

Metacognition: A Potential Mechanism of Change in the Psychotherapy of Perpetrators of Domestic Violence

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The perpetration of domestic violence against individuals is responsible for untold pain, suffering, and premature mortality. Research into outcome effectiveness of perpetrator interventions show inconsistent and inconclusive results. Tailoring treatments based on perpetrator typology has the potential to improve outcomes. Metacognition, referring to understanding self and others' mental states, points to an important dimension of perpetrator typology. Diminished metacognitive capacity is also related to high arousal states and potential for violence. This article provides a brief review of influences on current treatment approaches and explores metacognition as a psychological factor necessitating greater attention when considering perpetration of domestic violence. The proposed theory is supported through the use of a case presentation based upon the theory proposed. Future research is recommended to include the impact of social roles and relationships in enhancing metacognitive capacity.

Keywords: intimate partner violence, domestic violence perpetrators, metacognition, mentalizing, intervention/treatment

Domestic violence is a significant and pervasive issue in terms of social, psychological and economic impact. Domestic violence—also commonly known as intimate partner violence, spouse abuse, and family violence—is a pattern of behavior where one person in an intimate relationship attempts to control and dominate the other person. The context of this behavior is inclusive of all people who may be married or not married, heterosexual, gay, or lesbian, living together, separated or dating. Domestic violence may involve a range of behaviors including physical, sexual, emotional, verbal, social, economic, and spiritual abuse. These tactics are not experienced in isolation by victims and are associated with a range of adverse outcomes.

It is estimated that, worldwide, almost 30% of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner. In Australia alone, on average, at least one woman per week is killed by a partner or former partner (Bryant & Cussen, 2015) and the Australian Bureau of Statistics (2012) estimated that one in three women will experience domestic violence in her lifetime. These figures are similarly reflected internationally with the global economic cost of domestic violence approximating \$4.5 trillion per year (Hoeffler & Fearon, 2014). However, it is difficult to appreciate the full impact of secrecy, shame, guilt, and fear that often accompanies domestic violence (Dunkley & Phillips, 2015).

The predominant philosophical stance in helping to explain the prevalence of domestic violence is that of patriarchy where society privileges males over females. In other words, male violence is supported by societal attitudes and beliefs dictating what men are entitled to and their right to power and control over women, regardless of society, religion, and ethnicity. Domestic violence is an issue that is endorsed by a belief that supports actions to control and dominate women, and the male partner is automatically assumed to occupy a position of dominance. The man's beliefs are

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shaped and supported by a number of influences, including his family of origin, early childhood experiences, and societal attitudes. However, these influences are not regarded as excuses for abuse and violence, and the man is assumed to have control over his thoughts and actions (Jenkins, 1990).

The current article explores violence perpetrated by men against their intimate female partners and does not invalidate the current literature on female perpetrators. This article begins with a brief review of the literature, drawing upon sociological approaches as well as psychological theories of personality and their relationship to the perpetration of domestic violence. We then explore metacognition as a psychological factor necessitating greater attention when considering perpetration of violence. The role of metacognition, as a mediator of therapeutic change, is further elucidated through a case study, including recommendations for future research directions.

Theory and Practice

The most influential contemporary approach to understanding domestic violence has been the “Duluth Model,” which as of 2006 is the most common perpetrator intervention program in the United States. It is based on the premise that domestic violence is the result of patriarchal ideology and promotes a criminal justice response as opposed to a therapeutic or healing approach (Armenti & Babcock, 2016). The primary goal of the Duluth Model is for men to end their violence, accept responsibility, and be accountable for their behavior. The program utilizes a psychoeducational approach where beliefs and ideas, which are at the core of men’s oppressive thoughts and actions, are identified, explored, and challenged (Stuart, Temple, & Moore, 2007).

Following the Duluth Model, in terms of influence, are treatment approaches that have been incorporated within cognitive-behavioral therapy (CBT). CBT is based on the premise that men become violent as a result of deficits in conflict management and in their ability to control their anger (Stuart et al., 2007). Programs utilizing a CBT approach focus on domestic violence as a learned behavior and provide social skills training and anger management to help promote nonviolent behavior (Babcock, Green, & Robie, 2004).

