

A Therapeutic Paradigm of Successful Intervention on Intimate Partner Violence (IPV) in Greece, with the Human Systems Therapy (HST) Model

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Abstract

Qualitative research and listing how therapeutic interventions are carried out to prevent intimate partner violence are considered to contribute significantly to research for greater effectiveness of therapeutic models. The therapeutic paradigm that follows demonstrates the epistemology, tools, and process followed to eradicate intimate partner violence, and is derived from the therapy of a couple experiencing intimate partner violence. The intervention was carried out with the HST model, in the context of doctoral research, in an island region of Greece. The HST, as a systemic therapy intervenes in the relationships of the system members (couple). The results showed a cessation of violence, an improvement in communication, an increase in cooperation, empathy, family functionality, etc. Also, useful conclusions were drawn for the intervention through HST at the level of epistemology and therapeutic practice.

Keywords

Human Systems Therapy (HST), Intimate Partner Violence (IPV), Couple Therapy, Hierarchy, Relationships, Techniques

1. Introduction

Intimate partner violence (IPV) and its prevention are of increasing concern to international research in the field of psychotherapy and counselling due to the growth of the phenomenon worldwide. Statistics confirm that IPV mainly takes the form of violence against women according to, the World Health Organization (WHO, 2018), the European Institute for Gender Equality and national records

(EIGE, n.d.). At the same time, measures against gender-based violence are proposed (UN, 2022).

On a research and therapeutic level, more effective interventions against IPV are required. The interest is focused both on the epistemology of the intervention models and mainly, on the therapeutic practice. Therefore, particular interest is shown in Qualitative Research where the clinical significance of the change is captured through reference to the intervention mechanism (Friedlander, 2009).

The Therapeutic Paradigm that follows comes from a Multiple Case Study, in the context of doctoral research and captures the therapeutic process that was carried out and its results in a qualitative way, since it records *what happens in the therapy* and how this affects its course (Sprenkle, 1990).

The following research-intervention was conducted with the Human Systems Therapy (HST) model for couples experiencing intimate partner violence.

2. Models of Therapy for IPV

A comprehensive literature review focused on previous studies of therapeutic interventions (models) for intimate partner violence (IPV) was reported in previous work by the researcher (Batala et al., 2023; Batala, 2024). As found, in the field of Systems epistemology and therapy, there are only a few internationally recognized models that have documented and empirically supported effectiveness in treating violent partners according the criteria of APA (2006; 2011b). These are: Solution-Focused Brief Therapy (SFBT), a differentiated model of SFBT and Emotionally Focused Therapy (EFT). Research on these models has faced obstacles/difficulties in therapeutic process (related also to epistemology) or is ongoing (Stith et al., 2005; 2011; Sloommaeckers & Migerode, 2019).

3. The Human Systems Therapy (HST) and IPV

Among the systemic models, epistemologically and therapeutically engaging with the eradication of intimate partner violence, a new model Human Systems Therapy (HST) is a promising intervention proposal. It is a systemic therapy model (intervenes in the relationships of system members) developed in Greece by Nikolaos Paritsis and applied to families and couples for decades with very good results (Paritsis, 2003; 2006; 2010; 2012; 2020; 2021; 2022). The HST model already has empirically proven effectiveness in preventing partner violence and improving the characteristics and qualities of the members of the relationship (Paritsis, 2022; Batala et al., 2023; Batala, 2024).

In the present therapeutic paradigm, HST was applied to the therapy of a couple experiencing intimate partner violence. The epistemology and therapeutic practice of the HST model for intimate partner violence differs from other systemic models. Specifically, HST includes principles of the Systems science and Cybernetics that were developed and evolved from HST, the synthetic view of first and second Cybernetics, the different role assigned to the therapist (as more knowledgeable of reality than the treated system due to his/her scientific knowledge and

experience vs the not knowing position), the joint therapy of a violent couple and the co-examination of the past of victim and perpetrator (genogram information).

