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MODEL OF PSYCHOTHERAPY FOR INTIMATE VIOLENCE PERPETRATORS – A CASE STUDY

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Summary

The psychotherapy of perpetrators of domestic violence was created in the 1970s and has been developing as an important area of psychological assistance since then. The article presents a program and individual psychotherapy process based on psychopathology and standards recognized and followed in various countries of the world (USA, Europe, Australia). The first part of the article points to specific and significant areas addressed in the psychotherapy of perpetrators of domestic violence, resulting from the standards used in psychological assistance in this area. The second part contains a description of the therapeutic process as a case study, also depicting the transformation in harmful behaviours of the perpetrator undergoing the therapy. The third part of the article contains the analysis of several areas of transformation in the individual experience of the client and their specificity. The highlighted areas include identity, life history, and interpretation of current events in family relationships. The final part is a discussion of the presented results, with a particular reference to the transformation in identity as the structure indicating in the most powerful way the extent of internalization of the transformation. The conclusions contain several guidelines defining the direction and the need for further research on the degree of internalization of changes occurring during psychotherapy.

Introduction

Psychological help offered to people using violence in familial relationships has been developing since the 1970s. At that time, the first programs for perpetrators of domestic violence were created and introduced in the USA, helping to change violence behaviours. These included: EMERGE in Boston, AMEND in Denver, and RAVEN in St. Luis [1].

While analyzing the numerous programs for work with a perpetrator of domestic violence, two main trends can be distinguished [2]. The first one is derived from the feminist understanding of domestic violence and is directed to men using violence against their female partners. The basic assumption of these programs is the conviction that violence is a manifestation of male power and control over women, shaped by historical economic, political, and cultural factors that have legitimized male domination leading to violence. Among these is the Duluth program, originating from Minnesota in the USA, implemented since the early 1980s, currently run in many countries around the world, including Poland. It should be noted that these programs are usually educational in nature and corrective of violent behaviour, and their purpose is to convince program participants to accept and implement gender equality assumptions in life, as well as to teach them how to resolve conflicts in an assertive manner.

The second trend is based on psychopathology and refers to the clinical way of understanding perpetrators' problems leading to violence. Its assumptions emphasize that not only economics, culture, or social position are decisive as far as the use of violence is concerned, but first and foremost, it is a disturbance in the individual and environmentally supported functioning of the perpetrator that makes him/her resort to violence [3-8]. This trend takes into account violence that women use against men. The most commonly used programs in the clinical trend include: behavioural-cognitive (CBT) [9, 10], systemic [11], psychodynamic [12], and integrative programs [13, 14] (used by many organizations working with perpetrators), and such that rely on attachment theory [15].

The aspect common to all psychological help programs – correctional, educational, and psychotherapeutic ones – is the focus on the change of violent behaviours towards close relatives and achieving the main goal, which is an increase in their safety. Another characteristic feature of these programs is the necessity to cooperate with many specialists (e.g. psychiatrists, neurologists, addiction therapists) and services (e.g. social workers, guardians, policemen). It should be emphasized that the motivation to participate in a transformation process in its initial phase is usually coerced externally and is rather poorly justified internally, and intimate partners and other family members are experiencing serious consequences stemming from their exposure to violence, which also affect the offender's mental condition and the atmosphere of family life accompanying the transformation process during psychotherapy or the participation in a corrective and educational program. It should also be added that participation in the aforementioned psychological help programs does not relieve the perpetrator from criminal liability, and frequently ongoing criminal proceedings, divorce proceedings, the Blue Card procedure [*Polish national program regarding domestic violence*] affect the perpetrator's well-being and his/her whole life.

Since their introduction, programs for perpetrators of domestic violence have evolved in terms of proposed and implemented content, taking into account the developing knowledge on domestic violence. The first of them focused on the safety of women and children as victims, underlined gender equality, instructed how to stop violent behaviour and bear responsibility for one's own actions, and also emphasized the change of beliefs regarding violence, sexuality, social roles performed by men and women, learning alternative strategies for resolving family conflicts [16]. These programs were implemented in compliance with a fixed model, and offered to all offenders, without introducing individual changes in the process. No consideration was given to any possible addictions and specific mental problems of offenders. In the 1990s, certain measures were taken to develop standards for therapeutic work with perpetrators of domestic violence. Referring to numerous studies on their psychological profile, specialists adapted programs to characteristic disorders and individual possibilities. Moreover, a variety of forms was considered and recommended: either group programs, as it is in the case of alcohol abuse, or individual therapy sessions, or therapy sessions for couples, as it happens in the case of systemic therapy. Certain corrective and educational programs were extended by incorporating the psychological diagnosis, in some cases also psychiatric, neurological, and general medical

diagnosis – all in order to determine the ability to manage anger and to assess the dynamics of aggression and the need for treatment of co-existing health problems.

