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**COPING WITH ABUSE:
APPLYING THE GRIEVING MODEL TO BATTERED WOMEN**

by

Linda J. Klimack B.A. Adv.

A thesis submitted to the Faculty of
Graduate Studies and Research in partial fulfillment
of the requirements for the degree of
Masters of Arts
Institute of Canadian Studies

Carleton University
Ottawa, Ontario
November 11, 1986

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The undersigned recommend to the Faculty of
Graduate Studies and Research acceptance of the thesis

"Coping with Abuse: Applying The Grieving
Model to Battered Women"

submitted by Linda J. Klimack, B.A.,
in partial fulfilment of the requirements for
the degree of Master of Arts.

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December, 1986

COPING WITH ABUSE:

APPLYING THE GRIEVING MODEL TO BATTERED WOMEN

To date most of the research which examines a battered woman's propensity to stay in violent relationships has been based on models in which the battered woman becomes progressively more entangled and has little likelihood of escaping from the violence. However these models fail to account for the women who do in fact leave the relationship.

The Model to be presented corrects this by accounting for and categorizing the battered women's psychological states from the precursors of abuse to the point where she realizes violence is a part of her conjugal relationship and chooses a course of action based on this realization. The Grieving Process explains what keeps the woman in the relationship; when she accepts the violence as a recurring phenomenon; and when she takes steps to either leave or alter the situation. The Grieving Process lays the basis for empirical research which would make it possible to identify variables which account for women who take a position against violence and attempt to eradicate it, as well as those still in the relationship.

The Grieving Process has as its foundation Kubler-Ross' five stages of grieving. Four other theoretical propositions (Smith and Chalmer's concept of technique and strategy; Walker's cycle of violence; Stark, Plitcraft and Frazier's battering syndrome; and Ferraro's techniques of rationalization) play a major role in identifying the battered woman's changing psychological states. Supporting evidence is drawn from the areas of courtship violence, marital rape, family violence, grieving, depression, medical response to battered women, and wife assault.

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To Cobber,
who paid the
telephone bills,
proofread,
and loved me.

CHAPTER ONE

Introduction

Our society has seized upon the problem of wife assault as though it were yet another byproduct of technology. Wife beating is not a new event; it is society's awareness of it as a problem which is new (Roberts, 1981). Stark and Flitcraft (1983) note that approximately every twenty years the popular press and women's groups join force to denounce family violence, with the anger quickly reaching a peak then receding. In this cycle it was the feminists who once again brought the issue to light (Breines & Gordon, 1983; Finkelhor, 1983; McShane, 1979; Schechter, 1982; Straus, Gelles, & Steinmetz, 1981). What differs this time is that academics and professionals have thrown their weight behind the issue, using their expertise to give credibility to the topic (Ferraro & Johnson, 1983; Loseke & Cahill, 1984; Stark & Flitcraft, 1983).

Prior to 1970, wife assault as a social problem received limited attention (Gelles, 1982a), but in the fifteen years since it has been redefined, there has been a reversal in attitudes. In the 1960's the prevailing attitude was that family violence was a rare occurrence, resulting from individual psychopathology (Gelles, 1980; Gelles & Straus, 1979). As late as 1974 the word "wife battering" was not a part of our vocabulary (Schechter, 1982). Since then it has been recognized as occurring in increasing frequency, and has been explained in terms of societal structures and norms (Bern, 1982). Wife assault has also been redefined as a problem of society rather than as an individual problem; as no problem at all; or as an acceptable part of a

conjugal relationship. In ten years, wife assault has been transformed from a subject of private shame to an object of public concern (Tierney, 1982).

Wife assault is viewed as a new social problem, but it is not a "new" occurrence in our society. Dr. Gail Robinson refers to it as the "quiet crime" because violence in the family, in particular beating one's wife, has been regarded as accepted behavior for centuries (as cited in Gardner, 1983). Historically the inferior status of women in marriage has ensured that a husband was legally able to control and beat his wife, and that she had no legal recourse to stop the abuse (Dobash & Dobash, 1979).

Wife assault differs from other crimes against persons in that the woman is uniquely bound to her attacker: legally, financially, and emotionally (Fields, 1978). In contrast to other assaults, the close attachment of the husband and wife may be seen as the precipitating factor (Dobash & Dobash, 1977-78; Hank & Rosenbaum, 1977; Heller, Ehrlich, & Lester, 1983). Some authors speculate that physical violence between spouses may be as common as love and affection (Straus, 1977a, 1977b; Straus, Gelles, & Steinmetz, 1981).

Incidence

In our society wife assault has been viewed as more prevalent than alcoholism (Rosenbaum & O'Leary, 1981b), serious attack by a stranger (Eisenberg & Micklow, 1977), or rape (Drake, 1982; Humphreys & Campbell, 1984; Weingourt, 1979). Melodramatic statements refer to wife assault as a "crime wave" (Dobash & Dobash, 1977), or as the "single most frequent encountered crime" (Stacey & Shupe, 1983), and the American
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family as "one of society's most violent institutions and social groups" (Gelles, 1980). Despite these claims documenting the true incidence of wife battering has not been an easy task.

Estimates of marital violence vary greatly depending on which member of the family is reporting (Szinovacz, 1983) or which agency is supplying the data. This lack of statistical evidence reflects in part society's refusal to admit the frequency of family violence (Eisenberg & Micklow, 1977; Martin, 1978), society's ambivalence towards what constitutes an assault by a family member (Dutton, 1984), and society's attitude to violence in general (Campbell, 1984a).

Unlike child abuse, there are no laws requiring mandatory reporting of incidents of wife assault. Thus, indirect measures--divorce statistics, medical records from the emergency rooms of hospitals, police response to domestic disturbances, occupancy rates in shelters for battered women, and files in social service agencies--must be examined to gain a sense of the size of the problem (Gelles, 1980).

Statistics taken from these sources produce a wide range of numbers: wives complain eleven times more often about physical abuse in divorce petitions than do husbands (Levinger, 1966); doctors identify one woman in twenty as having injuries resulting from wife assault (Stark, Flitcraft, & Prazier, 1979), or approximately one case a day (Ponseka, 1974; Rounsaville, 1978a); and police records reveal that of the assaults that occur in the family, in 75.8 percent of the cases the victim is the wife (Dobash & Dobash, 1977-78). These numbers tell more about the frequency with which battered women use these services, and the level of training which aids the professional in identifying victims of wife assault, than about the size of the

problem. Indeed these figures may not provide an accurate picture, as the actual occurrence rate is assumed to exceed the reported cases by twenty to ninety percent (Goodstein & Page, 1981; Hemmons, 1981; Prescott & Letko, 1977; Roberts, 1981; Sznovzcy, 1983; Walker, 1978, 1979).

A further complication appears because researchers studying wife assault in the general public have examined it in two ways: counting only incidents that have occurred in the last year, or counting the occurrence of one or more abusive acts over the length of the relationship. The former incidence rate, violence only in the last year, ranges from 3.8 to 16 percent of all couples (Straus, 1974, 1977-78, 1980; Straus, Gelles, & Steinmetz, 1981; Sznovacz, 1983). The latter incidence rate, the occurrence of a violent act over the length of the relationship, varies from 26 to 59 percent (Prieze, 1979; Gellen, Hoffman, Jones, & Stone, 1984; Gelles, 1972; Gentemann, 1984; Kincaid, 1981; O'Leary & Arias, 1984; Steinmetz, 1977a; Straus, Gelles, & Steinmetz, 1981). Again a confusing picture is produced!

One final way to get an idea of the size of the problem is to look at the estimates from other researchers. Although estimates of women who are battered at some point in their relationship vary from 10 to 75 percent (Borkowski, Murch, & Walker, 1983; Davidson, 1978; Langley & Levy, 1978; MacLeod, 1980; Maraden & Owens, 1975; Saunders, 1977; Steinmetz, 1980; Straus, 1977-78; Straus, Gelles, & Steinmetz, 1981; Walker, 1979) most authors place the figure around 50 or 60 percent.

If these estimates are accurate, then examining the effects of abuse on women and the process that prevents them from taking steps to stop the violence after the first abusive act is important.

Research Problems

Many of the problems in determining the incidence rate are hampered by problems plaguing the research. The basic difficulty is that "everyone colludes to pretend it doesn't occur" (Hodgin & Larouche, 1980). From the women, the batterers, and witnesses who do not report incidents, to friends and family who turn a blind eye to the situation, to doctors who do not question the causes of injuries, to police who treat a man's home as his castle, to clinicians who see the violence as inconsequential in the relationship, these people individually minimize the problem, and collectively minimize the extent of wife assault.

A second problem plaguing research is that samples tend to be small and non-representative (Hornung, McMullough, & Sugimoto, 1981). Characterizing all samples is the fact that the subjects are self-identified battered women who have come to the attention of the public (Browning & Dutton, 1984; Couch, 1983; Gelles, 1980, 1982b, 1983; Loseke & Cahill, 1984). While this group may be easy to study, it prevents researchers from investigating differences between women who admit that violence is a problem, and those who do not see it as a problem. It also prevents researchers from investigating the relationship between the length of the abuse and the woman's psychological state during the course of the battering relationship.

By studying only self-identified battered women researchers have approached wife assault as a unitary phenomenon ignoring both the complexity and the multi-dimensional nature of the situation (Snyder & Fruchtman, 1981). In the process they have also assumed a stable quality

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in the woman's character, and among battered women, overlooking the uniqueness of each case.

The third problem is that perhaps because of the relatively recent attention given to wife assault, researchers have tried to align this area of study with the existing fields of victimology or criminology. In doing so, victims of wife assault have been treated as similar to other victims of violent crimes, such as rape or robbery (Loseke & Cahill, 1984). By focusing on the violence, the conjugal relationship is ignored as a significant factor distinguishing wife assault from other crimes. Instead the focus has been on the question "Why does she stay?" Some researchers (Aquirre, 1984; 1985; Breines & Gordon, 1983; Loseke & Cahill, 1984; Neilsen, Eberle, Thoennes, & Walker, 1979; Okun, 1984; Owen, 1975) have begun to question the usefulness of this alignment and point to the literature on marriage and the family as a better basis for understanding the woman's tendency to stay in the

Inherent in the question "Why does she stay?" are several assumptions about the woman and her situation. First, to ask the question assumes there is only one response to an abusive relationship--to leave (Loseke & Berk, 1982). Second, focusing on why she stays assumes it is only the woman's decision to leave. This ignores the fact that a batterer frequently continues to harass and abuse the woman after she has left, or attempts to re-establish the relationship, sometimes using force (Okun, 1984). Third, asking why she stays or leaves makes the assumption that the woman can engage in either one behavior or the other (Dobash & Dobash, 1979) and creates two artificial categories of women: those who stay and those who leave (Loseke & Cahill, 1984). Fourth, asking why she stays assumes that leaving is the normal or ethical thing to do (Loseke & Cahill, 1984; Okun,

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1984) It also assumes that many women do stay and that they are more in need of help than women who have left (Loseke & Cahill, 1984). Fifth, focusing on why she stays promotes the view that the battered woman chooses victimization (Loseke & Berk, 1982). "The question itself derives from the elementary assumption that any reasonable individual, having been beaten and battered by another person, would avoid being victimized again (or at least avoid the attacker) (Gelles, 1976, p 659)." Finally, focusing on the woman's response to the violence as opposed to why the man is abusive, has created a new category of deviants--women who stay--and in the process excuses the batterer for his crime (Walker, 1979).

Thus the major problem of researchers has been their pre-occupation with answering the question, "Why does she stay?" Focusing on the woman's ultimate response to the violence ignores the process of a woman's reaction to the violence from the first incident to the point where she realizes she must respond to the situation. It also fails to recognize, in a positive light, the work a woman does, and the many coping techniques she uses, as she attempts to preserve her marriage while stopping the abuse. Finally the question itself assumes there is only one correct alternative for a woman once the violence has begun--to leave. In reality there are a variety of alternative outcomes--to stay and accept the violence, to stay and force change, to leave, or in extreme cases to kill the batterer.

To answer the question "Why does she stay?" researchers must look at the temporal sequence of psychological states a woman undergoes in the relationship after the first blow, the first battering incident, and long after the cycle of abuse is well established. Understanding the process will answer this question.

Theories and Models of Why Battered Women

Stay in Abusive Relationships

To date three theoretical proposals have been put forward which attempt to explain how women become locked into violent relationships. Walker's model of learned helplessness (1977-78, 1979, 1980, 1983a, 1984a, 1984b), Dutton and Painter's framework of "traumatic bonding" (1981, Painter & Dutton, 1985), and Pagelow's three stage model of factors predisposing a couple to establish a violent relationship (1981d).

Learned helplessness was developed by Seligman and his associates in the 1960's to account for dogs' responses to electric shocks (Overmier & Seligman, 1967, Seligman & Maier, 1967). In the beginning the dogs attempted to escape the shocks through a variety of voluntary movements. When these would not stop the adverse stimulus the dogs ceased trying to avoid the shocks and would simply lie down, passively receiving the shocks (Walker, 1977-78). Similar experiments have also been tried on other animals, and although there was variance in the rate at which helplessness was acquired and the generalization to other situations, the same motivational deficits were produced (Walker, 1977-78).

Seligman proposed that "the dogs learned, during exposure to the original shocks, that their responses and the shocks were unrelated" (Peterson & Seligman, 1983, p. 106). It is the learning of the unpredictability and non-contingent nature of the adverse stimulus that is important (Seligman & Maier, 1967). If learned early in development it increases the animal's

vulnerability to develop helpless behavior as an adult (Walker, 1984a). Thus Seligman (1975, as quoted in Ball & Wyman, 1977-78) concluded:

When an organism has experienced trauma it cannot control, its motivation to respond in the face of later trauma wanes. Moreover, even if it does respond and the response succeeds in producing relief, it has trouble learning, perceiving, and believing that the response worked. Finally, its emotional balance is disturbed; depression and anxiety, measured in various ways, predominate.

(p. 546)

Several authors have noticed the similarity of battered women's response to the phenomenon of learned helplessness (Ball & Wyman, 1977-78; Mandel, 1985; Nielsen, Eberle, Thoennes, & Walker, 1979; Rounsaville, 1978b), but it is Lenore Walker (1977-78, 1979, 1980, 1983a, 1984a, 1984b) who has been the advocate and has undertaken most of the research.

Walker has proposed that "repeated batterings, like electrical shocks, diminish the woman's motivation to respond" (1979, p. 49). Sharing similar characteristics of electric shocks, battering is regarded as adverse, uncontrollable, and random, with no apparent connection to what the woman does (Nielsen, Eberle, Thoennes, & Walker, 1979).

Walker (1979), like Seligman (1975), sees learned helplessness as producing motivational, cognitive, and behavioral deficits. The motivational deficit is characterized by the inability to initiate responses that could remove the woman from the helplessness inducing situation (Strube, 1984).

The battered woman sees no relationship between her response and the

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outcome, and she believes nothing she does will stop the violence, so she ceases all attempts to change the situation (Walker, 1977-78). Even if new responses are initiated and are successful, the woman may not recognize them as such (Strube, 1984).

The cognitive deficit is characterized by an inability to learn that response and outcome are contingent even if the situation changes (Strube, 1984). It is not the actual controllability of the situation which is important but rather the perceived lack of controllability in the form of beliefs and expectations which produces the feeling of powerlessness and the faulty relationship of response and outcome (Walker, 1977-78, 1979). "It was the lack of prediction of success in managing the negative stimuli which seemed to produce the greatest psychological distress (Walker, 1985, p 291)."

The passive behavior the woman exhibits is a result of the lack of control she sees over the situation (Ball & W. mann, 1977-78). Due to the belief that nothing will stop the violence, the battered woman refuses outside assistance and makes no attempt to escape. The powerlessness reaches a point where the woman expresses neither shock nor indignation towards the batterer and the abuse (Hendricks-Matthew, 1982). Thus, the final deficit, behavioral, is seen in the passive, submissive, and helpless behavior the woman portrays (Walker, 1979), and is characterized by severe depression and self-blame (Strube, 1984). It is this "psychological paralysis" (Walker, 1977-78) which maintains the victimized state and drains her energy.

A second component of learned helplessness, as it was first proposed, was the fact that when the dogs learn the helpless behavior early in their

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development, it persists into their adult life and is more difficult to overcome (Walker, 1977-78, 1979). Similar to this Walker (1977-78) has stated that humans who experience learned helplessness at an early age find it causes interference in later life. She says that in general women are more prone to learned helplessness than men due to the "prior faulty learning patterns" (Walker, 1980), demonstrated in traditional female socialization patterns that teach women to depend on others to meet their basic needs and to develop inadequate coping strategies to escape victimization (Walker, 1977-78, 1979, 1980, 1984a)

Walker also views learned helplessness as a relative continuum for women, with battered women being the most affected due to their greater degree of traditional socialization (1977-78), their increased susceptibility to learned helplessness in their relationships to men (1980), and their increased tendency to seek approval from men (1977-78). Ball and Wyman (1977-78) have added a fourth element to this continuum. Battered women are more likely to have been abused as children.

The application of learned helplessness has received criticism from other authors. First, not all women who find themselves in a battering relationship develop helpless behavior (Peterson & Seligman, 1983). Some women leave after the first incident (Stacey & Shupe, 1981), while others force their husbands to change (Bowker, 1983). Still other women do not become passive victims, but actively try to control the situation. The application of learned helplessness attributes a unitary nature to the women--once the woman has been beaten she will remain in the relationship and develop passive behavior to the violence--and does not look at other responses to the violence.

Second, using learned helplessness to explain animal behavior in a controlled situation may be appropriate, but for battered women, this theoretical concept fails to address the social factors which influence her behavior (Ball & Wyman, 1977-79; Breines & Gordon, 1983). Breines and Gordon (1983), in a criticism of learned helplessness, apply it in the following way: "most battered women have in fact tried to avoid beatings and have "learned" that they cannot do so; like the dogs, they are in fact in "cages" constructed by law, poverty, dependent children, lack of child care and so on" (p 518).

Third, while learned helplessness is described as a "maladaptive response to victimization" (Peterson & Seligman, 1983), in reality it may be "a reasonable response to an unreasonable situation" (Wardell, Gillespie, & Leffler, 1983). The woman is described as being helpless but in a situation which lacks real alternatives, the woman may indeed be helpless and her passive behavior may be her attempt to cope with a bad situation (Stark, 1980). By focusing on the woman's reaction to the situation, attention is directed away from the lack of resources and alternatives available to the battered woman (Wardell, Gillespie, & Leffler, 1983; Stark, 1980).

Fourth, this concept focuses on the end result, the passive, dependent behavior of the woman, and spends only a limited time discussing the sequence which brings her to that point. Although the initial active behavior of the woman is acknowledged by some of the authors (Strube, 1984; Walker, 1977-78, 1979, 1980, 1984a), the lack of space devoted to this issue diminishes its importance. Focusing attention on the outcome, focuses attention away from the process which gets her there and trivializes her

prior behavior. It also distorts the time frame of the relationship, leading the reader to believe that the woman very quickly becomes helpless and passive. In reality the woman continues using different techniques to stop the abuse during most of the relationship (Smith & Chalmers, 1984).

Finally, one of the weaknesses of the learned helplessness model is the fact that the woman is viewed as if she were in a spiral situation--the longer she remains in the situation the less likely she is to escape. Seligman has suggested that once the dogs learned to make a voluntary response their helplessness disappeared (1975, as cited in Walker, 1979). Applying this idea to battered women Walker (1984c) states:

If a woman is to escape such a relationship, she must overcome the tendency to learned helplessness survival techniques--by, for example, becoming angry rather than depressed and self-blaming; active rather than passive; and more realistic about the likelihood of the relationship continuing on its aversive course rather than improving. She must learn to use escape skills compatible to the survival behavior already adopted. (p. 87)

She suggests two ways for a woman to break out of the battering relationship: to persuade the woman to leave, or to give the woman an opportunity to overcome her cognitive set by learning new skills and experiencing power and control over her situation and consequently overcoming motivational and behavioral deficits (1979). So little time is devoted to describing how a woman leaves a battering relationship that it seems non-existent as a possibility.

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Thus the use of learned helplessness to explain the behavior of battered women is only a partial description. It fails to acknowledge the woman's persistent use of coping mechanisms to stop the abuse, and to explain how the woman is able to take a stand against the violence and reshape her life, either in or out of the conjugal relationship.

The framework of traumatic bonding (Dutton & Painter, 1981; Painter & Dutton, 1985) is drawn from the development literature on infant bonding. It specifically concerns "the sudden "about-face" that often characterizes the return of a battered woman to a relationship which has a high prognosis of future violence" (Dutton & Painter, 1981, p. 146).

These researchers hypothesize "a social-psychological explanation based on the notion that powerful reinforcement mechanisms interact with an unbalanced power structure in the relationship to produce a traumatically-based bond between batterer and victim" (Painter & Dutton, 1985, p. 363). This emotional tie is seen in abused children, hostages, and cult members--all victims of intermittent maltreatment. The authors use the theoretical framework to describe the situation of battered women, and define the process they have labeled "traumatic bonding" as "the development and course of strong emotional ties between two persons where one person intermittently harasses, beats, threatens, abuses or intimidates the other" (Dutton & Painter, 1981, p. 146 & 147).

The attachment manifests itself in the form of positive feelings and attitudes by the woman to her abuser, and is composed of two features: a power imbalance, and the intermittent nature of the beatings (Dutton & Painter, 1981). The power imbalance is defined as "wherein the maltreated

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person perceives him or herself to be subjugated or dominated by the other" (Dutton & Painter, 1981, p. 147). Lower power persons are characterized as feeling more negative in their self appraisal, more incapable of fending for themselves, and more in need of a high power person. Just as the lower power persons develop an over-generalized sense of their powerlessness, so the higher power person develops an over-generalized sense of their power. It is the cycle of dependency and lowered self-esteem in the low power person and the over-generalized sense of power in the high power person which creates a strong affective bond (Dutton & Painter, 1981).

The second feature, the intermittent nature of the abuse, is defined as "the dominant party intermittently and periodically maltreat(ing) the submissive party by threats, verbal and/or physical abuse" (Dutton & Painter, 1981, p. 148). It is characterized by bouts of abusive behavior alternating with more normal or acceptable behavior. This vacillating between loving and abusive behavior, and the resulting increase in arousal prior to the violence, and feelings of vulnerability and dependency subsequent to the battering, reinforces the woman to stay in the relationship. The batterer's loving behavior fulfills her fantasy of the ideal husband and also reinforces her to stay in the relationship. Thus it is both the removal of the arousal and the husband's kind and remorseful behavior which bond a woman to the batterer. The net effect of these two features is to create a victim who is psychologically ill-equipped for either self-defense or escape (Dutton, 1984).

There is a two stage process to the development of the bond. First the lack of severity of the abuse and the novelty of the beatings supports the woman's belief that the beatings are an isolated event and initiates the affective bond (Dutton, 1983; Dutton & Painter, 1981). As the

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severity increases the woman's perception changes as she realizes the violence is not going to stop (Dutton, 1984). At this point the bond to the batterer has already developed, making it difficult for her to leave (Dutton, 1983). "If we conceive of an emotional bond that represents unmet needs as having the property of elasticity and homeostasis, then departures from the relationship (even an abusive one) will be accompanied by increasing emotional pressure to return (Dutton, 1983, p. 6) "

Dutton and Painter (1985) regard their model as different from that of learned helplessness because: 1) it includes consideration of the role of affect and cognition; 2) it can explain a wider range of behavior; 3) and it stresses the woman's belief in her powerlessness rather than whether she can actually control the battering. However, the notion of the traumatic bonding shares a problem with Walker's theory in that no explanation is offered for women who either break the bond or alter the relationship. These authors conclude that "as the cycle repeats itself over and over again, the possibility that the woman will leave the relationship becomes more and more remote" (Painter & Dutton, 1985, p. 366).