Also worthy of attention is the systemic Hypothesis proposed by HST, as a starting point for the investigation of the relational problems of the couple experiencing intimate partner violence. In particular, the model focuses on the investigation of possible disruption of the hierarchy and equality in the partner relationship, in the couple system, while at the same time reasons originating from previous systems (transgenerational transmission), individual characteristics and the environment, in the context of circular or spread causality, are also analyzed (Paritsis, 2022; Batala et al., 2023).

To promote changes in relationships, in the intervention, HST uses *a large number of techniques* (the epistemology of the model allows the use of general systemic widely accepted techniques, new techniques developed in HST and others compatible with HST (Paritsis, 2010; 2012; 2020; 2022; Paritsis, in Press).

The techniques reduce the treatment time (brief therapy) as most of them act on the unconscious (e.g. paradoxical techniques) (Ruby, 2018). Most of them had been developed by the Milan School of Therapy (Boscolo et al., 1987) and other researchers and acquired a new meaning in HST, such as paradoxical techniques (see Milton Erickson paradoxical interventions).

The main techniques in HST (for family and couples), proposed for selective use by therapists at the various stages of intervention (in relation to the therapeutic request and the specificity of each relationship) may contribute: in creating a good therapeutic relationship (connection), in the investigation of the request/problem, in the formulation of the Hypothesis, to transmit indirect messages (for the listeners of the conversation) and give everyone the stimulus for new ways of seeing and new thought processes. Also, in increasing empathy and awareness between the partners and in the stabilization of the results etc. (von Schlippe & Schweitzwer, 2016; McGoldrick et al., 2020; Paritsis, 2010; 2012; 2020; 2022; Paritsis, in Press).

Especially, in the case below (couple therapy of IPV) the main techniques were used:

Joining: strengthens the therapeutic connection and helps the positive outcome of the process (Paritsis, 2021).

Over-positive Descriptions: Description in an extraordinary way of some characteristics of the couple etc (von Schlippe & Schweitzwer, 2016; Paritsis, 2010, 2012, 2020; 2022). Giving Congratulations and expressing Admiration are also techniques related to the above.

Systemic questions: the technique has an exploratory character at all levels, individual, family, intergenerational, social, and contributes to increasing the participants' information and self-awareness. Circular questions: has an investigative character, their use increases awareness and empathy (von Schlippe & Schweitzwer, 2016).

Focus on the solution: it helps to the formulation of the therapeutic request and

highlighting the obstacles, creates positive feelings (Goldenberg & Goldenberg, 1991; von Schlippe & Schweitzer, 2016).

Technique of Exceptions: search for good practices of the past, the technique is linked to the formation of the Hypothesis, it contributes to the increase of information of the participants, to the positive feelings and optimism. It also helps with self-awareness (Erford, 2020).

Reframing: An event or property is given a different meaning (positive) as we place it in another context, a context that changes the meaning of the event (von Schlippe & Schweitzer, 2016; Paritsis, 2021).

Supporting a position at the general level (Comments at the General level): contributes to the increase of variety and the change of opinion, position, behavior of the participants (Paritsis, 2022; Paritsis, in Press).

Genogram: has an exploratory character at all levels, individual, family, transgenerational, social, and on the other hand, it contributes to increasing the information of participants and also enhances self-awareness of the couple members (McGoldrick et al., 2020; von Schlippe & Schweitzer, 2016; Paritsis, 2021).

Technique of Exculpation (HST): it helps to remove obstacles and symptoms due to guilt. It creates positive emotions and facilitates change (Paritsis, 2022).

Instruction (Assignment of behavior or joint activities): contributes to the reduction of repeated conflicts (it is also applied as a paradoxical technique, depending on its configuration. It is usually repetitive in nature). Addresses the system (family) to normalize relationships and remove obstacles. It facilitates change (von Schlippe & Schweitzer, 2016).

Therapeutic Alchemy /Alchemy of behavior (HST): helps to change negative behaviors, thoughts, feelings, etc. (also applied as a paradoxical technique, depending on its configuration). It contributes to the removal of obstacles from the system (family) and addresses it. (Paritsis, 2010, 2020; 2022; Paritsis, in Press).

