

# I

## WORKING IN THE LAW ENFORCEMENT CULTURE

If we civilians are to see the policeman [*sic*] as a human being rather than as the embodiment of virtue or evil, we must recognize and understand those forces in us that make us see him as either superman or less than human. If police officers are to view themselves as human rather than as superheroes or society's victims, they must also recognize and understand those same forces that make them see themselves as different from everyone else.

—PHILIP BONIFACIO, *The Psychological Effects of Police Work* (1991, p. xii)

Cops are not eager clients. It takes a lot for them to seek help and very little to turn them off. Therapists who make mistakes with cops don't get second chances. The number one error clinicians make treating cops is failing to understand what they do, why they do it, and the culture in which they operate. The clinician who works with a police officer or a police family is like a sociologist or an ethnologist who is entering a closed culture with high levels of distrust for outsiders (see Chapter 2).

It is understandably difficult for many therapists to approach a police client or a police family with therapeutic neutrality. What other profession is so mythologized in the movies, on TV, or in books? What other profession carries so much power over people's lives and civil liberties? Who

hasn't gotten a traffic ticket they didn't think they deserved or read about someone who was abused by the police?

By the same token, law enforcement officers hold distorted attitudes about mental health professionals. It was a psychiatrist, after all, who invented the abuse excuse, allowing criminals to abdicate responsibility for their actions because Mommy and Daddy didn't love them. It's "shrinks" who call 911 when they can't control their patients, and it is "shrinks" who designed those weird questions that cops have to answer during preemployment screening. These mutual perceptions represent, for lack of a better term, transferential hazards. The heart of this chapter lies in highlighting these biases and bringing them into awareness.

Tracy was looking for a therapist. The first therapist he consulted teared up and didn't think she could bear listening to the kinds of challenges he encountered at work. The second therapist reassured Tracy that he understood the impact of carrying great responsibility because many of his clients were CEOs of large organizations. Tracy responded in anger. "When a CEO makes a mistake, the company loses money. When I make a mistake, someone dies." The therapist Tracy finally chose was a combat veteran who knew firsthand what it meant to put your life on the line and knew the costs of doing it year after year.

People who become cops and people who become therapists seem to represent two distinctly different groups with differing demographics, personal characteristics, mindsets, and occupational hazards. In attempting to tease out these differences we may be justifiably criticized for engaging in dueling stereotypes or generalizations. This is not hard science. Our observations are just that, observations. We lay them out in broad brushstrokes, knowing that there will be exceptions to every description. We do so because, when things go wrong in therapy, this is often where it starts.

## WORLDS APART: DEMOGRAPHICS, SIMILARITIES, DIFFERENCES, VALUES, MINDSETS, AND OCCUPATIONAL HAZARDS

### Demographics

In general, cops come from working-class backgrounds and therapists come from middle- or upper-class homes. Therapists usually have graduate degrees. While there's wide variance in the requirements, many law enforcement professionals need only a high school diploma. Therapists are more likely than their officer clients to have delayed starting a family and a career into their late 20s or early 30s. Cops are more likely than clinicians

to have military backgrounds and to be politically conservative. Therapists are older than most cops and less likely to have encountered violence in their lives. They may also be less physical and more intellectual.

### Similarities

This may surprise you: the primary reason police officers say they chose police work was to make a positive difference in the lives of others. That is the same answer most clinicians would give. Clinicians relieve suffering psychologically; cops relieve and prevent suffering by putting bad people in jail. That's not all they do, of course, but it is a primary objective. Cops and clinicians are both problem solvers who are guided at work by ethical principles. We both hold positions of public trust. Like police officers, most clinicians work within managed bureaucratic structures and are subjected to organizational stress. All of us are exposed to people in pain and are at risk for burnout and compassion fatigue. All of us are objects of stereotyping and derisive humor. And based on our observations, cops and clinicians alike frequently have a history of conflict or mistreatment in our families of origin that has influenced our choice of career (Kirschman, 2007).

