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CLINICAL CASE REPORT

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Treating intimate partner violence with metacognitive interpersonal therapy: The case of Aaron

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Abstract

Intimate partner violence (IPV) is responsible for loss of lives and significant psychological, financial, and social costs. Research into therapeutic effectiveness show inconsistent results irrespective of therapeutic orientation. The capacity to understand one's own mental states as subjective and distinct from others is an important factor in the regulation of mental states and physiological arousal associated with the perpetration of IPV. Metacognitive Interpersonal Therapy (MIT) offers an innovative approach in working with male perpetrators of IPV. The current paper outlines 14 sessions of MIT with a 45-year-old male perpetrator. A core aspect was helping the client resolve how his view of self and others were subjective experiences that were distinct from relational objectivity. The emergence of healthy self-narratives was fostered through experiential processes, involving guided imagery, rescripting and body focused interventions. Qualitative outcomes are summarized and implications for the use of MIT in treatment of perpetrators of IPV is discussed.

KEYWORDS

intimate partner violence, metacognitive interpersonal therapy, perpetrators, regulation

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1 | INTRODUCTION

Intimate partner violence (IPV), also known as domestic violence, spouse abuse, and relationship violence, is a pattern of behavior instigated by one person towards another in an intimate relationship. These patterns of behavior range in type and severity. IPV behaviors may include physical, sexual, emotional, verbal, social, and economic abuse (Velotti et al., 2018).

IPV is considered a major public health issue, the impact of which is difficult to fully account for. The global economic cost of IPV has been estimated at $4.5 trillion per year (Hoefler & Fearon, 2014). IPV by men accounted for approximately 34.5% of female fatalities globally in 2017 (United Nations Office on Drugs and Crime, 2019). The psychological, social, and intergenerational impact of IPV cannot be fully accounted for.

The development of treatment interventions over the last 40 years have undergone significant changes. Early programs advocated a feminist psychoeducational approach to working with men who used violence in their intimate relationships. These programs operated within the context of the criminal justice system and treated IPV as a criminal act. Men referred to these programs were assumed to be operating out of a patriarchal ideology that supported gender inequality and the use of violence against women. Patriarchy promotes structures that support notions of gender inequality and legitimizes the use of behaviors that enforce these structures in upholding male dominance through power and control over women (Manne, 2018). Consequently, these early intervention programs focused on challenging men's patriarchal beliefs and educating them on respect and gender equality (Armenti & Babcock, 2016; Fidan & Bui, 2016). One of the most cited programs utilizing a psychoeducational approach is the Domestic Abuse Intervention Project in Duluth, Minnesota, commonly referred to as the “Duluth Model.” This model focuses on challenging men's patriarchal beliefs and attitudes and prioritizes a criminal justice response to domestic violence (Armenti & Babcock, 2016; Gardner et al., 2016).

Outcome research over time has since challenged the notion that patriarchy is the main underlying cause of IPV and that all men who use violence in their intimate relationships are the same and has shown that there are different categories of IPV. Recent research has shown IPV to be bidirectional, where women are the perpetrators of abuse and the occurrence of IPV in LGBTQ relationships (Cannon & Buttell, 2016). The contributions from research on perpetrator typologies and categories of violence have advanced treatment options for men who engage in IPV (Cameranesi, 2016; Johnson, 2017). These contributions recognize the diversity of categories of men and types of IPV and the need for tailored treatment interventions. For example, research on attachment and emotional dysregulation have been explored as elements that might contribute to someone to being more susceptible to reacting aggressively in certain contexts (Cameranesi, 2016; Ogilvie et al., 2014).

Insecure attachment may predispose a person to feelings of rejection and beliefs that they are not wanted. People with insecure attachment styles are more likely to experience moments of rage and desperation leading to more impulsive acts of aggression compared to people with a secure attachment. They are more likely to interpret events as threatening and intrusive and find it difficult to self-regulate and self soothe (Sani et al., 2016). This diminished capacity to self-regulate increases the propensity towards maladaptive strategies, such as violence, as an attempt to deal with dysregulated emotional states (Cameranesi, 2016). However, disruptions in attachment related schemas is just one possible element leading someone to commit IPV. Persons may enact IPV when experiencing predicted failures in fulfilling other evolutionarily selected motives, such as social rank, autonomy, or group inclusion (Dimaggio et al., 2020; Pasetto et al., 2021). Social rank refers to the human need to find one's own place in the group hierarchy. This has evolved to grant security of access and order of access to limited resources. In a more complex society, humans strive to fulfill this need, searching appreciation in terms of social approval, and through acquiring symbols of status (Gilbert, 2005).

A variety of treatment approaches have developed over time drawing on influences from psychoeducational, psychotherapeutic, and systemic practices (Cameranesi, 2016). However, despite the developments in treatment regimes, research on outcomes demonstrate inconsistent results (Arias et al., 2013) and there is no evidence that effectiveness is different among the various approaches (Arias et al., 2013; Eckhardt et al., 2013;

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Herman et al., 2014). Overall results show that perpetrator intervention programs do not, or only minimally, reduce subsequent incidents of violence (Babcock et al., 2004; Eckhardt et al., 2013).