Symptom prescription (paradoxical technique) (O'Connell, 1983; Mahoney, 1986).

Refusal of the context by changing the subject (preventive technique) (HST) and Special couple technique (HST) (Paritsis, 2022; Paritsis, in Press).

Assessing the relationship, the therapy ecc on a scale of 1-10: related to the achievement of the goal, the satisfaction of the members and the feedback of the therapist that is considered necessary (Leppma & Dayle-Jones, n.d.).

4. The Research-Intervention

The purpose of the research-intervention was the promotion of understanding and the cessation of intimate partner violence, while simultaneously highlighting the mechanism/method of carrying out the therapeutic interventions and the process and means that led to the (positive) change in the relationships of the partners, with the Human Systems Therapy (HST) model.

Research methodology: The therapeutic paradigm listed below was isolated for the purposes of this publication from a Multiple Case Study (Yin, 2003; Stake,

2006) of nine heterosexual couples experiencing intimate partner violence, who were referred for therapy by the Prosecutor's Office. The Multiple Case Study of the nine couples was conducted with a mixed method of qualitative and quantitative data collection, and the quantitative results were already published by the researcher (Batala et al., 2023; Batala, 2024). It should be noted that the quantitative data were collected with the aim of documenting the change through the therapy, since this type of research is less interested in statistical significance (small sample for statistical significance), and more interested in the effect size of the resulting change.

Sample: The couple of the Case met the research criteria. Inclusion criteria for the research included cohabitation of the couple for a period exceeding one year, age over 25 years, and non-participation in parallel IPV therapy. *Purposive sampling* was conducted.

Research Hypothesis: The therapeutic model of HST can bring about a change in violent couple relationships, with a significant reduction in conflicts, frequency, and intensity. Additionally, positive emotions towards the partner, greater Marital Happiness, better couple/family functioning after the intervention and, assessment of the duration of the results (feedback) within one year after completion were also investigated.

5. Material and Methods

The therapist-researcher's interest in the qualitative data was fuelled by the sixty-minute sessions of therapeutic intervention for the couple. The therapeutic interventions for the couple (conjoint) were conducted in Spring 2021, with sessions held every 15 days. There was no predetermined number of sessions, ranging from 5 to 9 (according to the HST specifications), by the therapist-researcher trained at HST. The therapeutic intervention process was based on the Therapy Manual of the HST (Paritsis, 2021; 2022; Batala et al., 2023; Batala, 2024).

According to the HST Therapy Manual, information was gathered during the sessions and recorded by the therapist in the *therapy diary*, through the technique of systemic questions, the genogram and other techniques. Also, the observations and findings from the therapist's side, the recording of the therapeutic process, along with the inclusion of some characteristic excerpts from the sessions, constituted the qualitative data of the research, the composition of which was reflected in the Therapy Report provided below.

In more detail, an improvised Therapy Report form was created by the researcher following the guidelines of the American Psychological Association (APA, 2011a), in combination with the HST Therapy Manual.

The Therapy Report /Therapeutic Paradigm that follows includes: background information on the specific case in question such as, the profile of the partners, the type of violent relationship (case history), the description of the systems with the use of genogrammatic information, the *Therapeutic Request* of the couple, the initial Hypothesis (HST) and its control in subsequent sessions, the causality, the

mechanism of maintaining the problem, the design of the intervention, the goals of the therapy, the therapy process and the main techniques used, the results of the intervention, the direct observations of the therapist, some excerpts from the therapy, the conclusions of the therapist, the feedback from the couple regarding how its members themselves evaluate the problem, the functioning of the family and the intervention and, finally information from the reassessment after one year from the completion of the intervention, etc. In particular, the researcher-therapist recorded what she considered important from each session, for a better understanding of its conduct and the highlighting of the mechanism and means that led to change, making the Therapy Report a Therapeutic Paradigm. Finally, the Ethics for mental health professionals was observed in the entire process.