Pagelow (1981d) offers a third way of explaining why battered women stay in violent relationships. She focuses on factors that predispose a woman and her husband to establish a violent marriage rather than on the psychological dynamics of the partners or the relationship once the battering has begun.

The tripartite model grew out of the work by Lemert on primary and secondary deviance (the former being the initial occurrence of the deviant act; the latter being the continued occurrence of the deviant behavior), and

is based on principles from the social learning theory, namely: repeated exposure; opportunities of practise; and symbolic rehearsal.

Pagelow postulates three perspectives. In the first, Development, a socio-historical approach is taken to examine the effect of a traditional ideology on predisposing men to behave abusively. A traditional ideology is the internalized belief in the acceptance of the rightness of patriarchal-hierarchical order in the family and the subordinate status of women. It is viewed as the major variable in determining the social response to abuse by both the individual and the institution (Pagelow, 1981d). It is the variance in the socialization, acceptance, and internalization of this belief which accounts for variability in men and women (Pagelow, 1981d).

In the second, Primary Battering, three outcomes are possible; the battering never occurs, it only occurs once, or it moves to Secondary Battering. Pagelow is careful to differentiate between the first time the abuse occurs (Primary Battering) and the systematic repeated beatings (Secondary Battering) because unlike other authors she recognizes that not all beatings continue. In some cases the man will stop and in others the woman will leave. A traditional ideology is the significant factor in predicting whether or not the woman will take action, and whether or not the man will be violent again (Pagelow, 1981b).

It is after the first abusive incident that the variables described in Development have their full impact on the actors. For the men, the first beating is the most difficult, because they have broken the norm as the protector of the family, and they do not have an extensive network of rationalization to justify their behavior. Two factors are important in

determining if the husband will be violent again; the learned acceptance of the use of violence in a conjugal relationship and the commitment to a traditional ideology. Thus, "if a man believing that to be a man he must have control over his life and the lives of weaker others, finds himself losing control, then he will attempt to regain control by the best resource at his disposal. If he has learned that men gain control of others by force and violence, he will use that method" (Pagelow, 1981d, p. 43).

A traditional ideology and a woman's willingness to invest in the relationship are seen as factors which assist in predicting whether a woman will stay in the relationship, and whether the violence will persist. The responsibility to take action after the first incident falls to the woman, and the lack of retaliation may reinforce the abusive behavior, increasing the likelihood of it occurring again. "It is hypothesized that if a woman has great willingness to invest in maintaining a conjugal relationship--if she is strongly committed to it for a variety of reasons, and if she firmly accepts the traditional ideology--then she will neither retaliate nor terminate a conjugal relationship if she is battered (Pagelow, 1981d, p. 43)."

In the last perspective of Secondary Battering, during which the battering continues, attempts are made to answer the question, "Why does she stay?" Here three key variables are suggested as providing some of the answers:

- 1) A woman's available resources, which are defined as "the positive and negative, present and/or obtainable, material goods and personal capabilities, physical features, and pool of human actors in the victims' environments" (Pagelow, 1981d, p. 225).

2) Institution response, "measured by the amount and type of support and assistance available and received by battered woman (or the lack of support and assistance), as well as pressure exerted against victims by institutions and their agents to confine them within their relationships" (Pagelow, 1981d, p 226).

3) Traditional ideology is the "set of internalized beliefs in the hierarchical structure of the patriarchal family and mutually exclusive sex roles" (Pagelow, 1981d, p 226). This includes the rigid division of sex roles and labour, the patriarchal family and the inequality between the sexes.

Although there are two alternatives open to the battered woman at this point--to stay and attempt change or to leave--all women initially try to implement change, when this does not succeed then they may leave (Pagelow, 1981d). Some women may also try to psychologically withdraw from the situation, through the use of drugs or suicide, and others may try to kill their husbands (Pagelow, 1981d).

In this perspective Pagelow postulates that "(t)he fewer the resources, the more negative the institutional response; and the more intense the traditional ideology of the women who have been battered, the more likely they are to remain in relationships with the batterers and the less likely they are to perform acts that will significantly alter the situation in a positive direction" (1978, as cited in Pagelow, 1981a, p. 242)

Differing from the two previous theoretical frameworks of learned helplessness and traumatic bonding, Pagelow has overcome several of their weakness: 1) she recognizes that some women leave after only one beating; 2) she sees a sequence in the reasons women remain in abusive relationships; 3) she sees the possibility of women breaking out of the

abuse; 4) and she recognizes different outcomes from women once they are in the relationship--to stay and attempt change, to leave, and to kill him

One of the weaknesses of Pagelow's model is that Primary Battering, the first time battering occurs, is described as a discrete entity, with no warning signs. In reality some women have described precursors of abuse which indicated to them that future violence was possible. Not all violent relationships begin with a single beating, rather there is a build up of tensions in the relationship, and the first beating is just another step in the increasing severity of abuse.

The major weakness of this model is its emphasis on societal factors, and a failure to look at the psychological changes a woman undergoes during the battering relationship. It is these changes and the effect they have on her ultimate response which need to be incorporated in a model.

Synthesis

Thus, the gap recognized in the existing literature is not simply the lack of an identified mechanism, but rather the lack of a theory or model which describes the woman's psychological state, from the precursors of abuse, to the point where she accepts the abuse as a normative factor in her conjugal relationship and chooses a course of action based on this realization. Such a model would examine 1) what keeps the woman in the relationship; 2) the point at which she accepts the violence as a recurring phenomenon; 3) and when she takes steps to either leave or alter the situation.

The purpose of this thesis is to develop a model which coherently incorporates these factors and seeks to answer the question "What leads a battered woman to accept that violence is a major part of her relationship and to take responsibility for changing the situation?" The Grieving Process (a term which will be employed throughout this thesis to denote the Model, Coping with Abuse) uses as its foundation Kubler-Ross' (1969) five stages of grieving: denial, anger, bargaining, depression, and acceptance. To this I have added one additional stage, triggering mechanisms, which provides a way of looking more thoroughly at what triggers a woman out of depression and into acceptance, and one additional section, alternative outcomes, which examines the alternatives available to the woman once she has accepted the fact that the battering is a part of her relationship.

Four other theories from the research on battered women (Smith and Chalmers' concept of technique and strategy (1984), Stark, Flitcraft, and Frazier's battering syndrome (1979), Walker's cycle of violence (1979), and Ferraro's techniques of rationalization (1983)) offer support in understanding the women's behavior. It must be understood that the Grieving Process is not based on empirical research, but rather is supported by existing research drawn from the areas of courtship violence, marital rape, family violence, depression, grieving, and wife assault.

CHAPTER TWO

Methodology

In the first chapter I described the purpose of this thesis as attempting to give a global picture of the process a battered woman undergoes while coping with abuse in a conjugal relationship. This chapter will examine the selection of research material which offers support for the Grieving Process. This chapter will also note some of the issues which are of interest but which had to be excluded or left incomplete due to inherent limitations in the available literature or a conscious choice to limit the scope of the thesis.

The study of wife assault, as a topic distinct from other fields, is relatively recent, thus placing an immediate restriction on the volume of research available. For this reason the Grieving Process will make use of all available material without differentiating on the basis of the source, the purpose, the sampling procedure, or the methodology of the research. Nor will the effects of recent changes in Society's attitudes, laws, or public awareness be considered as a basis for judging the acceptability of any research. Because this thesis is descriptive rather than predictive the Model attempts to extract a coherent picture from the totality of the research rather than using individual references to support specific claims. An error in the statistics presented by one researcher will not alter the overall result as the validity of the Grieving Process is not dependent on the accuracy of a single work.

The literature which is presented in support of the Grieving Process comes primarily from American, Canadian, and British sources. The origin of the research has not been used a criterion for inclusion or exclusion. This is due, once again, to a scarcity of work, and because there does not appear to be any foundation to suggest that national origin is a basis for differences that exist in the experiences of abused women. This thesis makes an implicit assumption that even if the Grieving Process is social in nature rather than a fundamental element of human behaviour, the grieving experience is not confined by national boundaries. The possibility that distinctions could be made on this ground exists but an examination has not been the subject of research to date, and was beyond the scope of the thesis.

Having settled on a descriptive approach to the Model a choice was made to rely on literature that reflects direct consultation with women who were identified as victims of abuse. Research has shown that the spouses perceive the violence differently and use a different explanatory framework (Bograd, 1984b). Spouses are more likely to agree on the minor incidents that occurred than on the specific tactics used by each partner (Szinovacz, 1983). Although, "the truth is always worse than either person's description due to denial and minimization" (Walker, 1985, p. 286), both spouses report more violence in their partners than in themselves (Browning & Dutton, 1984). Where the wife saw violence as husband directed, the batterer views the relationship as mutual combat (Browning & Dutton, 1984).

The husband tends to discount the consequences of the violence (Browning & Dutton, 1984), not recalling all the acts that occurred or not

taking them seriously (Coleman, 1980; Szinovacz, 1983), and in some cases feeling justified in striking his wife (Stacey & Shupe, 1981).

Who then do we believe as to the extent of the abuse? The children, who witness the violent acts, concentrate on describing their fears or describing which parent was injured? They minimize and deny the danger and confuse the time and sequence (Walker, 1986). The batterer, who justifies the abuse by concentrating on the woman's behavior which provoked his violence? Because he does not empathize with the woman, he denies the severity or in some cases the whole incident (Edleson & Brygger, 1984).

That leaves the woman. Encouraged by her denial and guilt at being aggressive she too minimizes the abuse. When asked in a non-judgmental manner, she is able to describe the incident in detail (Edleson & Brygger, 1984; Dutton, Fehr, & McEwen, 1982). If the woman errs it is to deny and minimize the battering (Walker, 1979), often to placate the listener if she thinks she is not believed (Walker, 1986).

The dual constraints of a scarcity of useful research and the decision to rely on research that reflects the experience of abuse as described by the women is clearly seen in the treatment of the fifth stage, triggering mechanisms. The significance and identification of triggering mechanisms does not appear to have been considered in any prior literature. Therefore, the only source of illustrative material comes from actual quotes from abused women as detailed in their case studies. Subsequent research into this area may produce additional information and may result in classification methods, however, at present this thesis can only offer suggests as to categories of triggering mechanisms. Discovering what acts as a triggering mechanism may

provide the clue on how to break the denial and empower the women, thus stopping the abuse in the initial stages or encouraging battered women through the Grieving Process at a faster pace

The same problem applies to the identification of alternative outcomes described in the sixth stage, acceptance. By considering leaving as the only recourse open to a battered woman, researchers have failed to study the other ways a woman ultimately copes with abuse. This failure has been translated into a failure to recognize the uniqueness of the abusive relationship to each woman. Specific to the Grieving Process, this vacancy reveals itself in the limited knowledge on women who chose the three other alternative outcomes. It is only by extending research that comparisons can be made between groups of battered women based on their choice of alternative outcomes and which will assist in understanding what events proceed a woman's decision to choose one of the alternative outcomes. It will also aid counselors to assist the woman if she chooses to remain in the relationship, either resigning herself to the abuse or forcing the abuser to change, or to maneuver her away from the destructive alternative of killing the abuser.

Although the battered woman's isolation from those who could help is a crucial aspect of the Grieving Process, the additional level of isolation experienced by rural and minority battered women will not be addressed in this thesis. For rural women the isolation is due to the increased distance between neighbours, the great distances to shelters or services for battered women, and in some cases, the lack of a vehicle. For minority women, the isolation results from being caught between cultural norms dictating the role

of women and the acceptance of violence in the family, and in some cases an inability to speak the dominant language. In writing the Grieving Process, I did not deliberately choose to ignore these groups, the lack of research forced the decision upon me.

Finally, due to the limited research on women who either leave, or force the abuser to change after a single beating, the Grieving Process makes only cursory inclusion of these women. Yet this group is important because they have not denied, minimized, or rationalized the violence. They have managed to see the reality of the violence and to gain or maintain power in the relationship. Making comparisons between this group of women and those who follow the course of the Grieving Process will clarify the factors which are relevant to why a woman starts on the Grieving Process, how the power shifts in the relationship, and what ultimately gets her out of the relationship.

The major limitation placed on the scope of the thesis is the deliberate choice to focus on the personal or individual adjustment of the woman. According to the Ecological Integration Model suggested by Belsky (1980), by focusing on the personal adjustment of women, the Grieving Process will only examine the first of four levels of analysis, the individual or ontogenetic system. For a more complete analysis, three other levels must be examined: the microsystem or family; the exosystem or community; and the macrosystem or society.

Thus, only passing mention is made of the influence of the microsystem: the influence of the batterer and the children on the woman. While research in this area exists (for the batterer: Koval, Ponzetti, & Cate, 1982;

Ponzetti, Cate, & Koval, 1982; Purdy, & Nickle, 1981; Rouse, 1984; Saunders, 1984; and for children: Gentry, & Eaddy, 1980; Hughes, 1982; Pfouts, Schopler, & Henley, 1982; Rosenbaum & O'Leary, 1981a; Rosenberg, 1984; Sopp-Gilson, 1980; Westra, & Martin, 1984), due to the recency of this research and to my lack of familiarity with this literature, I chose not to include a discussion of it in the Grieving Process. But several important questions still remain: How does the behavior of the batterer and the children affect the woman's rate of progress through the Grieving Process? Can the behavior of either of these groups act as a triggering mechanism for the battered woman? What influence do children have on a woman working through the various stages, or on the final alternative outcome she chooses in acceptance? If the woman does decide to stay and succeeds in forcing her husband to change, what shift has occurred in the couple to allow her to gain control?

Passing reference is also made to the influence of the exosystem or community on the woman. The community response is the reactions of family, friends, police, medical, personal, social agencies, and clergy, as well as the availability of shelters, crisis lines, and counseling services provided for the battered woman. The reactions of these people either help to break the woman's isolation, or add to it by blaming the woman for the problem. The research on this issue is considerable, and had to be relegated to a position of minor importance in this thesis. To attempt a worthwhile analysis of the influence of the community on the internal process described in the Model would require more than the available space.

The same argument applies with equal validity to the fourth level in Belsky's Ecological Integration Model. The role of the macrosystem or society on the battered woman is evidenced in laws, cultural norms, mores, and social practices. Each level of Belsky's model has relevance to the previous one and, in the case of the abused woman, has its ultimate significance in helping to understand the experience that is outlined in the Grieving Process. Rather than attempting to predict the effects of the macrosystem on a woman's behavior, this thesis focuses on the experience of abuse and leaves a discussion of the importance of external influences to other authors.

My intent in this thesis is to provide an alternative to how we view the battered woman. This is done by examining the internal states of the woman and by relegating to a minor state the external influences on her. At times the Grieving Process may appear to supply a definitive explanation providing insight into the woman's behavior, but it should be considered the origin of a new approach to future research. The complete picture will only be gained by studying in depth the influences of the children, the batterer, the community reaction, and the role of societal norms and socialization on the woman.

Above all the descriptive nature of the Model must be kept in mind, as focusing primarily on the individual can easily lead to the assumption that the person is responsible for creating his or her own victimization. This is not the intent of my thesis, but rather one of the results of a focus which ignores some aspects in order to retain clarity.

CHAPTER THREE

Definition

Euphemisms for abuse, such as love spat, domestic trouble, and family misunderstanding, trivialize the violence, deny its impact, prevent people from understanding the reality of the situation (Hendricks-Matthew, 1982; Martin, 1982), and indicate the depth of tolerance exhibited towards beating one's wife (Eisenberg & Micklow, 1977).

The true nature of wife assault is also hidden behind the term family violence. This term ignores the fact that several types of abuse occur in the family (Dobash & Dobash, 1977-78), does not delineate as to who is the victim and offender (Goodwin, 1985), takes the problem out of the social structure and places it in the area of family relations (Kremen, 1980), and may be confused with violence that is perceived as normal, legitimate, or instrumental (Hilberman, 1980).

Finally, violence by husbands against their wives is hidden by the terms spouse abuse, marital violence, couple battering, and domestic violence. These gender-free terms function "to render invisible the realities of wife battering" (Bograd, 1984a, p 562), by implying that the partners are equally likely to be the offender or the victim, that the frequency and severity of the violence by either partner is equal (Berk, Berk, Loseke, & Rauma, 1983; Bograd, 1984a; Goodwin, 1985; Sinclair, 1985; Walker-Hooper, 1982b), and that violence is randomly distributed, rather than disproportionately directed at women (Dobash & Dobash, 1977-78). "It is women who are assaulted by the men they live with, and rarely the other

way around. Therefore, the problem should be called "wife" assault, abuse or battering, and not, as some authors would like to call it "conjugal" or "marital" violence (Goodwin, 1985, p. 2)."

Euphemisms are not the only way to mask or hide the problem of wife assault. Using a continuum appears to be a method of organizing the wide array of violent acts directed at women, but it may be another way of implying that some abuse is an accepted part of a conjugal relationship.

Although there is agreement that homicide is the most extreme form of violence, few authors agree on the opposite end, the mildest form of abuse. The starting point at this end ranges from a complete absence of violence (Pagelow, 1978a, as cited in Pagelow, 1981d), to an aggressive attitude (Eberle, 1982), to a painful slap (Pagelow, 1981d).

Even more disagreement arises over the point on the continuum where an act is defined as abusive. Some authors (Bograd, 1984a; Straus, 1980) have suggested that this point shifts from one historical period to another, with contemporary social definition reflecting what is acceptable. Others (Greenblat, 1983; Lystad, 1975; Spiegel, 1980; Steinmetz, 1977b; Straus, 1973, 1977a, 1977-78, 1980) have suggested that cultural norms play an important role in the interpretation.

Still others (Levine, 1975; Lewis, 1983; Owen, 1975; Straus, 1977-78) acknowledge violence in marriage by boldly agreeing that "we must expect conflict and some violence in marriage, and be careful not to take the position that all women who are involved in violent marriages are "battered wives" in the sensationalist sense" (Owen, 1975, p. 207). Finally, others are more subtle in their agreement that some level of violence is normal. By placing qualifiers in their definitions that only severe

(Coleman, 1980; Dutton, 1983; Gayford, 1975; Hilberman, 1980; Morgan, 1982; Parker & Schumacher, 1977), or repeated (Arndt, 1984; Bern, 1982; Gayford, 1977; Kleckner, 1978; Price & Armstrong, 1978; Roth, 1984; Walker, 1979) violence is regarded as abuse, they imply that less severe and single violent acts are acceptable.

Whatever the cut off point, the distinction between behavior defined as abusive and behavior not defined as abusive minimizes the seriousness of the less severe forms of behavior (Sinclair, 1985), creates the impression that some violence is less worthy of attention (Sinclair, 1985), implies that some violent behavior is acceptable (Bograd, 1984a), and is misleading if used to determine whether or not intervention is required (Ganley, 1981).

Finally the use of a continuum to distinguish behavior that is abusive does not indicate the degree of force with which it was administered, nor the severity of the injuries that result. It also fails to recognize that even one abusive incident or assault can set the balance of power in a relationship and have repercussions on the future dynamics between the spouses (Ganley, 1981). It should be remembered that a woman may be beaten, or simply hit, only once and still be abused if her husband uses the threat of further violence to continue to control her behavior (Ganley, 1981). We have no idea of the number of women for whom the beating only occurred once, but for whom the abuse continues (Pagelow, 1981d).

For these reasons I believe if a continuum is to be used, it must begin with precursors of abuse. These are the angry outbursts; the jealous accusations; the destruction of property; and the incidents of violence aimed at but not actually touching the woman. Precursors of abuse are

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the often ignored, and easily dismissed minor incidents, which have the same effect as more serious acts of violence: to frighten the woman, to lead her to deny the importance of the behavior, to minimize its effects, and to fail to connect these acts with the possibility of future violence. These are the incidents which our society chooses to overlook, labelling them as a bad temper, as a sign of true love, as a characteristic of masculinity, or as letting go of aggression in a positive way. They are important because they are the start of the abuse. It is only a series of small steps from a violent temper, to destroying property, to slapping and pushing, to beating, to assault with a weapon. As in more severe forms of violence, the precursors pave the way for each subsequent, more severe abusive act to be disregarded. By the time the first beating occurs the woman may be habituated to the violence and thus have a decreased likelihood of reacting in a manner which will end the violence.

Another way to hide wife assault is to look at only physical abuse. Because it is easier to count bruises or injuries than it is to measure psychological wounds or sexual indignities, researchers have used this as a gauge of whether or not a woman is battered. All forms of abuse--sexual, psychological, and physical--work together to degrade the woman and keep her from responding to the violence.

Within this thesis, battering and its synonyms will be categorized according to Ganley's (1981) definition. Wife battering is "the assaultive behavior between adults in an intimate, sexual, theoretically peer, and usually cohabitating relationship" (p. 8). Based on her clinical research with both the battered women and their abusers she realized that violence exists in four forms. All battering has in common, the fact that it is done without

concern for the victim's well-being, in an attempt to show control or domination, and with an escalation in frequency and severity

Physical abuse "includes all aggressive behavior done by the offender to the victim's body" (p. 9). This may include a whole range of activities from slapping and hitting to stabbing and shooting leading to death. Neither the severity of the violence, location, or extent of the injuries are considered limiting factors, for a shove can be as dangerous as a punch in certain circumstances (Pressman, 1984)

Sexual abuse is defined as the "physical attacks on the victim's breasts/genitals or forced sexual activity accompanied by either physical violence or the threat of physical violence" (p. 10). Sexual abuse includes the precursors of abuse such as demeaning jokes, name calling, unwanted touches, sexual accusations, the husband flaunting his extramarital affairs, and the woman submitting to sex to appease the batterer (Sinclair, 1985). Within this classification is a strong subjective component, for what the woman deems as coerced or distasteful is a better guide to sexual abuse than an arbitrary decision made by an outsider

Third is psychological abuse. Here the weapon is not the physical attacks to the body but instead the verbal attacks on the woman's sense of self-esteem. Ganley incorporates in this category a variety of subgroups: threats to the woman's or the children's lives, or of further violence; forcing the woman to do degrading things, constant attacks on her self-esteem; doing things to intentionally frighten her; and controlling the woman's every activity. Also included are placing restrictions on the woman's time (Women's Research Centre, 1982), and devaluing the woman's work (Barnsley, Jacobson, McIntosh, & Wintemute, 1980).

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Psychological abuse gains its power through the physical and sexual abuse that has already taken place (Star, Clark, Goetz, & O'Malia, 1979), and has underlying it the woman's fear that the abuser will lose control and kill her (Walker, 1979). The effect upon the woman is analogous to the effects of brainwashing (Carmen, 1981; Pinkelhor, 1983; Finley, 1981, Ganley, 1981; NiCarthy, Merriam, & Coffman, 1986). Many women report that psychological degradation is more humiliating and painful than the other forms of abuse (Dobash & Dobash, 1977; Walker, 1978).

Finally, Ganley includes a form of abuse that only a few authors recognize (Bowker, 1983; Newton & Gubman, 1984; Roth, 1984; Star, Clark, Goetz, & O'Malia, 1979; Walker, 1985), the destruction of property and/or pets. Researchers have found that seldom is the man's violence randomly directed to demolish objects at close range, instead the behavior is directed at destroying or threatening to destroy, the woman's personal property (Newton & Gubman, 1984). The message delivered by the batterer is "stay in line or next time it could be you" (Roth, 1984; Sinclair, 1985). The goal and the consequence of the husband's abuse has the same effect as physical abuse. Only the object of the abuse is different. Instead of the woman's body it is the woman's prized possessions (Ganley, 1981). Another dimension of this form of abuse is battering the children. This is included only if the violence is intended to control the woman rather than to control or discipline the children. Many of the acts which fall into this fourth category are similar to those that have been defined as the precursors of abuse.

As will become apparent in this thesis, both the role of the precursors of abuse, and the four forms of violence are important as
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they act together to prevent the battered woman from reacting to the violence and to maintain the status quo in the relationship.