### Differences

Cops are action-oriented people who value variety and excitement. They hate being confined to an office. They are comfortable giving and taking orders and are generally intolerant of law breaking regardless of the circumstances. They are decisive, assertive, and willing to do their job in front of others. They value conformity, tradition, teamwork, structure, and predictability because these are the things that keep them safe. They set great store in emotional self-control, particularly in stressful situations, and can become emotionally guarded as a consequence. They are comfortable in a crisis and cherish humor as a way to manage stress and express affection.

Therapists, on the other hand, are generally nondirective and contemplative. We are careful not to impose our views on our clients or give them advice. We work behind closed doors and are confined to our offices and our desks for hours on end. We tend to value individuality, spontaneity, and emotional expression in ourselves and our clients, especially when under stress. We prize self-actualization and attach great importance to our clients' feelings. We encourage reflection before action and view behavior, even illegal activity, in context, with special consideration to its historical antecedents.

Cops live in a world of probabilities based on past experiences. Therapists, like other civilians, live in a world of possibilities (K. M. Gilmarin, presentation, January 9, 2012). Once a cop is lied to, and it happens

frequently, he or she assumes it will happen again and is determined not to be fooled a second time. Even “white lies” are unacceptable. This leads to the presumption that almost everyone lies—or as one officer said, “If your lips are moving, you’re lying.” Clients lie to clinicians too, but rather than make that assumption a priori, we generally think it’s possible, but not likely. When it happens, we are often surprised and dismayed.

### Values, Mindsets, and Occupational Hazards

Bill had been in two shootings that resulted in his killing two suspects. He was having nightmares and seriously considering quitting police work in order to avoid the possibility of a third deadly encounter. His department EAP referred him to a local clinician who had a lot of experience, none of which involved law enforcement. This was Bill’s first-ever counseling session. The therapist listened to Bill’s story carefully. When Bill was finished talking the therapist asked him, “So, are you ready to stop killing people?” Bill left the session very upset. It wasn’t until he talked to some of his friends who had been in therapy that he learned how inappropriate and untherapeutic this question was and accepted another referral to someone familiar with the police culture.

This therapist made a mistake of the first order, confusing Bill’s social mandate with a personality disorder. There certainly are cops with personality disorders, but they’re rare. Unlike most clinicians, cops have been so thoroughly screened before they get their jobs that they constitute a hardy, healthy worker population, at least when they start their careers (see Chapter 4). Bill did not kill two people because he wanted to; he had no other choice. His shootings were lawful, meant to protect his life and the lives of citizens. As we said earlier, cops become cops because they want to help people, not because they enjoy killing them. We don’t know Bill’s therapist, but we do know Bill. We can only assume his therapist was ignorant about what cops do; at worst, he stereotyped Bill as badge-heavy, aggressive, angry, and impulsive.

In their professional socialization, cops undergo what Philip Bonifacio (1991) calls a “moral inversion.” The values they hold before joining the force are altered as a result of their experiences on the job, and this change sets them apart from most civilians. It is important for therapists to understand that this transformation is a learned adaptation, not necessarily an expression of innate pathology. Certainly, such transmuted values can be harmful when misapplied, for example, to a cop’s personal life. What is important is to respect the officer’s mindset and understand how the

following values, mindsets, and occupational hazards make sense in the context of police work.

### *The Touchy-Feely Stuff: Emotional Sensitivity*

As a rule, cops are rather contemptuous of emotional sensitivity. They make lots of jokes about therapists who sit around singing “Kumbaya.” Expressing feelings for their own sake seems wasteful and inauthentic. Cops spend much of their time controlling their own reactions to what they see and what they do. In fact, the stress of their job often comes from the effort it takes to hide the stress.

No one wants to see a cop burst into tears when delivering a death notification, tremble visibly at the sight of a broken window, or slap someone who has just spit in his face. Police work is about control: control of self, control of others. The public calls cops when control has been lost. This may be one of the reasons cops are apprehensive about therapy. In the therapy session, the clinician is in control.

Cops are also apprehensive about revealing feelings because, in their world, doing so can be a prelude to trouble. Cops would never get a confession if they disclosed their real feelings to a child molester. To show fear to a violent criminal is to invite an attack. Your cop clients will be reading you as intensely as you are trying to read them. Do not push for feelings or visibly overreact to what you hear. You may have to reassure your clients that you can handle hearing the bad stuff they encounter. Stephanie Cress, MSW, routinely tells her cop clients that they can’t “gross her out” because, as a former nurse, she’s seen it all herself.