The challenge for developing more effective treatments for men who use IPV remains (Bates et al., 2019). There have been recent developments exploring the relationship between poor capacity to understand subjective experience in terms of mental states, named metacognition (Semerari et al., 2003), and perpetration of violence. IPV perpetrators seem to have difficulties in a series of capacity that would allow them to make sense of their wishes, goals, emotions, cognitive processes, and to realize their ideas about the world of relationships are just ideas and do not necessarily mirror reality. For example, a man who perpetrates violence might think in terms such as: “She disrespects me and I hit her to show her who's boss, otherwise she'll take advantage of me and I'll be humiliated.” Whereas having enhanced psychological capacity or metacognition, might correspond to a discourse such as: “I fear abandonment and criticism. I have an underlying sense of inferiority, so whenever my partner dresses sexily, I am convinced that she is going to cheat on me. This scares me and makes me jealous and angry. Slapping her or yelling at her is the only solution that I've found.” Such capacity for a nuanced psychological reasoning about mental states is important as it helps individuals achieve better self-regulation and to find avenues to make relationships, including intimate ones, smoother and a source of satisfaction (Dimaggio et al., 2020; Lysaker & Klion, 2018; Semerari et al., 2003). Studies have found the relationship between diminished capacities to make sense of one's own mental states and to understand the mental states of the other is connected to a propensity towards violence (Bo, Abu-Akel, et al., 2014; Bo, Kongerslev, et al., 2014; Misso, 2019; Velotti et al., 2019, 2020). As a consequence, Metacognitive Interpersonal Therapy (MIT) (Dimaggio et al., 2015, 2020) which among other features, tries to foster the capacity to think in terms of mental states and use this knowledge to solve interpersonal issues, that is, metacognition (Semerari et al., 2003), has been applied when working with men who use IPV (Misso, Schweitzer, et al., 2019; Pasetto et al., 2021).

1.1 | Metacognitive interpersonal therapy

MIT (Dimaggio et al., 2007) is a third-wave CBT model now based on a series of formalized steps that guides the therapist in progressing from forming a shared formulation of the client's functioning (Dimaggio et al., 2015, 2020) to devising strategies aimed at promoting change at both cognitive, affective, and behavioral levels. Shared formulation starts from eliciting specific autobiographical episodes and promoting a thicker and more nuanced understanding of the clients' own mental states, to the point that he or she realizes his or her actions are guided by typical recurrent and crystalized ideas about self and others, namely maladaptive interpersonal schemas. For example, a man who enacts violence may be guided by the wish to be appreciated and valued, which is the social rank system (Gilbert, 2005). He may harbor a dominant idea of *self as unworthy*, with a parallel image of *self as worthy* lying in the background. He tends to think that the other (his partner) will despise him, consider others better than him and consequently cheat on him or put him down. As a reaction to this expected criticism, betrayal, or humiliation, he tends to react with anxiety, jealousy, and a deep sense of insecurity. When he accesses his idea of self as worthy, he then thinks that he does not deserve to be humiliated and cheated on and so he enacts different forms of aggression. From this perspective, IPV is a maladaptive form of coping against underlying feelings of inferiority or abandonment.

Of note, these ideas about self and other are relevant because they bias interpretations of the other's actions or lead to negative predictions about how relationships will go. So, when driven by this underlying sense of inferiority, unworthiness or of being abandoned, the man only comes to expect that their partner will criticize them, cheat on them, or abandon them. They believe these ideas to be true and discard alternative options, such as: “She just wanted to spend some time with her girlfriends” or “She ignored me because she is tired.” These biased interpretations arise from maladaptive interpersonal schemas, which were developed during earlier events in life.

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These schemas become the lens through which all events are selectively interpreted and consequently responded to (Dimaggio et al., 2020).

Once therapist and client have a shared understanding that violence and aggression stem from these schema-driven visions, change consists of helping clients: (a) realize their view on interpersonal relationships, intimate ones in particular, is subjective and does not necessarily mirror reality; (b) get in touch with concepts of self and others that are more benevolent and filled with a sense of personal worth and of finding meaning in life; (c) acquire personal agency, discovering they have power over their own mental states and behaviors. For example, they come to realize that even if they feel humiliated or anxious, they can respond to these feelings and ideas without needing to control or attack their partners. In this way they realize that their partners are not the cause for their internal reactions; (d) promote healthy self-aspects and act according to their own deeply seated wishes.