Finally, although not all battered women are legally married to their abusers, the words husband and wife will be used to describe the two actors, and the word marriage to describe their relationship. What is important is not the legality of the relationship, but the fact that whether the abusive couple is married, living together, or living in separate residences, they have adopted the social roles of husband and wife. In this thesis it is the social role which is seen as the prerequisite for the abuse being referred to as wife assault.

CHAPTER FOUR

The Grieving Model

The model which will be presented in this thesis grew out of a literature search of the medical response to battered women. While reading these articles I was struck by similarities among various researchers' conceptualization of the temporal sequence of events experienced by abused women. At the same time, I became aware that Kubler-Ross' grieving model could be applied to the area of wife assault as a way of clarifying a progression which characterizes a woman's course in a battering relationship, from the precursors of abuse to the point where she accepts the fact that the violence is not going to stop. The application of the grieving model to the area of wife assault provides insight into the women's psychological states as well as their overt behavior at different points in the relationship.

Grief is the normal reaction to a loss (Flynn & Whitcomb, 1981). It is "a psychological process which allows one to gradually cope with and accept the reality of the loss of a significant other and then accept life without him (or her)" (Weingourt, 1979, p. 42). The process of grieving is mourning, "which starts with a significant loss--whether by death or by deprivation--and which inevitably involves change in an attachment, a relationship, and self-image" (Silverman, 1981, p. 26).

The battered woman's reaction to her violent relationship is similar to a person grieving for the death of a loved one. She has developed a strong attachment to her husband and her idealized version of marriage. The loss

shatters the woman's most basic sense of self (Silverman, 1981) and leaves her without a sense of who she is. "When a love tie is severed, a reaction, emotional and behavioral, is set in train, which we call grief (Parkes, 1972, p. xi) "

To date researchers trying to understand why a woman stays with the batterer have placed their emphasis on the presence of the violence rather than on the stability of the relationship as maintaining the abusive marriage. This emphasis assumes that when the woman leaves the abuser she feels relief, ignoring the loss a woman also feels at this time. Because the violence is seen as more important than the relationship the woman is not assumed to mourn any losses. Applying the grieving model to battered women recognizes their reactions as being an essentially healthy response which needs to be worked through and supported (Campbell, 1984b). It also acknowledges that the process varies in appearance, sequence, duration, and intensity among battered women (Campbell, 1984b). Thus the grieving model will do what no other models have done: consider marriage as important to the woman, recognize the positive features of the marriage, legitimize the grief she feels, and give her permission to mourn her loss.

During the Grieving Process the battered women, as with other people mourning a loss, must accomplish three tasks: to learn to deal with both the negative and positive emotions, to relinquish roles they have played in the past, and to develop new lives for themselves (Silverman, 1981, Weingourt, 1979). Thus, battered women must grieve the loss of their old roles before building a new sense of themselves (Henson & Schinderman, 1982, Silverman, 1981).

Although several authors have developed a temporal sequence for the grieving model (Bowlby, 1961; Kubler-Ross, 1969; Tyhurst, 1958 as cited in Silverman, 1980; Weiss, 1976), the best known is Elizabeth Kubler-Ross (1969). She identified five stages of grieving which terminally ill patients pass through before accepting their impending death. The grieving stages were not designed to be a precise description of the psychological states an individual passes through, rather, they were developed to assist the medical profession in understanding the coping mechanisms a person will employ.

In stage one, denial and isolation, the patient receives and disbelieves the news, rationalizing that there has been either a mistake in reading the test results, or the results have been muddled with those of another patient. The basic statement of the individual is "No, not me, it cannot be true."

In stage two, anger, the question asked is "Why me?" Here the patient displays anger, rage, envy, and resentment over the fact that he or she is going to die as opposed to other "less worthy" people.

In stage three, bargaining, the individual attempts to enter into some sort of agreement in the hope of postponing the inevitable. The statement characterizing this stage is "Yes me, but...."

In stage four, depression, the person becomes aware of death and the many impending losses it will bring. The patient is in a state of mourning for everything and everyone he or she has loved.

The last stage is acceptance that death is going to occur. Here the patient no longer fights the inevitable. The struggle is over and death is seen as a welcome relief from the pain and suffering.

The criticisms leveled at Kubler-Ross' work are similar to criticisms of other stage models on grieving. These include, 1) the stages do not appear

as separate entities, but often blend together and overlap. 2) they are not experienced by everyone; 3) they are not necessarily successive; 4) they have little supporting empirical research; and 5) they vary in intensity and duration, altered by a person's "philosophy of life" and personality characteristics (Bugen, 1977, as cited in Marshall, 1980, Shneiderman, 1980)

While many of these points are valid, these authors fail to realize that the temporal sequence, whether it be in the study of the dying, of battered women, or any other field, is not that person's description of the situation, but is an outsider's account of what was observed. The stages may appear as concrete entities with order and time, and with the movement between two stages marked by a rite of passage but it is important to remember that this over simplification of behavior provides a pattern to assist the observer make sense of the situation. The stages are not a direct benefit to the man or woman they describe; they benefit researchers or helpers by enhancing their understanding, their capacity to listen, and their ability to comprehend the situation, thus indirectly benefitting the recipient.

Equally important to Kubler-Ross' description of the dying process is her way of viewing the patient (Novak & Axelrod, 1979). As she states about her book On Death and Dying: "it is simply an account of a new and challenging opportunity to refocus on the patient as a human being, to include him (her) in dialogues, to learn from him (her) the strengths and weaknesses of our hospital management of the patient" (1969, preface). These three tasks, refocusing, including, and learning, are as significant to the study of battered women as they are to the terminally ill person. Researchers and helpers must refocus on the battered woman as a human being, rather than as a victim of abuse. The violent conjugal relationship alters only portions of

the woman, her beliefs and values continue to influence her life. Second the battered woman must be included in dialogue that effects her life. She must be presented with alternatives and be allowed to make decisions, for the presence of abuse does not mean the woman has lost her ability to reason. Third, the battered woman can teach us about the strengths and weaknesses of the services we provide for her, and about our attitude to her situation. Kubler-Ross' work has provided a humanistic approach by refocusing on the patient as someone who must be included in our discussions and from whom we can learn. The application of the grieving model to battered women will have as its goals the same underlying three tasks.

Six authors have applied the grieving model to wife assault (Campbell, 1984b; Flynn & Whitcomb, 1981; Liebernecht, 1978; Silverman, 1981; Weingourt, 1979). All of these authors view the abused woman's reaction to the situation as "a psychological process which allows one to gradually cope with and accept the reality of the loss of a significant other and then accept life without him" (Weingourt, 1979, p. 42). Equally interesting is the fact that all of the articles are published in nursing journals.

Weingourt (1979) uses a three stage variation of Kubler-Ross' model to examine "the psychosocial problems faced by the woman and her family during the first 4-6 weeks that they are away from home" (p. 40). This framework is of limited use to this thesis as it looks at the period after a woman separates from her husband, rather than the process that gets her to that point. Weingourt also fails to recognize that some women make the decision to stop the violence without fleeing their marriage, and others leave the batterer without the support of a shelter.

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Lieberknecht (1978) provides only an outline of a two stage model which is loosely based on the grieving model. Because the understanding of the battered woman is given only in reference to assisting her, this framework is of limited use in an overall description of the situation. What is important is that Lieberknecht does not place an emphasis on the battered woman leaving, instead she refers to alternatives: the woman "creating a life for herself" or resolving the problems to the woman's satisfaction.

Silverman (1981) uses a variation of the Bowlby's grieving model to examine the role of attachments in women's lives and "how the woman recognizes her situation as abusive and moves to develop a safer, more self-respecting life for herself (and her children)" (p. 82). The two weaknesses in this application are that Silverman has placed her emphasis on the role of the self-help group in assisting the battered woman to overcome her grief, thus ignoring women who do not use this service. Second, by using three stages, only a partial description is provided of the various emotional reactions and coping mechanisms employed by the women.

Both Campbell (1984b) and Flynn and Whitcomb (1981) examine three levels of prevention of wife assault. The grieving model is used in secondary prevention "for understanding the battered woman's behavior and as a basis for nursing intervention" (Campbell, 1984b, p. 263). Kubler-Ross' model is used in its entirety but because it is only a portion of the overall scheme of prevention, only minimal space is provided for its development.

One additional problem with the Flynn and Whitcomb (1981) framework is that they conclude that "most battered women never resolve their grief and instead vacillate among the first four stages....caught in a web of chronic grief" (p. 252).

Each of these authors have applied Kubler-Ross' framework to the battered woman in order to understand her behavior; however, they place their emphasis on intervention in order to establish a "how-to" guide, rather than more fully developing insight into the woman's emotions and behavior in response to the violence. In doing so they fail to explore the potential of the grieving model. Thus their works are useful as a guide for those working with battered women, but offer little to the other disciplines. They do, however, point the way to using the Kubler-Ross model as a means of understanding the behavior of abused women. In the Grieving Process, the work will be carried further, presenting a more complete picture.

The Grieving Process is based on Kubler-Ross' five stages of grieving. However, the difference between battered women and dying patients is dealt with by adding one additional stage and one additional section. Between Kubler-Ross' fourth and fifth stages, depression and acceptance, a new stage, triggering mechanisms, is placed. While reading case studies I realized that many battered women mention "something" which made them realize they could not longer tolerate the violence and forced them out of depression into a stage of action. I have thus added the stage triggering mechanisms to account for this unknown factor.

Unlike people grieving their own or a loved ones death, battered women have a choice of alternatives as to how they end the violence. Realizing this I have included a final section as part of the acceptance stage, alternative outcomes. This section reviews four alternatives open to battered women: staying and accepting the violence as part of the relationship, staying and

forcing change on the batterer, leaving, or in extreme cases killing the batterer.

CHAPTER FIVE

Supporting Research

This thesis applies existing literature from the areas of courtship violence, marital rape, family violence, depression, medical response to battered women, and wife assault to the Grieving Process. Within the literature of wife assault, four areas in particular will be included in the Model: Smith and Chalmers' technique and strategy (1984); Stark, Flitcraft, and Frazier's battering syndrome (1979); Walker's cycle of violence (1979); and Ferraro's techniques of rationalization (1983). (see figure 1, page 149) These are important in that each focuses on a particular aspect of the woman's behavior, offering a specific explanation and a better understanding of the events in a battered woman's life.

Smith and Chalmers: Technique and Strategy

Several authors recognize battered women as fleeing their conjugal relationship many times before they leave for the last time (Henson & Schinderman, 1982; Hilberman & Munson, 1977-78, Johnston, 1984; Pagelow, 1981d; Painter & Dutton, 1985; Snyder & Fruchtman, 1981). In a recent Canadian study, Smith and Chalmers (1984; Smith, 1984) were the first to pursue the divergence between women who return to their husbands and those who do not. (see Note 1 at end of chapter)

The authors were able to distinguish between two groups of women: those who left only once, the single leavers, and those who separated

more than once, the multiple leavers. By focusing on the reasons the women abandoned their situation, Smith and Chalmers were able to make a further distinction. Single leavers gave as their reasons wanting to get away, to establish a life of their own, to separate, or to divorce, and multiple leavers gave as their reasons being afraid of him or hoping that leaving would change him. Furthermore, when the multiple leavers depart for the last time their reasons had changed to those of the single leavers (Smith, 1984). In a final step, looking at the reasons the multiple leavers returned, Smith and Chalmers found that women return when their husbands promised to change, which was their goal in separating.

The authors realized that a distinction could be made between the two types of departures.

"To leave (i.e., separate) as a tactic or technique suggests that the goal being sought is a change in the partner's behavior or avoidance of the behavior on a temporary basis. On the other hand, to leave as a strategy means that leaving is or has become the goal itself. No longer is the goal to change or temporarily avoid the abusive or violent behavior, the goal of the "leaving strategy" is to avoid the behavior permanently (Smith & Chalmers, 1984, p. 25)."

Smith and Chalmers conclude that "these women actively consider their situation and their circumstances. Leaving (i.e., separating from) a partner on more than one occasion may not illustrate confusion or lack of decision, but a process of using a strategy in the hope that it may accomplish some positive change" (Smith, 1984, p. 89-90). "Women who leave (i.e., separate) on

more than one occasion do so for a number of reasons; these reasons change and when they return, they also have reasons for doing so (Smith, 1984, p. 89) "Only when their hopes about changed behavior were dashed did the multiple leavers adopt the strategy of leaving (Smith & Chalmers, 1984, p. 32) "

Although no other researchers have delineated these ideas, the work of others supports the concepts of technique and strategy. Like Smith and Chalmers, they have found that most women separate from their husbands two or more times before the final departure (Binney, Harkill, & Nixon, 1981; Dobash & Dobash, 1979; Gayford, 1975; Johnston, 1984; MacLeod, 1980; Mead-Ramrattan, Cerre & Porto, 1980; Pagelow, 1981d; Rounsaville, 1978b). Of these women between 36 and 60 percent eventually returned to the batterer (Aquirre, 1984, 1985; Fairbairn, 1982; Giles-Sims, 1983; Hilberman & Munson, 1977-78; Mead-Ramrattan, Cerre, & Porto, 1980; Melville, 1978; Okun, 1984; Snyder & Fruchtman, 1981). Various authors have also found that the main reason women give for returning to the abusive situation is a belief he would change (Barnsley, Jacobson, McIntosh, & Wintemute, 1980; Dobash & Dobash, 1979; Gayford, 1975; Hilberman & Munson, 1977-78; Johnston, 1984; Lichtenstein, 1981; Pagelow, 1981d; Pahl, 1985; Walker, 1984a).

Each time the women return, it is not to the violence, but rather to the hope that it has stopped (Sinclair, 1985). Their reasons for separating and returning also change over time (Dobash & Dobash, 1979) and it is only when they give up the belief that their husband will reform, and they relinquish the dreams of a happy marriage (Dobash & Dobash, 1979; Okun, 1984; Strube & Barbour, 1984) that they are able to leave.

Silverman (1981) has referred to separations as women "practicing" at leaving, each time staying away longer, until the final break. Researchers have found that women who separate and those who leave differ on the number of separations (Hilberman 1980, Snyder & Scheer, 1981), the length of each separation, (Okun, 1984), and the recency of the separations (Okun, 1984). These findings point to the fact that "the process of separating and reconciling by battered women is not an endless back-and-forth shuttle in static equilibrium, but rather a progressive process toward change in the violent relationship, including the termination of that relationship" (Okun, 1984, p. 10). Smith and Chalmers' documentation of differences in types of departure behavior, technique and strategy, support the idea of leaving as a process by showing that two stages exist.

This new way of examining departures from the violent relationship adds insight to the Grieving Process for several reasons. First, no longer are the women's separations and returns seen as frivolous and without thought, rather they are regarded as purposeful behavior. In separating, the goal is to elicit a promise of change. When this is accomplished the woman returns. Second, the woman is not viewed as passive or helpless, but rather as actively coping with a stressful situation while attempting to stop the abuse. Third, the woman's departures are seen as moving in a sequence from a technique to a strategy from the point where she believes her husband's promise of change will end the violence, to the point where she realizes the violence is not going to end, and takes her own steps to end the violence. Within this thesis Smith and Chalmers' concepts will be used to clarify the two methods a woman uses to stop the violence.

Stark, Flitcraft, and Frazier. The Battering Syndrome

It is essential to understand the relationship of somatic symptoms and self-destructive behaviors in battered women which result from the abuse. In "the battering syndrome" Stark, Flitcraft, and Frazier (1979) examine the medical profession's reaction to the battered woman and how this further victimizes her, increasing the likelihood of her remaining in the violent relationship

Their work grew out of Flitcraft's (1977) research which attempted to measure the extent of abuse in an emergency room population. The authors realized that the physician's behavior played a large role in identifying cases of wife assault, and concluded that "where physicians saw 1 out of 35 of their patients as battered, a more accurate approximation is 1 in 4; where they acknowledged that 1 injury out of 20 resulted from domestic abuse, the actual figure approached 1 in 4" (Stark, Flitcraft, & Frazier, 1979, p 467).

The authors also recognized that the woman's multiple trips to medical and psychiatric services with general health complaints seem to be unrelated to the abuse but are part of a battering syndrome (Stark, 1980), and that the doctors viewed the women's symptoms as the cause of the abuse rather than the problem to be treated. "The sequence that leads from physical abuse through self-abuse to an escalation of physical abuse reflects the diminishing realm of options available to women as their abuse turns into battering (Stark, Flitcraft, & Frazier, 1979, p 462)" The battering syndrome is "a distinct clinical entity that includes medical and psychiatric

problems as well as physical injury and that calls forth (and is call for by) specific patterns of diagnosis, treatment, and referral" (Stark, 1980, p. 23)

In stage one, Symptomatic Treatment of Multiple Injuries, the woman presents herself for medical treatment. It is here that the syndrome begins with the abused woman complaining of "repeated physical injuries, relatively minor medical and/or mental health complaints and problems, (and by the doctors responding with) the "medical approach", i.e., purely symptomatic treatment" (Stark, 1980, p. 23). The women do not describe their injuries as caused by the abuse and the professionals do not ask questions about the origin of the wounds, regarding the treatment of the injuries as the only goal of medical care (Stark, 1980). Both treat the repeated visits as a series of unfortunate accidents (Stark, Flitcraft, Zucker, Grey, Robinson, & Frazier, 1981).

In stage two, From Injury to Self Abuse, "the more serious psychosocial problems accompany the proliferation of physical injuries, heightened complaints, and psychiatric referrals" (Stark, 1980, p. 23). Somatic and psychiatric symptoms begin to appear, are labelled as "vague medical complaints", and are used by the physicians to organize otherwise unrelated accidents into psychiatric diagnoses. Although the symptoms may result from the anger turned inward and the tension in the relationship, they are used to explain the physical injuries (Stark, 1980). To the doctors, the woman presents a problem in cooperation, with no simple relationship occurring between diagnosis and response in their treatment (Stark, Flitcraft, & Frazier, 1979). The woman is encouraged to see the label as an alternative interpretation to the situation, and to view herself as sick, and in need of help.

In stage three, From Self-Abuse to Battering "the physical injuries may be less pronounced than "behavioral" problems, including multiple suicide attempts or severe medical and mental health problems, and medicine and psychiatry may call on the social services" (Stark, 1979, p. 23). In stage three the woman and her family are redefined as a "multiproblem family" and social services become involved. No longer is the family the battered woman's problem, rather "(s)he is the problem for it" (Stark, 1980, p. 26). The aim of the social services is to keep the family together, and to encourage the woman to adjust to the situation. Likewise the doctor's therapeutic approach has the consequence of "cooling) the abused woman out, to reduce her capacity to understand, adequately respond to, or to resolve her crisis" (Stark, Flitcraft, & Frazier, 1979, p. 475). This completes the cycle of victimization: helping the woman to forget, locking her into a situation of dependence on the helping agency, reminding her that she cannot survive on her own, and guaranteeing repeated abuse (Stark, 1980).

The "battering syndrome" as it has been presented is of limited use to the Grieving Process. Stark, Flitcraft, and Frazier focus on the medical reaction of the doctor to the battered woman, whereas this Model focuses on the psychological states of the woman over the course of the abusive relationship. What is important is that these authors are the first to document the risk of developing psychiatric and somatic symptomology for the battered woman. It is this underlying finding--the secondary physical effects of battering on the woman--which will be classified in the Grieving Process. Thus, the battering syndrome will be interpreted as having three stages.

Stage one is the initial appearance of the battered woman in the emergency room of a hospital. This is an indication that the severity of violence has advanced to the point where medical attention is required. Stage two is the appearance of secondary problems. It is characterized by a "proliferation of somatic and psychiatric symptoms." "These symptoms may actually result from prior medical attempts to control the woman's complaints with classic psychiatric methods (e.g. she may "abuse" her antidepressants), they may involve headaches or other suffering directly attended upon repeated beatings, or they may reflect the isolation that leads victims of institutional and family violence to turn anger inwards that might otherwise be directed at assailants and "helpers" (Stark, Flitcraft, & Frazier, 1979, p. 474)." Stage three is the development of "behavioral problems", such as suicide attempts, alcoholism and drug abuse. It is this portion of the battering syndrome which will be retained in the Grieving Process.

Walker Cycle of Violence

The cycle of violence grew out of Lenore Walker's (1978, 1979, 1983a, 1984c) extensive work with battered women. "One of the most striking discoveries in the interviews was of a definite battering cycle that these women experience (Walker, 1979, p. 55)." It is seen as important in both learning how to prevent wife abuse, and, when combined with the theory of learned helplessness, in explaining how a woman becomes victimized and why she does not attempt to escape (Walker, 1979). The cycle does not chart the changes in the woman's psychological state over the existence of the

relationship, but attempts to place in sequence the external behavior which occurs between the spouses from one battering episode to the next.

The cycle consists of three phases which vary in length and intensity. It is difficult to discern how long a couple stays in each phase, as individual characteristics, the dynamics between the partners, and situational factors influence the timing (1979).

Phase one is the tension building stage. During this time, minor battering occurs as the woman endeavors to calm the abuser through methods which have previously proved successful (1979). The woman plays down the significance and extent of the minor battering, both to herself and to others, rationalizing that it could be worse. She is nurturing, compliant, and attempts to anticipate his every whim, while letting him know she accepts his abusive behavior as legitimately directed at her, all in an attempt to keep minor incidents from expanding into a beating. As the tension mounts, control is rapidly lost (1979), the woman's anger increases, she realizes the coping mechanisms are no longer working; and she draws away for the batterer's psychological abuse. He senses the withdrawal; fears abandonment (1981); and becomes more oppressive towards her (1978).

In an attempt to control any external factors which may tip the balance towards the violence the woman often drives away family and friends, increasing her isolation (Walker, 1979). It is during this phase, when the woman denies her anger, accompanied by an increase in tension, that somatic symptoms will appear.

Phase two is characterized by the uncontrollable discharge of the tensions that have built up during phase one. This lack of control and its

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major destructiveness distinguish the acute battering incident from the minor battering incidents in phase one (1979, p. 59). The batterer accepts the fact he is out of control (1978). It is impossible to predict the form, the severity, or the duration of the violence in this phase (1979)

During the battering incident the woman believes any resistance to the attack will lead to an escalation in the violence (1979). She also does not feel pain, as much as psychologically trapped, unable to flee the situation, and a sense of disassociation from the attack (1979)

Why the batterer stops is unclear, but when he does the woman is grateful and considers herself fortunate that it was not worse (1978). During the approximate 24 hours that follows, the woman remains isolated (1978). At this time she feels shock, denial, and disbelief, and shares a similar reaction to other catastrophe victims: listlessness, depression, and helplessness (1979). "Most battered women do not seek help during this period immediately following the attack unless they are so badly injured that immediate medical attention is called for (1979, p. 63) -

Phase three is the completion of the victimization. The husband's actions are characterized by loving, kind, and contrite behavior. He begs for his wife's forgiveness and promises he will never beat her again. "The batterer truly believes he will never again hurt the woman he loves; he believes he can control himself from now on (1979, p. 65)." If a woman is to leave it will most likely occur at this time, yet it is also the most difficult time for her to abandon the marriage, as the woman is offered a "glimpse of her original dream of how wonderful love is" (1979, p

67). This stage is viewed by Walker as reinforcing the woman to stay in the relationship.

The return of the relationship to phase one is a gradual process with the loving behavior becoming eclipsed by minor battering incidents (Walker, 1979).

Although neither the time nor intensity of each phase, nor the duration of each cycle can be predicted, it is known that as time progresses the length of phase three decreases, while the length of phase one increases (Walker, 1983a, 1984a). When comparing the change in proportion of each phase over time Walker (1984c) found that in the first cycle of violence 56 percent of the women said there was evidence of a the tension building phase and 69 percent of a loving behavior. This is compared to the last incident of violence when 71 percent said there was a phase one and 42 percent said there was a phase three (1983a, 1984c). She also compared women still in the relationship to those who left and found that women who have remained have less evidence of the tension building phase (1983a, 1984c). Walker concludes that over the course of the relationship phase one increases in length, while phase three decreases in length (1983a, 1984c), and that the difference between women in and out of the relationship is in sharp divergence between phase one and three. The loving behavior which reinforces a woman to stay in the situation is slowly eliminated, replaced by more tension. It is this divergence that may explain when a woman makes the decision to leave.