Currently, an important diagnostic indication for working with a perpetrator, irrespective of the adopted approach, is to determine with due care the seriousness of risk related to violence towards family members who are in contact with the perpetrator or are separated from him/her.

At the diagnostic stage of the transformation process it is necessary to obtain information regarding:

– all forms of abuse used by the perpetrator: physical, emotional, economic, sexual, verbal abuse and stalking;
– the degree of risk related to homicide or suicide, fantasies associated with homicide or suicide;
– possession of weapons or access to weapons, previous assaults made with the use of a weapon or another dangerous tool;
– intensity of obsessive thinking about the partner, idealizing the partner and extreme emotional dependence on the partner, intensity of acts linked to stalking or violation of a restraining order (if issued);
– immediately preceding or recent separation or breakup with a partner, loss of a partner and/or children;
– assumption that the victim has no right to live without the perpetrator *(i.e. "Rather death than divorce"; "If I cannot be with you, no one will"; "You belong to me and to no one else", "You are mine");*
– consequences borne both by the victim and the perpetrator of violence;
– influence of domestic violence on children, including children abused directly and children witnessing domestic violence;
– severe depression of the perpetrator and his/her notions regarding treatment options;
– hazardous behaviour endangering the health and life of the perpetrator and of others (*e.g.* fast and reckless driving, disregarding restrictions and prohibitions, for instance in the mountains, at the sea);
– initiating contact with the victim and children (when a restraining order is in force, or when contact is restricted by court order – the perpetrator changes appointments, meets children in the circumstances imposed by the perpetrator, prolongs the time of the meeting);
– alcohol and/or substance abuse;
– history of acts of violence, previous police interventions (also in situations unrelated to family members).

At the work stage of the transformation process it is necessary to address the following:

– the responsibility of the perpetrator for resorting to violence and other behaviour patterns;
– diagnosing personal problems and recognizing social, environmental, and cultural values and beliefs that legitimize and perpetuate violence;
– identifying behavioural, emotional, and physical signals that precede the escalation of anger;
– learning behaviours that can be an alternative to violence and developing the ability to adopt them;
– exploring life history, family and peer relationships (including personal exposure to violence or using it).

Standards for psychological work with perpetrators of domestic violence, developed by specialists, are adhered to in Europe [17], USA [16] and Australia [18]. In Poland, these standards have been developed by

experts appointed by provincial coordinators for prevention of domestic violence in 2014, to fulfill the agenda of the National Program for the Prevention of Domestic Violence for the years 2014 to 2020 [19].

Psychotherapy for perpetrators of intimate partner violence - basic assumptions

The psychotherapeutic process presented here is based on assumptions described in the study "Diagnosis and psychotherapy for domestic violence offenders. Safety and transformation" [2]. According to the author of this concept, the process belongs to the integrative, psychopathological trend that deems individual mental problems as the basis for understanding domestic violence, also including environmental factors reinforcing violence. The aim of psychotherapy defined in this way is to modify behaviours that pose a threat to family members, other people, and the perpetrator himself/herself.

The first assumption of this psychotherapeutic process is that the most important problem of a person using violence is his/her current aggression towards relatives, and the transformation aims at ensuring safety for family members and other abused people. In this concept, the first stage of psychotherapy consists of diagnosing and assessing the seriousness of the threat to the family (its individual, particular members) posed by the perpetrator of violence. On the other hand, the following stage – the therapeutic process – is to provide the perpetrator with the opportunity to modify their harmful behaviour. Another assumption refers to the way of defining domestic violence. The proposed therapy relates to a complex, multi-level understanding of domestic violence, as it takes into account not only issues resulting from individual disturbances in the functioning of the family of origin and the immediate community but also particular cultural and/or community beliefs about how women and men function, their roles in the family, the definition of family and transgenerational passing of values. These factors indicate fixed ways of reacting in intimate relationships and/or outside them. The therapeutic process provides the opportunity to change the way of thinking, to discover and transform violent action patterns. In this concept, the most important goal is to work on the awareness of action patterns, to learn alternative behaviour patterns and to combine previous experiences with shaping patterns of behaviour in the family.