In the most recent formulation (Dimaggio et al., 2020; see a case example in Centonze et al., 2021), MIT adopts a wide array of experiential techniques such as guided imagery and rescripting, two chairs, role-play, and bodily interventions. As regard effectiveness, in recent years evidence is emerging that MIT can be effective both in individual format (Cheli et al., 2019; Dimaggio et al., 2017; Gordon-King et al., 2018) and in group format (Inchausti et al., 2020; Popolo et al., 2019). Recently a fully powered trial on MIT-Group for overcontrolled personality disorders yielded good outcomes (Popolo et al., 2021) and similar results were obtained in a single-arm study on combined individual MIT and group-based mentalization based treatment for Avoidant Personality Disorder (Simonsen et al., in press). This background evidence, combined with a positive outcome single case study with a man who enacted IPV (Pasetto et al., 2021), were preconditions for further exploring the application of MIT to male IPV perpetrators. To make MIT useful with this population Pasetto and colleagues (2021) noted that:

> (a) the client must consider aggression and violence as a problem he wants to face, (b) episodes of violence or aggression must be reported, and are the basis for understanding their own ideas about self and others, that is, their own maladaptive interpersonal schemas, and (c) the client must contract to abstain from violence and aggression. If the client breaks the contract, attention to ruptures is mandatory and there is a constant re-negotiation of goals and strategies. The client is made aware that a commitment to non-violence is fundamental for treatment to have any success with safety being the priority. During the course of treatment clients engage in exercises aimed at refraining from aggression and the therapist assists clients to: (a) connect the interpersonal pattern with developmental experiences in order to understand that reactions are schema-driven rather than reality based, (b) access more benevolent ideas of the self, and (c) adopt more adaptive self-regulatory tools when in the throes of negative affects. (p. 67)

While an obvious goal of a successful therapy for men who perpetrate IPV is to become more respectful of their partners, and to minimize risk of further harm and abuse, MIT does not directly promote empathy for the partner. The rationale for this is not that empathy for the partner is not important, but that many men who perpetrate IPV experience themselves as victims as well. Focusing on increasing empathy for the partner can inadvertently invite resistance, justification, and minimization on the part of the man. This resistance might hinder engagement and a heathy alliance, which are critical in the successful work with male perpetrators of IPV (Lomo et al., 2016; Taft & Murphy, 2007). Rather, MIT focuses on promoting awareness of cognitions and affects that end up being the triggers for violence and aggression. As noted earlier, MIT considers violence and aggression as maladaptive coping strategies. They are enacted with the goal of dealing with emotions such as sadness, shame, or guilt but ultimately fail to achieve these goals. MIT invites clients to try and abstain from utilizing such strategies, not with the goal of making them more empathic, but to let them discover that their suffering comes from core psychological states and is not due to their partner's behaviors. In this way clients can begin to form different ideas about the self which sustains well-being, and in parallel, develop more adaptive self-regulatory strategies. The current case study demonstrates the application of MIT in individual format.

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2 | CASE ILLUSTRATION

2.1 | Presenting problem

Aaron is a 45-year-old male in his second marriage of 3 years. Aaron had been previously married and has an 11-year-old son from that marriage. Aaron said that he and his first wife married when they were very young, and over time grew apart. He said it was his first "serious" relationship and his decision to get married the first time was driven more by thoughts of settling down, rather than a choice of life partner. His son from this marriage currently lives with his mother in another state and Aaron sees him during school holidays. Aaron stated that he and his current wife, Bridget, separated briefly before them getting married. Aaron stated the reason they separated was because he did not want to have any children and Bridget did. They reconciled because Aaron missed being with Bridget and realized that he wanted to be in a relationship with her. Not long after they reconciled, Bridget found out that she was 3 weeks pregnant, and at the time of presentation their son was 12 months old.

Aaron and Bridget came to therapy because Bridget was threatening to leave. According to Bridget, the main issue for her was Aaron's constant complaining about her lack of tidiness around the house. Aaron complains that Bridget does not take enough care around the house, that she is careless and does not look after things. The incident that led them to come to therapy was when Bridget accidentally broke a lamp of Aaron's and accused her of not being attentive to him and their son. Bridget said that she had been sleep deprived and had been spending a lot of time on the phone trying to get a new job as she had recently been fired from her previous job. Aaron disclosed that his attitude and behavior towards his first wife was similar to this situation with Bridget and was the reason why his first marriage ended.

Aaron described his family of origin as very difficult. Aaron's father was extremely abusive, recounting memories of being beaten by his father from when he was around 4 years old. His father would denigrate Aaron as he beat him, for example, calling him a donkey and other disparaging terms or telling him that he had no brains. Aaron said that he learnt to be a "good kid" to try and avoid the beatings. He left home when he was 16 and never returned. Aaron's father left his mother when he was about 5 years old. Aaron did not have contact with her until in his 20s when she contacted him. Aaron said that he was never close to his mother and felt that he held her somewhat responsible for the experiences he had at the hands of his father. His mother passed away when he was in his late 20s and felt that he never found out what happened that led his father to leave his mother.