Practices involved in treatment for perpetrators of domestic violence have developed over time, and current treatment interventions tend to be a hybrid of models and techniques (Stuart et al., 2007). These cover a wide range of approaches drawing from a number of different influences, for example, psychodynamic counseling, narrative therapy, solution-focused therapy, and couples therapy (Arias, Arce, & Vilarino, 2013; Babcock et al., 2004; Eckhardt et al., 2013; Stuart et al., 2007). Research into outcome effectiveness has been characterized by inconsistent results, leading to the increasing realization that perpetrators of domestic violence are heterogeneous and current interventions are varied (Eckhardt et al., 2013). A meta-analysis of perpetrator intervention programs found that, overall, treatments have a positive but nonsignificant effect on recidivism (Arias et al., 2013), supporting findings from research into outcome effectiveness (Babcock et al., 2004; Eckhardt et al., 2013). For example, participants who completed the Duluth program did not obtain a long-term recidivist rate reduction (Herman, Rounta, Williamson, & Vodanovich, 2014). While participants reported decreases in physical, emotional and verbal forms of violence on completion of the program, over time, a significant number of participants were charged with further violence-related offenses (Herman et al., 2014).

It is evident that domestic violence and perpetrators differ in terms of type and severity. Perpetrators of domestic violence can be described on a continuum according to psychopathology, severity, and context of violence (Huss & Ralston, 2008). The research on typologies has helped advance treatment responses in an attempt to tailor treatment to the particular type of perpetrator and level of abuse. The effectiveness of such treatment may be enhanced through further research on perpetrator characteristics. Increased understanding of perpetrator characteristics can lead to interventions that can address specific traits as opposed to a one-size-fits-all approach (Buck, Leenaars, Emmelkamp, & van Marle, 2012).

Personality Functioning and Domestic Violence

In recent research involving male and female college students, pathological personality traits listed in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) were associated with domestic violence in both men and wom-

en. As such, if specific aspects of personality pathologies are not incorporated as part of treatment, the cessation of the violence may not be successful (Dowgwillo, Ménard, Krueger, & Pincus, 2016).

Interventions have focused on the person's vulnerabilities in terms of personality functioning and the presence of personality disorder (Walker, Bowen, Brown, & Sleath, 2015). For example, relationships have been found to exist among proneness to violence and narcissism (Vaughn, Salas-Wright, DeLisi, & Larson, 2015); antisocial personality disorder (Murphy, Meyer, & O'Leary, 1993); borderline personality disorder where violence is associated with impulsive behaviors in response to intense negative emotions (Mauricio, Tein, & Lopez, 2007; Peters, Derefinko, & Lynam, 2017), and excessive dependency (Kane & Bornstein, 2016).

These findings mirror earlier research into psychological factors where perpetrators of domestic violence demonstrated greater incidence of psychopathology compared to nonviolent men (Hastings & Hamberger, 1994; Holtzworth-Munroe, Bates, Smutzler, & Sandin, 1997). The diversity of perpetrators necessitates the need for individual assessments in order to add to the knowledge base describing typologies and in developing more effective treatment approaches (Friend, Cleary Bradley, Thatcher, & Gottman, 2011). Targeting treatment to address individual needs may minimize observed inconsistencies with contemporary intervention strategies and the problem of poor outcomes (Walker et al., 2015).

Metacognitive Capacity

Over the past 20 years, the human capacity to understand and regulate mental states has received increasing attention (Fonagy, 1991). A number of terms have been used to refer to such mental states, including metacognition (Dimaggio & Lysaker, 2015; Semerari et al., 2003; Semerari, Carcione, Dimaggio, Nicolo, & Proccacci, 2007), mentalization (Fonagy, Gergely, & Jurist, 2004), theory of mind (Baron-Cohen, 1991), and cognitive modes of thinking (e.g., negative attribution bias, rumination) (Moritz et al., 2011). The term *metacognition* has most often been associated with Flavell (1979), who described metacognition as having awareness of cognitive processes and how this acquired

