
The Case for the Cautious Use of Anger Control with Men Who Batter

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In a 1986 article in *Response*, Gondolf and Russell (1986) presented a case against the use of *anger control* in the treatment of men who batter their woman partners. They describe their understanding of the assumptions of anger control and their views on a number of its shortcomings. They criticize the use of behavioral anger control techniques with batterers because "wife abuse is not necessarily anger-driven, but more a consequence of a socially imposed 'need' to control women" (p. 3). They argue that batterers reduce anger control techniques to a set of gimmicks used to get their way less violently while continuing to be abusive. Their six major criticisms of anger control training as applied to batterers are that anger control (1) implies that the victim provokes anger and precipitates the abuse, (2) fails to account for the premeditated controlling behaviors associated with abuse, (3) tends to diffuse the responsibility for the abuse and prolong the batterer's denial, (4) is often misrepresented as a quick fix that may endanger battered women, (5) frequently lets the community off the hook, and (6) does not address sufficiently the social/normative reinforcements for wife abuse and violence towards women in general.

Although some of Gondolf and Russell's criticisms are directed toward what we would consider poor practice, rather than towards "anger control" treatment per se, it is important to consider the issues they raise. We hope to address what we think are Gondolf and Russell's misconceptions of anger control and to respond to their valid criticisms with suggestions for improved treatment for men who batter.

Anger Control and Cognitive-Behavioral Treatment

Gondolf and Russell dislike the term *anger control* because it implies that men who are already controlling

need to learn to be more controlling. Generally, we agree with this criticism and would add that anger control also implies that anger is negative and should be stopped. Most programs, however, are actually teaching men the assertive and responsible expression of anger. It should be noted that whatever the terminology, the package of treatment techniques (stress management techniques, communication skills training, and problem-solving training) that Gondolf and Russell characterize as anger control are also generally referred to as *cognitive-behavioral treatment*, a term we prefer because it is more inclusive. What should be emphasized here is that cognitive-behavioral interventions addressed towards anger are usually only one part of a complete approach for men who batter.

Cognitive-behavioral treatment for men who batter has been rapidly and widely adopted by service providers. A national survey of programs for men who batter (Eddy & Myers, 1984) reported that more than 75 percent of the programs contacted used the following cognitive-behavioral intervention techniques: anger management, problem-solving skill training, and communication training. More than 50 percent of programs also reported the use of stress management training and behavioral contracting.

The cognitive-behavioral techniques have been adopted by practitioners for several reasons. First, the life-threatening nature of battering calls for immediate, problem-focused intervention. Second, as discussed below, a behavioral approach provides an empirically supported technology for direct intervention to stop aggressive behavior (e.g., Novaco, 1976). Third, a cognitive-behavioral approach is consistent with a feminist analysis of battering widely adopted by service providers: the violent behavior itself is seen as the problem to be addressed, and the functional aspects of the violent behavior are recognized (Adams, 1986). Finally, behavioral techniques have been described in a highly specific, systematic manner in the literature, making it fairly easy for practitioners to adopt the techniques.

The widespread adoption of cognitive-behavioral techniques makes their evaluation all the more important. We will now turn to Gondolf and Russell's major criticisms of the approach.

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Criticism 1: Anger control implies that the victim provokes anger and precipitates the abuse.

Some of the language in Novaco's (1976) original work on anger control implies that anger is provoked. For example, he suggests that there are self-statements for various "provocation stages" (p. 95). The use of the term *provocation* is indeed objectionable, especially if it implies that aggression toward the person who "provoked" the anger is somehow justified. However, the cognitive-behavioral assumptions that underlie anger control actually place responsibility for anger on the individual experiencing the anger. From a cognitive-behavioral perspective, any emotional response to an event is mediated by a cognition. Therefore, the same event may arouse anger in one person but not in another because they differ in their cognitive mediation of the event. It is not external events that make us angry but rather our self-statements about those events. Albert Ellis (1977), in his book on anger control, quotes the philosopher Epictetus: "What disturbs people's minds is not events but their judgments on events" (p. XV).

One goal of cognitive-behavioral treatment, properly applied, is to increase the responsibility a man takes for his anger by helping him recognize, and modify, his cognitive mediation of events. If successful, he will decrease his tendency to see provocation in external events.