The aims of the therapeutic process are as follows: 1) to strengthen the motivation to transform; 2) to transform the initially extrinsic motivation into intrinsic; 3) to form bridges reinforcing changes after the end of treatment; 4) to develop a personal plan for dealing with difficult situations; and 5) to form new, adequate expectations about intimate relationships. Another stage of the process is an in-depth exploration of experiences from the entire life history and seeking associations with the current situation.

During the proposed therapeutic process, the therapist uses "interventions that focus the client's attention on his/her inner world of experiences, in order to shape the subjectivity necessary to experience himself/herself as a person responsible for their own actions and able to make choices" [2, p. 71]. The process is partly structured and directed by the therapist, especially in the initial phase. A part of the therapeutic work is based on an individual process, in accordance with the client's need and problems, experienced currently.

The therapeutic interventions in the presented process focus on [2]:

– cognitive processes – providing with knowledge about violence and other problems in the family; directing the client's attention towards internal experiences; recognizing emotions and feelings; recalling and reconstructing memories; discovering personal intentions, desires, wants, and needs;
– emotional processes – expressing feelings in situations of using or experiencing violence; experiencing and expressing emotions by appealing to empathy; re-evaluation, muting, toning; modifying the intensity of experienced feelings;
– behaviours – telling about oneself and using the pronoun "I"; learning new behaviours, *e.g.* safe expression of anger, assertive communication.

Identity in the process of transformation

Examination of the transformation occurring in the individual functioning of family members and the family as a system during the process of psychotherapy is a very interesting issue from the cognitive point of view. Given the mechanisms of denial and resistance to change in perpetrators of domestic violence, the real challenge is to study the deeper mental structures that form the basis and guarantee of the permanence of transformation serving the safety of the family. Among these psychological dimensions is identity, which not only creates a structure that allows an individual to experience his/her dissimilarity and similarity to other people but also – while exercising regulatory functions – is responsible for the direction of undertaken actions and their emotional value. The cognitive concept of discrepancies between various states of self, developed by Higgins [20], assumes that motivation for action is the result of discrepancies between various states of self. He identifies the areas of actual self, ideal self and ought self. The actual self is a set of attributes that is recognized as currently owned features. The ideal self is a representation of these attributes that an individual would like to have; it is a collection of hopes, aspirations, and wishes. The ought self refers to those attributes that an individual thinks he/she should have, such as duties, commitments, and responsibilities. The contents contained in all areas of self constitute the subjective part of identity.

Another important category of Higgins' theory is subjectivity, i.e. *the standpoint of the self,* adopted by an individual while evaluating the content included in the areas of self. The analysis can be done from a personal standpoint but it can also be made from the standpoint of other important people. Higgins identifies six categories depending on the position an individual takes while assessing the area of self. Therefore, he identifies actual self as seen from a personal standpoint and from the standpoint of *significant others*. The same thing applies to other areas of self: ideal self appears as seen from the personal standpoint and from the standpoint of *significant others*, and ought self – from the personal standpoint and from the standpoint of *significant others.* According to Higgins, the states of self and the discrepancies between them are of importance for the emerging emotions that Bąk describes as depressive or anxious [21]. Bąk further states [21] that these emotions are related to the type of psychological situation in which the person is. Higgins identifies two types of situations: the absence of a positive state and the presence of a negative state. Exploring specific types of discrepancies between the states of self and the standpoint provides knowledge about

emotions and the directions of motivation to cope with emotional and cognitive tasks governing the relations with the world [22]. This theory is an inspiration to explore the objective and subjective nature of identity and its role in the transformation process. Many times it was the basis for the analysis and interpretation of various mental disorders, although it refers to the functioning of a healthy person. Some use Higgins theory to explain affective disorders, delusional disorders, and personality disorders [23].