knowledge can then be utilized in rectifying problems. The construct has been considered important in explaining maladaptive social behaviors. We explore whether enhancing metacognitive capacity may minimize potential for domestic violence in a perpetrator of such violence. Metacognitive capacity can be understood as the way someone explains self and others' behaviors in terms of mental states and the ways in which mental states are understood, interpreted, and utilized in solving problems and dealing with distress (Lysaker & Dimaggio, 2014; Semerari et al., 2003, 2007). This capacity is organized hierarchically and ranges from the ability to recognize specific aspects of subjective experience such as an emotion or a belief, to more complex and synthetic reasoning about the relationship between different mental states and their impact on internal experience and behavior in addition to regulating one's own mental processes. Metacognition also relates to the capacity to comprehend another's internal states and experience as independent of their own (Carcione et al., 2011; Dimaggio, Montano, Popolo, & Salvatore, 2015; Semerari et al., 2014). These concepts relate to a person's capacity or ability to understand their own and another's mental state and how these might impact on behavior. These capacities help shape our understanding of others and ourselves and are central to our communication and relationships (Bateman & Fonagy, 2013).

Metacognition is closely aligned with concepts such as "mentalization" and "theory of mind." Theory of mind relates to our level of understanding of our mental states and the impact on our behavior and our understanding of others' behavior being related to their mental states (Freeman, 2016). However, while these terms are often used interchangeably, there are differences. One of the main differences is the context in which these functions are observed. Metacognition goes beyond being able to identify another's motivations or emotions based on their behavior or facial expressions. Metacognition includes the ability to use knowledge of mental states of self and of other in ways that attribute meaning to events of personal significance and to then use this awareness in moment-to-moment interactions (Dimaggio et al., 2015). The ability to identify another's emotions or motivations in a neutral setting does not necessarily mean that the person will be able to

utilize these skills in their daily living. In other words, the capacity to mentalize may vary in quality in relation to emotional arousal and interpersonal context (Asen & Fonagy, 2017). Metacognitive capacity is the ability to reflect on one's experience in a way that helps regulate inner experience and utilize this skill in appropriate personal and interpersonal problem-solving behavior (Carcione et al., 2011; Dimaggio et al., 2015).

A lack of awareness of others' mental states may lead to acting out behavior due to lack of empathy and a lack of better coping strategies (Mitchell et al., 2012; Romero-Martínez, Lila, Sariñana-González, González-Bono, & Moya-Albiol, 2013). A deficit in a person's ability to see that their mental states are self-generated can result in a lack of perceived choice, which in turn may lead to confusion about the causation of subjective experience (Dimaggio, Semerari, Carcione, Nicolò, & Procacci, 2007). The relevance of aggression and poor understanding of self-states is highlighted in cases of antisocial personality disorder where high arousal states are associated with decreased understanding of the person's own mental states.

Levinson and Fonagy (2004) compared attachment styles and reflective functioning of 22 prisoners, 22 nonoffending patients with personality disorders, and 22 nonclinical controls in a study of violent behavior. They found that violent offenders had the greatest deficit in reflective functioning and suggested that impairment in this area increased the potential for violence. Difficulties in accurately representing mental states and underestimating another's perspective and intentions have been shown to be associated with a history of violent behavior in offenders with antisocial personality disorder (Newbury-Helps, Feigenbaum, & Fonagy, 2017). The absence, or lack, of the ability to self-reflect can lead to an increased risk of continuing violence against an intimate partner (Asen & Fonagy, 2017).

Perpetrators of domestic violence tend to externalize or, in other words, place responsibility for their internal experience and behavior on others (Wallach & Sela, 2008). Many perpetrators report that they reach a point where they feel they have no choice but to act in the way they do. Perpetrators often do not see that they have the power to choose. They perceive their internal state of distress to be caused by their

partner's behavior with little awareness of any capacity for control over how they respond (Siegel, 2013). With decreased metacognitive capacity, disturbing bodily sensations that may be elicited by others may activate a sense of threat, humiliation, or shame. The environment is perceived as hostile and malevolent, leading to defensive and protective behaviors including the potential for violence in an attempt to restore control and safety (Velotti et al., 2016). Subjective feelings of threat can inhibit mentalizing ability, which can lead to activation of the fight-flight system (Liotti & Gilbert, 2011). Where internal experiences cannot be satisfactorily regulated, rapid actions are favored over higher-order cognitive processes and are likely to be impulsive and acted out rather than verbally expressed. Recovery of mentalizing ability occurs when the perceived threat has been removed and a renewed sense of safety has been established which fosters the capacity to regulate arousal and affect (Newbury-Helps et al., 2017).