The cycle of violence, like Kubler-Ross' grieving model offers an explanation of the temporal sequence of events. It does not chart the changes in the women's psychological states over the duration of the

relationship, but attempts to place in sequence the behaviors which occur between the spouses from one battering episode to the next. The cycle of violence is important to this model because it allows for a more precise prediction of the occurrence of behavior, and it offers an explanation for events which may lead the women to realize they can no longer tolerate the abusive relationship. Because the temporal sequence of the cycle of violence is shorter than that of the Grieving Process and is a cycle as opposed to a progression, it is easiest to think of it as a smaller circuit of events which is going on within the Grieving Process a wheel within a process.

Ferraro: Techniques of Rationalization

Drawing on a two year participation observation study from a women's shelter, Ferraro (1983) attempts to answer the question "How are women able to stay in situations of abuse (p. 203)?" She tackles this question not by undertaking psychological tests, but by simply listening to the women in order to gain a sense of the woman's justification for remaining in the abusive relationship. Out of this work she was able to synthesize six techniques of rationalization used by battered women.

Rationalizations are the woman's continual means of adjustment to the situation: the beliefs, feelings, and fears which "are mechanisms employed to make sense of a problematic situation" (Ferraro, 1983, p. 204). It is an "account which acknowledges the actor's responsibility for the behavior in question but challenges the imputation of deviance" (Loseke & Berk, 1984, p. 298). They are rarely defined or fully articulated (Ferraro, 1983), yet

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they inhibit the woman's sense of anger, intellectualize her emotions, and diminish her efforts to escape (Ferraro, 1983; Ferraro & Johnson, 1983). The six techniques of rationalization have neither a sequence, nor are mutually exclusive, but may change or operate simultaneously at any given time.

The first rationalization is an appeal to the salvation ethic. These "are a set of beliefs ground in the assumption that a violent man is basically a good person whose undesirable actions stem from specific resolvable problems" (Ferraro, 1983, p. 204). Many women see themselves as nurturers (Weingourt, 1979) and regard their husbands as the person with the problem (Ferraro, 1983; Star, Clark, Goetz, & O'Malia, 1979; Walker, 1979; Weingourt, 1979). They consider their pain and suffering as secondary in importance to his salvation (Ferraro, 1983). If the woman's self-esteem is to be measured by her success at saving her husband, then the inability to solve the problem will decrease her sense of self-worth (Ferraro, 1983; Weingourt, 1979). In addition other areas of the woman's life deteriorate as she focuses her energy on her husband's problem (Ferraro, 1983).

Walker's phase three, characterized by loving and repentant behavior of the husband, acts as reinforcement for this rationalization. The woman believes that the abusive behavior is only an aberration in her husband's behavior and that the signs of love and need towards her are his true character revealing itself. As the relationship continues and there is little improvement or responsiveness from the batterer, the woman views herself as less likely to save her husband (Ferraro, 1983).

The second rationalization is denial of the victimizer. The battered woman attributes the abuse to external forces beyond either her

husband's or her own control (Ferraro, 1983). The violence is regarded as a natural response to a temporary situation which is creating stress in the marriage, such as unemployment or a drinking problem. When the situation ends she believes the violence will also end (Ferraro, 1983).

The third rationalization is denial of the injuries. When the battering is minor or causes minimal damage, as in the precursors of abuse, it seldom leads to a recognition of the relationship as violent (Ferraro, 1983). Routines are quickly returned to after an incident and the woman may believe that the violence did not take place or that it is tolerable or normal. This is related to the woman's feelings of love for her husband, her romantic notion of marriage, and her willingness to downplay the seriousness of the attacks. The lack of outward signs may bring disbelief from others and prompt them, as well as the abuser, to say the woman is exaggerating the incident. The denial of incidents which cause no injuries paves the way for a denial of the escalating nature of the violence and the resulting damage it causes.

Ferraro's (1983) fourth technique of rationalization is the denial of the victimization. Aided by the batterer's accusations, the woman often believes she is the cause of the attacks and sees herself as the "instigator of (her) punishment (Ferraro, 1983, p. 208)." Believing that she has provoked the violence does not mean the woman believes it is justified, rather she may have "felt it could have been avoided if (she) had been more passive and conciliatory" (Ferraro & Johnson, 1983, p. 329). This rationalization is easy for some women to maintain as it gives them the illusion that they have control over the abuse if they "correct" what is provoking it.

Fifth is the denial of options available to the woman. This can occur at either a practical level, such as her belief that she cannot survive without the husband's income, or on an emotional level, based on the woman's belief that she cannot endure without the love of the abuser (Ferraro, 1983). The batterer encourages this rationalization in the woman by stressing her worthlessness, her lack of employable skills, and by telling her no one else would love her (Ferraro, 1983). Ferraro sees the emotional options as probably the more significant of the two as it acts to prevent the woman from taking advantage of the practical options she may have (Ferraro & Johnson, 1983).

The appeal to higher loyalties is the last rationalization used by battered women. Our culture and many religions place a high value on marriage, and view its breakdown as causing harm to children. These traditional beliefs can function to keep a woman in a battering situation, where they view their own misfortunes as secondary to preserving the institution of the marriage and family (Ferraro, 1983).

Ferraro's six techniques of rationalization are important because, unlike other researchers who base their analysis of why the woman chooses to remain on an external interpretation of the situation, Ferraro is the only one to actually ask the woman why she remains. Thus her analysis is based on the woman's description of the abusive relationship and offers insight into how the battered woman views the violence and why she views her remaining and tolerating the abuse as more important than her safety. The techniques of rationalization also offer further support for the notion that the women do not passively accept the situation, but actively try to understand the situation as they attempt to cope with the abuse. Finally,

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the techniques of rationalization may also be important, for as Ferraro points out the disappearance of rationalization may be the clue to when the woman has made the decision she can no longer tolerate the abuse

Specific to the Grieving Process, the techniques of rationalization are important in the first stage, denial. It is here that they clarify the woman's decision to remain with her husband after the first few incidents of abuse. Ferraro's work continues to be important in subsequent stages by explaining the woman's continued belief in her relationship as demonstrated by her decision to either remain or return to her partner.

Note 1

By using the words, remaining, returning, and staying; or leaving, and separating, interchangeably, many authors have created confusion for the reader. I have tried to clarify these words and will use them in the following way to refer to specific behavior.

1) to remain -- refers to battered women who have never left the violent relationship, either temporarily or permanently

2) to separate -- refers to battered women who temporarily forsake the violent relationship and later return to the batterer. The intent of the woman at the time of separation is not the determining factor in whether or not this act can be labelled as a separation; it is the act of returning which is important.

3) to return -- refers to battered women who re-establish a relationship with the batterer after a separation.

4) to leave -- refers to battered women who permanently desert the violent relationship

CHAPTER SIX

Stage One: Denial

The first stage of the Grieving Process is denial. This is the initial occurrences of violence, either directly as an attack to the women, indirectly as precursors of abuse, or as psychological abuse.

Rarely is any relationship conflict free. For abusive couples, arguments, rather than providing a safe outlet, often lead to physical assault (Straus, 1974). Seventy percent of battered women said that their arguments nearly always ended in an attack (Dobash & Dobash, 1979). These couples use verbal exchanges as a preliminary to physical attack rather than a tool for mediation (Ferraro, 1983).

The escalation of violence from verbal to physical abuse is overwhelmingly male-initiated (Chegwidden, Felt & Miller, 1981), and is used to tip the marital power base in the batterer's favor (Sinclair, 1985). For the husbands "the act of violence assures them that there is, at least one place where they have control and power" (Coleman, 1980, p. 211). Violence provides the "ultimate resource" (Carlson, 1977) for husbands to dominate and manipulate their wives (Bograd, 1984a, Sinclair, 1985).

"Once a man has used violence with his wife, a psychological barrier seems to have been broken, and a pattern of abuse is started (Campbell, 1984b, p. 264)." Rarely is the abuse a one time occurrence, having struck once, makes it easier for the man to strike again (Couch, 1983; Drake, 1982; Herbert, 1982; Walker, 1979). The violence then steadily increases in severity and frequency (Houghton, 1981), forming a progression from

verbal arguments, to punches, to the use of weapons (Stacey & Shupe, 1981).

Thus far the onset of abuse has been discussed as though it begins with a beating. In reality the initial incidents may not be physical assaults to the woman but the precursors of abuse. No researchers have studied these less severe incidents of abuse. What does appear in the literature is battered women discussing, in retrospect, the "early warning signs" which are not characteristic of other couples (Dobash & Dobash, 1977-78). These were the displays of violent temper (Bowker, 1983), the increased possessiveness, and the periodic signs of sexual jealousy, which at the time are taken as indications of extra attention or commitment (Dobash & Dobash, 1977-78; Walker, 1983a). The same factors which influence the more severe forms of abuse also explain the existence of the precursors of abuse (Straus, 1983).

The violence begins early in the relationship, often while the couple is still dating. Only recently have researchers probed into what has been referred to as "courtship violence". In comparison to the field of wife assault, dating couples provide another dimension to examining violence between intimates: an opportunity to look at the maintenance of the status quo in the abusive relationship without the variables of economic dependency, children, no place to go, or the stigma of divorce binding the woman to the batterer (Legg, Olday, & Wesley, 1984; Makepeace, 1981).

Approximately 20 percent of women report that their dating partners were violent to them (Bernard & Bernard, 1983; Bowlby, 1984; Cate, Henton, Koval, Christopher, & Lloyd, 1982; Dobash, & Dobash, 1977-78; 1979; Gayford, 1975; Legg, Olday, & Wesley, 1984; Marsden & Owen, 1975; O'Leary & Arias, 1986; Klimack, 1986).

1984; Rosenbaum & O'Leary, 1981b) Of these, over three-quarters report that the violence erupted once the relationship moved from a casual to serious commitment (Cate, Henton, Koval, Christopher, & Lloyd, 1982; Henton, Cate, Koval, Lloyd, & Christopher, 1983; Roscoe & Benaske, 1985) The violent acts take the less injurious forms--pushing, shoving, and slapping (Cate, Henton, Koval, Christopher, & Lloyd, 1982; Makepeace, 1983)--but in over half of the cases the violence occurred on multiple occasions (Makepeace, 1981)

The presence of the violence does not necessarily have a detrimental effect on the dating relationship (Legg, Olday, & Wesley, 1984), only about 30 percent of the women said it had an adverse consequences, with the remaining 70 percent saying it had either a positive effect or no effect at all (Cate, Henton, Koval, Christopher, & Lloyd, 1982; Henton, Cate, Koval, Lloyd, & Christopher, 1983; Makepeace, 1981; Roscoe & Benaske, 1985). After the first incident about half the women continued dating the abuser (Cate, Henton, Koval, Christopher, & Lloyd, 1982; Comins, 1984; Henton, Cate, Koval, Lloyd, & Christopher, 1983), with approximately 30 percent of these going on to marry him and become battered wives (Roscoe & Benaske, 1985). "Behavioral patterns and expectations developed during dating relationships tend to carry over and become the foundations for marital relationships (Roscoe & Benaske, 1985, p. 419)."

Research specific to wife assault has found that the abuse also begins early in the marriage, for most, within the first year (Dobash & Dobash, 1977-78; 1979; Kincaid, 1981; Rounsaville, 1978b; Walker, 1979). This is usually the time corresponding to pregnancy or the arrival of the first child (Barnsley, Jacobson, McIntosh, & Wintemute, 1980; Flitcraft, 1977; Klimack, 1986)

Gayford, 1978; Pahl, 1985): the period when the woman is the most dependent and the most isolated (MacLeod, 1980).

The woman's initial reaction to the first few abusive acts are feelings of shock, confusion, numbness, and disbelief (Campbell, 1984b; Ferraro, 1983; Ferraro & Johnson, 1983; Lieberknecht, 1978; Silverman, 1981). Because she considers the incident an isolated event (Dobash, Dobash, & Cavanagh & Wilson, 1977-78; Silverman, 1981), which has no continuity to other aspects of her life (Rounsaville, Lifton, & Bieber, 1979), the woman rarely redefines the relationship as dangerous (Ferraro, 1983). Often a whole range of behavior, independent of the level of abuse and consequences of the acts, will be tolerated before she labels the situation as abusive (Ferraro, & Johnson, 1983). "In a sense, they, though not liking it, have become habituated to violence in the home and it may take excessive danger before they are motivated to seek help (Babin, 1984, p. 2)."

After the incident the woman's ability to make decisions disappears, and she resorts to routine tasks (Dobash & Dobash, 1979; MacLeod, 1980; Melville, 1978). The passive behavior may be perceived by the batterer as a form of acquiescence to his demands (Campbell, 1984b; Silverman, 1981; Walker, 1984a), as a sign that his goal has been achieved (Campbell, 1984b), or as an admission of the woman's guilt (Morgan, 1982). Suggestions have been made that the batterer also gets pleasant feedback from the abuse (Dutton, Fehr, & McEwen, 1982; Ganley, 1981). "the sudden release of tension that occurs after the first violent episode makes repetition of this behavior more likely" (Delgaty, 1984, p. 48). For the batterer the abuse takes on a self-reinforcing characteristic.

Kubler-Ross (1969) describes the function of denial as "a buffer after unexpected shocking news, (which) allows the patient to collect himself (or herself)" (p. 39). Like a person grieving a death, the battered woman uses this time to collect herself, to protect herself from experiencing the full impact of her fears (Hendricks-Matthew, 1982, Walker, 1981), and to mobilize less radical coping strategies (Weingourt, 1979). Shock for the grieving person can be protective, but for the battered woman it can be a double-edged sword if she is unable to react to the situation and puts her life in jeopardy (Silverman, 1981).

The battered woman denies the violence to others, and more importantly to herself (Walker, 1981). She denies the incident, the seriousness, and the potential for future violence (Walker, 1981). The husband's reaction reinforces these beliefs, for he too denies the violence (Pressman, 1984). His loving behavior after the abuse (Walker's phase three) is an important factor in encouraging the woman's hopes that the cycle of violence has ended (Stacey & Shupe, 1981). The woman also believes that if she is careful and controls all factors in the batterer's life the relationship will remain non-abusive (Gemmell, 1982, Hendricks-Matthew, 1982, Silverman, 1981, Walker, 1979, 1984a).

The abused woman views the batterer's actions through "a perceptual screen composed of emotions, expectations, shared experiences, and commitments" (Ferraro, 1983, p. 204). The first incident leaves the woman feeling betrayed (Sinclair, 1985), and contradicts her feelings of love (Ferraro, 1983). "Because the basis for intimacy is trust, the entire nature of a relationship is changed through violence, especially repeated violence (Schechter, 1982, p. 17)." This feeling of betrayal is balanced by her

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husband's efforts to explain his behavior and the woman's reluctance to abandon her faith in him or the marriage (Ferraro & Johnson, 1983). The less severe forms of abuse make it easier for the woman to forgive the batterer and accept his explanations (Dobash, Dobash, Cavanagh, & Wilson, 1977-78)

The defense mechanisms utilized by the battered woman function to normalize, to minimize, and to rationalize the violence (Bograd, 1984a; Hilberman, 1980; Hilberman & Munson, 1977-78). These operate to neutralize the deviant behavior (Bograd, 1984a), and to maintain the illusion that the batterer caused no damage (Ferraro, 1979). "Such intense concentration on manipulating the environment to keep as safe as possible sets abused persons apart from others who believe their world is a relatively safe place (Walker, 1985, p. 290) "

As has been discussed, after an incident and while still suffering from shock, many women carry out routine tasks. This first defense mechanism normalizes the violence, giving the impression nothing out of the ordinary has occurred. Many women carry out this role not because they enjoy it, but because it is their role in marriage to normalize life (MacLeod, 1980).

In the second defense mechanism, minimization, the woman tells herself it could have been worse (Drake, 1982). This is used to avoid provoking the batterer into another episode (Mitchell & Hodson, 1983), to cope with the shock of the incident, to diminish shame and embarrassment (Okun, 1986; Sinclair, 1985), and to continue the woman's illusion of the perfect marriage. Unfortunately this defense mechanism works against the woman, for it allows the batterer to believe that he has caused no harm.

and friends to believe the problem is neither serious nor has the potential for further violence.

The most extensive defense mechanism employed by the battered woman is rationalization. This is the woman's continual adjustment to the situation the beliefs, feelings, and fears which "are mechanisms employed to make sense of a problematic situation" (Ferraro, 1983, p. 204). Ferraro (1983) has organized the rationalizations used by battered women into six categories. These include denial of the victimizer, where the woman attributes the abuse to external forces beyond either her husband's or her own control, denial of the injuries, especially when the battering is minor and causes minimal damage, as in the precursors of abuse, denial of the victimization, where the woman believes she is the cause of the attacks; and denial of the woman's option to leave.

Playing into the woman's rationalization is the man's own perception of the situation (Bograd, 1984b). Because the man risks losing both his wife and his status in the relationship, he goes to great lengths to account for his behavior (Gelles, 1982a; Martin, 1977), either accusing his wife for provoking the abuse or blaming external factors over which he has no control (Ganley, 1981; Pressman, 1984; Shields & Hanneke, 1983a).

The rationalization used most often by the batterer is the role of alcohol to the violence. Blaming intoxication serves to diminish the man's responsibility for the abuse (Dutton, Fehr, & McEwin, 1982; Chagwidden, Felt, & Miller, 1981) and allows the woman to maintain the image of the family as normal except when her husband is drinking (Gelles, 1972). Alcohol is seen as the cause of the abuse, but in fact it may be the facilitator, allowing the man to abdicate responsibility for his behavior

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and providing a "time out" from rational behavior (Barnesley, Jacobson, McIntosh, & Wintemute, 1980; MacLeod, 1980; Martin, 1977; Richardson & Campbell, 1980; Sinclair, 1985). In some cases it may also be used to provoke an argument, which then escalates to abuse (Martin, 1977).

Researchers have found that alcohol is only present in about half of the cases of wife assault (Eisenberg, & Micklow, 1977; MacLeod, 1980; Pahl, 1985). The men beat their wives whether or not they have been drinking (Gelles, 1972; Walker, 1979). In its absence, another rationalization is used to excuse the behavior (Cheqwidden, Pelt, & Miller, 1981).

With a more elaborate rationalization each successive beating becomes easier for the batterer to deny, but despite the excuses, the woman's actions never warrant the abuse (Martin, 1977).

Traditional sex role conditioning is an influential factor in battered women resigning themselves to the situation. It teaches women that they are responsible for the success of the marriage (Mahon, 1981; MacLeod, 1980), the happiness of their husband (Mahon, 1981), and alternatively, the deviation of their marriage from the idealized norm. The internalizing of these beliefs and stereotypes leaves the battered woman believing she did something to deserve the beating (Ball & Wyman, 1977-78), and assuming the guilt for the batterer's behavior (MacLeod, 1980; Walker, 1979) and her floundering relationship.

The batterer's psychological abuse reinforces the woman's sense of worthlessness and incompetence as a wife (Steinmetz, 1977c), and accusations of her provocation of the abuse, support the woman's guilt (Dobash & Dobash, 1979), damage her self-esteem (Mills, 1984; Walker, 1979), and relieve him of responsibility for his behavior (Sinclair, 1985). Early in the

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relationship the woman may accept the redefinition of her blame, because it gives her a sense of control over the situation, and hope that the abuse will end if she performs her role correctly (Ferraro & Johnson, 1983; Shields & Hanneke, 1983a; Walker, 1981). "Blame is thus internalized because it offers a shred of hope that one will be able to avoid future recurrences of the aversive event by viewing it as being under one's control, even when it is not (Dutton, 1983, p. 7)."

It is this assignment of responsibility for the abuse to themselves that makes it less likely that battered women will alter the situation, by leaving or seeking outside help (Hendricks-Matthew, 1982; Kalmuss, 1979). Researchers have found that this is particularly the case where the violence is less severe, as with the precursors of abuse (Miller & Porter, 1983).

Rarely do the assaults take place in front of anyone other than the children (Flynn, 1977; Newton & Gubman, 1984). This lack of observers means that the incident can easily be kept out of the public's eye, restricting the possibility of outside intervention (Couch, 1983; Dutton, Fehr, & McEwin, 1982). The isolation of the abusive family also means that there are a lack of social controls to condemn the violence (Gelles, 1982a), further contributing to an increase in frequency and severity (Gelles, 1977a). "The irony is that privacy contributes to, and reinforces, the intimacy and sense of solidarity, in family life that society values, while it also nurtures and protects the very conditions in which conflict and violence develop (Borkowski, Munch, & Walker, 1983, p. 113)."

Battered women have been referred to as "the most isolated group of women" (Bell, 1977). Social isolation typifies these women, as many are without close friends or relatives to whom they can turn for help (Pahl,

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1985; Smith, 1984; Stark, Flitcraft, Zuckerman, Grey, Robinson, Frazier, 1981). The women's isolation is also augmented by their husbands controlling their social life, both as a couple and as individuals (Mitchell & Hodson, 1983; Star, Clark, Goetz, & O'Malla, 1979).

Loneliness is a result of the isolation (Smith, 1984). This in turn increases the battered woman's dependence on her husband (Sinclair, 1985) and the likelihood of her remaining in the abusive relationship (Nielsen, Eberle, Thoennes, & Walker, 1979).

The batterer expresses his dependence on the woman through his possessiveness (Ganley, 1981). In the initial stages of the relationship this is seen as proof of his love (Walker, 1979) but as time progresses it becomes debilitating to the woman, restricting her life style, limiting her options and increasing her isolation. "Battering appears not as a normative response to the conflict...but as a paradoxical consequence of too much love, i.e. men who are pathologically jealous and women who love too much to leave home (Stark, Flitcraft, & Frazier, 1979, p. 485)."

Authors have noted the over involvement of the batterer can take a variety of forms: not trusting the woman to make independent decisions and judgements (Walker, 1981); jealousy of friends and family (Barnsley, Jacobson, McIntosh, & Wintemute, 1980; Hilberman & Munson, 1977-78; Rounsaville, 1978b); controlling of her time, as well as smaller decisions such as what she wears or how she looks (Stacey & Shupe, 1981); and suspicions or accusations of sexual infidelity (Barnsley, Jacobson, McIntosh, & Wintemute, 1980; Gayford, 1975, 1977, 1978; Stacey & Shupe, 1981). This possessiveness often causes the woman to lose or leave her job (Walker,

1979), and eliminates her social life (Star, Clark, Goetz, & O'Malia, 1979), shutting her off from a social support system (Ganley, 1981).

The possessiveness is also manifested in the batterer's obnoxious behavior (Sinclair, 1985), or threats to the woman's family and friends (Barnsley, Jacobson, McIntosh, & Wintemute, 1980; Walker, 1979). This further increases the woman's self-imposed isolation. Rather than jeopardizing them, the battered woman restricts her access to them (Sinclair, 1985). "Thus, out of fear of endangering others, the woman may choose to sacrifice herself (Martin, 1977, p 78) "

The battered woman's isolation is further increased because many do not work outside of the house (Carlson, 1977; Gayford, 1975; MacLeod, 1980; Walker, 1983a). The lack of separate income decreases the woman's access to money and increases her dependence on the batterer (Walker, 1979)

Isolation creates a situation where she loses touch with those who could offer realistic feedback on abuse (Pressman, 1984; Sinclair, 1985). Without this the woman begins to rely on the batterer's definition of the violence (Henson & Schinderman, 1982), quickly losing track of the gravity of the situation (Walker, 1977-78). Because the batterer's perceptions of the abuse are incongruent with the woman's own thoughts, and there is no one to validate her perception, the woman's self-concept is eroded and she begins to question her sanity (Ball & Wyman, 1977-78; Walker-Hooper, 1982a).