Method

In the presented therapeutic process, the basic research questions are as follows: 1) how the content of current identity of the perpetrator of domestic violence changes during psychotherapy, how his/her ideas about himself/herself and his/her duties change; 2) in what way the discovery of own attributes with respect to identity states influences the formation of a close relationship; 3) how a person using violence integrates the content related to abuse and motivates himself/herself to change their own behaviour towards close relatives.

The analysis of the collected research material was developed according to the qualitative research paradigm using the interpretation of verbal content, behaviour, and emotional reactions of the client and the interpretation of an interview with his wife, with referring the content of the collected material to the knowledge about the psychological mechanisms of domestic violence and the formation of dependencies in family relationships [2, 24]. Moreover, analysis and interpretation of content and behaviours regarding the identity of the client, using Higgins' cognitive identity concept [20, 21, 25] was included.

Conducting research in the qualitative model seems justified for the above research questions. As Straś-Romanowska states [26], analysis and interpretation of meanings and sense is the essence of qualitative research methods.

Individual psychotherapy process

Overview:

Mr X sought therapy after the separation from his wife, who had moved out, taking the children with her; moreover, she demanded a divorce from him, which became the direct motive. The psychotherapy lasted 3 years. After its completion, the transformation was monitored for 2 years. The client is an only child and was brought up only by his mother since his childhood, as his parents divorced.

Diagnosis of the problem:

Mr X used physical violence against his wife (he jerked her, pushed her, repeatedly hit her in the face, he kicked, destroyed her belongings, locked her in a room and forbade leaving), psychological violence (he insulted her and called her names), sexual violence (he coerced her to have sex with him and engage into sexual practices she did not consent to, he raped her repeatedly) and economic violence (he controlled meticulously the money spent, demanded receipts for daily grocery shopping, restricted her access to their joint bank account, and did not express permission for her additional work allowing her to achieve financial independence). Their children were victims of violence as witnesses; he did not abuse them in a direct way.

Mr X's social position is high: he holds a managerial position, without conflicts with colleagues, subordinates, and superiors. He did not show any personality disorders, but his behaviours displayed clear narcissistic traits and suspiciousness. There were no symptoms of depression, but he experienced chronic sadness in his life. He has a considerable adaptation potential [7], which helped him function well in the professional sphere. In close relationships, he showed cognitive distortion in the reception and interpretation of family relationships, which formed the foundation for triggering violent reactions. He noticed dangers associated with rejection in the actions undertaken by his wife, and therefore he showed inadequate emotional reactions and behaviours. He used some defensive strategies, characteristic of perpetrators of domestic violence, namely denial, rationalization, accusing the victim of provoking the violence, belittling the significance of his violent behaviour and the consequences of violence suffered by victims, manipulation, for example by referring to the necessity to fulfill marital obligations.

Stages of therapy:

The patient presented to the therapist's office declaring personal motivation and desire to improve the relationship with his wife. He hoped to continue their relationship. Based on his statements it was established that there is a high risk of him harassing his wife, who had moved out with their children from their shared flat and was staying at her parents', and high risk of him manipulating the children, whom he contacted.

The therapeutic contract stipulated that the use of violence and concealment of such acts, including harassment, may result in termination of the therapeutic process. The contract also included the obligation to disclose other aggressive behaviours of the client towards family members and other people and the acceptance of the therapist's duty to report to the prosecutor's office any crimes that may be revealed during the therapy. Another important point of the contract was the client's consent to contact his wife or her therapist, if the wife agrees to that. During the signing of the contract, the conditions for inviting the wife to cooperate were discussed in great detail. The duration of psychotherapy was also determined (the first stage was to last 4 months), with the possibility of extending it, with the consent of the client, after each stage and with setting new contract terms, if necessary. The client was also informed about the forms of therapy (group and individual meetings) during the work on the contract. The assumptions, principles, and ways of implementing the psychotherapeutic process were discussed as well.

Stage I - acquiring awareness of what violence is
(about 12 individual meetings).