Difficulties in identifying and expressing emotions have been shown to contribute to use of violence. Research comparing generally violent males and domestic violence perpetrators to the general population showed higher levels of alexithymia in males who were violent compared to the general population (Strickland, Parry, Allan, & Allan, 2017). Alexithymia has been linked to problems in both intra- and interbehaviors where higher levels of aggression have been associated with deficits in cognitive processing, maladaptive emotional regulation, and poor emotional awareness (Robertson, Daffern, & Bucks, 2014).

Impaired metacognition has also been shown to mediate the relation between psychopathology and aggression where relatively intact metacognitive skills in the cognitive domain, and impaired emotional metacognitive abilities, were related to psychopathology and aggression (Bo, Abu-Akel, Kongerslev, Haahr, & Bate-man, 2014), and poor metacognition was related to poor social functioning in people with schizophrenia with a history of criminal behavior (Bo, Kongerslev, Dimaggio, Lysaker, & Abu-Akel, 2015). These findings have implications for assessment and treatment of perpetrators of domestic violence.

Empathy for another and the potential for violence toward the other are assumed to be

negatively related. Contemporary treatment approaches incorporate strategies to increase perpetrators' level of empathy for their partners in order to deter future aggression (Dobash, Dobash, Cavanagh, & Lewis, 2000). However, while capacity to empathize is an important aspect, there are variations in the level of empathy displayed and types of violence perpetrated. Helping perpetrators to become more aware of their self-states and how their inner experiences lead to violence may lead to a greater capacity for understanding and form a different perspective of the other (Velotti et al., 2016).

Perpetrators tend to attribute their violent behavior to an unavoidable reaction to external triggers. Difficulties in identifying and communicating emotions, more than the emotional experience itself, are more likely to lead to violence (Strickland et al., 2017).

On the basis of such empirical evidence, it is reasonable to hypothesize that targeting dysfunctional metacognition can be fundamental for an integrated treatment of male perpetrators, irrespective of the clinician's preferred orientation. Incorporating metacognition as a construct may help minimize the observed inconsistencies and poor outcomes in contemporary approaches that focus purely on increasing the perpetrator's capacity to empathize or challenging patriarchal beliefs. The following case study provides an example of how therapy might proceed in an attempt at improving awareness of mental states antecedents to violence.

Case Study

Chris, a 29-year-old Caucasian man working in sales, had a history of emotional abuse toward his intimate female partners spanning the past 3 years. Chris was referred to therapy by the local hospital mental health unit after he was found intoxicated, having contemplated suicide by jumping off a bridge. On admittance to the mental health unit he was assessed as having depression. At that time, he reported binge drinking and smoking marijuana. Based on semistructured and clinical assessment Chris would meet the criteria for depressive personality disorder, passive-aggressive personality disorder, and dependent personality disorder.

In his past relationship with Jane, Chris said that he became furious when he discovered she

had been having contact with a male friend of hers. Jane tried to convince Chris that they were "just friends" but Chris reportedly felt betrayed. The situation escalated to the point where Chris punched a hole in the wall near Jane's head and threw a dinner plate across the room. Chris told Jane that it was her fault that he reacted the way he did.

Chris presented to therapy as somewhat guarded but reporting that he was aware that he had issues with women. He attended voluntarily with the stated goal that he wanted to focus on current relationship difficulties. He reported that nothing he tried was working for him. He reported feeling frustrated in his wish for closeness and was becoming more desperate and dismayed.