We agree with Gondolf and Russell that men who batter frequently persist in blaming their violent behavior on what they see as their partners' provocation. For this reason, it is critical that group leaders give clear messages about men's responsibility for their violence. When the notion of provocation is not dispelled, discussion of a particular incident of violence can become an opportunity for a man to argue that his partner should change her behavior in order for the abuse to cease. When a clear message about his responsibility for the violence is given, his attempts to shift the clinical focus to his wife can be deflected. The focus can then be placed properly on generating alternatives to his abusive behavior. Working from a cognitive-behavioral perspective, phrases like "situations *you* have trouble handling" can be used to describe the events that are antecedent to violent incidents, rather than questions like, "What was the provocation?" or "What happened that provoked your anger?" Better still is to frame exploration of antecedents in terms of a man's choice to respond abusively e.g., "what happened just before you chose to slap her?" or "Are there times when you choose not to use physical force?"

Criticism 2: Anger control fails to account for the premeditated controlling behaviors associated with abuse.

Gondolf and Russell correctly point out that battering is not limited to physical abuse occurring in a context of

angry conflict. They state that wife abuse "is not merely a series of impulsive, angry incidents, but often a premeditated system of debilitating control" (p. 3). This premeditated behavior is not limited to physical abuse alone. Indeed, a widely shared clinical observation is that men who physically abuse their partners also engage in a wide range of other abusive behaviors, including emotional, psychological, and sexual abuse (Ganley, 1981; Purdy & Nickle, 1981; Tolman, 1987; Walker, 1979). Some examples of these types of abuse include direct and indirect physical threats (e.g., destroying property, driving recklessly, verbal put-downs, public humiliation and degradation, withholding of affection and financial resources, isolation from family and friends, and non-physical threats (e.g., taking the children, having an affair). These types of abuse may be particularly blatant forms of premeditated abuse.

From a cognitive-behavioral perspective, battering can be viewed as a class of behaviors with a similar function. The various physically aggressive and the nonphysically abusive behaviors, such as verbal abuse, isolation, and financial manipulation, serve to create a power imbalance and enhance the man's ability to dominate his partner. Abusive behavior increases the likelihood that a man's partner will comply with his demands to avoid punishment.

While we agree with Gondolf and Russell that battering is not just physical aggression in a context of impulsive anger, it should also be noted that men who batter vary in their use of premeditated controlling behaviors. From clinical observations and recent studies on abuser typologies (e.g., Saunders, 1988), it appears that men who rely primarily on premeditated abuse are only one type of abuser. This position has also been endorsed by Gondolf (1985) in an earlier article.

The recognition of battering as a phenomenon of control rather than impulsive physical aggression has important implications for those applying cognitive-behavioral techniques. It is important to assess the entire repertoire of coercive and abusive behaviors a man uses in a relationship, and address efforts to change those behaviors. The broader focus is important at intake and at all stages of intervention. For example, there is evidence that men may sometimes give up physically abusive behaviors but substitute other forms of abuse in order to continue their dominance in a relationship (Adams, 1986; Dutton, 1986; Edleson and Brygger, 1986; Tolman, Beeman, & Mendoza, 1987).

We also agree with Gondolf and Russell that a narrow focus on anger control techniques can give clients the false impression that all that is required in becoming nonviolent is mastery of anger regulation, rather than a more pervasive set of behavioral and attitudinal changes. Behavioral groups for men who batter should not be limited to use of anger control techniques, which are best suited for those incidents of physical or nonphysical abuse that occur in a context of anger. However, as will be discussed later, cognitive-behavioral techniques may

be used to accomplish treatment goals other than anger regulation.

In addition, as Gondolf and Russell acknowledge, anger control techniques rarely are used in isolation. In fact, most, if not all, published reports of cognitive-behavioral treatment combine such treatment with sex-role resocialization. Contrary to Goldolf and Russell's implication, anger control techniques are often applied within a profeminist framework which addresses the issue of men's premeditated controlling and dominating behavior (see, for example, Brygger & Edleson, 1987; Saunders & Hanusa, 1986; Tolman, Beeman, & Mendoza, 1986).

