive personality disorder is therefore a controversial assertion in the field. Dutton (2003) explains his position on the matter:

Men [who] repeatedly and severely assault their wives ... have a psychology that appears to differ from the majority of men, raised in the same social conditions, whose wives report them as nonviolent. 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. It is not a category anywhere described in the DSM-IV nor is it deducible from the MCMI (p. 254).

There is no reason to think that the gender paradigm and theories of patriarchal oppression are invalid simply because psychopathology describes the mental state of an abuser. Instead of conceiving a theory of either psychology or patriarchy as explanatory theories of violence, the intersection of a gender oppression paradigm and a psychological explanation could conceptualize the manifestation of DV. Cultural issues affect what is deemed disordered behavior and feminists play a role in demanding an unbiased and objective review of disordered behavior especially where it continues to have an unprecedented impact on the lives of women and children.

The impact of DV on women is undeniable. DV is criminalized throughout the United States, and we are living in an era in which the perpetration of abnormal and deviant violence against women has reached worldwide epidemic proportions (Alhabib, Nur, & Jones, 2010). One in four women will experience DV at some point in her lifetime (Tjaden & Thoennes, 2000) and 85% of all DV victims are women (“Bureau of Justice Statistics” see Rennison, 2003). Its impact is life threatening and because most cases of IPV are not reported to police (Frieze & Browne, 1989), we do not know the true prevalence of this global health concern.

Feminists are well aware that patriarchal and sexist beliefs play a role in DV (Bettman, 2009) and some battered women’s advocates are concerned about the psychological explanations for abuse (Paymar & Barnes, n.d.). Yet, the evidence of DV perpetration as abnormal behavior is overwhelming. Some theorists will argue that violence against women is not deviance, but rather the enforcement of a social structure of power (Leach, 1994). However, these assertions do not appear mutually exclusive as a social structure of power that manifests in misogyny and violence against women is sexist and deviant itself. Years ago, feminist pioneers in the area of women’s studies worked tirelessly to prove that the absence of academic evidence is not the evidence of absence—and it saved women’s lives. There was a time when there was no such thing as “domestic violence” or “marital rape” or “sexual harassment,” but today there are criminal and civil laws against it, corporate trainings to prevent it, therapies specifically designed to recover from it, and research programs to better understand it. In this paper, I argue that such an understanding begins by conceptualizing its perpetration as a form of abnormal behavior.

2. Domestic violence as abnormal behavior

To beat a person on a regular basis, to see their tears and bruises, and then to continue doing it, even after being arrested, requires a state of mind that many cannot conceive. To threaten a woman with violence and control in an attempt to scare her into total submission to one’s

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