Client History

Chris is the oldest of two siblings and describes his childhood as being characterized by feelings of abandonment and worthlessness. His father and mother separated when he was about 7 years old. He recalls his mother attempting suicide not long after his parents separated. Chris reported having idealized his mother and trying to be strong for her. Following the separation, Chris did not have contact with his father. He recalls being supportive of his mother and assumed responsibility for his sibling in an attempt to help his mother. Chris recalls this dynamic as occurring after his mother's suicide attempt.

Chris reported that when he was about 14 years old, his mother started a relationship with a man in the United Kingdom. Chris, his mother, and sibling moved overseas and then returned within 12 months. When Chris was about 16 years old, his mother moved back over to the United Kingdom, leaving Chris and his sibling alone in Australia.

Chris took it on upon himself to raise both himself and his brother and not rely on anyone else. He was not academically inclined, and taught himself skills that he felt were important for survival, for example, finances and share markets. When he finished school, he set his goals on being financially independent. Chris pointed to that time in his life with some pride in that he was able to take care of himself and his brother.

Chris's relationships would last, on average about 6 to 12 months and would often end with him feeling taken advantage of and used. He expressed a belief that women used men for what they could get and if something better came along, the women would leave.

In relation to his early developmental history, Chris reportedly experienced feelings of abandonment and rage toward his mother which related to his learning that his mother had gotten married without his knowledge. This experience brought up feelings of rejection, loneliness, abandonment, and rage, leading to his suicide attempt, during which he was found on a bridge contemplating taking his own life.

Formulation

Chris experienced conflict in his relationships with women. On the one hand, he felt anger at women and on the other he looked to women for nurturing and was desperate for a relationship. He described putting a lot of effort into obtaining closeness but felt that women did not appreciate him. Based on experiences over the last few years, he believed women were manipulative and used him. He experienced a pattern where his partner did not respond in the way he expected, and his responses varied between getting angry and feeling self-righteous, often reacting abusively, either verbally or emotionally, or becoming silent and withdrawing, not talking for hours or even days in some circumstances. Chris says that he has not become physically violent toward his partner but has thrown things and punched doors and walls when angry, which in turn has impacted his relationships. Chris demonstrated awareness that his seeking acceptance and nurturing from women was a consequence of his childhood experiences with his mother, whom he perceived as abandoning when she pursued a relationship with a wealthy business man.

Chris's attempt to have his wish for love and acceptance met was through demonstrating care and giving attention and gifts to his partner. Then, if the other did not respond or reciprocate in the expected way, Chris would experience sadness that the other was not showing that she cared for him, reinforcing the belief that he was worthless and broken. In response, Chris would reportedly try harder to show how much he cared, leading to Chris thinking he was being

taken advantage of, and feelings of anger and hurt. Consequently, Chris would withdraw and react angrily when an intimate partner might enquire as to the reasons for his behavior.

Partner Violence

Chris's attempts to control his partner's behavior in order to try and attain comfort and security are clearly experienced by his partner as abusive. On one occasion, Chris accused his partner, Jane, of not being faithful to him. He discovered text messages on her phone that she had exchanged with a work colleague. Chris questioned her relentlessly, accusing her of playing around behind his back. Jane tried to assure him that there was nothing going on and that Chris was getting upset over nothing. This enraged Chris and escalated to the point where he shouted at her and threw the dinner he was preparing at the time against the wall, smashing the plates and resulting in Jane feeling extremely fearful. Chris ended the relationship after that event, saying that Jane betrayed him and he would not be with someone who did not respect him and his efforts to help Jane feel loved and wanted. Chris's emotions ranged from hurt and dismay to extreme rage. He described similar dynamics in relation to all women he had been close to, and whom he had experienced as being manipulative, untrustworthy, and taking advantage of his caring nature. He showed no capacity for insight at these critical moments in his relationships.

Through Chris's attempts to gain security, comfort, and control when he felt threatened by a fear of rejection, he resorted to the following types of domestic violence:

- Emotional abuse, including threats of suicide, dismissing his partner's competence as capable of being in a relationship, and threatening violent behavior;
- Social abuse and isolation, where Chris made it difficult for his partner to see other people through his criticizing their family and friends, and expecting her to regard him as her priority over other commitments or interests;
- Intimidation and stalking, where Chris persisted in contacting the partner in spite of her requests that no contact be initiated. Chris oscillated between affectionate, loving messages, as a way of enticing his

partner back into the relationship, and reactive anger, exemplified by text messages or spreading rumors about his partner, in an attempt to discredit or devalue her in the eyes of others.