In his statements, the client repeatedly denied responsibility, blamed the victim for his violent behaviour, minimized the consequences of his behaviour upon her and the children. He excused his actions with circumstances. At this stage (after 3 meetings), the therapeutic contract was concluded, although the client agreed to its terms only declaratively. He justified his decision with the desire to rebuild the marital relationship – but under the existing rules; he claimed that it had been good so far. He emphasized the influence of the wife's parents on their relationship, suggesting that they "manipulate their daughter in order to make her divorce him". He regularly participated in individual meetings and engaged avidly in discussions with the therapist regarding the definition of violence and the diagnosis of violent behaviour. In the therapeutic process, he applied rationalization, polemics, a personal point of view as his defensive strategies against acknowledging his responsibility. In the therapeutic relationship, he also resorted to passive aggression and control with regard to the contents spoken by the therapist. He distorted their meaning, placed them in a different context or made generalizations. Other recognized mechanisms of denial included: forgetting about facts, difficulties in recreating details of a situation, concentration on the partner and a detailed description of her behaviour while avoiding to provide detailed description of his own behaviour at the same time, avoiding particulars related to the place, time, and circumstances of events, skipping information on event authors and their chronology. He mainly polemicized and emphasized that he disagreed with the approach regarding domestic violence defined by specialized literature and law. The main interventions of the therapist consisted in providing knowledge about violence and introducing visualization as a way of focusing on the client's own behaviour and discovering reactions of his partner and children, along with confronting with current behaviours in the therapeutic relationship. This phase was completed when the client started to adequately use the "I" category, in relation to the description of the situation and his own behaviours pointing to himself as the subject of actions. He began to recognize and define his own violent behaviour and to focus on his personal intentions.

The aim of the second stage (10 meetings)

was to reconstruct the events that affected the current family relationships and to reinterpret them to reveal the client's responsibility for incidents of violent nature, re-creating violent situations in order to create links between the client's actions and his relatives' reactions, associating his current behaviours with the history of life and childhood experiences. At this stage, the client began to recognize the intentions behind his behaviour at a deeper level. He discerned to what extent he had limited, controlled and subjugated his wife's behaviours to his own needs, expectations, and desires. He correctly separated his over-interpretation regarding his wife's behaviours, emotions, and intentions from her real reactions. He expressed his concern as to his ability to recognize genuine hazard in a relationship. He began to recognize violent behaviour as

harmful to an intimate partner. To a large extent, he restricted excusing his real actions and controlled other defensive strategies that he used. Occasionally, he expressed interest in changes in his behaviour, which could result in the continuation of his marriage – but under new rules. The client's wife returned home and abandoned her plans of getting divorced, she also started and continued her own psychotherapy.

The third stage of the therapeutic process (10 meetings)

began with childhood memories. Initially, the patient idealized his childhood, and he perceived the absence of his father as a circumstance that did not cause any problems in his life. He considered his grandfather to have been a complete substitute for his father and did not see any consequences in this area arising in his present life. During the therapy, he realized how significant these experiences had been for shaping his identity, patterns of family relations, and recognizing the children's needs such as foreseeability of family situation, safety, and a permanent caretaker. He revealed alcohol abuse on the part of his grandfather and being a victim of peer violence at the age 9-12. Thanks to gaining insight into the problems of his family of origin, recognizing their consequences for his development, a cognitive and emotional map was created to build more secure relationships at the time. The client received important tips for continuing and deepening the therapeutic process after completing the work on violent behaviours. He also expressed curiosity with regard to his altered behaviours in relations with other people, met his in-laws, even though he had avoided contact with them previously and had blamed them for his marital problems, and admitted a friend to having problems with his marriage and talked with him about aggression.

During the following fourth step of the work (9 meetings),

the transformation process was deepened with regard to violent behaviour. The client continued to use emotional violence against his wife and children. In situations obscure to him, he was prone to interpret his wife's intentions as threatening (directed against him) and to react using defensive strategies, for instance, insulting, silent treatment, mean remarks, offensive and derogatory terms. From his perspective, the behaviour of his wife, who – undergoing her own psychotherapy – more frequently expressed her dissatisfaction with his behaviour and openly communicated her expectations regarding his transformation, was a circumstance increasing his sense of threat. He perceived his wife's expectations as excessive and he found it difficult to identify with the vision of himself he – as he saw this – was supposed to become "shaped" according to the wishes of his wife. He began to react to her behaviour in a more defensive way; he showed more concern regarding the possibility of continuing the relationship. During the therapy, his doubts were translated into the discovery of resources of their relationship and the personality differences that had existed from the onset of their relationship, but the disclosure of which had been gradually reduced by the use of violence. The content the client discussed served to reconstruct relationship patterns, to disclose fears, to discover the needs, expectations, and obligations of the client in the marital relationship, both in the past and at present. New meanings, which appeared in his understanding of his own and his wife's behaviours, made the client able to

assess more flexible her needs and expectations as well as the needs and expectations of their children. He discovered that his position as the dominant person in the family was accepted by his wife, but she expected him to exercise the "power" in a more flexible way, taking into account the needs and expectations of other family members.