The lack of some one to turn to for help, or advice (Gelles, 1972) increases the woman's belief that no one can help her, and reduces her chances of seeking outside help, again increasing her isolation (Walker, 1978).

Thus, the first stage of the Grieving Process is denial and isolation. It is characterized by the precursors of abuse and the beginning of the physical, as well as, psychological abuse. The woman's reaction is to first deny the incident and then to rationalize why it is occurring. The husband's extreme jealousy and control of the woman's life contribute to the isolation that she experiences. The foundation of the violent conjugal relationship is laid down in this stage.

CHAPTER SEVEN

Stage Two. Anger

The second stage is anger. As the violence recurs its impact and meaning become apparent to the woman (Campbell 1984b). She no longer regards the violence as a one time action which is totally her fault. Instead she is beginning to recognize its role in her relationship.

This stage is the beginning of the "thaw". The woman has moved from the protective stage of denial where she felt no emotions, to feeling and expressing her emotions, the predominant one being anger. The woman is angry every time she is hurt, for she realizes that the situation has a dangerous potential and that she is physically and emotionally unable to fight back (Weingourt, 1979). The woman is also angry at her husband for his part in destroying her world (Weingourt, 1979).

The rage the woman feels does not fit with her role as a nurturer (Weingourt, 1979), and as a result she feels guilty. This in turn makes her more susceptible to her husband's accusation that the abuse is her fault (Rosewater, 1984).

The second stage is still a sheltered period. The battered woman fails to recognize her own responsibility for the structure of her world, instead she blames others for her misfortunes (Weingourt, 1979). It is also protective because few women remain totally in this stage, instead they vacillate between the first two stages, encouraged by the intermittent nature of the abuse (as demonstrated in Walker's cycle of violence) (Rounsaville, Lifton, & Bieber, 1979; Campbell, 1984b) and the Dr. Jekyll and

Mr Hyde character of their husbands' behavior (Marsden & Owen, 1975, Nielsen, Eberle, Thoennes, & Walker, 1979). It is during the quiescent periods that the woman is able to return to the denial stage with the hope that the violence has ended (Campbell, 1984b).

The battered woman's initial reaction to her anger is to reciprocate the violence. About half of the women attempt to fight back (Bowker, 1984a; Dobash & Dobash, 1979; Eisenberg & Micklow, 1977; Kincaid, 1981; Marsden & Owen, 1975; Prescott & Letko, 1977), but they quickly realize that this only provokes the abuser and escalates the severity of the beating and the risk of injury (Carlson, 1977; Bowker, 1983; Campbell, 1984b; Eisenberg & Micklow, 1977; Okun, 1986; Pagelew, 1981d).

The individual violent acts--pushes, shoves, slaps, and so on--with which the woman reciprocates to defend herself have been inflated in magnitude and seriousness because they have been examined in isolation, free from the context in which they occur (Newton & Gubman, 1984). By focusing on the quantity rather than the quality of the abuse, researchers have ignored the difference in size and weight between the spouses (Straus, 1977-78), the reasons the spouses are violent, the fact that the husband typically uses the potentially more harmful forms of violence (Straus, Gelles, & Steinmetz, 1981), and that in terms of injuries, the woman is overwhelmingly the victim (Berk, Berk, Loseke, & Rauma, 1983). This has encouraged the myth that the woman and her husband are engaged in mutual combat, with both being victim and perpetrator (Steinmetz, 1980). Thus, researchers have turned wife assault into "simply another statistical point on a seemingly naturalistic continuum of violence... (and contributed) to the invisibility of the very phenomena they are credited with exposing" (Stark & Flitcraft, 1983, p. 343).

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They have "achieved reliability at the expense of sacrificing clinically relevant data" (Weidig, Friedman, & Collins, 1984, p. 6)

Women in general do not resort to physical violence unless there is a history of abuse (Eisenberg & Seymour, 1980). Even then it is done in self-defense (MacLeod, 1980, Mills, 1984, Walker, 1984c). Their reaction surprises them, for many have denied their rage and are unaware of its extent (Hilberman, 1980, Hilberman & Munson, 1977-78).

Upon realizing that the expression of their anger to the batterer will only further endanger their lives, many women repress their anger, choosing to express it indirectly in sarcasm or unkept promises (Walker, 1984c), project it onto others (Campbell, 1984b, Carmen, 1981, Flynn & Whitcomb, 1981), or keep it inside which can lead to the development of depression or somatic symptoms (Ball & Wyman, 1977-78, Weingourt, 1979).

Fighting back may have the opposite reaction in the woman, creating what Okun (1986) has described as the "Godzilla effect". This effect is named after the Japanese movie in which the Japanese army tried to destroy the monster Godzilla. Upon finding that their weapons had no effect, they retreated in terror. Applying this concept to battered women, Okun (1986) describes it as occurring when "a conjugal partner--usually the woman--can assault or retaliate against her mate, attacking heatedly, only to find she has done no physical harm to him whatsoever. In this manner, the person scored as assailant can be intimidated or even terrorized by the inconsequential effects of executing an assault, while the so-called victim emerges dominant, victorious and unscathed--this is the Godzilla effect" (p. 31). For some battered women,

their failure at retaliation only increases their belief in the batterer's omnipotence and makes them retreat further into isolation

Some women do not fight back, instead they remain passive, fearing retaliation from the abuser (Eisenberg & Micklow, 1977; Kremen, 1980; Prescott & Letko, 1977; Walker, 1981)

To the outsider the inactivity may be seen as ambivalence or laziness (Goldberg, 1982) but it may be critical to the woman's survival (Pressman, 1984) and a defense against the woman's own "homicidal rage" (Hilberman, 1980; Hilberman & Munson, 1977-78; Roth, 1984). The passive behavior is undertaken with the belief that the opposite reaction to fighting back will occur--a decrease in the violence. But the reverse often occurs, non-resistance may precipitate more violence and be just as dangerous as fighting back (Gelles, 1972; Jobling, 1974; Weitzman & Dreen, 1982).

It is during the second stage of the Grieving Process that Stark, Flitcraft, and Frazier's first stage fails. Researchers overwhelmingly agree that as time progresses the violence increases both in frequency and severity (Dorkowski, Murch, & Walker, 1983; Johnston, 1984; MacLeod, 1980; Stacey & Shupe, 1981). During the anger stage the violence has increased to the point where the woman requires medical treatment for injuries sustained during the beatings.

Consistent with Walker's cycle of violence, many women remain in the home after an attack (Dobash & Dobash, 1979), seeking medical help the next day or even later (Appleton, 1980; Handal & Ruffolo, 1980; Petro, Quann, & Graham, 1978). Those women who do not seek assistance are often prevented from doing so by their husbands (Drake, 1982; Lichtenstein, 1981; Stark, Flitcraft, Zuckerman, Grey, Robinson, & Frazier, 1981). For many

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women, contact with the health professionals may be the only contact they make after a battering (Ghent, DaSylva, & Parren, 1985; Walker-Hooper, 1982b), and even then this act of resistance (Stark, 1980) may lead to another beating.

The batterer quickly becomes adept at inflicting injuries that are not noticable (Hendrix, 1981; Martin, 1977; Pagelow, 1981c; Walker-Hooper, 1982b), or that are the most humiliating to the woman. Compared to other trauma patients that come to the hospital, battered women have a distinctive group of injuries: a variety of injuries in a variety of locations (Flitcraft, 1977), which are not properly accounted for by the explanations offered.

The focal point of the attack is usually the woman's head, in particular her face (Eisenberg & Mucklow, 1977; Flitcraft, 1977; Fonseca, 1974; Gayford, 1975; Petro, Quann, & Graham, 1978; Rounsaville & Weissman, 1977-78; Star, Clark, Goetz, & O'Malis, 1979), or her chest and abdomen (Flitcraft, 1977; Gayford, 1978; Stark, 1980; Stark, Flitcraft, & Frazier, 1979).

The attacks to the abdomen do not stop when the woman is pregnant. In fact they may intensify (Barnsley, Jacobson, McIntosh, & Wintemute, 1980; Walker, 1979), with the target of the blows shifting from her face to the swollen abdomen (Hilberman & Munson, 1977-78). Pregnancy adds stress to an already stressful marriage (Gelles, 1975). It also increases the woman's dependency on the husband and makes her more vulnerable to attack (MacLeod, 1980; Sinclair, 1985).

About half of all battered women continue to be beaten while they are pregnant (Lowker, 1983; 1984b; Pagan, Stewart, & Hanson, 1983; Flynn, 1977; Stacey & Shupe, 1981; Walker, 1984c), increasing the risk of injury (Stark, Klimack, 1986).

1980; Stark, Flitcraft, & Frazier, 1979), and miscarriage (Bowker, 1983; Flitcraft, 1977; Stark, 1980; Stark, Flitcraft, Zuckerman, Grey, Robinson, & Frazier, 1981).

Researchers have suggested several reasons why the violence is directed at the abdomen during pregnancy. It may be a way to terminate the pregnancy in an "acceptable" way, if abortion is not considered a viable option (Gelles, 1975). The abuser may be jealous of the attention the woman receives during pregnancy, jealous with the thought of competition the child will bring for her attention, or resentful of the changes fatherhood brings (Marsden & Owen, 1975; Martin, 1977; Stacey & Shupe, 1981).

A third explanation for abuse during pregnancy may be that the husband feels he has lost some control over his wife. Although he attempts to control many physical aspects of his wife's life, the batterer has no control on the development of the fetus, nor the physical and emotional changes in the woman. As a reaction to this lack of control, he may try even harder, through physical abuse, to control the woman. The literature on women who leave suggests that the batterer will become even more abusive if he feels the woman is leaving him (Ganley, 1981; Showalter, Bonnie, & Roddy, 1980; Walker, 1979). Pregnancy does not produce a physical separation, but it produces an emotional and behavioral separation over which the abuser has no control.

The existence of abuse during pregnancy has caused Gelles (1975) to speculate that it may be an indication of a future of child abuse. It has also brought the recognition of a new abusive syndrome, the "battered fetus" (Mackenzie, Collins, & Popkin, 1982; Morey, Begleiter & Harris, 1981; Pugh, Klimack, 1986).

1978), which studies neonates who are born with broken bones and bruises from beatings inflicted on their mothers while they are still in the womb.

The escalation in violence may also include the risk of sexual assault. The percentage of battered women who are subject to this form of abuse varies, in part due to the researchers' divergence in what constitutes a sexual assault. Some researchers only look at rape, others include sexual abuse, and still others include acts to which the woman consents, but which she was coerced into or which she performs because she feels it is her duty as a wife.

The term used most often to describe this area is marital rape. Because few women see the behavior as rape, preferring to limit that word to describe what occurs between strangers, the phrase "forced sex" has also been used (Finkelhor & Yllo, 1982; Gelles, 1977b; Walker, 1984c). Between 35 and 60 percent of battered women say they have experienced marital rape (Bowker, 1984b; Finkelhor & Yllo, 1983; Kincaid, 1981; Lewis, 1984; Smith, 1984; Shields & Hanneke, 1983b; Snyder & Fruchtmann, 1981; Walker, 1981, 1983b).

Many people consider marital rape as less traumatic than rape between strangers (Finkelhor & Yllo, 1983). In reality it may be more traumatic because it breaks the basic trust between the spouses (Finkelhor & Yllo, 1983), and it occurs on multiple occasions (Bowker, 1983; Finkelhor & Yllo, 1983; Shields & Hanneke, 1983b). One major difference not to be overlooked is "that while the victim of nonmarital rape must live with a terrifying memory, the abused wife lives with her assailant" (Jones, 1980; p. 282). The effects may seem less traumatic because they are consumed under the general emotions experienced by the battered woman.

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Marital rape is not an isolated incident. It occurs with other forms of violence and may be just an escalation of physical abuse to a new level. "When sexual violence occurs, nonsexual violence escalates to encompass sexual violence as well as nonsexual violence (Shields & Hanneke, 1983b, p. 145)." "

In marital rape the amount of physical force used by the abuser and the resistance that is offered by the woman varies (Finkelhor & Yllo, 1983), related to the physical abuse that has preceded it. "Forced intercourse need not mean a gun was held to their head; the fear of another beating is an adequate threat (Schechter, 1982, p. 17)." Reinforced by the abuser's psychological abuse, many women believe that they do not have the right to refuse their husband sexual requests.

If the woman has been beaten in the past for refusing sex and/or expressing her feelings, she may opt to ignore her own sexual inclinations and to submit quietly to her mate's wishes in order to avoid another beating. Thus, no force may be used for the man to achieve his goal of sexual intercourse, so that their sex does not superficially resemble forcible rape. Despite this, this kind of sex is still experienced as coerced and unwanted by the woman. (Okun, 1986, p. 53)

Thus, the second stage is characterized by anger. The woman may first attempt to fight back physically. Where this increases the violence, the woman begins to displace her anger onto others, or to turn it inward, creating depression and developing minor somatic symptoms. To an outsider

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the woman may look passive, as if she has given up the fight, but in reality this is a coping mechanism which preserves her from further abuse.

CHAPTER EIGHT

Stage Three: Bargaining

It is the third stage, bargaining, that Kubler-Ross (1969) viewed as a fantasy stage. This is where the patient, or in this case the battered woman, attempts to win a prize for "good behavior". In the Grieving Process the prize is the discontinuance of the abuse.

This is the first point in the Model where the woman acknowledges that violence is a part of the relationship. She does not regard the abuse as an important part of the marriage, and continues to believe that with minor changes the violence will be eradicated. Thus, her efforts are aimed at ending the abuse, not the marriage (Kremen, 1980; Pressman, 1984; Sinclair, 1985).

To bargain implies a compromise between the actors (Weingourt, 1981). To do this requires two things. First, the batterer must be in a position where he is willing to negotiate (Flynn & Whitcomb, 1981). Walker's cycle of violence suggests that this occurs in phase three, after an episode when the husband is feeling remorse and believes he will not be violent again.

Second, the woman must have something that the batterer wants and with which she is willing to bargain. In this case it is the woman's freedom, either to remain in the abusive relationship, or to give up or curtail expression of portions of her personality in order to become her husband's ideal wife (Campbell, 1984b; Weingourt, 1979).

At this point the battered woman is surviving on hope "She hopes that if she placates him he will love her and not beat her (Greany, 1984, p. 726)." She also hopes that the relationship will permanently stay in phase three of the cycle of violence, characterized by the batterer's loving behavior

The woman's decision to remain in the relationship is influenced by several factors. Supported by the batterer's psychological abuse, she continues to believe she is to blame for the abuse (Campbell, 1984b), and that she can not survive without him (Hilberman & Munson, 1977-78; Weingourt, 1979). She fears retaliation from the batterer if she should leave (Star, Clark, Goetz, & O'Malia, 1979). Her fear of facing the unknown is weighed against what she believes to be an essentially good marriage (Weingourt, 1979). Finally, she continues to cling to the romantic delusion of married life and believes that her husband will reform (Turninger, 1971). "Her ambivalence is easy to understand, (when you consider that) she lives, in essence, with two different men in one body (Walker-Hooper, 1982b, p. 135)."

With the acknowledgment that the violence is a part of the relationship, the woman is able to anticipate future attacks. It is the stress from the actual abuse, and the anticipated attacks, as well as the repressed anger that begins to physically take a toll on the woman (Mitchell & Hodson, 1983). Although other authors have noted the high incidence of somatic symptoms in battered women (Ferraro & Johnson, 1983; Ghent, Da Sylva, & Farren, 1985; Goldberg, 1982; Hilberman & Munson, 1977-78; Rosewater, 1984; Rounsaville & Weissman, 1977-78; Swanson, 1984; Viken, 1982; Walker-Hooper, 1982b) Stark, Flitcraft, and Frazier were the first to recognize that the onset of somatic symptoms occurs after the initial visit to the emergency

room of a hospital. The list of somatic symptoms include headaches, insomnia, allergies, choking sensation, hyperventilation, chest, pelvic and back pains, and eating disorders (Ferraro & Johnson, 1983; Ghent, Da Sylva, & Parren, 1985; Hilberman, 1980; Swanson, 1984; Viken, 1982).

The woman turns to the medical professions with increased frequency as she attempts to cope with the situation. With the development of somatic symptoms the woman is no longer appearing in the emergency room of a hospital in a crisis, but is going to one physician on a regular basis to get treatment for chronic problems. The medical symptoms may justify a visit to a doctor, but the woman takes the opportunity to seek other help. Visiting the doctor gives the impression that the relationship is okay, while giving the woman an opportunity to confide in someone (Borkowski, Murch, & Walker, 1983).

Battered women try many techniques in an effort to end the violence (Smith, 1984). "Not only are a wide range of techniques tried but...many women had tried them very often (Smith & Chalmers, 1984, p. 16-17)." This belies the myth that the women passively reconcile themselves to the violence (Walker, 1983a). Bowker (1983, 1984a, 1984b) has arranged the techniques into four classification: 1) the wife's personal strategies, which include the woman's own efforts, such as talking, hiding, and threatening; 2) informal help-sources, which include talking with friends, family, in-laws, neighbours, and woman's groups; 3) formal help-sources, which include medical, legal, social, and religious workers; and 4) the husband's efforts to end the violence, which include his techniques as well as informal and formal help-sources.

Within the relationship, a battered woman tries a variety of personal techniques, the most common one being altering her behavior to correct what her husband claims provokes the abuse (Barnsley, Jacobson, McIntosh, & Wintemute, 1980; Bowker, 1983; Walker, 1984c; Woman's Research Centre, 1982). Motivated by the belief that the violence is only temporary and that she is to blame for its occurrence, the woman tries to change herself in ways to appease the batterer (Dobash & Dobash, 1979; Pagelow, 1981b). "Almost all victims initially try the first alternative, sometimes attempting for years to change themselves, their spouses, or both, or whatever situational factors their spouses may claim "cause" their out bursts of violence, for example, meals, finances, housekeeping, childrearing, and so on (Pagelow, 1981b, p. 287)." "She tries to become more perfect, not realizing that the violence has little to do with her behavior or personality (Sinclair, 1985, p. 33)." These endeavors to please the batterer may be the woman's efforts to gain control of the situation (Frieze, 1979).

Sixty-five percent of women rate changing themselves as very ineffective (Smith, 1984). In some cases, placating the man by the renewed efforts to meet all his demands and adjusting whatever he claims causes his violence, rewards the abuse (Pagelow, 1981d). "A woman tries to appease her abuser by not doing "those things" again, only to find that he has found another excuse to use violence against her. Eventually she has eliminated much from her normal behavior repertoire (Farrar, 1981, p. 64)."

From his research project Bowker (1983, 1984b) identifies six other personal techniques a woman mobilizes: 1) using rational arguments to convince the batterer to stop being abusive; 2) securing a promise from

her husband to end the abuse; 3) threatening to call the police, or obtain a legal separation or divorce; 4) running out of the house, hiding in another room, or hiding behind furniture; 5) attempting to passively defend herself by covering her body with her arms or legs; 6) and avoiding the batterer by keeping out of his sight, or leaving the house when he comes home, and failing to be provoked into an argument.

By approaching people outside of the conjugal relationship the battered woman acknowledges that there is a problem, and admits that it is more than she can manage. She becomes defined as a person in need of help (Loseke & Cahill, 1984). Through disclosure she also risks the batterer's retaliation, as talking to others forces him to face the consequences of his behavior, produces emotions he may not be able to handle, and forces reality to impinge on his rationalization.

Battered women seek help from an average of five to eight different sources (Binney, Harkill, & Nixon, 1981; Mead-Ramrattan, Cerre, & Porto, 1980; Smith, 1984), often on more than one occasion (Smith, 1984). "Evidently women not only speak to others about the problems in their relationship, they also do so frequently (Smith & Chalmers, 1984, p. 20-21)." Bowker (1983, 1984b) has divided the outside intervention into two categories: informal and formal. In going for help outside the home, the woman seeks emotional support (Dobash & Dobash, 1979), and assurance that her husband can change (Campbell, 1984b).

Informal help-sources include family, friends, in-laws, neighbours, and woman's groups. The battered woman turns most frequently to her mother or sister for help, and as the abuse progresses she turns to them more often. Friends are the second most frequently used informal help-source.

By turning to a friend a battered woman puts the friendship to the supreme test. If successful, she gets interpersonal support which strengthens her self-confidence to take further action. In-laws are turned to less frequently. The woman usually approaches them only if she believes that they will be sympathetic. Neighbors are used least often, in part due to the great risk of physical harm if they become involved.

The final informal help-source, women's groups or a battered woman's shelters, is included in this category because the services provided by them parallels the informal help-sources rather than formal ones. Although the primary purpose of the shelter is to offer refuge, not all woman who initiate conversations want to separate or leave the abuser (Loseke & Berk, 1982), or are able to be accommodated due to a lack of space (MacLeod, 1980; Roberts, 1981).

Before a woman enters a shelter she must admit there is violence in her marriage (Stacey & Shupe, 1983), but this does not mean she has defined the situation as unacceptable and is considering leaving permanently (Loseke & Berk, 1982). Many women contact the shelter during a crisis situation to restore a state of equilibrium (Weingourt, 1979), and to ponder options available to them (Loseke & Berk, 1982). The mere presence of a shelter may also redefine the situation for the battered woman and her abuser (Ferraro, 1981). In the long run the groups can be effective to stop the abuse, but in the short run they can increase the abuse by threatening the male dominance in the relationship.

Once the woman stops concealing the violence, and she gets support from the informal help-sources her isolation decreases (Marsden & Owen, 1975). But not all women get a positive response from those they turn to.

some family and friends make it clear that they do not want to get involved (Borkowski, Murch, & Walker, 1983), or after being sympathetic for a short time, they may no longer want to hear the problems (Carlson, 1977). This rejection of assistance may further increase the violence as the woman begins to believe no one will or can help her and the batterer realizes that no one will interfere with his abusive behavior (Mitchell & Hodson, 1983).

A normal progression of help-seeking transpires as the battered woman turns to informal sources--friends and relatives--then turn to formal sources--doctors, social workers, lawyers, and law enforcement agencies (Borkowski, Murch, & Walker, 1983). "The apparent success of formal help-sources often was due as much to the personal growth and development that battered women achieved before contracting them as to the content of formal help provided (Bowker, 1984a, p. 188)." Bowker (1983) has speculated that if all battered women asked for help from formal treatment sources, those sources would be overwhelmed.

Doctors are often the first professionals the women confide in (Dobash & Dobash, 1979; Flitcraft, 1977). The patient-doctor confidentiality and the frequency of the medical visits encourages her to reveal her secret. The doctor's support and concern may be the woman's first indication that the violence is not her fault (Ghent, Da Sylva, & Farren, 1985), but if a skeptical attitude is encountered she may be demoralized and wait a long time before disclosing to another person (Borkowski, Murch, & Walker, 1983). Often by focusing on individual symptoms the doctor blurs the woman's suffering and decreases her capacity to understand and respond to her situation (Barnaley, Jacobson, McIntosh, & Wintemute, 1980).

The second formal help-source is the police. This "poor man's social worker" (Rounsaville, 1978a) is summoned to the home either just before an assault as the tension is increasing (Walker's cycle of violence phase one) (Hilberman & Munson, 1977-78), or during the attack when the woman fears for her life (Bard, 1980). "It is only when the conflict in domestic partnerships is felt by one or both to be getting dangerously out of control, that help is likely to be sought from an agency of social control such as the police, in the hope that the aggressive partner will be challenged, restrained, even punished (Borkowski, Murch, & Walker, 1983, p. 186)."

Battered women regard the police as ineffective (Walker, 1979). Indeed Bowker (1983) refers to calling the police as "a game of Russian roulette, in which the quality of service received by the battered wife varies according to the characteristics of the officers who respond" (p. 89). Once the police leave, the assault usually continues, often escalating above the previous plateau (Hendrix, 1981, Smith, 1984, Walker, 1979).

Women who did not report the assault to the police refrained for a variety of reasons--fear of revenge, viewing the abuse as a personal matter not wanting to get the offender in trouble, or feeling the police were impotent to stop the abuse (Dobash & Dobash, 1977-78).