One of us was attending a psychology conference at a federal law enforcement agency at which a federal agent made a presentation about sexual torture, including very disturbing videos of victims pleading for their lives. Several psychologists got up and left before the presentation was over and later complained that the videos were inappropriately graphic.

Be prepared. Cops see a lot of gory things, including unimaginable cruelty and tragedy. They need to talk about what they see with someone who can “hold” the emotions and contain their own reactions. We’re not suggesting keeping a stone face, but rather responding calmly with a simple expression of empathy such as “That must have been tough.” The kind of content a therapist can tolerate is an individual decision. If you feel uncomfortable with this kind of material, you may not be the right therapist for a police officer. Cops have the same range of emotions that we all have, but compassion is their Achilles’ heel. Their hearts may be breaking for a victim,

but usually they cannot allow their feelings to surface because emotions might slow them down. As we mentioned earlier, like therapists, cops are at risk for compassion fatigue and burnout. Keeping social distance is how cops protect themselves from overwhelming despair. Identifying with victims eliminates the needed social distance and makes the officer's job much harder. (This is one of the reasons dealing with child victims is particularly challenging.)

*The Victim's Error: Kindness, Empathy, and Trust*

Kindness, empathy, and trust may appear to cops as preludes to victimization. In an officer's experience, people who open their doors to strangers are just asking for trouble. Cops, not therapists, are the first people on scene after someone has been knocked down and robbed because she stopped to give a panhandler some money or pulled over to help a motorist in distress. It is a mistake, no doubt, to judge all people based on the small sample a cop encounters, just as it would be a mistake to judge all people by the troubled clients who show up in our consulting rooms. But rather than label or argue against an attitude of distrust, be curious about your client's experiences that confirm it. Explore how they affect the officer's personal life. Self-inflation—thinking that cops are the only people who know what's going on, and that civilians are naive about people—is an occupational hazard that you can and should challenge, albeit gently.

Another occupational hazard of law enforcement is cynicism, expecting everyone, including you, to have an agenda. It doesn't pay to argue with a cop's cynicism because, in a funny way, cynicism provides a gloss of protection for him and his family. If you trust no one, you avoid trouble. If you check your daughter's dates for criminal history, she won't be beaten and raped, as happened with the case you just finished.

*Navel-Gazing*

Therapists value introspection, contemplation, meditation, and other forms of self-knowledge. Our consulting rooms are designed to give our clients a safe space to slow down and think. In contrast, police officers value action over contemplation. Of course, there are many junior and senior officers who plan operations in advance or develop intricate problem-solving strategies. But, for the most part, the rank and file operate in a time-driven, crisis-response mode. They are called upon to make life-altering decisions in a split second, in the dark, in the rain, with inadequate information. That's why cops train and train and train. When a crisis occurs, they have to act, so they go on automatic pilot and fall back on their training. There

is no hesitating when decisive action is needed (Benner, 1993). The ability to act quickly saves lives. Cops view people who can't make decisions as wishy-washy and dangerous to work with. If introspection and identifying emotions are skills your clients need to develop; you may need to present a convincing case about why this is valuable.

### *Perfectionism*

Many cops are perfectionists and are intolerant of making mistakes, in a job where the potential for mistakes is great. Society, understandably, has little acceptance for police errors because the stakes are so high. When it comes to police work, "One sin is worth a thousand good deeds." Because their work is public, there is no place for cops to hide when they do err. Every encounter has the potential to turn into a headline-making event, or a video gone viral. Cops are under constant scrutiny by the public and by their administrators. As clinicians, unless we do something egregious or present our clinical mishaps for consultation, our mistakes are made behind closed doors.

For a cop, admitting vulnerability, helplessness, or error is tantamount to admitting a weakness. Rather than addressing these concerns directly, officers may cope by working harder and faster (see Chapter 3). For example, over the years, we have worked with many officers who had been abused as children. In fact, early trauma is what motivated some of them to be police officers. These officers are secretive and ashamed about the abuse they suffered, often blaming themselves rather than their abuser. This is also true of civilian victims of childhood abuse, of course, but in the law enforcement culture, admitting any kind of weakness comes with a high price. No one trusts weak cops or wants to work with them. The unrealistic expectation many cops hold of themselves and each other is to be superhuman and have a bulletproof mind. To admit to being a victim feels to them like an admission of failure and inadequacy.

