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NON-FICTION | SPRING 2015

## **Without the Violence**

By Mercedes Frankl

When I first met Dolores, I was a newly minted family doctor: idealistic, impressionable, and quick to bond with my patients. Dolores was easy to like. But her sunny disposition belied the brutality in her life. Her husband repeatedly held a knife to her throat while drunk, then denied these episodes when sober. She raised three daughters and maintained relationships with friends, neighbors, and a large extended family. She was cheerfully competent at all of this: yet she couldn't leave her husband. Instead, she barricaded herself in her bedroom when he drank. If the barriers held, she endured only shouted threats, but no physical violence.

I wanted better for Dolores. I referred her for counseling. Unlike most of my patients, who considered psychotherapy foreign and threatening, Dolores accepted the referral and scheduled an appointment. After a few weeks, her psychologist called me to say that she had ended Dolores's therapy: they couldn't proceed until Dolores agreed to leave her abusive husband. I was dismayed. Wasn't therapy supposed to help Dolores reach the point where she'd be able to leave him? If a psychologist couldn't help her, what could I do?

Not much. Over the years, I continued to see Dolores every month or so. We spent half our time on her largely untreatable aches and pains, and the other half on her stories: updates on her children and grandchildren, her husband's latest violent behavior.

Then she locked him out. I was so proud of her! Yet I never figured out what enabled her to make that change – why she suddenly found herself able to leave him so long after he first attacked her.

As Dolores's aches and pains morphed into more serious medical problems, her stories focused on new challenges: her daughters' shifting loyalties, her jealousy of her ex-husband's new girlfriend, financial woes. In spite of these unexpected difficulties, divorce had improved her life. She eventually found herself able to enjoy her children and grandchildren (the main focus of her life, her main source of pleasure) without worrying about their ties to her ex-husband.

And me? I felt so different from Dolores. She grew up in the Bronx. She had a loving, close-knit family, but limited resources. I'd had an easy middle class childhood, with excellent education and plentiful support for pretty much anything I aimed to do. My parents had a solid and unusually equitable marriage. I became a doctor in part to reach other lives – I wanted active and helpful engagement with people who lacked my many privileges. I hoped to treat not just physical ills, but also emotional ones, including some of the consequences of poverty. Those grand ambitions propelled me even when I wasn't directly thinking about them. The chasm I perceived between my background and my patients' was my reason for being there and doing my work.

Long before meeting Dolores, I fell in love with Chris, an aspiring artist. We married at age 22. His working class parents were harsh, strict and conservative. His father, a cop, sometimes beat his kids. Did the differences in our backgrounds explain the attraction? I had a strong need to nurture, to assuage the unfixable. This need extended to romance, and for years, the contrast between us worked. From the safe perch that medicine provided, I had access to

arty/bohemian pleasures. We had our first child, Nadia, just before I finished residency training and started my first (part-time) job. Until age two, Nadia spent three days a week with Chris while I saw patients at a clinic. I met Dolores during my second year there.

One night, Chris confessed that he'd had sex with prostitutes. Not just once, but many times. He couldn't explain why. He promised to stop. He agreed to have an HIV test, which I did for him. His late nights now caused me a new kind of anxiety. Was he really working in his studio? Or was he having sex in his car? When he admitted that he hadn't succeeded in stopping – that he had, indeed, spent some of those late nights with crack-addled prostitutes – I insisted that he start psychotherapy. Although his twice-weekly therapy lasted four years longer than Dolores's treatment, it was equally unsuccessful: when it ended, he continued the behavior that led him there. At this point, not only had I no thought of leaving him, I wanted us to have another child. He agreed to try "someday," but in the meantime we used condoms, and I continued to worry every time he stayed out late. He refused to answer my questions about his sexual escapades and about plans to have a baby. Finally he saw how much it mattered, and he agreed to have yet another HIV test. A year later, we had our second child, Pia.