Therapeutic Process

Chris attended 20 sessions over a 3-year period, often attending weekly for a few weeks followed by more extensive breaks. The process focused upon enhancing Chris's metacognitive capacity, which involved Chris exploring relationship episodes, including current cognitive and affective experiences, and linking these experiences to early autobiographical narrative episodes. In addition, the therapist drew upon constructs which are included in metacognition interpersonal therapy (Dimaggio et al., 2015), that is mindfulness and schema-focused constructs. Mindfulness is the process of being aware of one's thoughts, emotions, and physiology as they occur in the moment, without judgment or prejudicing one aspect of experience over another (Kabat-Zinn, 2003). Schema-focused constructs are used to promote metacognition through identifying core beliefs and the impact these beliefs have on information processing (Dimaggio et al., 2015).

Chris demonstrated an increasing capacity to link current experiences and wishes to unmet attachment needs when he was younger, particularly when his mother left the family to pursue a relationship. Chris's narrative revolved around his mother having abandoned him and his sibling, leading him to attempting to resolve unmet attachment needs through seeking attachment in his current intimate relationships. Lines of enquiry that assisted this formulation around feelings of abandonment and seeking attachment in his current experiences in relationships is evident in the following excerpt:

Therapist: Chris, tell me about when Jane said that she was going to meet up with some friends from work. What do you remember about what you thought and felt?

Chris: I thought why do you not want me to go with you. Are you trying to keep something from me?

Therapist: When you had that thought, do you remember how you felt?

Chris: Pi**ed off. How come I do so much for you and then you just leave me out of things. I give and give and give and then no one gives a sh*t. I tried doing things differently from the last relationship and it's still not good enough! This happens every time!

Therapist: Thinking back to that feeling, can you recall other times when you had had similar thoughts and feelings?

Chris was invited to explore earlier scenarios that elicited similar emotional responses and any further associations between past unmet needs and current relationship experiences. In gaining greater self-understanding and reflecting upon his experiences, he was assisted in identifying schemas, which assisted him to create a sense of security and safety through a belief structure that governed the ways in which he perceived and acted in the world. He gained insight into how this belief structure influenced the ways in which he perceived the interactions and motivations of others. These structures, or schemas, evolved over time, forming a stable base from which he was able to make sense of other social relationships and interactions (Dimaggio et al., 2015).

We refer to the experiences described above as "understandings." These understandings, drawing upon implicit somatic responses and recollections, are borne from the person's early childhood experiences and influenced over time through strategies used to help the person negotiate relationships. By necessity, for the sake of survival and a sense of security, schemas act as a restraint to attending to information that does not fit with the schema. For example, a desire/wish for approval along with a belief of "I'm not good enough" will be sensitive only to information that is responsive to the schema. Information that is misaligned with such underlying beliefs are not recognized and thus, in effect, the core desire is never satisfied. This unmet desire effectively reinforces both the original schema along with the strategies devel-

oped over time to deal with perceived motivations of others (Dimaggio et al., 2015).

Chris would at times feel that the therapist was like “all the others” who just wanted him to move on, and felt blamed for ruining his relationships and that “everything was all my fault.” During these times, which may easily lead to ruptures, the therapist would say something such as the following:

Therapist: Chris, I understand that not a lot of this makes a lot of sense. Here you are just trying to find happiness in relationships and nothing you do seems to be working. People who you think you can trust can all of a sudden feel that they are against you and seem to be pushing you in a direction that doesn't feel right to you. I can totally understand that, given what you have experienced in the past. While you seek happiness and security in relationships, there is a fear that others will let you down. I may be wrong but I get the picture this is pretty familiar to you. What I hope is that you can help me to identify when these feelings come up for you in session so we can work with them while they are present. Would I be right in saying that if there was any other way to deal with these situations so that you didn't end up feeling the way you usually do, you might be interested in trying to gain an understanding of your experience?