The next stage of work (12 meetings) was focused on developing the client's resources to use conciliation behaviours, to recognize aggressive and passive-aggressive messages, to interpret intentions in a positive way, and to accept ambiguity in relations with close people (wife, children, in-laws, mother, other people). At this stage of psychotherapy, the client's wife was interviewed with regard to familial relationships, and she confirmed the increased sense of safety and absence of physical, sexual, and economic violence. She still could sense violence in their communication – in the form of mean remarks, over-interpretation of certain behaviours, intentions and emotions – and in punitive behaviours – in the form of insults, silent treatment, displaying inadequate irritation, and impatience.

During the next phase of the treatment, the client participated in a group psychotherapy (100 hours), focusing on working through childhood and adolescence trauma in the integrative model [27, 28].

The final stage of the therapy was again an individual work, regarding the remedy, relapse, and forming positive relationships in the family, mainly by providing support to the children and wife.

The work regarding the remedy focused on acknowledging the harm the wife and children had suffered, and the consequences borne by the family members in relation to the violence. Other important skills developed at this stage included: the ability to accept refusal in a situation of expectation (especially related to sex), and the acceptance of the family members' memories regarding the violence he had used. Besides that, the client acted on implementing the changes into everyday life.

After the end of the therapy, the changes were monitored for two years. Every six months, meetings with the client were held, during which home situations were discussed in detail. The client also kept a diary in which he wrote down the most important events in family relationships. After the first and second year after the end of the therapy, an interview was also collected from the client's wife, who continued to participate in her therapeutic process, in cooperation with her wife's therapist and with her consent. The interview focused on recognizing and revealing risks and analyzing the process of changes which served the safety of family members.

Results

The transformation that occurred in the functioning of the perpetrator of domestic violence relates to several areas, linked both to the research questions and the important issue of the family members' safety. The first analyzed area is the change in identity; the second – the change in the interpretation of his life history, and the change in the interpretation of the current family situation.

Changes in identity

In the initial phase of therapy, the client constructed the image of himself on wishful thinking premises, stemming from cognitive distortions, the use of denial mechanisms and defensive strategies: *I am not what she thinks I am* […]. *They judge me wrongly.* […] *I have good intentions but she is being influenced by her parents.* During the therapy, such constructing of notions about himself transformed into a realistic observation and discovery of his own traits. He started to notice the specific attributes that he had previously rejected as unacceptable (*e.g.* his acquiescence to his wife's requests, the ability to accept refusal in intimate situations). The constructing of notions about himself changed as well, *e.g.*: *I imagine myself and I want to be an important person in my family, I should take care of their well-being and safety.*

Another characteristic feature of the client's self-description in the initial stage of the therapy was the focus on his wife and defining himself through negation of the traits and characteristics recognized in his wife: *I do not want to be like her, she is very dependent on her parents, even submissive, she responds to their every request, she is disloyal to me, she plots something against me with them, she set this up against me long ago, she plays off our children against me, she undermines my authority as a father, I feel threatened by her and her family.*

The client described himself in the intimate relationship with his wife using sample statements pointing to him being a victim: *she and her family were responsible for our bad relationships, she provoked me to aggression, she criticized me, she didn't like anything, I always cared for her but she did not appreciate it, I felt neglected by her and her parents, she wanted to dominate me, my decisions were challenged by her and her parents.* Having completed the therapy, he gave different meanings to these relationships: *I know she cares about me because otherwise she would have left me, her parents sometimes get too intrusive, but I know that they saw my wrong behaviour, I want to take care of our relationship, it would be a shame if the children were raised in a broken family or were intimidated.*

The client described himself as the subject of action using statements formulated on wishful premises: *I only wanted to do right, I'm not a bad person, I have become a victim of her and her family, she wants me to be henpecked and does not appreciate my individuality, she feels envy because I am special.*