Many women do not regard their abuse as a legal case of assault (Straus, Gelles, & Steinmetz, 1981). Only when they feel the relationship has deteriorated to the point where they consider escaping do they approach a lawyer, either to file assault charges, or to begin divorce or separation proceedings (Borkowski, Murch, & Walker, 1983). By that time they are usually in considerable pain and have such low self-esteem that they are unable to cope with the complicated legal system (Gemmill, 1982).

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The fear of retaliation or the batterer's promise of change may also influence the woman to drop legal proceedings and return to the batterer (Dobash & Dobash, 1977, Langley & Levy, 1978). This adds to the frustration and leads some legal professionals to believe she did not want the help in the first place.

Another formal help-source is the social worker or mental health worker. This is not one of the first agencies turned to, instead the woman, and in some cases the couple, seeks help at the end of the relationship, after trying a variety of other agencies (Dobash & Dobash, 1979; Johnston, 1984). In the counselling sessions the abuse is not usually presented as the major complaint, but is incorporated in other marital problems (Bowker, 1983; Kleckner, 1978; Pahl, 1985; Pressman, 1984). The attitude of the social agency and professionals has not been positive. The battered women typically "are blamed for not seeking help, yet when they do, they are advised to go home and stop the inappropriate behavior which causes their men to hurt them (Walker, 1979, p.16)." This may be one of the reasons that family and friends are consulted six times as often as social service or mental health agencies (Carlson, 1977).

The last formal help-source that the woman contact is the clergy. After the first incident the battered woman is more likely to contact her clergy than other formal help-sources, the exception being the police (Bowker, 1982). As time progresses the number of women who use the clergy decreases (Bowker, 1982). The assistance the clergy provides is mostly verbal (Bowker, 1982) and falls into three broad categories: 1) offering either religious advice or no advice at all; 2) telling the woman to go home, to forgive, and to be a good wife; 3) and refusing to get involved or telling the

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woman to go to a marriage counsellor (Pagelow, 1981b). The advice offered is of little help to the woman (Pressman, 1984; Stacey & Shupe, 1981) and in some cases may wrongly encouraged her to remain in the relationship (Bowker, 1983; Pagelow, 1981d).

The final technique Bowker (1983, 1984b) examined was the batterer's efforts to end the violence. This action was usually a result of the woman convincing the batterer to seek help. Only about half of the abusers sought outside help from the formal agencies--Alcoholics Anonymous, a doctor or psychiatrist, or a counsellor (Smith & Chalmers, 1984)--of these only 13 percent did so on more than one occasion (Smith & Chalmers, 1984). The batterer's help-seeking behavior is important for it is often taken by the woman as a sign of change, but the fact that many batterers are unwilling to seek help, reinforces the woman's belief that he is also unwilling to take responsibility for his behavior and therefore is unlikely to stop abusing her (Johnston, 1984).

In the beginning of the relationship, almost all women remain and try to bring about change (Pagelow, 1981b). Upon realizing that this is not stopping the abuse, they adopt the coping technique of separation (Pahl, 1979). Temporarily fleeing from the situation is used most often (Hilberman, 1980; Hilberman & Munson, 1977-78) and is the most effective technique (Smith, 1984), but the woman's attributional system, the batterer's psychological abuse, and societal pressures encourage many women to return to the marriage (Ferraro & Johnson, 1983; Hendricks-Matthew, 1982). Each time they separate they become progressively more familiar and competent at living apart until they are ready to make the final break (Okun, 1984).

It is this series of separations and returnings which frustrate those assisting the battered woman. In order to understand the woman's behavior the background of her life must be examined (Aquirre, 1984) and separations must be recognized as characteristics of the uncoupling process for all couples not just battered women. (Loseke & Cahill, 1984). Knowing the reasons the women separate assists in explaining why they remain (Johnston, 1984).

Battered women make their decision to remain in the context of their social, economic and political climate (Ferraro, 1983). They remain for a variety of practical and personal reasons. The practical ones include: lack of a place to go, economic dependency, children, lack of alternatives, and limited educational or employment skills (Johnston, 1984; Lichtenstein, 1981; MacKenzie, 1985; MacLeod, 1980; Pressman, 1984; Roy, 1977a; Strube & Barbour, 1984). Alternatively, the personal reasons include fear of reprisal, traditional beliefs in the sanctity of the family, lack of confidence, and the hope that the batterer will reform (Johnston, 1984; Roberts, 1981; Roy, 1977; Smith, 1984; Strube & Barbour, 1984; Walker-Hooper, 1982a).

Despite these factors, 80 to 90 percent of the battered women thought of leaving or threatened divorce at one time (Binney, Harkill, & Nixon, 1981; Roy, 1977; Smith, 1984; Star, Clark, Goetz, & O'Malia, 1979). The actual number of women who separate as opposed to those who remain is unknown. We do know that 80 percent of women separate at some point in the relationship (Barnsley, Jacobson, McIntosh, & Wintemute, 1980; Bowker, 1983; Coleman, 1980; Johnston, 1984; Martin, 1977; Pagelow, 1981d; Painter & Dutton, 1985). Smith and Chalmers (1984, Smith, 1984) refer to this process

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as a technique, with the goal being "a change in the partner's behavior or avoidance of the behavior on a temporary basis (p. 25)."

Forty-five percent of battered women separate two or more times before the final break (Dobash & Dobash, 1979; Gayford, 1975; Mead-Ramrattan, Cerre, & Porto, 1980; Pagelow, 1981b; Rounsaville, 1978b; Smith, 1984) with varying intentions of permanency (Dobash & Dobash, 1979). Of these, a larger percentage return to the batterer either directly from the shelter, or home where they were staying, or after a period on their own. (see Note 2 at end of chapter) "For women with fragile self-esteem, who are easily upset, and who already feel guilty about taking the children away from their father, it is not surprising that the return rate is high (Star, Clark, Goetz, & O'Malia, 1979, p. 486)." While away the woman may idealize her spouse, which leads to the decision to return (Campbell, 1984b). At the time, returning looks like a good decision, only later, when the abuse begins again, does it appear to be unreasonable (Wardell, Gillespie, & Leffler, 1983).

There are a variety of practical reasons that the woman returns (Barnsley, Jacobson, MacIntosh, & Wintemute, 1980; Gayford, 1975; Hilberman & Munson, 1977-78; Johnston, 1984; Lichtenstein, 1981; Pagelow, 1981d; Rounsaville, 1978b; Smith, 1984), but the main reason is the batterer has repented and promised to cease his violent behavior (Gayford, 1975; Pahl, 1985; Sinclair, 1985). Thus, the woman separates in the hope the batterer will reform, and returns when he promises to do so (Barnsley, Jacobson, MacIntosh, & Wintemute, 1980; Dobash & Dobash, 1979; Smith & Chalmers, 1984). For the battered woman "small incidents of kindness can be exaggerated to represent real changes and the prevalent

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pattern of abuse and neglect can be overlooked to paint a rosy picture of the future (Ferraro, 1979, p. 17)."

These women often seek help at a time of great stress, when they feel they have reached breaking point and urgently need protection and/or separation from the man. In this state they may initiate legal proceedings, demand refuge or re-housing. Once the immediate crisis is over, their needs and priorities may change; the pressing everyday needs for clean clothes, housekeeping money, one's own home, or the need to keep the family together for the children's sake reassert themselves. At this point many women return home...by doing so they may alienate those who have sympathized and offered help (Borkowski, Murch, & Walker, 1983, p. 124).

Not to be forgotten, some women may return to the batterer involuntarily, under his threats of further violence or death for herself or for those helping her, or due to physical force or kidnapping (Pagelow, 1981b).

Upon acknowledging that she is in an abusive relationship and getting a glimpse of the uncertain future, not all women move forward to the depression stage. Some women, after making the comparison, may decide that their situation is tolerable, and retreat to the denial stage by minimizing the violence.

It is during the bargaining stage that a woman may attempt various techniques to initiate change in herself, her husband, or the situation (Pagelow, 1981d). "It is only when these efforts fail to stop the violence

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that the woman ceases to view the beatings as a passing phase and, with great reluctance and horror, begins to view her husband as a violent man and their relationship as a violent one (Dobash & Dobash, 1979, p. 137). When she realizes that no reasonable change will stop the abuse, she is forced to admit the futility of the situation.

Note 2

The return rate for women who have separated from the batterer varies depending on when the women are measured: 1) 8 to 50 percent of battered women state at the time of separation that they intend to return to the abuser (Binney, Harkill, & Nixon, 1981; Korlath, 1979, as cited in Strube, 1984; Rounsaville, 1978b; Snyder & Fruchtman, 1981; Snyder & Scheer, 1981); 2) at the time of discharge from a shelter 35 to 70 percent of battered women were found to return to the abuser (Binney, Harkill, & Nixon, 1981; Giles-Sims, 1983; Mead-Ramrattan, Cerre, & Porto, 1980; Melville, 1978; Okun, 1984; Rounsaville, 1978b; Snyder & Fruchtman, 1979; Snyder & Scheer, 1981; Strube & Barbour, 1984); 3) at follow up approximately 50 percent of women had returned (Aquirre, 1984; Giles-Sims, 1983; Okun, 1984; Snyder & Scheer, 1981).

The problem with this latter research is no standard definition of follow-up time exists and thus it varies from one researcher to another. The decision to separate or return to the batterer is unstable and changes over time. The instability of the decision may be a variable in itself (Strube, 1984).

CHAPTER NINE

Stage Four: Depression

The battered woman's belief that her husband will quit beating her is usually sustained for a considerable time (Dobash & Dobash, 1979). Each successive incident leaves the woman with less hope, lowered self-esteem, and more fear, until it becomes impossible for her to "forgive and forget" (Dobash & Dobash, 1979). Whereas, the bargaining stage is characterized by hope that the husband will change and the abuse will stop, and the acceptance stage is characterized by hope that the battered woman will create a non-violent life for herself, the depression stage is characterized by feelings of hopelessness (NiCarthy, Merriam, & Coffman, 1986).

The woman is at a point of no return. She no longer believes the violence is just going to stop. Feelings of love and intimacy have been replaced by loneliness and pessimism (Ferraro & Johnson, 1983). The battered woman is in a period of "emotional dormancy" (Ferraro & Johnson, 1983). She has lost hope that improvement will occur either in her relationship or her life. She ceases to struggle to reform the marriage (Dobash & Dobash, 1979), surviving each day with depression and a lack of enthusiasm (Ferraro & Johnson, 1983).

The physical, sexual, and psychological abuse the woman has endured are similar to brainwashing (Carmen, 1981; Finkelhor, 1983; Finley, 1981; Ganley, 1981; NiCarthy, Merriam, & Coffman, 1986; Steinmetz, 1977c). She is held hostage by the abuser's constant criticism of her unattractiveness, incompetence, worthlessness, and inability to survive without him (Campbell,

1984b; Roth, 1984; Walker, 1979). As a result the woman is grateful that her husband "tolerates" her (Steinmetz, 1977c), and does not believe she deserves better treatment from those close to her (Steinmetz, 1977c). The woman feels trapped physically, economically, and mentally (Gardner, 1983). Severing the batterer's influence is the most difficult task she must accomplish (Walker, 1983a).

Women are encouraged by society to believe if they are failures in marriage they are also failures as women (Flynn & Whitcomb, 1981; Gemmill, 1982; Martin, 1977). Battered women need to be reminded that their husbands' abuse is not a sign of their failure as wives (Ball & Wyman, 1977-78).

Battered women also see themselves primarily as nurturers, caring for someone who needs them (Weingourt, 1979). They view their husband as sick and in need for their help (Martin, 1977). But because they can not "cure" him they believe they have also failed in this role (Weingourt, 1979).

The perceived failure as both a wife and as a nurturer lowers the woman's self-esteem (Mills, 1985; Sinclair, 1985) and leads her to underestimate her abilities (Star, 1978; Walker, 1979). Because of this she does not take responsibility for initiating change (Flynn & Whitcomb, 1981; Martin, 1977).

A battered woman is embarrassed for allowing the abuse and doubts her own self-worth (Ball & Wyman, 1977-78). She also feels guilty because she continues to love the man who is abusing her (NiCarthy, Merriam, & Coffman, 1984). "Equally as devastating as seeing herself causing the abuse is hating herself for staying in the abusive relationship (Bowen, 1982, p. 124)." She needs time to forgive herself for choosing the wrong partner
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(Sinclair, 1985), to express her anger openly, and to sort out her love for her husband and for herself (Henson & Schinderman, 1982).

A strong dependency and commitment to marriage leads to the grieving reaction (Campbell, 1984b). Battered women mourn the losses they have incurred (reactive grief) and those they expect to incur (anticipatory or preparatory grief) (Kubler-Ross, 1969).

Reactive grief results from many different bereavements: the loss of an idealized version of marriage (Campbell, 1984b; Lieberknecht, 1978; Pressman, 1984; Silverman, 1981); the loss of traditional values (Flynn & Whitcomb, 1981); the loss in self-esteem (Campbell, 1984b; Flynn & Whitcomb, 1981); the loss in the belief of the world as a safe place (Campbell, 1984b; Lieberknecht, 1978); the loss of the good parts of the relationship (Sinclair, 1985); and the loss in body image or integrity as a result of the physical abuse (Campbell, 1984b; Walker, 1981).

One final source of reactive grief which deserves special mention is the loss of the vague optimism which has been shielding the woman from the admission that the violence is not going to stop without major alterations to the relationship (Weingourt, 1979). It is this denial which has enabled the woman to continue to pour her energy into the marriage. To admit that there is no hope is to admit the violence is not a minor aberration.

The second type of grief involves anticipation of what will be relinquished if she leaves the abuser. The woman foresees the loss in financial security and the resulting decrease in status; the loss of the family home; the loss of a father for her children; the loss of an emotional support system (Campbell, 1984b); and the loss of her marriage and her role

as wife (Weingourt, 1979). "The only thing many of these women do is have children, and while the husband/father may be abusive, it's his wage that put food on the table and social meaning in their lives (Babin, 1984, p. 2)."

Fear is the last predominant emotion the woman feels (Martin, 1977; Sinclair, 1985; Swanson, 1984). She fears losing the children, being crazy, attacks on those close to her, and the unknown. She also fears being killed (Bowen, 1982), or losing control and killing the batterer (Hilberman & Munson, 1977-78). Fear is encouraged by the abuser's psychological abuse (MacLeod, 1980), and reinforced by the escalation of the violence. It plays havoc with sleep patterns, causing insomnia and nightmares, and can lead to drug dependency and addiction (Sinclair, 1985).

The woman's reinterpretation of the situation as victimization includes physiological responses as well as cognitive interpretation (Ferraro & Johnson, 1983). This is where Stark, Flitcraft, and Frazier's third stage falls, as the emergence of the self-destructive behavior due to unexpressed anger, grief, and fear takes its toll on the woman (Flitcraft, 1977; Rounsaville, 1978b). For battered women depression was the single most diagnosed category (Douglas, 1984; Hilberman, 1980; Mitchell & Hodson, 1983; Rounsaville, 1978b; Stewart & deBlois, 1981; Walker, 1984c). This is manifested in the variety of self-destructive behaviors--alcohol and drug abuse, suicide attempts, and psychiatric hospitalization (Hilberman & Munson, 1977-78; Rosewater, 1984; Sinclair, 1985; Smith, 1984; Stewart & deBlois, 1981). When taken in isolation, outside of the context of the abuse, they appear as psychological problems inherent to the woman (Walker-Hooper, 1982a).

Compared with non-battered women, battered women receive three-quarters of all prescriptions for mood altering drugs (Black & Blue, 1976; Stark, 1980). Physicians who have not been trained to counsel patients with social problems, deal with wife assault in a medical manner by treating only the physical symptoms. Thus, for depression, many doctors prescribe tranquilizers, anti-depressants, and pain-killers (Binney, Harkill, & Nixon, 1981; Gayford, 1975; Mandel, 1985; Stark, Plitcraft, & Frazier, 1979). The medication may help the woman overcome her feelings of hopelessness about the situation, (Coleman, Weinman, & Hsi, 1980), but it also implies that the battering is her problem (Ghent, Da Sylvia, & Farren, 1985), and reduces her ability to respond to the situation in a clear and rational manner (Goldberg, 1982; Okun, 1984; Walker-Hooper, 1982b). "For too many women, their justified and perhaps motivating anger was mellowed by indiscriminate use of tranquilizers (Walker, 1980, p. 352)." The over prescription of such drugs often leads to drug abuse. Borkowski, Murch, and Walker (1983) have gone as far as to say that this abuse may escalate the violence by increasing the man's frustration at his wife's lack of emotional responsiveness induced by the drugs.

Similar to the above problem is alcohol abuse. The rate of alcoholism among battered women is eight times that of non-battered women (Stark, 1980). Women who report the heaviest drinking patterns are more likely to be in relationships with men who also abuse alcohol (Walker, 1983a), and as the drinking increases so does the level of violence (Walker, 1983a).

Stark, Plitcraft, and Frazier (1979) found that battering was the single most important prescription for suicide. Half of battered women consider suicide at some point (Pagelow, 1981b; Stark, Clark, Goetz, & O'Malia, 1979).

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and about one-quarter of all battered women attempt suicide (Flitcraft, 1977; Sinclair, 1985; Stark, Flitcraft, & Frazier, 1979). Many women use as a weapon the drugs prescribed by their doctors. The attempts have been described as a defense against the homicidal rage, an endeavor to temporarily remove the woman from the situation (Stark, Flitcraft, Zuckerman, Grey, Robinson, & Frazier, 1981), or as a plea for help (Stark, 1980). They are also labeled as signs of mental instability, but in fact they are simply reactions to the extraordinary situation.

Finally as a result of the depression, the alcohol and drug abuse, or suicide attempts many women find themselves in the mental health system, either under the care of a psychiatrist or for hospitalization (Dewsbury, 1975; Flitcraft, 1977; Gayford, 1975; Marsden & Owen, 1975; Stark, Flitcraft, & Frazier, 1979). Battered women have a higher rate of psychiatric utilization than non-battered women, but only after the onset of the violence (Appleton, 1980; Rounsaville, 1978b; Stark, 1980; Stark, Flitcraft, & Frazier, 1979). Once in the system they are labelled as having hypochondria, classic depression, neurosis, and schizophrenia (Flitcraft, 1977; Hilberman & Munson, 1977-78; Stark, 1980).

The task ahead of the woman is to break existing roles and go on to develop self-worth, the ability to be assertive, and a renewed sense of trust in her judgment (Sinclair, 1985). She must replace the old relationship and identity with a new one. "Loss of self-esteem is compounded by feelings of fear and hopelessness and is a source of continuing unresolved grief for battered woman (Flynn & Whitcomb, 1981, p. 251)." "Unless, or until, they can attain a new sense of themselves and

develop new identities, they remain frozen in their outdated selves, grieving, mourning, and depressed (Silverman, 1981, p. 22)."

The woman's goals and dreams have been shattered and her mourning is compounded by the fact that the batterer is still alive (Campbell, 1984b). Compared to other grieving persons, battered women do not bury their husbands, but instead they bury their hopes and dreams (Silverman, 1981)

The woman is now at the point of no return, where she appreciates the reality of the relationship (Weingourt, 1979), but is unable to make hard decisions or to plan ahead (Campbell, 1984b). She has not accepted that the responsibility for the consequences is hers; only by doing this will she move forward.

CHAPTER TEN

Stage Five: Triggering Mechanisms

This chapter deviates from the previous outline, because this stage unlike the other five stages in the Grieving Process is not a psychological state, but a transition: something which happens to the woman. Compared to other stages, this one is very short. In some cases it occurs in an instant, but it is important because the triggering mechanism separates the first four stages from the last one, and allows no back sliding. It takes a woman out of depression and into acceptance.

One day he had me pinned to the wall and was hitting me and my teen-age son called the police. Something snapped, and I knew I could not go back to that scene again. If I'm going to die, I felt, let it be by my own hand. I'm not going to let him murder me. (as quoted in Silverman, 1981, p. 34)

I remember very clearly the point at which I knew I had to leave. A friend told me how she came to the conclusion that she had to leave her husband. She said she finally told herself that life wasn't going to get any better until she did something drastic to improve it. I knew then that I had to do something drastic too. I didn't necessarily want a divorce, but I wanted things to change and nothing else I tried worked. (as quoted in Burns, 1979, p. 56)

After you live so many years and you wake up one day, and your body has just about had it, you say, "My God, I just can't take another punch." That's what happened to me. I just reached a point where I said, "No more. Nothing is worth it." I decided I would rather struggle and see if I couldn't make it, so I just up and left, and that's been it (as quoted in Langley & Levy, 1977, p. 125 & 126)

When I told her I was going to look into it she said, "Oh, Ma, you can't even take care of yourself. How're you going to take care of me?" Then it hit me--from somewhere deep inside of me I remember someone had once told me, "The best you can do for anyone else is the best you can do for yourself. If you can't protect yourself, you can't protect anyone else." I talked with my kids then... and what's more I realized that in a way the whole thing was a cop-out on my part. (as quoted in Silverman, 1981, p. 94 & 95)

Researchers have not recognized factors which trigger a woman to identify herself as a victim of wife assault. The literature does include several suggestions, however, these are not empirically supported. These suggestions can be divided into two general types: those which occur as a result of a change in the abuse and which often occur in a crisis situation, and those which produce changes in other areas of the woman's life, but which enable her to view the abuse in a new light.

Crisis induced triggering mechanisms can result from: a change in the level of abuse (Ferraro & Johnson, 1983); the abuse reaching a point where the woman can no longer tolerate it (Gelles, 1976); the woman

realizing that the violence could lead to death (Johnston, 1984); or the introduction of a weapon (Flynn, 1977; Ferraro & Johnson, 1983).

The death potential of the relationship may also reveal itself to the woman in the form of threats or the actual attempts of murder by the batterer, or of the woman's own suicide attempts. It is this heightened expectation of further violence which may cause the woman to develop a single focus on survival (Walker, 1984a), and take action to prevent a premature death for herself

The change in the severity of violence may also be related to the introduction of new forms of abuse. For some women, marital rape occurs near the end of the relationship (Pinkelhor & Yllo, 1982; Henneke, & Shields, 1985) and is consumed in the overall escalation of abuse (Shields & Hanneke, 1983b). Researchers have found that battered women who are raped are more likely to call police and file charges (Frieze, 1980, as cited in Shields & Hanneke, 1983b), and in a follow-up study, they were less likely to be living with the abuser (Bowlby, 1984). For these women marital rape "may be the ultimate attack on the woman's ideal of the romantic marital/sexual relationship, even more severe than the attack the other physical violence represents" (Shields & Hanneke, 1983b, p. 134). Marital rape may act as a triggering mechanism by being more devastating than other forms of abuse, or it may erode the last barrier of communication and tenderness between the couple

The abuse can also create a crisis if it begins to erupt in public. This change in visibility may mean that the "web of rationalization" is broken as outsiders begin to question its validity. To the woman the battering is no longer a private degradation but instead has become a public humiliation

(Ferraro & Johnson, 1983) and destroys any illusion she presents of having the perfect marriage.

The triggering mechanism mentioned most often by researchers is abuse of children; this often leads women to seek help (Chegwidden, Felt, & Miller, 1982; Dobash & Dobash, 1979; Donoto & Bowker, 1984; Gelles, 1976; Langley & Levy, 1977; Pfouts, 1978; Rounsaville, 1978b; Silverman, 1985; Snell, Rosenwald, & Robey, 1964). The children's involvement can be either attempting to intervene on their mother's behalf, or becoming victims of child or sexual abuse.

Related to this, the woman may also leave when she realizes the adverse effects witnessing the battering is having on her children (Johnston, 1984; Pahl, 1979), or on her ability as a mother (Stacey & Shupe, 1981).