### *Navel-Gazing Redux*

Therapists are more apt to endorse being cautious and patient and taking the long view of things rather than reacting. For a cop, being cautious at work is generally taken as an indication of fear. Hesitation costs lives. This doesn't mean that real police officers are like their TV counterparts, busting through doors with no backup and no information about who or what is on the other side. But when someone is screaming for help, a cop must respond. She cannot hesitate when someone is being aggressive toward her, or she risks being hurt or killed. The ability to be decisive and take action in a crisis is a special skill that not everyone possesses. It is different from

being impulsive. (Preemployment psychological screening does a good job of flagging applicants with impulse control problems.)

### *Vigilance*

Don't be surprised if a police officer client checks out your office, looking for hidden microphones or video cameras. Vigilance is what keeps cops safe. It exists on a continuum from attention to detail to a state of hypervigilance, in which an officer cannot relax because he or she is constantly scanning the surroundings for threats, seeing lethality where it doesn't exist (see Chapter 13). Hypervigilance is pathological, causing biochemical changes in the brain. Vigilance is better controlled and gives the officer a sense of safety by knowing what's in the environment. It's why cops always face the door when they eat in a restaurant so they can see who is coming and going. That might seem silly to a civilian, but when officers live in or near the same town with people they've arrested, who may be carrying a grudge, it is more understandable. Consider cops to be like physicians or paramedics—field ready and on the alert—willing to step in and help when and where they are needed, on and off duty.

### *Command Presence*

Cops are used to giving and taking orders. They work in paramilitary organizations that are structured along rigid chains of command. They can be stiff and formal at times. A key occupational technique for cops is to present themselves as commanding and decisive. This persona is a tool to gain respect on the street and display confidence to the citizens who rely on them. It involves posture, eye contact, speech, and grooming. Command presence can become second nature when it is overlearned or overpracticed. The problem with overlearned behavior is that it becomes so automatic that it can be inappropriately used with friends and family (see Chapter 18).

### *Cop Humor*

Cops are funny people. Humor is one of their favorite and most effective ways to de-stress, blow off steam, and get a little distance from whatever misery they've encountered. This is gallows humor, strong, crass, with more than a touch of mockery. Civilians often don't understand it. One of the reasons incidents involving children are so difficult to bear is that using cop humor to defuse emotions is clearly inappropriate. When the victim is a child, no one jokes around (see Chapter 5). Humor is also how cops express their affection to one another. If a cop doesn't kid you, he or she probably doesn't trust you.

Don't be offended by the humorous shorthand cops use to label various calls for service. A pedestrian hit by a car is called a "ped spread," a person burned beyond recognition is a "crispy critter," and an "ahvahhhi" incident stands for "asshole versus asshole, no humans involved," usually signifying something that occurred between crooks or gang members. Civilians understandably tend to be shocked and repelled by these labels. Still, therapists who challenge this language or accuse an officer of being callous do so at their own risk. Remember, cops are constantly testing you before they will trust you with deeper confidences. To dismiss them as callous may signal to them that you discount the underlying pain they are feeling.

## KEY POINTS

- Be clear about your personal biases, positive or negative, toward law enforcement. Don't judge, ask for clarification.
- Take time to learn about the history, values, behavior, and customs of your client's department, the relationship between the department and the community, and the way history has shaped contemporary life for the officer and his or her family. Has there been a recent scandal, lawsuit, or officer-involved shooting (OIS)? Even events taking place thousands of miles away can influence your client's everyday life.
- Beware of idealized transference.
- Avoid "psychobabble." Instead, talk in terms that are familiar to cops. But be careful not to come across as a "wannabe cop" or a "lookey-loo" who is more interested in the gory details of an incident than in the officer's reactions.
- Encourage skepticism, not cynicism.
- Police work is an identity, not just a job. It can be all consuming in a way that few other professions are.