Having completed the therapy, the client described himself using such statements as: *I know I am capable of keeping my tempter, well, I know I will never be perfect and may lose my cool, today I've been mean to her and confessed to it, it does not hurt, and it (the confession) even brings satisfaction, now I can do it, my ideal is to respond as I should, sometimes you get quite upset and sometimes you just let it go, there should be a balance in my behaviour, I know I can appreciate and praise [them] but sometimes I get angry, it does happen sometimes, I burst with anger, then I apologize, but honestly, without manipulation, this is terribly difficult, I even know when the old "Me" starts, the ruthless one, and I feel I need to get my way with the truth because otherwise I will perish, cease to live, will become nobody, and only after a while I snap out of it and I see people who are not dangerous to me.* There were a few more characteristics related to the client's

self, his current traits and efforts to form a specific trait: *I want to be important but fair, I should think of it more often*.

Changes in the interpretation of life history

The change in the interpretation of the biography can be defined as giving a different meaning and sense, which allows for the discovery of important behavioural patterns, unsatisfied needs, family relationship patterns, fears of another family breakdown, and for the recognition of the source of such fears and concerns that have affected cognitive distortions.

These changes were the source of new references and interpretations of the client's behaviour and of the behaviours of his family members and other people. The following statement of the client is an example of this: *Now I think differently about myself, I see a lost child in myself, someone who wanted to have a family and to feel important and certain of the future. Now I have an influence on it. The paradox is that I almost destroyed what I wanted the most.*

Changes in the interpretation of current events

The client discovered that current events can be interpreted from the perspective of childhood experiences, shaped response patterns, and interpretation matrixes, *e.g. When she visits her parents, I feel anxious, it always seems to me that they are up to something. Before, first I felt fear, then rage. I also envied these contacts with her parents a little. I felt like in my childhood, when my mother disappeared, and then came back, with new ideas for another trip, and of course with a new lover.* […] *Then I stayed alone at my grandparents' for a long time.*

Changes in family relationships (the current family)

The client changed his interpretation of roles and obligations associated with them; for instance, at the initial stage, the role of a father was interpreted as follows: *the one who should be respected, the person who has something to say, I have to fight for this position, I should be this most important person.*

During the therapy and the monitoring stage, the client described his experiences in relationships as more open and allowing the disclosure of positive feelings. An example of this may be the client's statement on acquiescence: *I used to think that acquiescence is for jerks who cannot handle their wives. It costs me a lot, sometimes I need to grit my teeth and keep my nasty remark to myself. Yesterday after work I was watching TV when she asked if I could walk the dog. Normally, I mean before, I would have said that she wants to boss me around again and I would have snarled at her, but now – that's the new thing – I gritted my teeth and said that I would go out in a moment. In my head, there was a whirl of thoughts, but I stopped them and started to look for the leash. This also applies to our children; when they were not able to do something, I always commented on it with malice, now I try not to do so.*

One of the most important changes in the familial relationships is the perpetrator's acceptance of his wife's independence, which she manifested in her behaviour, thinking, and emotions. The client describes his behaviour in these situations: *Now I can see how much I have controlled her, what she thinks, what she feels, what she does at home when I'm not there, what she talks about with her parents when she goes there alone or with the children, what she writes to her friends, I wanted to know everything because it could have saved me from a disaster, humiliation, and abandonment. Now when she gets a text message, I am tempted to look at it, although less and less frequently, and I do not do it. Recognising that she is independent of me is extremely difficult.*

Discussion of the results

The most important advantage of the collected material is its contextuality. Each element of the verbal expression refers to a specific event in the history of life and is related to other experiences that create the biography. Despite all its methodological imperfections, the analysis of the collected data allows for an in-depth reflection on several aspects of the transformation highlighted in the course of psychotherapy and a search for answers to the research questions. The discussion of the presented results may serve as an inspiration for ongoing research and learning about the model of transformation during psychotherapy. One should also be aware of the limitations of an individual case analysis.