Criticism 3: Anger control tends to diffuse the responsibility of the abuse and prolong the batterer's denial

Gondolf and Russell point out that men use anger, like alcohol, as an excuse or rationalization for violence. The techniques of anger control however, properly applied, can address these rationalizations, rather than support them as Goldolf and Russell suggest. The cognitive restructuring techniques used to reduce anger arousal can also be used to address two other important treatment goals: confronting denial and sex role resocialization.

Being attentive to men's thinking styles, as recounted in their logs, their discussions of incidents in the group; and their justifications and rationalizations for their violence creates opportunities to confront denial. For example, when verbalized subtly or overtly, violence supporting such beliefs as, "It is o.k. to hit my wife if I am angry enough," or "People who anger me deserve to be punished," can be confronted directly in group.

Frequently, men's sexist assumptions also emerge during cognitive-behavioral analysis of critical incidents in the group. For example, a man may complain in group that his wife "nags" him to do chores. He rationalizes that her "nagging" angers him and leads him to want to hit her. Hearing such an account, the group may challenge his assumption about his entitlement to his wife's labor and his characterization of her request for his help as "nagging."

Criticism 4: Anger control is often misrepresented as a "quick fix" that may endanger battered women

Behavioral anger control techniques can be taught quickly, if not easily mastered. A simple technique like time-out can provide a rapid way to intervene in potentially life threatening situations. Yet, even successful short-term change may not preclude negative side effects (Tolman, Beeman, & Mendoza, 1987). Men may use involvement in a program and their acquisition of new skills as a way to convince their partners to return, because they claim to have the problem under control.

Battered women are endangered if they hold onto false hopes that treatment will work quickly or at all. Some men attempt to use communication skills to further manipulate their partners. They may boast to their partners that they are experts in communication, that they are trying very hard to make the relationship work, and, in general, use treatment as one more way to play the game of one-upmanship. As Gondolf and Russell point out, batterers often enter a self-congratulatory phase in which they believe, often after only several weeks of nonviolence, that they deserve the praise and forgiveness of their partners. However, their partners may remain distrustful and angry at them for much longer periods of time. A batterer may become frustrated if his partner does not praise his early "success," and he may respond to his frustration with further abuse.

However, problems of negative side effects related to *viewing treatment as a "quick fix" are not limited to cognitive-behavioral treatments. In nonbehavioral treatments, men are likely to say that they have gained great insight into the causes of abuse and thus will no longer abuse. Some men respond to socialization by placing responsibility for their abuse onto a sexist society (Adams & McCormick, 1982).*

Regardless of the type of treatment, men's claims that they are cured after a few sessions are common and still must be addressed in order to provide the safest possible treatment. Several techniques may be used to minimize these negative side effects. Partners should be contacted on a regular basis and informed about the nature of the program.

They should be encouraged to be skeptical of short-term changes, and to keep separation and legal action as options. The men should also be cautioned about expecting quick results. They need to make a long-term commitment to stopping abusive behavior. Informing the men that their partners are not likely to be forgiving, especially in the short term, is very important. When their expectations are openly discussed in the group, they may be able to begin exploring alternative ways to deal with frustration, anxiety, and sadness with their partners' lack of immediate forgiveness. Sometimes women's expressions of anger towards their partners increase as the men give up overtly violent acts. A man may be better able to cope with his partner's expression of anger towards him if it is framed by group leaders as a sign that she is perceiving him as less threatening.

It should also be pointed out, in response to Gondolf and Russell's critique, that cognitive-behavioral treatment is usually as long or longer than other forms of treatment. Abusers should not get the idea, based on time of treatment alone, that cognitive-behavioral treatment is a quick fix. For example, the shortest educational-confrontational groups described in the literature take four to six sessions (e.g., Frank & Houghton, 1982). However the shortest cognitive-behavioral groups take eight sessions (Deschner & O'Neil, 1985). Many cognitive-behavioral programs require 26 or more sessions (Edleson & Grusznski,

in press; Tolman, Mendoza, & Beeman, 1987), and men frequently stay in cognitive-behavioral programs much longer. In the program assessed by Gondolf (1984), the men attended an average of 11 sessions.