My four-year-old started to hit me just like his father was doing. This shocked me. I knew I had to get out if I didn't want him to be like his father. (as quoted in Silverman, 1981, p. 89)

Some mornings she was too sore and bruised to do more than fix them breakfast. That was what finally convinced her to leave: the realization that her children were being harmed even though their father never hit them. (Stacey & Shupe, 1981, p. 69)

For the children to become affected or involved in the violence they must be of an age where they are conscious of the abuse (Snell, Rosenwald, & Robey, 1964) and be physically able to respond. This may be the clue to why the average length of abusive relationship is approximately seven years

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(Binney, Harkill, & Nixon, 1981; Drake, 1982; Eisenberg & Micklow, 1977; Gayford, 1977; Johnston, 1984; MacLeod, 1980; Mitchell & Hodson, 1983; Rounsaville, 1978b; Snyder & Fruchtmann, 1981; Star, 1978). This is the time when the eldest child is about five or six years (Borkowski, Murch, & Walker, 1983; Carlson, 1977), old enough to fight back, or when behavioral problems become apparent to those outside of the family, usually the teachers or day-care workers

The triggering mechanism also involves a realization by the woman that the situation is potentially dangerous or that the situation is not going to change. These variables are the triggering mechanism which do not occur in a crisis and are often triggered by something external to the abuse.

Walker's research into the cycle of violence showed that as the relationship progresses the proportions of the three phases change (1983b). She found that in the first cycle the proportions of phase one, characterized by a build up of tension, and phase three characterized by the batterer's loving behavior, were approximately equal in length. By the last cycle, phase one was almost double the length of phase three (Walker, 1983b). In short, as the abuse continues there is a decrease in loving behavior and an increase in tension leading to an assault. Walker (1983b) has suggested that this difference may be the division between women who leave and those who stay. Nielsen, Eberle, Thoennes, and Walker found that the greater the decrease in phase three over time, the shorter the relationship duration (1979).

Other researchers (Balentine, 1983, as cited in Neidig, Friedman, & Collins, 1984; Dobash & Dobash, 1979; Ferraro & Johnson, 1983) have

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found support for this idea, not by looking directly at the cycle of violence, but by examining the batterer's behavior after an attack. Dobash and Dobash (1979) found that after the first episode 35 percent of men apologized, compared to 14 percent after the worst incident. This change in the batterer's loving behavior may remove the woman's reinforcement to stay in the relationship by destroying the last signs that things will improve

Another triggering mechanism leading to a re-evaluation of the situation may be a change in the woman's resources such as receiving a sum of money, gaining education, or job skills, or getting outside employment (Rounsaville, 1978b). These can give the woman the financial means to flee the situation (Ferraro & Johnson, 1983). A job outside of the home can also provide the woman with an opportunity to look at how others live and can allow her to make comparisons with her own life (Gelles, 1976).

Still another outside triggering mechanism may be the interjection of outside intervention, either in the form of a passing remark about the abnormality of the situation, support and assistance from someone, or through socializing with other battered women by attending a self-help group or using a shelter (Pahl, 1985)

Exposure to media coverage of other cases of wife assault may also act as a triggering mechanism. Rick Goodwin, a counsellor with batterers, told me that after a newspaper published a series of articles on a case where a battered woman was killed by her abuser, the telephone calls to the local shelter increased. This media coverage may have made other women aware of the life threatening aspects of the abuse and the potential for death (personal correspondence, Oct. 8, 1985).

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Finally, the woman may simply have the chance to look at the situation, and decide that this relationship is not what she expected in marriage

That was a turning point for me--realizing that perhaps I deserved more out of life than my husband could offer me. (as quoted in Burns, 1979, p. 58)

Several women told us that they were somehow able to stand back one day and review how the pattern of violence had been intensifying; they then suddenly felt more afraid than at any time during a single beating. (Stacey & Shupe, 1983, p. 47)

During this stage what occurs in the woman may be seen as analogous to the Al-Anons principle of "hitting bottom". "Hitting bottom implies a realization that all efforts to control the situation have failed. Feelings of helplessness and worthlessness are overwhelming, and the woman feels completely disenchanted with the world (Ferraro, 1979, p. 17)." It is the point where the woman reaches a critical level of unhappiness and is ready and committed to accepting help and producing a change (Ferraro & Johnson, 1983).

During this stage a variety of changes occur in the woman. She breaks out of the isolation. She rejects the rationalization and begins to view herself as a victim (Ferraro & Johnson, 1985). She is able to recall the violence in detail and thus breaks through the denial and makes historical links to the past violence (Goldberg, 1982). She realizes she cannot control her husband's behavior and thus the violence is not her

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fault (Sinclair, 1985) And she realizes she has simply had enough (Bowker, 1983).

You wonder how you let it happen to you. But there finally comes a point when you say "that's all I can take!" (as quoted in Brown, Carpio, & Martin, 1982, p. 23)

One important change that transpires in the woman is a shift from self-blame or blaming external factors to holding the husband solely responsible for the abuse. Researchers (Finn, 1985; Frieze, 1979, as cited in Bograd, 1984b; Hendricks-Matthew, 1983; Miller & Porter, 1983; Shields & Hanneke, 1983a) have found support for this shift and suggest that it represents an emotional break in the relationship (Shields & Hanneke, 1983a). It was found to coincide with the woman leaving the relationship (Frieze, 1979; Johnston, 1984) or staying in therapy (Hendricks-Matthew, 1982). This shift also represents a change as the woman no longer regards the abuse as an unstable characteristic which has the potential for change (Frieze, 1979).

It is not the single decision to take action, but it is the accompanying set of other decisions which signals a redefinition of the situation (Aquirre, 1984). The woman's activity level right after an incident is the best predictor of how long she will remain in the relationship (Nielsen, Eberle, Thoennes, & Walker, 1979). Walker (1984c) found that women are twice as likely to seek assistance after the most recent incident than they are after the first. Women who take steps to end the violence are also more likely to have taken previous action to cope with the abuse (Strube &

Barbour, 1984). The greater the number of decisions made at the point of departure the better the indication that she is leaving permanently.

Until now I have been writing with the assumption that all battered women are beaten more than once. For a small group of women, an estimated ten percent (Pagelow, 1981b; Stark, Flitcraft, & Frazier, 1979), there is only a single beating. This lone incident can have a variety of effects on the women

"It often takes only one such event to fix the balance of power in a family for many years--perhaps for a lifetime (Straus, 1977-78, p. 446)." One beating can be used to support psychological abuse, it can maintain male dominance in the family, it can cause serious injury, and it can be lethal (Prieze, 1979; Ganley, 1981; Straus, 1977-78; Straus, Gelles, & Steinmetz, 1981).

The other effect a single beating can have is to trigger the woman to put an end to the violence by either leaving the abusive relationship (Johnston, 1984; Pagelow, 1981d; Smith & Chalmers, 1984), or by forcing her husband to stop beating her (Bowker, 1983).

One can only speculate as to why the latter group of women does not become involved in an abusive relationship. It may be due to background factors; either the woman was overwhelmed because nothing like this has ever happened to her before, or due to her past experience with violence she knows the course the abuse will run and that it is not going to end. This is the woman who tells someone about the violence, thus not isolating herself; who realizes the significance of what has happened, rather than denying it; who does not idealize her husband, thus does not regard the violence as an aberration in his behavior; who reacts, rather than

normalizing; who does not blame herself, and who does not rationalize nor believe her husband's rationalizations.

Compared with the battered woman who remains in the relationship this woman may react this way for a variety of reasons. She may be less dependent on the relationship (i.e. older, employed, has a supportive network, knows she has a place to go if she should leave, and has either no children or older ones). She may have less investment in the relationship. She may be more autonomous and self-confident. She may know about social services and have used them in the past. Finally, she may not have experienced the precursors of abuse. With no minor incidents to habituate the woman to the first beating, she may react with horror, seeing the violence for what it really is, rather than beginning on the abusive process. Or if there were precursors of abuse she has reacted to them and talked to her husband; and the escalation to a beating only made her realize that he was not going to change.

Whatever the reason, these are the women who have skipped the first four stages of the Grieving Process. The first abusive incident acts as a triggering mechanism and propels them to the end the abuse. These are also the women who are the exception to the literature which looks at why women stay in the abusive relationship. As a group they have been ignored in research. This has left a gap in our knowledge as to what different qualities these women possess as compared to women who continue to be beaten.

Thus, the triggering mechanism is an occurrence to the woman which breaks through the denial, anger, rationalization, and isolation. It is the transition point where the woman realizes she can tolerate no more abuse. It

ends the depression and moves the woman into the action oriented stage of acceptance.

CHAPTER ELEVEN

Stage Six: Acceptance

The final stage is acceptance. For the terminally-ill, Kubler-Ross (1969) describes it as "almost void of feelings the struggle is over" (p 113). It is a time when the dying person accepts that death is inevitable.

For the battered woman the struggle is also over. She does not accept the violence itself, but rather, accepts that it is an integral part of the conjugal relationship and that only with major structural changes will it stop. No longer is she taking full or partial responsibility for the abuse; she has come to redefine it as her husband's problem. The battered woman accepts her responsibility for stopping the abuse and realizes that only through her determination and actions will her life change. She accepts that she must rebuild her life and begins making realistic plans for change (Campbell, 1984b).

As with other grieving persons, battered women accept their losses and "in accommodating themselves to their situation and in developing new "identities", these women do not deny their grief or relinquish their past, but rather alter their relationship to their previous experience" (Silverman, 1981, p 13).

In the acceptance stage the woman must draw on strengths she may not know exist (Silverman, 1981). The woman takes command of her life, and no longer spends all her energy to placate her husband, instead she expends it making decisions concerning herself (Silverman, 1981). The woman quits

being a co-conspirator, and reveals the abuse, thus, breaking the rationalization.

Elbow (1977) suggests three categories that indicate the woman has accepted the situation: 1) she no longer worries about what will happen to the abuser; 2) she begins to develop concrete plans for her future, 3) and she no longer sees the beatings as isolated incidents, but rather as part of a pattern. Her reactions at this time are to the abusive relationship and not to a single abusive episode, thus her decision holds even when she is not being beaten. A fourth category that may be added is that the woman has an increase in self-confidence and places an increased value on her self-worth (Elbow, 1977; Lieberknecht, 1978; Silverman, 1981).

Before reaching this point the battered woman must admit her rage towards her husband (Silverman, 1981) and her sense of betrayal at the relationship (Ferraro & Johnson, 1983). With support from others, the expressed anger directs the woman to the point where she is so angry she will do anything to change the situation (Langley & Levy, 1977), and leads to feelings of strength and exhilaration (Ferraro & Johnson, 1983). "Only when a battered woman receives support for a direct expression of legitimate anger, can she begin to develop adequate escape skills (Walker, 1981, p. 86) "

One important distinction which characterizes the difference between the acceptance and depression stages, is the battered woman begins to identify herself as a victim of assault rather than assuming the identity of a victim (Ferraro & Johnson, 1983). "The first involves rejecting the responsibility for being beaten; the second involves giving up the responsibility for one's life (Ferraro & Johnson, 1983, p. 337)." Thus, in
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acceptance, the battered woman accepts that she is a victim and makes decisions based on this, where as a woman in the depression stage knows that she is also a victim, but does not take responsibility for change

Although the success or failure of the marriage continues to be the responsibility of the wife (Mackenzie, 1985), she now assumes responsibility for making decisions and choosing the goals (Ferraro & Johnson, 1983). She defines her own actions, accepts responsibility for them, and sees herself as acting independently (Swanson, 1984). The woman also takes responsibility for her own happiness without feeling selfish or guilty (Ferraro, 1979; Stark, 1980)

One final note: not all authors believe battered women reach the acceptance stage. In particular, three authors that apply the grieving model to wife assault, Flynn and Whitcomb (1981), and Campbell (1984b), think that some women remain in one stage or vacillate between several of the initial four stages, "caught in a web of chronic grief" (Flynn & Whitcomb, 1981, p 252)

Once the woman has made the decision that she can no longer tolerate the abuse, she must decide what to do and act upon that decision. Unlike dying persons, who must accept their death, battered women have a variety of alternative outcomes from which to select. They can stay and resign themselves to the situation accepting the abuse as part of the relationship; stay and force the batterer to change, leave their husband, or in extreme cases to kill the batterer. Not all women consider the alternatives in depth, in some cases a decision is made in a crisis situation, quickly following the triggering mechanism

There are several factors which have been suggested to influence the selection and timing of a woman's alternative outcome. Unfortunately because of the infancy of the research, it is not clear how much each of these factors affects the woman's decisions.

A woman's employment or degree of dependency on her husband is found to be related to the degree of violence she will tolerate. That is, the less dependent she is on the batterer, and if she has outside employment or a higher level of education, the battered women will have a lower threshold of violence (Appleton, 1980; Bowker, 1983; Gelles, 1976; Kalmuss & Straus, 1982; Nielsen, Eberle, Thoennes, & Walker, 1979; Stark, Flitcraft, Zuckerman, Grey, Robinson, & Frazier, 1981; Strube, 1984). Similarly, women who return to the abuser after a separation were found to have fewer resources, be more dependent on the batterer, and have a lower rate of employment (Aquirre, 1984; Barnsley, Jacobson, McIntosh, & Wintemute, 1980; Carlson, 1977; Okun, 1984; Strube & Barbour, 1983; 1984). Thus, women who feel they can support themselves are less inclined to stay in the relationship or return to it.

Second, the severity and frequency of the violence were not found to be related to the length of the relationship (Pagelow, 1981d), nor to whether or not a woman returned to the abuser after a separation (Snyder & Scheer, 1981; Strube & Barbour, 1983). It was found to be connected to an increased likelihood of seeking outside intervention (Carlson, 1977; Dobash & Dobash, 1979; Gelles, 1976). Thus, severity of violence may not be a factor in whether or not she leaves, but may be influential in whether or not she believes she can change her husband. With less severe violence the woman may feel she has a greater capacity to change him, due to an

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underdeveloped system of rationalization, and a less established pattern of abuse.

Third, the length of the relationship produces a consistent picture in the research. Although the marriages can range from a few months to more than 40 years (Barnsley, Jacobson, McIntosh, & Wintemute, 1980), over half of the relationships, which come to the attention of outside persons, are between 0 and 10 years (Barnsley, Jacobson, McIntosh, & Wintemute, 1980; Borkowski, Murch, & Walker, 1983; Carlson, 1977; Meade-Ramrattan, Cerre, & Porto, 1980; Roy, 1982; Stacey & Shupe, 1981), with the average being seven years (Binney, Harkill, & Nixon, 1981; Drake, 1982; Eisenberg & Micklow, 1977; Meade-Ramrattan, Cerre, & Porto, 1980; Roy, 1982; Stacey & Shupe, 1981). This difference is also reflected in women who separate but later return to the abusers and those who leave permanently; those who leave usually have longer relationships (Snyder & Scheer, 1981; Strube & Barbour, 1984). The authors also found that the seven year average represented a distinct peak. The peak may signify a variety of things, the age at which children become involved or demonstrate signs of being affected by the abuse, or a universal tolerance level for the abuse.

The fourth predictor of whether or not a woman will react to the violence is the level of abuse in her family of origin (Gelles, 1976). Battered women who either witnessed parental violence or were abused as a child were less tolerant of abuse in their adult life (Gelles, 1976; Kincaid, 1981; Pagelow, 1981d; Parker, & Schumacher, 1977). It is possible that having grown up with violence, and watched their parents' relationship, these women were sensitive to the escalating nature of the abusive pattern, and realized the effects abuse can have both on the woman and the relationship.

Thus, several factors have been offered to explain when a woman will reach the acceptance stage and which alternative outcome she will select. Unfortunately these are not researched to the point where they can be anything more than suggestions of what might occur.

Most authors see only one alternative for the battered woman--to leave. This bias has created a one sided view in the literature, and leads to the assumption that this is the only end state. This assumption has in turn influenced the helping professions to see only one decision for the women to make--to leave or to stay (and in some cases, to stay has been labelled as masochistic (Snell, Rosenwald, & Robey, 1964)). Thus, counsellors have not encouraged battered women to consider other possibilities in their selection, and not developed services to aid women who pick an alternative to leaving. The other problem with looking at only leaving is that it ignores the propensity of most couples to try to preserve their relationship. In the Grieving Process four alternative outcomes will be considered.

Resigning Herself to the Abuse

There is only scant information on women who decide to stay and accept the violence as part of the conjugal relationship. These women, for a variety of reasons, do not regard leaving their husbands as an option (Gingold, 1976; Stacey & Shupe, 1981). They differ from women in other stages of the Grieving Process in that they realize the abuse is a major part of the marriage and they have adjusted their idealized version of marriage to include the violence. They have accepted the abuse as a bad side of the relationship, just as other women might accept an undesirable

characteristic in their husband. These women do not stay because of the violence in the relationship, they stay because of the relationship.

Researchers (Bowker, 1983, Gelles, 1976) have suggested that women for whom the violence is both infrequent and less severe may view the abuse as a problem they can live with. Researchers have also suggested that two groups of women are more likely to be resigned to the abuse, women with strong traditional ideology (Pagelow, 1981d), and those who have strong religious beliefs (Stacey & Shupe, 1983; Walker, 1979). "For some, belief in a deity helped them endure their suffering, offering comfort and solace (Walker, 1979, p. 22)."

A third group of woman who might fall into either of the above categories is older women. Although the average age of identified battered women is 30 years (Fonseka, 1974, Gayford, 1975; Johnston, 1984; Lewis, 1984; Mitchell & Hodson, 1983; Newton & Gubman, 1984, Painter & Dutton, 1985; Rosenbaum & O'Leary, 1981b; Snyder & Scheer, 1981, Star, 1978, Strube & Barbour, 1983, 1984), there are approximately 10 percent of battered women who might be described as middle aged (Ferraro & Johnson, 1983; Smith, 1984; Walker, 1983a; 1983b). These are the woman who are over 45 years old and who were raised, and raised their family, when an emphasis was placed on traditional values and keeping the family together. In the only article which addresses older abused woman (Gesino, Smith, & Keckich, 1982), the authors found that in the two case studies from which they draw their information, the women did not define their husband's behavior as problematic. A combination of loyalty to their marriage, fear of the stigma of divorce, and a belief that the batterer could not control his behavior were significant factors in their unwillingness to leave the relationship. "The

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lack of resources, the lack of alternatives and societal acceptance of marital violence also contributed to the women's sense of resignation in an abusive relationship (Gesino, Smith, & Keckich, 1982, p 64)."

Research to date does not represent older battered women because of its reliance on women who seek outside intervention. The lower average age of battered women who appear in the samples reflects the changing values of young women concerning divorce, sex roles (Okun, 1986), and their willingness to disclose abuse

Most researchers have ignored this alternative. In the literature only passing reference is made to these women and even then it is done in the tone that "someday they will do the right thing and leave". By failing to examine this alternative outcome, a gap is revealed in our knowledge on religious and older battered women, and information is lost as to whether or not resigning oneself to the abusive relationship is an actual alternative as opposed to just another phase of the acceptance stage.

Forcing the Abuser to Change

After accepting the abuse many women take a problem-solving approach to the violence (Weingourt, 1979). Some women continue to use the same techniques that were tried during the bargaining stage, the difference being that now they are successful in stopping the abuse.

Returning to Bowker's categorization of the different personal strategies and help-sources employed by the battered women, they will now be examined in light of their success or failure in stopping the abuse. A word of caution, one problem which becomes evident when examining

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Bowker's research is that he does not differentiate between coping mechanisms that are effective in stopping particular abusive episodes, and ones which stop the abuse permanently. In the Grieving Process, to be a strategy, the coping mechanism must be of the latter type, changing the relationship from an abusive one to a non-abusive one. The second problem with Bowker's work is that he measures only physical abuse. And as has been mentioned before, the physical abuse may stop, but this does not mean that the other forms of abuse do not continue.

The personal strategies women try include, talking to the batterer, getting him to promise to quit being abusive, threatening to call outside help, hiding or avoiding the abuse. Both Bowker (1983) and Smith and Chalmers (1984) found these to be ineffective ways to stop the abuse. In some cases, hiding or threatening to call the police can make the abuse worse (Smith & Chalmers, 1984).

Informal help sources, family, friends, in-laws, and neighbours, proved to be fairly successful at ending the violence. The other category included in this help source is women's groups or shelters. Women who turn to shelters for help do so later in the relationship, usually after a severe incident (Bowker, 1984a), and without a close relative or friend they can turn to for help (Pahl, 1985a). Shelters were found to provide a longer period of service (Donoto & Bowker, 1984) and were seen as more successful than other outside help sources, especially the traditional agencies (Bowker, 1983; Donoto & Bowker, 1984; Smith & Chalmers, 1984).

The formal help sources, doctors, legal system, counsellors, and clergy, were also only fairly successful at stopping the abuse. Social

services, or counsellors were the most effective and clergy and doctors the least (Bowker, 1983; Burris & Jaffe, 1984)

Studies have shown that although women return often to their doctors with new complaints (Ghent, Da Sylvia, & Parren, 1985), few doctors identify the women as abused (Burris & Jaffe, 1984). Despite this lack of identification, the physicians do treat the women "in ways which differ from the standard pattern of good medical practice" (Stark, Flitcraft, & Prazier 1979, p. 474).

Clergy were also seen as ineffective (Bowker, 1983). Pagelow (1981d) found that women who asked their clergy for help tended to stay in the relationship longer. It is possible that both the doctors and clergy do not identify and assist abused women because their concern is for only one aspect of functioning (health or religious beliefs) and they do not explore issues pertaining to the other areas of the woman's life (Burris & Jaffe, 1984).

In general formal help sources are the most effective, followed by informal help sources, and least effective are the woman's personal strategies. It is ironic that the effectiveness of these coping mechanisms is opposite to the progression to which the help seeking behavior is sought: from fighting back, to avoiding the abuse (both of which occur in the anger stage), to talking to family and friends, to contacting doctor, police, and social services, finally to lawyers and battered women's shelters. Each of these steps brings with it a progressive loss of privacy (Borkowski, Murch, & Walker, 1983).

If most of these techniques prove to be only fairly effective, then what differentiates between those that work and those that do not?

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Bowker (1983) concluded that no one personal strategy or help source is the most effective, rather in different situations, different factors were effective. "What really matters is the woman's showing her determination the violence must stop now. Once the batterers become convinced of their wives' determination to end the violence, they usually reassessed their position in the marriage and decide to reform (Bowker, 1983, p 131)." It was the strong character of the woman, the development of the inner strength, and an increase in her share of marital power which aided her in making a change in her life

Tied to the woman's determination and the cessation of violence is a decrease of male dominance in the relationship

It was the shift in marital power more than any other factor that led to the cessation of violence. Husbands who recognize that a new power balance had developed in their marriages become more amenable to counseling techniques as well as to other mechanisms leading towards violence cessation. Those who refused to recognize the new power balance...were more likely than the other husbands to have criminal assault charges filed against them, and, in the long run, to be divorced by their once-battered wives. (Bowker, 1984a, p 188)

Similar to Bowker's findings that the woman's determination is important, the Al-Anon principles have successfully been applied to battered women to suggest a strategy which forces the abuser to change (Ferraro, 1979). The concept of hard love, "used to describe the intense caring which allows women to let go of their husbands' problems" (Ferraro, Klimack, 1986

1979, p. 16), essentially means the women relinquish hope that their efforts can resolve their husbands' problems. Through the women's refusal to endure the abuse and determination to stop defending, apologizing for, or hiding the behavior, the batterers are forced to take responsibility for their behavior (Ferraro, 1979). Again it is the women's determination which forces the change.

Thus stopping the abuse is not necessarily connected with the husband's behavior, it is a change in the women's attitude that is important (Goodstein, 1981). In some cases the women were changed so much by having overcome the violence, that they no longer were willing to stay in the relationship (Bowker, 1983).