Following from such occasions, Chris would report feeling acknowledged and validated. He was more able to expand on his feelings and give voice to the ways in which he sought to be understanding and giving, and that all he got in response was feeling rejected and judged. Chris questioned whether he can be in an intimate relationship and his capacity to check these

feelings, rather than the experience of spiraling down, leading him to experience despair and loneliness and sometimes suicidal ideation.

The following excerpt focuses on inviting Chris to focus on his feelings and internal state with a view to breaking the obsessive thinking through the use of mindfulness and exploring his somatic experiences:

Chris: I do not know what to do anymore. No matter what I do nothing works. I cannot keep sitting in this. it's too painful.

Therapist: When you say this, what do you mean specifically?

Chris: I mean everyone telling me to move on. Do they think I want to feel this way? They do not know what it's like.

Therapist: What is it like Chris?

Chris: It's like no one gets it. How can someone just stop loving you like that? One day she's saying I'm the perfect package and then “I don't feel it anymore.”

Therapist: What is it that you want right now?

Chris: What I want is for someone to tell me that I am ok, that I'm a good guy and that I didn't do anything wrong.

Therapist: Chris can you stay with the feeling of that—the feeling of someone telling you that. Just imagine that right now. Try, as much as you can, to really feel what that feels like right now. Let the feeling be there as much as it can. Imagine you are embracing that feeling with your whole body. Try to keep your thoughts at bay and just stay with the feeling. . . . What's happening?

Chris: It feels better. More relaxed. Calm.

Through these mindfulness-based processes, Chris gradually developed the capacity to identify somatic responses, increasing his awareness of the influence of his internal experiences on the way he perceives and then reacts to the world.

Much like the above excerpt, the therapist would take the opportunity to guide Chris into mindfulness by focusing on his breath whenever he started to obsess or blame another person. He would be guided to focus on somatic sensations as he recounted past events such as feelings of abandonment by his mother or his sense of insecurity experienced with his partner or when he experienced distressing feelings during sessions. The therapeutic process encouraged him to explore and embrace his inner experiences and understandings through self-acceptance and self-soothing strategies that enhanced his capacity to deal with distressing emotions. This process helped him to adopt and internalize an alternative perspective in relation to his own suffering. Chris became better able to identify particular situations that triggered experiences of family wounding, hurt, and abandonment and the behavior he would engage in to try and deal with the stimulation of these early schemas.

The therapist explored what it meant to Chris that he was able to experience relief and comfort by focusing attention on his internal or somatic sensations. The therapist highlighted the implications of these experiences for his sense of who he is, both in terms of his own sense of agency, and capacity for empathy.

Therapist: I'm interested in what this experience was like for you.

Chris: I just felt something lift from me. I felt lighter and it felt good. It's hard to describe but it felt good [started to cry]. I have been looking for this feeling for so long and I've been searching for it in everything else.

Therapist: This is something you have been looking for everywhere and this must have been the last place you thought you would find it! I have a sense of what this must feel like for

you. I almost do not want to say anything more and just let you hang out in that feeling for as long as you want.

Over time, Chris developed a greater capacity for empathy and understanding the experience of another. He also gained a greater appreciation for the other also wanting to feel accepted and secure. Once Chris had been able to identify what schemas were operating, we set about looking at how these have created his experiences of the world.

Chris is more aware of the impact of the schemas identified during the course of the therapy and is motivated to better understand his habitual responses so the abusive cycle does not continue. It was encouraging when he attended one of his more recent sessions and said, with confidence and purpose, "I know what it is. I just want to be loved and cared for. I need to get this sorted!"

Discussion

The case study illustrates how it is possible to incorporate strategies to help enhance metacognitive capacity as part of an integrated treatment for intimate partner violence. To have simply focused on educating Chris about his partner's experience and how his behavior was violent or abusive, as in some of the more contemporary approaches with perpetrators of domestic violence, would have increased the potential for justification and defense. Instead, drawing upon a metacognitive-informed approach, the therapist invited Chris to explore his inner experiences in relation to the outside world and how these experiences influenced his behavior and the inevitable impact on both his own well-being and intimate relationships (Dimaggio et al., 2015). Nevertheless, we acknowledge that there are very different ways of addressing the presenting issues, and a different therapist may have chosen to be less directive or more affirming in, for example, acknowledging his wish to be well regarded.