Pia's birth marked the start of puberty for Nadia. She was a precocious 10-year-old. Smart, confident, and eager for any challenge, she now showed the stirrings of hormone-induced defiance. Over that year, she began to have huge conflicts with Chris over small issues: table manners, slang, holes in her jeans. Chris sounded more like his cop-father than his artist-self. The worst fights centered on grades. Chris didn't show approval of any aspect of Nadia's stellar performance in school. When she brought home a 95 on a history test, he asked why she had missed the extra credit questions. She'd say something rude, he'd yell, it would escalate

into a shouting match. Then he'd impose some huge punishment. At first I tried to intervene in these scenes, leading to a three-way battle. But he convinced me to avoid the fray. I'd leave the room with Pia and let Chris and Nadia wage their war. An hour later, I'd help Nadia calm down; and the next day, I'd renegotiate Chris's outrageous punishment.

As Nadia progressed through middle school and high school, storms swept through our house regularly. At age 15, after a particularly bruising argument with Chris, Nadia tried to kill herself. She wrote a suicide note and swallowed the entire contents of our medicine cabinet (over 100 muscle relaxant and pain pills meant for Chris's bad back). Two hours later, I found Nadia face down on the floor, seizing and bleeding. Paramedics carried her into an ambulance. Hospital staff swarmed around her, cutting through her clothes, pouring charcoal down her throat, intubating her. An hour later, Nadia lay in the pediatric ICU with a respirator breathing for her and several IVs delivering medication to sustain her blood pressure. Thus began the vigil over her bruised, swollen, comatose form. Terrified that Nadia would never recover, I watched every move the doctors and nurses made. I felt completely alone.

Chris tearfully demanded my attention, asking me repeatedly, "Will she make it? What's going to happen?" I found it unbearable that after causing this catastrophe, he would test my patience with his neediness. I tried to ignore him and focus fully on Nadia.

On the third day, Nadia started breathing on her own. A few hours later, she woke up. I cried with relief. Now I knew there would be an aftermath. Once Nadia could talk, a social worker spoke separately with each of us. Then she called me into a meeting room and explained her view of our family: "You are a domestic violence victim without the violence. You must choose between your husband and your child." My mouth gaped for only a few seconds before the rationalizations spewed forth: I assured her that she was wrong, that Chris

understood what he had done, that he would change his destructive behavior. She calmly shook her head, but remained silent. She didn't argue – she simply let her strong words stand.

Soon after Nadia's return from the hospital, Chris yelled at her for failing to shovel snow. I watched Nadia tell Chris, "I feel as bad now as I did the night I took those pills." He replied, "That's what I expected. You're using threats to blackmail me and ruin my marriage." That was it. He had just proved our hospital social worker right: he could not change, and I now had to choose. I moved out with the girls the next day.

With the help of family, friends, teachers, and therapists, both my girls flourished, and even I found myself eager for the next chapter. Struggling against my own shyness, I looked hard for a new relationship. I surprised myself by finding it far better than I had imagined.

Dolores didn't have a post-divorce romance. As far as I knew, she didn't want one. After a few good years alone, Dolores died of heart failure (a result of her massive obesity). She hadn't reached age 60. In health, work, and romance, I was luckier than she was; but of course it wasn't just luck that led me to a better place. It was also that social chasm between me and Dolores, the privileged background that allowed me to push for fulfillment.

When I asked for help, I expected to receive it. I think that's why psychotherapy worked for me and for my daughters. And perhaps that's why it didn't help Dolores or Chris. Neither of them had my basic trust in authoritative healing figures. Looking back, I respected Dolores's therapist (who said, "I can't help you now") far more than Chris's therapist (who persisted with countless sessions that accomplished nothing). Couldn't Chris's psychologist see that they weren't making progress? Why didn't he suggest a different type of treatment? Having failed to help Dolores with her biggest problem, I simply stuck with her in a supportive role. I listened sympathetically, blind to our parallels, believing that she couldn't improve her lot until

she was ready to make one big change. How did I differ, then, from the psychologist who continued Chris's ineffectual psychotherapy? Perhaps I was luckier – certainly, my medical-doctor role gave me something less than primary responsibility for Dolores's mental health – and it may simply be easier to treat victims than abusers.

There's no easy lesson here. Life is messy. Romantic love can be both the best part of life and its most dangerous trap. Abuse happens to many kinds of people, at all social levels – and while a solid upbringing lowers one's chances of getting involved in dangerous relationships, even the most supportive parents can't lower that risk to zero. However, we can teach our children to expect a lot from life. I want my daughters (and all their friends, relatives, classmates: everyone!) to find happiness in love, and to expect help if they ever need it.

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**Mercedes Frankl is a family physician working at a community health center in New York City.**

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