Aaron felt his experiences growing up shaped him in his early 20s. He described himself as reactive, quick to rage, and if he felt hurt by someone, he would hurt them back and would often shut down or end relationships when he felt hurt by the other. Aaron felt that others would take advantage of him at any opportunity and did not feel he could trust anyone to take care of his best interests. He put his efforts into getting paid work so that he could travel and see the world. He had brief intimate relationships during this time and said that he did not get too close to anyone.

Aaron says that these thought patterns and behaviors take over so rapidly in his mind and ends up with him feeling guilty. At times he had thoughts as to whether it was worth living like this. Aaron said that his father made him believe that he was stupid and that he could never do anything right. No matter how hard Aaron tried or how good he thought he was behaving, he would always end being beaten and abused. Interestingly, Aaron would also feel guilty because, "I should be able to do what he's telling me, otherwise I would get punished," and always feeling that he is done something wrong.

2.2 | Aggressive behavior

Aaron's monitoring and control of Bridget's behavior through constant criticism and derogatory statements are the main contributing factors to the deterioration in their relationship. Aaron's behavior would be categorized as

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psychological abuse. His comments about Bridget's lack of attentiveness and caring towards him and the baby has led to Bridget wondering whether she can remain in the marriage. Bridget feels monitored and judged according to Aaron's expectations, which she feels are unrealistic, to the point where she fears doing anything around the house. Aaron also attributes his distress to Bridget's behavior and a perception that she is trying to push him to the point where he explodes. Aaron resorts to verbal abuse and withdrawing from the interaction as an attempt to stop the escalation. In these instances, Bridget is left feeling distraught, hopeless and helpless and waits until Aaron has calmed down and approach her. The abusive dynamic operating in the relationship does not lead to a resolution of issues that arise and instead is creating distance, fear and lack of confidence in the future prospects for the relationship.

2.3 | Interview with bridget

An interview with Bridget was conducted to ascertain her experience of Aaron's behavior. Relying on the perpetrator's self-report of level and incidence of acts of IPV can be problematic due to the tendency of men towards denial and minimization of their behavior (Dunkley & Phillips, 2015). At all times issues of safety are prioritized.

Bridget says that while she loves Aaron and is willing to work on improving the relationship, she does not know how long she can be subjected to Aaron's aggressive behavior. Bridget described Aaron's behavior and attitude as very controlling and is always telling her what to do. According to Bridget, Aaron believes there is only one way to do things and he expects the house to be kept at a certain level of tidiness:

"When Aaron comes home, he doesn't see that I have been struggling with the baby. All he sees is the toys on the floor and an untidy house. He says he can't understand why the house is messy because I don't have a job to go. He doesn't understand what is involved in looking after a baby. I think this was the same issue for him in his first marriage."

When Bridget tries to confront Aaron about his comments, he tells her that there is no reason for an untidy house and to just do it. He also tells Bridget that she is the one who puts him in a bad mood. "I feel I can't do anything right, and his behavior supports that." Bridget believes a lot of Aaron's behavior and attitude is related to the trauma and experiences he went through as a child. However, whenever she tries to raise the issue of his childhood, Aaron quickly defends himself and accuses Bridget of trying to deflect from the issue of her carelessness.

2.4 | Measures

At the beginning of therapy, the client was administered the Difficulties in Emotion Regulation Scale (DERS). The DERS is a 36-item, self-report measure of dimensions that relate to difficulties in regulating negative affect and behavior, limited emotional awareness, and clarity, and nonacceptance of emotional responding. The client indicates how much time each item applies to them on a 5-point scale ranging from 1 (*almost never*, 0%–10%) to 5 (*almost always*, 91%–100%). The DERS total score has been found to be responsive to treatment effects (Lee et al., 2016). The DERS was readministered at the conclusion of treatment. The DERS' utility in the current case study is based on it measuring areas of emotional regulation. Specifically, we were interested in measuring the capacity for awareness and understanding of emotions, controlling impulsive behavior, and ability to apply regulating strategies in response to stressful situations. This data was used in conjunction with qualitative data obtained from the client.

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3 | CASE FORMULATION

Aaron's abuse at the hands of his father contributed to his sense of self and sense of caring. Aaron's experience of relationships is fraught with mistrust and a belief that others will find fault with him and attack him. Aaron developed coping strategies to help keep him safe from being hurt by others. These strategies amounted to impulsive acts towards others and putting up walls so that others could not get through. On the one hand, Aaron deeply desired to have a loving and happy intimate relationship but his experiences of relationships were characterized by lack of caring and respect for his feelings. He would always feel that he had to defend himself for his actions and felt that others always got what they wanted, and his feelings were never taken into account.

One of the triggers for Aaron is whenever Bridget raises her voice. For Aaron, when someone raises their voice, he feels guilt and thinks he has done something wrong. He becomes defensive and expects the other to attack him or criticize him in some way. In response, Aaron will raise his voice accusing Bridget of being a bad mother, telling her what she should and should not be doing and that she is not being present to the family. Bridget reacts by raising her voice and the situation escalates from there. Aaron will then habitually withdraw and shut down and will not communicate with Bridget, sometimes for days at a time. On some occasions, Aaron cannot remember the incident and what he has said to Bridget on occasion.