Identity, as a central category of transformation in the process of psychotherapy [29], has been analyzed due to its exceptional importance in intimate relationships and its particular meaning in the process of transformation of perpetrators of domestic violence. In the context of Higgins' concept [20, 21] and its further development by other researchers, for instance Bąk [25], the element of the client's narrative that attracts attention is the process of conceptual extension of his actual self, which becomes enriched with new content. The client includes in his description of the actual self those attributes, which were undesirable from his point of view and were previously an element of his ought self, as expected by others. Following the mentioned concepts of self, one can see how the content of their various components changes. The actual self becomes enriched with knowledge related to properties that have triggered harmful behaviours. During the therapy, the client discovered his other traits that could be used to stop and prevent violence. His ideal self included the vision of himself being *safe for his family* as an option possible to achieve. On the way to making these positive ideas real, he was supported by the contents of his ought self, especially those that referred to the roles of a husband and father. The client also gained knowledge of and insight into the history of shaping his behaviours related to the use of violence. He placed the shaping of the predisposition to aggressive reactions among important events from his life. His ought self gained new meanings that refer to such concepts as "being acquiescent, being good, being sensitive." These categories now gain a new, positive value and are transferred to his desired ought self, and – further – are assessed by him as feasible, safe and positively influencing his relationships with close relatives.

While referring also to the concept of the future self, strongly advocated by Oyserman [30] as the one that defines the direction of motivation, it should be emphasized that the therapeutic work was focused on studying the images of attractive and possible states of self. One of the important elements of therapy and the client's independent work is determining together with the client what future state of self is an attractive one, *i.e.* motivating him/her to achieve it, and how the client will motivate himself/herself to implement this particular vision. As other researchers indicate (Lachowicz-Tabaczek and Bajcar [31]), the image of the possible future self, if attractive and assessed as achievable and even desirable, will motivate the client to transform and will affect his/her global self-esteem. It can be assumed that important changes in this area also occur in a person using violence. By participating in a therapeutic process of transformation, such a person gains a positive self-image – not only from his/her own perspective but also from perspectives of significant others. Shaping new content of standards of the self, accepted by the perpetrator, triggers an important motivational process that can be continued after the end of therapy. In people who have committed acts of violence against close relatives, this is of particular importance, since the permanence of changes will largely depend on the level of identification with the achieved and desirable attributes, developed in the future, and socially accepted. In the case of perpetrators of violence, this social aspect is the most important element of their transformation. Often the perpetrators are afraid that both the family and the environment will start to perceive them as weak, different/changed. The reconciliation of these internal contradictions that raise concerns is an important element of the change process.

Other effects of changes are closely related to identity and states of self. It is identity that is most emphasized in relationships, and family roles and the way they are implemented always refer to identity and to the set of social competences shaped and perpetuated by experience. Motivation is directed, *inter alia*, by ideal self and ought self – specific standards resulting from the individual experience. Recognizing them and exploring developmental potential or limitations stemming from them allows for the transformation process by increasing self-awareness. Oyserman [30] points out that the development of individual competencies that support the process of pursuing future self may also enrich actual self and motivate the transformation process in an evolutionary manner, which in the case of perpetrators of domestic violence is an important strategy for achieving this goal.

Changes in family relationships should be interpreted with great caution. As we know from the literature referring to domestic violence relations, we must carefully analyze the formation of these relations on the one hand, and diagnose individual personality characteristics of partners that create favourable circumstances for their development on the other hand [8, 24, 32]. The therapeutic process itself of a male perpetrator does not mean that his wife/partner becomes more ready for changes. It is known from the therapeutic practice that partners of perpetrators of domestic violence expect to eliminate only violent behaviours, without taking into account changes regarding expectations, systems of values, ways of assessing oneself and others. This process has been researched in depth and very well described in the literature on co-

dependency, families with alcohol abuse, but it is not as thoroughly described in the literature regarding intimate partner violence.

Conclusions

The description of the therapeutic process and its effects in individual experience does not provide sufficient evidence for the effectiveness of psychotherapy in issues related to domestic violence. It serves to outline the issue of this important area of psychological assistance help and to sensitize therapists to a thorough diagnosis of the threat to close relatives in relations with an aggressive family member. Another dimension in presenting an individual transformation process is posing a few questions indicating the identity of the perpetrator of domestic violence as a central category subject to changes and dependency in family relationships that forms a background and – at the same time – an important indicator of such a transformation. This research is the basis for creating a model of transformation in different areas of personality, values, and family relations of perpetrators of domestic violence, as well as for constructing tools that would allow for a more precise assessment of them.

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