Contemporary therapeutic principles guiding our work with perpetrators have utilized a variety of approaches in an attempt to reduce the incidence of violence against their intimate partners. While the therapeutic priority needs to be the cessation of abusive behavior, these approaches tend to vary, both conceptually and practically, in the strategies utilized (Eckhardt

et al., 2013). Incorporating metacognition as a potentially important mechanism of change can be fundamental in bringing about change and reducing aggression and anger. This is not to say that reducing abusive behavior and violence is not a priority. Ending the violence is always a priority. However, the aim is to achieve this outcome by building on the perpetrator's capacity to mentalize and reflect upon his inner experiences as a consequence of external triggers. Focusing on the perpetrator's metacognitive abilities can assist in reducing the potential for violence. Facilitating a more reflective stance invites the perpetrator to take responsibility for his behavior, thereby minimizing the potential for feelings of shame and blame, experiences that often invite justification and minimization on the part of the perpetrator (Jenkins, 1990; Misso, 2013).

We have argued that increasing capacity to self-reflect can help the perpetrator explore the cognitive and affective antecedents of his violence while minimizing the potential for minimization and justification. Inviting a sense of curiosity in the perpetrator's own inner experiences and a curiosity in another's mind can foster mentalization through regulation of affect and physiological states (Liotti & Gilbert, 2011). Enhancing metacognitive capacity can support perpetrators in becoming more aware of the consequences of violence in their relationships and to seek to use that knowledge to respond more effectively to psychological and social challenges. Further research is warranted to include the impact of social roles and relationships and the way in which metacognitive capacity can be enhanced with a view to addressing these deficits most closely associated with the perpetration of domestic violence.

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Metacognición: Un Mecanismo Potencial de Cambio en la Psicoterapia de los Perpetradores de Violencia Doméstica

La perpetración de violencia doméstica contra individuos es responsable de un dolor indecible, sufrimiento y la mortalidad prematura. Investigaciones en la efectividad de resultados de intervenciones para perpetradores muestran resultados inconsistentes y no concluyentes. Adaptar tratamientos a la tipología del perpetrador tiene el potencial de mejorar los resultados. Metacognición, refiriéndose a entendiéndose a sí mismo y los estados mentales de los demás, señala una

dimensión importante de tipología del perpetrador. La disminución de la capacidad metacognitiva también está relacionada con estados de alta activación y potencial para violencia. Este artículo proporciona un breve repaso de las influencias en planteamientos de tratamiento actuales y explora la metacognición como un factor psicológico requiriendo mayor atención al considerar la perpetración de violencia doméstica. La teoría propuesta se apoya mediante el uso de una presentación de casos basada en la teoría propuesta. Se recomienda la investigación futura para incluir el impacto de los roles sociales y las relaciones en la mejora de la capacidad metacognitiva.

Perpetradores, violencia doméstica, metacognición, mentalizando, tratamiento

元认知：一种具有潜力的用于家庭暴力犯罪者的心理治疗的改变机制

对个体的家庭暴力的犯罪应为无言的痛苦、挣扎和过早的死亡负责。对犯罪者的心理介入的效果的研究展现的是不一致的，无定论的结果。基于犯罪者类型学改编的治疗有着改进结果的潜力。元认知，指的是对自我和他人心理状态的理解，指出了犯罪者类型学很重要的一个维度。元认知能力的减退也同高唤起状态以及潜在暴力相关。本篇文章提供了对目前治疗方式的影响的简述，并且探索了元认知作为一个心理因素在考虑家庭暴力犯罪时的对于提高注意力的必要性。在此提出的理论通过使用一则建立在已存在的理论的案例展示来获得支持。将来的研究建议通过包含社会角色和关系的影响来提升元认知能力。

犯罪者, 家庭暴力, 元认知, 心理化, 治疗

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