Aaron prescribed for himself, and for his intimate partners, a certain expectation of cleanliness and behavior in the home. Whenever Aaron felt that Bridget was not taking enough care, he would feel hurt and angry and uncared for. His response would be to criticize Bridget and withdraw. He would then feel guilty and alone and would eventually try to repair things with Bridget.

Aaron's belief about himself is that he is not good enough and that no matter what he does it won't be right. Relationally, he believes that Bridget always gets her way and that he has to give in to her. Aaron's experiences in his intimate relationships are influenced by the impact of his early childhood experiences. Aaron's experience of mistrust of Bridget's motives can be attributed to his father's abuse of him from an early age. Aaron made attempts to be a “good kid” to try and avoid the abuse. However, these attempts never worked. Aaron always felt he had done something to bring about the abuse, but never knew what that was. Consequently, Aaron learnt it was safer to keep his feelings of vulnerability to himself and to not let anyone come close for fear they would hurt him. His expectations of self, and other creates a level of anxiety to the point where he fears change and tends to put off making decisions until the last moment. Often, he will defer to Bridget and then at a later date, will tell her that he was not happy with the decision that was made. At times, he feels that Bridget should know how he feels about things.

When Aaron felt that he was being criticized or judged, he would become defensive and withdraw. Bridget would then try to pursue a resolution and Aaron would accuse her of trying to inflame the situation. He would become righteous and aggressive and blame Bridget for what had happened.

Aarons' dominant maladaptive schema was driven by social rank, coupled with attachment. His core wish was to be recognized and validated but expected that he would be criticized and punished, which reaffirmed his sense of self as being “not good enough” and not deserving of these core wishes. His wish for validation, safety, and security in relationships arises out of a healthy sense of self which remained hidden due to his coping strategies designed to protect himself. For example, Aaron's immediate response of extreme defensiveness and aggression, because of feeling put down and criticized by Bridget, prevented him from accessing a sense of hope and confidence that he is truly appreciated by Bridget.

His desire for validation and safety in relationship, was driven by the healthy aspect of self, something that emerged in some sparse moments in his autobiographical episodes, where he described himself as deserving appreciation and care. Unfortunately, on the basis of his learning experiences, this positive self-concept was met with the expectation of criticism and blame from others. These expectations led to acts of abuse as a response to the negative representation of the other who was experienced as frustrating his core wishes. Aaron's acts of abuse against Bridget were maladaptive attempts to satisfy his positive self's core wishes, in effect, forcing her to provide

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the validation and care he somewhat felt entitled to receive. On the other hand, his behavior mirrored his father's abuse when he was a child. These maladaptive coping strategies effectively led to a reaffirmation of Aaron's core negative self and destructive acts in defending his vulnerable positive representation of self. Consequently, while Aaron felt guilty for his actions, he also felt somewhat righteous in defending himself from perceived criticism, but then was left still feeling unappreciated and misunderstood, given the negative reactions Bridget had in face of his aggressive behaviors.

4 | TREATMENT GOALS AND TREATMENT PLAN

Aaron was aware that his behavior and attitude were the main contributing factors to Bridget's thinking about leaving the marriage. He was able to describe various scenarios that captured the nature of what was occurring in the relationship and events leading up to presenting for therapy. Aaron stated that his goal was for the marriage to stay together and to be able to communicate with Bridget in a way that was not aggressive and damaging to the relationship. Aaron also stated that he did not want another failed marriage and the thought of starting again was difficult to entertain.

5 | COURSE OF TREATMENT

5.1 | Sessions 1–5

The initial two sessions focused on developing a working alliance with Aaron (Muran et al., 2021). A positive working alliance is a critical factor in motivating men who use domestic violence to commit to treatment and achieving successful therapeutic outcomes (Lomo et al., 2016; Taft & Murphy, 2007). The challenge for therapists working with men who use abuse and violence is to avoid the invitation to either collude with the man's description of events and/or take a moral position and educate the man about the impact of his behavior on his partner and the relationship (Misso, Schweitzer, et al., 2019). Each of these challenges has the potential to divert away from the core underlying themes and maladaptive schemas that contribute to a restrained perception of external events.