Criticism 5: Anger control frequently lets the community off the hook, and

Criticism 6: Anger control does not address sufficiently the normative reinforcements for wife abuse and violence towards women in general

Gondolf and Russell see anger control programs as suggesting to communities that the problem of battering is only a psychological problem, rather than a problem which has roots in sexist social conditions. Anger control programs may be an attractive alternative to making serious attempts to change the economic, political, and social conditions that perpetuate the problem. Again, the problem here is not with application of anger control techniques per se, but with the notion that any type of treatment of individual men is sufficient to change the problem of violence against women. Men need to be taught to stop battering immediately, maintain their non-violence over time, change other abusive behaviors and attitudes that support them, and decrease the social reinforcers for violence against women. It is difficult, and perhaps dangerous, to focus on stopping social reinforcements and working on attitude change without working to stop acute episodes of battery. Techniques like time-out are intended to be short-term solutions that enable one to work on long-term solutions.

Cognitive-behavioral treatment of men who batter ideally is just one component of a comprehensive, multi-systems approach to ending violence (Brygger & Edleson, 1987). A multisystems approach should include at a minimum (1) immediate protection, support, and advocacy for battered women and their children; (2) intervention for abusive men; (3) ongoing support and education for battered women and their children; and (4) coordination with and change efforts toward other agencies and institutions, e.g., criminal justice system, which may impact upon battering. Behavioral theories emphasize the importance of the social environment. A cognitive-behavioral analysis of battering therefore cannot ignore the powerful reinforcements that society offers men to be "strong" or "in control" and to dominate women. Those practicing from a cognitive-behavioral framework also cannot ignore that police, judges, therapists, doctors, and clergy have seldom offered help to battered women or imposed sanctions on a man who batters. Practitioners of any theoretical approach who ignore these considerations and fail to act upon them do indeed warrant Gondolf and Russell's criticism.

Within groups, techniques that address sexism can be and often are integrated with behavioral techniques.

Saunders and Hanusa (1986), for example, evaluated a highly structured cognitive-behavioral approach combined with methods for male resocialization. Techniques for addressing sex role resocialization included, for example, reading and discussing Claude Steiner's (n.d.) booklet, *Feminism for Men*. Results indicated that over the course of treatment the men became significantly more liberal in their beliefs about sex roles and were less threatened by female competence. All of the measures in the study were corrected for social desirability response bias. A study evaluating a program at the Minneapolis Domestic Abuse Project, using similar methods, also showed greater liberalization of attitudes towards women over the course of treatment (Lund, Larsen, & Schulz, 1982).

Further Response to Gondolf and Russell: Research on Cognitive-Behavioral Techniques

While research on intervention with men who batter is still in its infancy, the results to date tentatively support the efficacy of cognitive-behavioral treatment (Edleson & Grusznski, in press; Edleson, Miller, Stone, & Chapman, 1985; Saunders & Hanusa, 1986). However, several factors limit the conclusions that can be drawn from these studies. One, cognitive-behavioral techniques are often combined with other methods, such as sex-role resocialization, making it difficult to point to any one component of treatment as the active ingredient. Second, studies to date have primarily relied upon pre-post designs, which do not control for the effects of nonspecific treatment factors or factors outside of treatment, such as threats of divorce or legal sanctions. Even so, there is some preliminary evidence that cognitive-behavioral techniques add considerably to the effects of arrest. Dutton (1986) found that an arrest and treatment group had a 4 percent rearrest rate and an arrest-only group had a 40 percent rearrest rate.

Gondolf and Russell cite the results of an evaluation of the Second Step program as evidence for the negative effects of anger control. Gondolf (1984) compared the reports of 51 men who had attended two or more sessions of the Second Step program with 54 men who contacted the program but did not participate. Approximately the same percentage of participants as nonparticipants (39 vs. 43) reported that they were violent during the follow-up period (ranging from 1 to 36 months). Gondolf also analyzed the men's reports of strategies they used for stopping violence. Although anger control was not emphasized in the program, about half of the men said they used anger control methods. None of the men made reference to the sex role issues or societal sources of the abuse, although these topics were emphasized by the program staff. There was also no mention by the men of learning to share power or of changing one's appraisal of women. However, in apparent contradiction to this earlier report, Gondolf and Russell (1986) report that

more successful men in the program were more likely to cite empathy, a redefinition of their manhood, and more cooperative decision-making as the means of ending their abuse, while less successful men frequently cited anger control techniques as their means for reducing abuse.