Leaving the Abusive Relationship

The decision to leave usually occurs after a history of beatings and reconciliations (Langley & Levy, 1977), and after the woman has done everything she can to change her behavior to stop the abuse (Johnston, 1984). Smith and Chalmers' (1984) second concept, the strategy of leaving, is the description of what occurs in the acceptance stage. Most battered women separate many times before the last break, each time returning to the husband's promise of change. It is only when they have lost hope, that separating changes from a technique to a strategy, whereby the goal in leaving is leaving itself.

In order to leave the woman must overcome her fears of being alone, her fears of losing the status of wife, and the notion that the marriage should stay intact despite all costs (Dobash & Dobash, 1979). It means the

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woman takes on the stigma of divorce and learns to live alone and independently (Dobash & Dobash, 1979)

Leaving signals that the woman "can no longer believe her husband's promises of no more violence nor forgive past episodes of violence" (Gelles, 1976, p 660). It also signals that a change has occurred in the woman's attitude and that she has lost hope that things will improve (Langley & Levy, 1977).

Similar to women who force their husbands to change, the commitment and determination of the women is an important factor in what distinguishes the technique of separating from the strategy of leaving (Strube & Barbour, 1983). Thus, for the women who left, the decision was their own, and not influenced by someone else (Stacey & Shupe, 1981). Most knew that this was the final separation (Johnston, 1984) and had made concrete plans (Johnston, 1984; Sinclair, 1985). "Women who leave successfully, thereby ending their victimization, are likely women who have sorted out a plan of action and are able to follow it through at their own pace (Sinclair, 1985, p. 66)."

Having accepted the abuse and made the decision to leave does not mean carrying through with the plan is any less taxing. The difference is that the decisions that follow are no longer largely psychological ones, but are concrete tasks, such as finding a place to live, gaining paid employment, relocating, settling the children in school (NiCarthy, Merriam, & Coffman, 1984; Strube & Barbour, 1984; Weingout, 1979), separating property, and refurnishing a home. For some women, being isolated and controlled has meant they have lost the ability to accomplish everyday tasks, such as paying bills (NiCarthy, Merriam, & Coffman, 1984). For these women the

decision to leave may be more frightening and involve a re-education before they becoming independent.

Two final notes to this section. First, the batterer rarely abandons the family home. In most cases the woman leaves, partially because she has no choice, and partially because hiding may be the only way she can escape the violence. Second, one other way battered women can leave the relationship is by committing a crime and being incarcerated. Estimates are that 50 to 90 percent of female inmates in prisons are battered women (Jones, 1980, Walker, 1985). For these women this was the only way they saw of being safe from the abuser.

Just because the woman leaves the abuser does not mean she no longer sees him. In 75 percent of cases the spouses maintain contact (Smith, 1984), often forced together by the batterer's access to the children (Women's Research Centre, 1982). It is during the visitation rights that some men continue to assault the women (Flynn, 1977). In other cases, the batterer makes a point of continuing to harass the woman, often stalking her for years (Barnsley, Jacobson, McIntosh, & Wintemute, 1980; Jones, 1981). "There are cases on record of men still harassing and beating their wives twenty-five years after the wives left them and tried to go into hiding (Jones, 1980, p. 299)."

Approximately one quarter of battered women continue to be harassed, threatened, or physically and sexually abused by their former husbands (Carlson, 1977; Giles-Sims, 1983; Okun, 1986; Pagelow, 1981b; Pahl, 1985; Smith, 1984). The risk of abuse for these women only drops when they become widows (Flitcraft, 1977; Stark, Flitcraft, & Frazier, 1979). Walker (1985) found that in order to win back his wife the batterer will at first

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increase his loving behavior. If this fails, then he will revert to violence. In the short run leaving may be the most dangerous thing a woman does (Okun, 1986), provoking further abuse or an escalation to more severe forms of violence or murder.

Returning to the question "Why does she stay?" for some women leaving the batterer is not enough to stop the abuse; because he may continue harassing them (Okun, 1986).

Kill or Be Killed

Because of the escalating nature of the abuse, either inside or outside the relationship, murder can be seen as a logical consequence of wife assault (Goodwin, 1985), producing the risk of the woman being killed, or of killing the batterer. Unlike most beatings, murder leaves evidence which can not be ignored in the way other forms of wife assault are overlooked (Steinmetz & Straus, 1974).

Compared with spousal abuse where the woman is overwhelmingly the victim, in homicide the woman is equally likely to be either the victim or perpetrator in a murder (Chegwidden, Felt, & Milier, 1981; Jensen, 1977-78; Showalter, Bonnie, & Roddy, 1980). Many women consider killing the batterer at some point (Hilberman, 1980; Stacey & Shupe, 1981), but because of a fear of what would happen to the children, or the batterer looking helpless and peaceful when they have the opportunity, many women did not carry through with their plans (Stacey & Shupe, 1981).

There is one major difference between husbands and wives who murder. Men who murder have a history of being abusers, while women

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who kill have a history of being abused (Barnard, Vera, Vera, & Newman, 1982; Britton, 1979; Faulk, 1974; Gayford, 1978; Gelles & Straus, 1979; Scott, 1974; Stark, Flitcraft, & Frazier, 1979; Walker, 1979, 1984c). The batterer kills at a time of great stress, during a beating when he believes the woman is leaving him (Barnard, Vera, Vera, & Newman, 1982; Ganley, 1981; Showalter, Bonnie, & Roddy, 1980; Walker, 1981, 1986). This is the point where his dependence is revealed and he may feel abandoned (Okun, 1986). In his desperation to do anything to keep her with him (Walker, 1979), he may kill her, the children, and himself. "We find it paradoxical that dependency, a trait so strongly identified with a family's strength, might also be identified with its violent destruction (Barnard, Vera, Vera, & Newman, 1982, p. 280)."

The preferred weapon for both husbands and wives is the hand gun (Barnard, Vera, Vera, & Newman, 1982; Showalter, Bonnie, & Roddy, 1980; Walker, 1984c). But whereas, men murder during a beating, women murder in self-defense, (Walker, 1981) usually at the point where the batterer will simply not quit (Jones, 1980). The women resort to murder when things get so bad they feel compelled to fight for their lives (Quindlen, 1978) and when they become aware that their husbands could kill them (Rounsaville, 1978b; Star, Clark, Goetz, & O'Malia, 1979; Walker, 1979, 1983b, 1984c, 1985; Zwarum, 1984). The incidents frequently occur during a beating when the women are provoked by the batterer to defend themselves (Barnard, Vera, Vera, & Newman, 1982; Dobash & Dobash, 1977-78; Fields, 1978; Okun, 1986), and even then they simply want to stop him from hurting them rather than kill him (Walker, 1979; 1984c). Afterwards the women usually express remorse and sorrow, grieving the loss of their husbands (Jones, 1980).

Killing one's spouse has been found to share a variety of common risk factors: 1) the presence of children, which adds stress to the situation, and increases the risk of their involvement in the abuse. 2) a change in the relationship in the form of threats to the woman's life. 3) the abuser's fascination with guns. 4) threats of violence to those close to the woman. 5) the batterer's jealousy of affairs he fantasizes the woman is having. 6) alcohol and drug abuse used as an excuse for the abuse, and 7) an increase in the frequency and severity of the abuse, especially psychological abuse (Walker, 1984c). Many of these factors are simply an extension of characteristics already associated with an abusive couple, thus making it difficult to distinguish a couple that will kill from one which will not. "Battered wives share some common societal and familial factors, but each battered wife has a unique set of individual psychodynamics that influence her behavior. Indeed what might cause one woman to be killed might cause another to kill (Berkman, 1980, p. 611)." Thus, battered women are the prime candidates for the ultimate violence, suicide, homicide, or both.

A question arises which needs to be addressed: "Is this fourth alternative outcome based on a rational choice, or is it the result of temporary insanity, in which case the woman may be at another stage in the Grieving Process, possibly depression?" I have chosen to place it in the acceptance stage because, like the other alternative outcomes, it often occurs after a triggering mechanism. But unlike the other alternative outcomes, it is not a well thought out decision, it may simply be an emotional reaction or a survival instinct.

Thus the acceptance stage is the last of the Grieving Process. The battered woman accepts the violence as a major part of her relationship, and takes responsibility for the actions that follow. Not all women leave the abusive relationship, some stay, resigned to the situation, others stay and force the abuser to change, and still others kill the abuser or are killed.

To reach this point the woman has undertaken many coping mechanisms in an effort to stop the abuse and keep her marriage (see figure 2, page 150). It is her determination and efforts which produces a change in the relationship and in her life.

CHAPTER TWELVE

Additional Considerations

This thesis has presented the Grieving Process in terms of its relationship to existing research and of the explanation it offers in understanding the process a battered woman undergoes while coping with abuse. Although attempts were made to be as complete as possible some sections were not fully developed. This chapter will clear up confusion by clarifying the differences in terminology in the Grieving Process.

First let me clarify the difference between the woman "acknowledging" the violence and the woman "accepting" that her conjugal relationship is abusive. This difference lies at the basis of understanding the changes that occur in a woman as she moves through the Grieving Process and identifying which stage she may be at. This difference is also similar to the distinction between a woman who is in the bargaining stage and one who has chosen to stay and resign herself to the situation (see figure 3, page 151).

In the bargaining stage the woman acknowledges the violence as existing in the relationship, but assumes it plays only a minor role in an essentially good marriage. She blames herself or external factors for provoking the abuse, and hopes that without her involvement small changes will end the violence.

In the acceptance stage the woman no longer sees herself as playing a role in provoking the abuse, she now considers it to be her husband's problem. She sees the violence as a major portion of the relationship, and believes that only with restructuring will the abuse end. The woman also

accepts that if change is to occur she must take responsibility for initiating it.

Thus the basic difference between acknowledgment and acceptance is how the woman views the violence

One other section which needs clarification is the difference between separating as a technique and leaving as a strategy. Smith and Chalmers (1984) originally defined this distinction: when the woman separates temporarily with the goal of forcing the batterer to promise to change it is a technique; when a woman leaves permanently in order to begin a life on her own it is a strategy. In the Grieving Process these concepts have been applied in a more extensive manner to distinguish between all the woman's coping activities in the bargaining stage (e.g. trying to change herself, hiding, talking to friends, phoning the police, or separating), and her activities in the acceptance stage. In the Model the difference between a technique and a strategy parallels the difference between acknowledging and accepting the violence. But it goes further, as it is the outward manifestation of the woman acknowledging or accepting the violence.

The success of a strategy is its obvious distinction from a technique, but the woman's accompanying behaviors may also be the clue to the difference. These include: no longer believing the batterer's accusations, this in turn breaks down the rationalization, ceasing to hide the effects of the violence from herself, the batterer, and others, thus breaking through the denial; telling others and having them believe and give her support; gaining confidence or a sense of determination which makes the batterer realize that she will carry through with her plans; finally, taking action which shocks the batterer into seeing the reality of the situation. Once

again it is the shift in the woman which is important and which turns the previously tried techniques into successful strategies

CHAPTER THIRTEEN

Implications, Applications

Having laid out in detail the Grieving Process, consideration must now be given to how the Model fits into the existing views of battered women, and what its role will be in pointing out future directions. This chapter will focus on the implications to both existing and impending research on wife assault, as well as the applications to the delivery of services to battered women.

Research Implications

Armed with the knowledge that current research is based on self-identified women and that it is only in the later stages of the Grieving Process that a woman either acknowledges or accepts that her relationship is violent, it becomes apparent that a major problem exists. Only women who admit that they are beaten are included in the research, and those women who deny the abuse, as in the earlier stages of the Model, are excluded. In order to overcome this problem and to study all battered women researchers must find ways of locating and identifying those women who do not see the violence as a problem.

A further problem in the literature is created when some researchers have attempted to identify characteristics that distinguish battered women from "normal" women (for example: Ardent, 1984; Douglas, 1984; Gellen, Hoffman, Jones, & Stone, 1984; Mahon, 1981). As can be seen by the

Grieving Process, not all women admit that they are abused. This denial makes it difficult to recognize and label women as battered. In some research, especially that undertaken before the increased concern for wife assault, "normal" samples may include battered women. Comparisons create a situation where a sample of battered women are compared to a sample of battered and non-battered women. To overcome this problem those who are battered and those who are not must be distinguished.

Related to the first concern is the fact that the social agency from which the research sample is obtained may bias the results by reflecting only women in certain stages in the Model. For example, a study drawn from subjects utilizing the emergency room of a hospital would most likely contain battered women located in the anger stage or subsequent ones. This is the point where the abuse will have escalated to the level of causing injuries and the woman needs medical attention. Similarly a sample based on subjects from a hospital or a doctor's private practice, and in which the women were suffering from somatic symptoms or depression, would reflect battered women in the depression stage. Research of battered women using social service agencies would be in the bargaining stages, those drawn from family court would be in the acceptance stage, and those interviewed in a shelter would be in either the bargaining or acceptance stages.

Thus a new way of researching battered women is suggested. To get an accurate picture all battered women, both those seeking assistance and those who do not admit that there is a problem must be included. To date, scales which measure family violence, such as Conflicts Tactics Scale (Straus, 1979), Wife Abuse Inventory (Lewis, 1983; 1985), and Index of Spouse Abuse (Hudson, & McIntosh, 1981; McIntosh, 1979) have focused on

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the objective definition of abuse, namely the obvious signs of the violence, such as physical abuse or the resulting injuries. Existing scales also attempt to measure the level of abuse by ranking the more severe injuries as more damaging to the woman. What these scales fail to recognize is that abuse in the forms of psychological, sexual, or precursors of abuse can be just as devastating to the woman, and that every woman is affected in a different way by the abuse. For one woman a less severe amount of battering may have a negative effect; for another woman it may take an escalation of abuse to have the same result. Rather than focusing on the level of abuse it may be more important to focus on the woman's reaction to the abuse in order to decide whether or not she is abused and to what degree the abuse is detrimental.

In the Grieving Process a woman does not go through the stages based on a certain number of blows, bruises, or degree of force used by her husband. It is a psychological change, as well as the accompanying changes in her behavior that define a woman as abused and signal which stage she is in. Based on the characteristics included in the Grieving Process in order to define a woman as battered she would display some of the following characteristics: a denial of the escalating nature of the abuse, blaming herself for the abuse or believing that the violence is due to external factors influencing her husband, isolation from those who could help, a system of rationalization as to why the abuse is occurring, a denial of her anger, somatic symptoms, and possibly depression or self-destructive behaviors. Developing a measure of abuse based on subjective rather than objective characteristics would aid in identifying and thus classifying women

as abused even if they are experiencing minor levels of battering, such as the precursors of abuse

The Grieving Process also suggests several specific areas of research which need to be explored, many of these have been mentioned at other points in this thesis, so they will just briefly be restated in this chapter, to identify and further study triggering mechanisms; to develop a questionnaire which would act as a test to assess the stage to which an abused women has advanced; to do further research on those women who have successfully stopped the abuse after the first incident, to research the four alternative outcomes with an emphasis on why a women would choose a one over the others; finally to recognize that battered women are not passive in their abusive relationships and to further study the coping techniques they employ

Applications to the Delivery of Services

It is interesting to note that in many studies the average age of the battered woman is between twenty-seven and thirty-three years (Eisenberg & Micklow, 1977; FinN, 1985, Fonseka, 1974; Gayford, 1975, Johnston, 1984, Lewis, 1984; MacLeod, 1980; Mitchell & Hodan, 1983, Newton & Gubman, 1984; Pagelow, 1981d, Painter & Dutton, 1985, Rosenbaum & O'Leary, 1981b, Smith, 1983; Snyder & Fruchtman, 1981; Snyder & Scheer, 1981, Star, 1978, 1982, Star, Clark, Goerz, & O'Malia, 1979, Strube & Barbour, 1983), and the average length of relationship is seven years (Binney, Harkill, & Nixon, 1985, Drake, 1982, Eisenberg & Micklow, 1977; Meade-Ramrattan, Cerre, & Porto, 1980; Roy, 1982; Stacey & Shupe, 1981). These figures, especially

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the latter one may provide the clue as to the approximate length of time it takes a woman to go through the Grieving Process.

Assuming that there is some truth to the figures presented above, the question then becomes "Is it possible to move a battered woman through the process at faster pace?" Because many of the events which the woman experiences are unique to her, for example the level of violence she will tolerate, what acts as a triggering mechanism, the reaction of others to her situation, the amount of marital power she holds, and her available resources, I do not believe it is possible to strike upon a combination of events which will circumvent the process for all women. Rather than focusing on the direct actions that may speed up the temporal sequence, it may be of benefit to focus on applications which will either indirectly aid the woman or will help others to understand the process.

Explaining the Model to a battered woman may help the woman to realize that she is not unique in her feelings by normalizing her reactions and helping her to understand herself better. It may help her to realize that just because she feels a certain way now does not mean she will always feel this way. It may also help her to make sense of her situation, and inadvertently act as a triggering mechanism. Finally, especially if she is denying the abuse, it may have no immediate effect on the woman, but it may be useful at a future date.

Second, to agencies which offer services to battered women, the Grieving Process provides an overall picture of the woman's internal states in an abusive relationship. Just as knowing what a jigsaw puzzle will look like helps place each piece, an overall picture of wife assault will make it easier for those in the helping professions to identify battered women when

confronted with a single clue. Likewise pointing out the woman's reason for reaching out to assistance or for separating from the batterer will prepare the helper for the frustration he or she often encounters as the woman returns to the abuser. Thus the helper will be able to see the woman's behavior not as a series of setbacks, but as her gradual realization of the situation.

Finally the Grieving Process suggests a new way of approaching public education. Teaching others the early signs of abuse may assist them in intervening to circumvent the process. Also, teaching the public that many of the battered woman's reactions and her decision to remain in the relationship are not unlike those made by other couples who are involved in a marriage break-up, may aid in their understanding that the woman's behavior is not very different from other behavior with which they are familiar.

Having outlined the Grieving Process as a woman's psychological states and coping reactions in response to the abusive relationship, the question now becomes "Is it possible to make the switch from a descriptive model to a predictive one?" Kubler-Ross' grieving model did not make the shift, but then with death signifying the end of mourning, the dying patient had no alternative to consider and predicting the speed with which a dying patient passed through the stages or the outcome was not of concern to those helping him or her.

The Grieving Process is presented here only as a general guide. Like Kubler-Ross' model it has only a general direction, which means that a woman may move backwards, skip stages, or simultaneously be in two stages at once. As noted in the previous section, the Grieving Process provides a

new way of viewing battered women. It also points out the fact that gaps exist in our knowledge of battered women. It is not until researchers have taken up the challenge of redefining battered women, and thus filling in these gaps, that predictions may be possible.

But is it really necessary to make predictions? My feeling is that our knowledge about people is never sufficient to make predictions about their behavior. The best we can do is to understand their behavior. The Grieving Process was developed to provide an understanding to those working with battered women, making predictions based on it would be straying too far from this feminist analysis, and once again running the risk of redefining the battered woman as a unitary phenomenon rather than recognizing the unique effect abuse has on each woman.

CHAPTER FOURTEEN

Conclusion

This thesis has presented the initial work on the Grieving Process, a model intended to assist in understanding the defense mechanisms a battered woman employs to cope with abuse in a conjugal relationship. The Model is based on the work of Kubler-Ross (1969) and follows the woman from the precursors of abuse to the point where she realizes that violence is a major portion of the relationship, and that if any change is to occur she will have to assume responsibility for initiating it.

The Grieving Process is not to be accepted as the final word on battered women. This thesis is just the beginning rather than the end. It lays out a framework for an alternative way of viewing the battered woman. Within its structure several underlying concepts are important in reshaping our view of the battered woman.

First, this Model recognizes the work a woman puts into her relationship. Rather than viewing her in a negative light, as a helpless victim, she is seen as an active person trying various techniques to cope with the extraordinary situation.

Second, the Model does not regard leaving as the only alternative outcome open to a battered woman. Staying and either forcing change upon the husband, or resigning herself to the violence, as well as killing her husband are decisions a woman can and does make to end the violence.

Third, as compared to other theories, the Grieving Process does not view the violent couple as locked into a spiral situation which further

entrap the partners over time. It views the woman's reactions to the situation and the behavior of the abusive couple as a progression moving towards a realization of the abuse.

Fourth, the Model recognizes that there is an event in the woman's abusive relationship when she realizes that things will not get better and that she can tolerate no more violence. Support for the existence of triggering mechanisms is taken from quotes from the women describing the exact moment when they knew something in the relationship had to change.

Finally, the definition of battering is seen as an important part of the Model. This definition includes acts not normally thought of as abuse: violent temper; violence directed at but not actually touching the woman; psychological abuse; and destruction of property and pets. The recognition of the precursors of abuse as the earliest indications that the violence has the potential for continuing, may be the clue to how the women become habituated to the violence.

These five points will help to redefine the view of battered women in existing research, and are as important as the Grieving Process presented in this thesis.

figure 1

THE GRIEVING PROCESS

1) DENIAL

- Kubler-Ross' stage 1 - denial
- Ferraro's techniques of rationalization

2) ANGER

- Kubler-Ross's stage 2 - anger
- Stark, Flitcraft, and Frazier's stage 1 - initial appearance of injuries

3) BARGAINING

- Kubler-Ross' stage 3 - bargaining
- Stark, Flitcraft, and Frazier's stage 2 - somatic and psychiatric symptoms
- Smith and Chalmers' separating as a technique

4) DEPRESSION

- Kubler-Ross' stage 4 - depression
- Stark, Flitcraft, and Frazier's stage 3 - self destructive behaviors

5) TRIGGERING MECHANISMS

6) ACCEPTANCE

- Kubler-Ross' stage 5 - acceptance
- Smith and Chalmers' leaving as a strategy
- alternative outcomes.

- staying and resigning herself to the situation
- staying and forcing the batterer to change
- leaving permanently
- killing the batterer

THE GRIEVING PROCESS

1) DENIAL

- initial occurrences of the violence as either precursors of abuse, a beating or psychological abuse.
- the woman denies the significance of the incident & its severity
- rationalization is used to justify the occurrence
- the woman becomes increasingly isolated

2) ANGER

- the woman begins to realize the possibility that the violence may recur
- the woman reacts by fighting back and/or repressing her anger

3) BARGAINING

- the violence is acknowledged as part of the relationship, but the woman continues to believe that it will stop with minor changes to the marriage
- different techniques are tried to stop the violence: personal strategies: avoiding certain topics, being the ideal wife the batterer wants, formal help sources: phoning police, seeking assistance from the social services, or informal help sources; talking to friends and family

4) DEPRESSION

- the woman thinks no one can help her and thus sees the situation as futile
- she experiences reactive grief for the losses that have occurred & anticipatory grief for those that will occur if she leaves
- the repressed anger begins to take its toll psychologically

5) TRIGGERING MECHANISMS

- something triggers the woman to realize that she can no longer tolerate the violence
- examples are: she finds herself in a life threatening situation, the children are abused or are showing signs that the violence is affecting them, the batterer ceases to show loving or remorseful behavior, or a person outside of the relationship points out the abnormality of conjugal violence

6) ACCEPTANCE

- the woman accepts that violence is a major part of her relationship and is not going to stop
- she is able to see the good and bad points of the marriage
- she accepts the fact that if change is to occur she will have to initiate it
- alternative outcomes of acceptance:
 - 1) staying and resigning herself to the situation
 - 2) staying and forcing the batterer to change
 - 3) leaving permanently
 - 4) killing the batterer

figure 3

ACKNOWLEDGMENT VERSUS ACCEPTANCE

ACKNOWLEDGES THE VIOLENCE *

ACCEPTS THE VIOLENCE

1) bargaining stage

acceptance stage

2) blames herself for the violence

blames her husband for the violence

3) believes it is due to external factors influencing her husband

believes it is due to internal factors in her husband

4) sees the violence as a minor part of the relationship

sees the violence as a major portion of the relationship

5) believes a small change in the relationship will end the violence

believes a major restructuring in the marriage is necessary to end the violence

6) believes fate will bring about a change in the relationship

believes it is the woman's responsibility to bring about changes in her life

7) the woman hopes the violence will end

the woman knows the violence is not going to simply go away

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