The therapist aligned himself with Aaron's desire to resolve the issues that were confronting the relationship and his core and sincere wish of a safe and secure relationship with Bridget. In this initial phase the focus was on eliciting episodes where Aaron identified his behavior escalated to the point where he became aggressive and psychologically abusive. This initial phase begins to set the foundation for a shared formulation of functioning in accordance with MIT, that is making sure the therapist and Aaron were on the same page in understanding the former inner functioning (Dimaggio et al., 2015, 2020). Enquiry focused on the cognitive-affective antecedents leading up to the aggressive episodes. The enquiry at this stage attempts to identify Aaron's subjective experiences preceding escalation. The therapist asked Aaron to describe the episodes from a point in time where he recognized he was calm before where things escalate. Aaron is guided slowly through the episode, with the therapist enquiring into the cognitive-affective processes that he could recall as the scene progresses. This initial phase becomes the foundation for establishing links between events and subjective experiences leading up to aggressive outbursts. Focus is on the subjective experience as Aaron recalls an episode. Bringing mindful awareness to his subjective experiences is further supported by the therapist guiding Aaron to become aware of his somatic experiences in the present moment as he recalls the past episode.

Other episodes are recounted in the same fashion exploring the specific patterns of thoughts and feelings associated with external events. Over these initial sessions, through the eliciting of autobiographical memories, Aaron began to see the connection between his current experiences with Bridget and what he experienced as a child with his father. When conflict arose between Aaron and Bridget, he would feel criticized and put down.

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Bridget would often tell Aaron that he misunderstood the situation, which would enrage Aaron even more. What was becoming apparent to Aaron was the connection between his current experiences and what he experienced as a child in relation to his father's abuse of him. For example, Aaron's father would belt him because he did not understand something.

In accordance with MIT procedures, further specific autobiographical episodes are elicited of his experiences in the past which are similar to his current subjective experiences in relation to Bridget. Eliciting further specific episodes assists the client in distinguishing the subjective nature of their experiences from the external reality and increasing awareness of inner states. In this way the client can make a shift from restraining beliefs such as: *my ideas about how my spouse treats me is true, and I have the right to behave as I do in order to get the appreciation that I deserve*, to a more enhanced belief such as: *my ideas on how my spouse treat me are something I learned during my early development and now I have a chance to see things from a different angle*.

Explicit details (where, when, who, and what) are sought in exploring these episodes. Gaining detailed narrative episodes across time, assists in the deepening of the client's understanding of their experiences over time and the connection between these episodes. Exploring further associated memories helped Aaron to see the connection between his current experiences with Bridget and past experiences with his father:

> Therapist: Think back as far as you need to. Are there any other times when you have had similar experiences to what you have described with Bridget, where you hoped for appreciation but then you were mistreated?
>
> Aaron: My father was very abusive. I remember him beating me when I was four years old. He was very OCD.
>
> Therapist: Can you tell me more?
>
> Aaron: He would get very angry at me if I didn't know the answer to something. He would call me 'stupid', and 'idiot', and other names as he belted me. I learnt to be a good kid.
>
> Therapist: And did that work?
>
> Aaron: No, never. It didn't matter what I did, there would always be something he would find to get upset about. I would try and try to do things the way he wanted, but I always made a mistake, and he would beat me for it.

Further deepening of the experience was assisted by guiding Aaron to pay attention to his inner experience as he retold the story:

> Therapist: Aaron, I'm wondering, what is happening for you now as you tell me this story. What are you noticing in your body?
>
> Aaron: I feel tense and hurt and angry.
>
> Therapist: As you describe this to me, stay tuned to what is going on internally. Notice any impulses, emotions. Where is this in your body?

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Aaron: I feel I want to run and to yell, but I can't!

Therapist: Why is that?

Aaron: Because it would be worse for me. If I did things properly, then I wouldn't get belted and dad would be happy with me. All I wanted was his approval. I tried as hard as I could, but I always displeased him. So, I felt I deserved it. If I did things right, then I wouldn't get belted.

Therapist: You deserved it?

Aaron: Yes, no matter how good I tried to be, I always mucked it up. So, I was punished because I never learnt to do things properly.

(Aaron lowers his head and goes still.)

Therapist: What is going on now Aaron?

Aaron: I feel the same way when Bridget questions me or tells me I don't understand what she is saying.

Therapist: Can you say more?

Aaron: I feel she is being very critical of me and this is what I felt with dad. I would get so angry but couldn't say anything because I feared him.

Aaron is beginning to draw connections between his experience as a child with his father and currently with Bridget. Further exploration into his experiences from past relationships and current situation, enhances his awareness that his experiences with Bridget and in his first marriage are very familiar. The therapist offers a formulation for Aaron to consider:

Therapist: Aaron I understand that what you truly desire in your relationship is to feel cared for and appreciated and for your feelings to be respected. However, you expect that Bridget will criticise you and find fault with the way you do things, just the way you came to expect in your experience with your father. You then get angry and try to point out to Bridget how she is putting you down. Bridget then tells you that you do not understand, and you end up feeling even more anger. You then feel a mixture of rage and despair and end up feeling hopeless and that you can't do anything right. Does any of this resonate with you?

Aaron: Yes, that is exactly what happens. I cannot get through to her and we end up yelling at each other and not talking to each other for days sometimes.

Therapist: And is this like what you experienced with your father growing up?

Aaron: Yes, the same. There was no point in trying to protest; it would be much worse for me.