These findings lead Gondolf and Russell to conclude that "less successful program participants were often avoiding the change process by reverting to anger control techniques" (p. 3). This conclusion is not warranted from the results alone. For example, Kelso and Personette (1985) followed men over the course of 6 months of treatment and found that men who were less successful in maintaining nonviolence during the period reported greater use of anger control techniques. They concluded that the use of the methods was related to violence because the men who had recurring episodes of violence realized that they needed to use the skills. This is a plausible interpretation of the Gondolf results as well.

The results described above, and the varying conclusions that can be drawn from them, support the need for more research into the process of change for men who batter. The question of the potential for negative effects of the use of anger control is a critical area for further research. Undoubtedly, some techniques are better suited for some men than others. Research on alternative models, such as the ones that Gondolf and Russell present, as well as further research on cognitive-behavioral techniques can enhance our ability to provide the best possible intervention with men who batter.

Conclusion

Gondolf and Russell have made several criticisms of the application of anger control techniques. We have tried to address those criticisms, pointing out whenever possible ways for practitioners to address them. Despite limitations and potential misuse, it seems premature to discard anger control techniques. As Adams (1986) has stated in his profeminist analysis of intervention models:

The cognitive-behavioral model has provided many useful insights and interventions for battering behavior. It has identified some of the self-reinforcing aspects to violence and also recognized the need for stronger social and legal consequences. (p. 17)

We also agree with Adams's contention that the cognitive-behavioral approach "is weakest when its practitioners fail to adequately integrate a political understanding of battering that identifies and confronts its sexist underpinnings" (p. 17). The use of anger control techniques with batterers is problematic when battering is framed exclusively as an anger problem, when the issues of dominance and control of women by men are ignored in

treatment, and when practitioners fail to address societal reinforcements for battering. We have argued that these problems are not inherent in a cognitive-behavioral approach, but are rather inadequate of the approach. Rather than dismissing certain techniques with potential for ending violence, it is important to continue to evaluate any techniques in an overall context of treatment that has as its highest priority ending woman abuse in all its forms.

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National Resource Center on Women and AIDS

The Center for Women Policy Studies (CWPS) has launched a National Resource Center on Women and AIDS that will focus on the needs of women of color and low income women.

The AIDS Resource Center will develop materials and activities to serve local activists working to meet the needs of women of color and low income women as they confront the AIDS crisis. It also will seek to influence policy development and implementation on behalf of women. Leslie Wolfe, PhD, Executive Director of CWPS stated, "While AIDS represents an increasing threat to all women, it is especially urgent that we focus our efforts on meeting the needs of those women with the least access to health care, social services, and preventive education."

During the coming year CWPS and the Center for Constitutional Rights will produce a Guide to Resources on Women and AIDS. According to AIDS Resource Center Director, Gail Harris, this publication will include information on resources, case studies of successful interventions, and "how to" instructions for establishing assistance programs for AIDS victims. The AIDS resource center will also publish a review of the research literature, an assessment of media coverage of AIDS as it affects women, and a newsletter, *Women/AIDS Alert*.

The AIDS Resource Center is intended to be a catalyst for collaborations among organizations representing women of color, AIDS activists, low income women, gay rights, civil rights, feminist activists, and AIDS victims. Workshops on women and AIDS will be provided to organizations for inclusion in conference programs. A series of Washington policy seminars is planned to include legislators, service providers, and activists. Other activities being planned include a speakers bureau and speakers assistance service; Washington internship programs; and assistance to local and state women and AIDS projects.

Initial funding for the National Resource Center on Women and AIDS is being provided by the Pettus-Crowe Foundation, the Ms. Foundation, Stewart Mott Associates, and Open Meadows Foundation. The guide to resources is funded by the Ittleson Foundation, and the Chicago Resource Center. For further information, contact Gail Harris, Director, National Resource Center on Women and AIDS, CWPS, 2000 P Street, NW, Washington, DC 20036, (202) 872-1770.