6. Case Report (G. & M.)

6.1. Description of Couple—Family System

Case history: The incident was referred for monitoring by a counseling-therapeutic program by the Prosecutor's Office of Heraklion after a complaint by M. (female) about domestic violence by G. (male). The couple is married and their relationship lasts for 35 years. It has a 30-year-old daughter who now lives with them after spending 9 years abroad for studies. He is a self-employed construction professional and she is a registered nurse. The problems between them started after a professional failure that G. had in the last 5 years, which had serious financial implications. This caused M. insecurity and a series of doubts and disagreements about his choices. At the same time, G. became addicted to alcohol and the conflicts became more intense, including threats, insults and physical violence to M.

Following M.'s complaint, G. agreed to the Prosecution's proposal to attend a detoxification program at KE.TH.EA. Ariadne. The monitoring started two years before the start of the therapy but was not completed due to some misunderstanding created in the center, according to his words. The program was attended by both spouses (the wife attended the support program for members of families with alcoholism) and from what they both stated, there is no longer any alcohol consumption by G.

The couple's relationship had been shaken due to a "lack of honesty" as the wife said, from her husband and the accumulation of debts to this day, which "creates a huge insecurity for her, especially for the future of their daughter".

The feelings felt by the wife are "mistrust" and "diminished esteem" while the couple's communication included mutual criticism and control by the wife after the truth was revealed. Also the husband "not coping with the control and mistrust but also the daily nagging", after working and eating at home "retreats to the bedroom for rest and television until the next morning".

The husband was described as "loud and grumpy" and the wife expressed (privately) the opinion that this may have been the reason for the separation of the daughter and her partner who had been together for 9 years while they were

preparing for their wedding.

The two seem to be trying to keep their relationship going, especially M., while he seems to be distancing himself and tacitly taking on some responsibilities. The couple generally cooperates with one another and with the daughter, on various issues, but “as husband and wife they are distant” as M. reported. What has been pointed out is that their social life involves other people, without the two of them as a couple having any shared entertainment activity.

Comorbidity, medical history: G. was until recently an alcoholic, suffers from insomnia and vitiligo which is getting worse. M. also does not sleep well.

Genogramatic information: Of the rest of the family, only G.’s mother and siblings are alive, while M. has also lost a brother. In G.’s family, there was alcoholism from his father and uncle, but no violence was mentioned. Relations with the couple’s siblings are very good as well as with their daughter who was present at the end of the last meeting.

Therapist’s assessment: From the genogram, it is observed that there is transgenerational transmission of alcohol addiction.

Therapeutic Request: The request concerns the cessation of conflicts and the restoration of relations “as before”. The request is common but everyone probably gives it a different meaning. The wife asks for “closeness” and “honesty” and the husband for “trust and preservation of his dignity...”, “not to be controlled like a small child”, G. mentioned in the first session, privately to the therapist.

Therapist Hypothesis: The couple is not emotionally close enough and the couple’s relationships are not supportive enough as well for the two to share and then manage the financial problem together. G. hiding the problem from M., the relationships have been even more disrupted, the mutual respect and equal position in the marital system has been lost, the good communication between the partners interrupted, closeness and satisfaction as well. In this phase, the husband seems to be assigned by the wife the role of the minor, regarding professional/financial matters. M. feels “justified” as she said, for her complaining since the financial problems still exist, although the company is prospering. M. voluntarily controls the transactions and activities of the company, which infuriates G. G. believes that “he should not account for everything” nor should she “reprimand him by asking the banks” because that way “he feels as if he is nobody”. Secretiveness, control, alcoholism, illness, and sleep problems of both indicate a lack of emotional closeness and satisfaction from *significant others*. Causality appears to be mainly *circular and partly diffuse* (disseminated causality).

Assessment of the type of violence: No generalized violent behaviour has been reported; we assume that this is the type of violence where there is reciprocity, women and men commit “equivalent” levels of physical and psychological aggression in the context of shared violence, with G. as a perpetrator of physical violence.

Mechanism of maintaining the problem in the relationship: Lack of honesty by G., low self-esteem, traditional gender norms. Insecurity, control, mistrust, criticism and partly stereotypical perception of the male role by M. Conflicts, lack

of cooperation and constant thwarting of both.