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5.2 | Sessions 6–10

Subsequent sessions explored the connections between Aaron's current experiences with Bridget and his father. Aaron became more aware that his experience of Bridget was determined more by his past experiences and the strategies he developed over time. He gained an appreciation of how much his past experiences influenced his level of trust and expectations of others. Aaron said that he did not trust others and was always weary of what others might do to him, even though there was no evidence he could cite that would support these feelings.

Body focused strategies helped Aaron consolidate his understanding of the impact of his past experiences on his current internal state (Centonze et al., 2021; Dimaggio et al., 2020). These strategies were helpful in helping Aaron understand the connection between mind and body. In recounting an incident where he felt Bridget was being dismissive of his feelings, the therapist asked Aaron to notice what was going on in is body as he told the story of what happened. Aaron identified areas of his body where he felt some tension. With further guidance and encouragement from the therapist, Aaron also noticed that his body heated up and felt his breathing become stifled. When asked where else he might have had a similar physiological experience, he referred to the times of physical abuse with his father. The therapist encouraged Aaron to stay with the sensations in the body:

> Therapist: As you remember what happened, just notice what's going on in your body and if it helps to close your eyes then feel free to do that. What's going on now?
>
> Aaron: I'm feeling tense and anxious.
>
> Therapist: Where in the body do you notice this?
>
> Aaron: In my chest and hands.
>
> Therapist: As you focus on this area, just notice what happens next.
>
> Aaron: I'm feeling hotter and difficult to breathe. I feel like I want to get out!
>
> Therapist: Ok, just try and stay with this a little longer and see what happens next.
>
> Aaron: It's getting better; the tension is going.
>
> Therapist: Ok great. Just stay with this a little bit more.

After a few more minutes Aaron reported feeling calmer and no tension. The therapist invited Aaron to stay with the experience and to see what might happen next. This invites curiosity into his internal state and helps to change the focus from the external (Bridget) to the internal (his physiological response and the impulse to leave). In situations with Bridget, these impulses are acted out through anger and yelling and not talking to Bridget for days sometimes. This process helped Aaron to experience the escalation in his physiology as he recounted an incident with Bridget and how, with mindful attention was able to regulate his internal state to a place of calm. Aaron came to understand more that he attributed his sense of worthlessness and loneliness to Bridget's actions, rather than the maladaptive interpersonal schemas and coping mechanisms because of the abuse he suffered at the hands of his father.

Over the following weeks the influence of Aaron's maladaptive interpersonal schemas became more apparent. For example, there were times where Aaron would again find himself operating out of habitual patterns where he was "convinced" of Bridget's criticism and lack of care for him. In one of the sessions, Bridget attended with Aaron

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and at one point Aaron felt that he was being "ganged up on" and felt it was two against one. The therapist was able to help Aaron process his experience in the moment utilizing the focused attention strategies developed previously. The therapist was careful in this moment not to inadvertently reinforce Aaron's script of worthlessness and narrative of not doing anything right. The therapist pointed out that the old schema had taken control and was attempting to sabotage his efforts to maintain happiness and connection to Bridget. The pointing to the healthy aspects of self becomes an important consideration here:

> Therapist: Aaron, these old patterns of behaviour continue to intrude and prevent you from achieving what you truly wish for—to be happy and to feel the love of Bridget.
>
> Aaron: It's hard because I see the expression on her face, and I feel she blames me for everything.
>
> Therapist: Just take a moment to notice what is going in your body and take some gentle breaths. (Directing Aaron to his internal state reinforces the previous insights into the impact of his internal states, rather than trying to rationalise his perceptions of Bridget).
>
> Aaron: Ok, I can see what was happening. I can very easily slip back to my old ways and see Bridget as the enemy whereas it was my father who did all of this to me.
>
> Therapist: And this pattern keeps you from what you truly desire and wish for which is happiness and a loving relationship.
>
> Aaron: That's right. I don't want to end up like my father and having everyone fear me.

Aaron expressing feelings of being "ganged up on," while seemingly retrogressive, also could be regarded as an indication of progress. The therapist viewed this as an indication that Aaron felt safe and trusting to be able to express his internal state and evidence of a good working alliance (Eubanks et al., 2021) and openly validated Aaron for expressing them. The temptation could have been for the therapist to challenge Aaron's feelings, risking further rupture to the relationship at that point. Rather, the therapist joined with Aaron and supported him in challenging the impact of his habitual patterns in that particular moment. Consequently, Aaron then arrives again at the realization of where these patterns began.

In the individual sessions that followed, through further imagery and rescripting exercises, Aaron gained great insight and skill in delineating between times when he was under the influence of maladaptive schemas. He remarked at one stage how "being aware of being aware" helped to stop himself from saying things that normally he would have and would have ended badly. The therapist explored these incidents in more detail to help Aaron integrate these new experiences of self. Body oriented processes and focused attention helped to consolidate these into a more stable narrative that allowed Aaron to experience the healthy aspects of self through more adaptive strategies.

5.3 | Sessions 11–14

The concluding sessions focused on promoting change and integrating new ways of experiencing self and the impact on the experiences in his relationship with Bridget. Aaron was given the task of observing shifts in his internal states when he was operating out of healthy aspects of self and when he was being drawn back into habitual negative patterns of behavior. Aaron came to recognize other areas where he could see the impact of his maladaptive schemas. One significant moment was when he realized that he always tensed up whenever

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anyone gave him praise. He was able to draw the connection to the abuse he suffered as a child and how he came to believe that being perfect does not guarantee happiness. Aaron deeply wanted acceptance from his father but only received criticism and abuse. Aaron became mistrusting of anyone who tried to show him affection and became defensive if anyone offered him praise.

Aaron also came to realize how elusive happiness was while operating out of the past schemas. Aaron noted that things at home could be going well, and then his attention will become focused on something that triggers the old schema. He will then make a comment to Bridget which starts the same cycle again. Aaron was able to see how these patterns were born out of a time in the past where he developed a way of coping that might have served him well then, but not so now. Aaron began to feel more compassion for what he went through as a child and could see how his life had been affected. Through this he was able to understand Bridget's experience of him and how she has been supportive of Aaron throughout. These insights provided more encouragement for Aaron to realize that Bridget did not want to hurt him but, in fact, wanted the same things.

Bridget and Aaron attended the last session together. Bridget said she could see that Aaron was trying to maintain awareness of what he had gained throughout therapy. There were still times when Aaron lapsed into old patterns, but she experienced him taking responsibility for his contribution to the situation and coming to her and apologizing; something she never experienced from Aaron in the past. Both Bridget and Aaron felt more hopeful for the future and Bridget felt that Aaron was able to regulate his emotions and behavior to the point where she felt much safer with him than she has in the past.

6 | OUTCOMES

At the completion of treatment Aaron reported a significant reduction in his aggressiveness and abuse towards Bridget. He realized his experience of the world was influenced by his core belief that he was not good enough and no matter how perfect he tried to be, he would never be accepted. He was finally able to accept that Bridget wanted the best for him and was not trying to put him down. He no longer felt attacked by her and saw that she wanted the same things as him in terms of a safe and secure relationship where each felt respected and cared for by the other. Bridget's experience of Aaron was an important part of assessing for change as self-reports from men who use violence tend to minimize incidents of violence and their impact or overestimate their progress through treatment.

7 | QUANTITATIVE MEASURES

Aaron was assessed at the beginning of treatment and then at 1 month follow up following 12 months of treatment. Aaron's scores on the DERS indicate at the beginning of therapy and at 1 month follow up are presented in Table 1.

As evidenced in Table 1 at the beginning of the therapy the scores of Aaron on each subscales of the DERS follow in the clinical range, excepting for the subscale Difficulty engaging in goal-directed behavior that follows in community range (Gratz & Roemer, 2004). Notable, only Aaron's ability to focus and ultimate tasks in the presence of negative emotions fell in the community range. However, at the end of the treatment Aaron evidenced different scores below the clinical threshold, showing a perceived ability to self-regulate himself. Overall, by the end of the therapy the patient had become more capable to understand, accept, and control negative emotions.

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TABLE 1 DERS scores at beginning of therapy and 1 month follow up

	Score	
	Beginning of therapy	1 month follow up
Nonacceptance of emotional responses	20	14
Difficulty engaging in goal-directed behavior	13	13
Impulse control difficulties	15	8
Lack of emotional awareness	20	10
Limited access to emotion regulation strategies	28	16
Lack of emotional clarity	17	7
Total	113	68

8 | CONCLUSION

The current case helps illustrate the benefit of incorporating methods that focus on individual functioning. While acts of violence and abuse are the focus of MIT, they are not the target. Rather, MIT focuses on the antecedents leading up to the violent episode (Pasetto et al., 2021). The focus on maladaptive interpersonal schemas and coping strategies become the target of the treatment intervention. The experiential techniques incorporated into MIT, help change the focus from the external being perceived as the cause of one's distress and dysregulation, to the internal where one discovers the habitual nature of one's view and response to the world (Dimaggio et al., 2020; Misso, 2019; Pasetto et al., 2021). The client becomes oriented towards their internal functioning through shared formulations with the therapist. Feelings of shame and blame are potentially minimized through understanding the origins of maladaptive coping mechanisms and their influence on the client's goals for healthy relationships. This process fosters agency and exploration into alternative narratives as opposed to those that support a restrained view of self and other (Dimaggio et al., 2020; Jenkins, 1990; Jenkins, 2011).

There are limitations to this case. As this is a single case study, generalizations to the general population and other categories such as ethnicity, socioeconomic status, and other types of IPV would be cautioned against. This paper provided an alternative approach that can be incorporated into the treatment of men who use IPV.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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