Intervention Planning—therapeutic goals: To control the Hypothesis and satisfy the therapeutic request, the following therapeutic goals were defined:

1) Short-term: Reduce tension between them to improve sleep and continue abstinence from alcohol seamlessly. Reframe the complaint to avoid vindictive action by the perpetrator. Also, discuss a security plan with M.

2) Long-term: Prevention of violence and aggression, emotional convergence and better communication to improve relationship and health.

In particular, strengthening the emotional convergence of the couple, stopping critical comments and the controlling role of the wife, satisfaction with the relationship combined with the pleasure of small daily joint activities and pleasant moments that are expected to result in the absence of the need for alcohol dependence and will remove the risk of relapse will be aimed. Also, controlling gender-stereotypical behaviours, increasing the degree of the husband's honesty and responsibility towards himself and the family, removal of guilt, restoring mutual respect and strengthening the family's mutually supportive framework. Restoring the husband's position in the couple system. Intervening at two levels: relationships and individuals.

6.2. Sessions

Course and means of therapy: For the intervention it was decided to have 1 session every 15 days, at the premises of volunteer group of HST.

1st Session. The session started separately for each member of the pair and was then conjoint. At the beginning of the session, the security plan was discussed with M. in case of a new violent attack. In the second part, the couple sat at a distance, M. spoke mainly while G. was closed to himself and did not react to what he heard from M. Both looked sloppy. The session aimed at Joining, creating a therapeutic relationship with the couple, and getting as much information as possible about their genogram, individual information, perceptions, values, transgenerational transmissions. The following techniques were used:

In the first part, M. had told the therapist:

M.: "They don't have a sequence in the company, while they have business, something is happening with the money.... my husband is too unsuspecting".

Th.: "You should take over the company and hire him as an employee" (paradoxical technique). M. "what do I know of these...".

Th.: "Congratulations, given that while you don't know the job, you have a complete picture of how the company should work to do well!". M. crouches in her seat.

In the first part, the husband had said to the therapist:

G.: "I'm ashamed of my failure, M. reminds me and controls me every day, I do my best so that they do not miss anything", "I'm nervous as a man, not more than that".

In the second part, the following techniques were used:

Systemic questions: Th.: “How did you meet and how did you end up getting married?”, “When did the arguments start?”, “Who starts the fight first and what do you usually talk about?”, “How do you react when...”, “Who usually ends the conflict?”, “what do you do next?”, “What position does the daughter take in the discussion?”.

The issue of the cause of the last violent conflict, which was described by M. only, was also discussed.

M.: “I asked the banks and found out everything about him and the partner who is stealing from us and G. considers him a friend”, “my daughter and I will stay on the street”, “G. is a good person but he doesn’t know how to manage his finances...”.

G. does not react and shows discomfort.

Systemic questions: Th.: G., would you like to tell me something about yourself?

G.: “After work I go, eat and lie in bed until the next morning, if we are in the same place I get nervous because every day she checks my finances”.

Th.: “Was there ever a time when you discussed the matter in a different way?” (exceptions).

G.: “A while ago, and I explained to her that the matter is on track, she doesn’t trust me and considers me useless... and that I have some secrets.”

Th.: “How did you feel afterwards?”, G.: “Very good for a while, then she started again, am I the only one who lost money from a wrong investment with a partner who didn’t work out for us?”.

M.: “He doesn’t tell me what’s going on and I live with anxiety, when I ask him he shouts”, ... “I do chores so that I don’t think”.

Afterwards, the issue of guilt on the part of G. was investigated with the Technique of Exculpation.: Th.: “If you knew the outcome of the investment moves, would you do them?”, G.: “We made some openings that didn’t work out for us, but now we are close to getting out of debt; of course not, I would not do them again”, Th.: “Many people can find themselves in your position, I understand that you are also in great distress...”.

Systemic circular questions e.g. “How do you think the wife and daughter feel when there is debt in the family and they don’t know what to do with it?”

G.: “They are somewhat right, but I’m not a minor, I didn’t tell M. because she gets stressed and then lashes out at me.”

Reframing: You both care deeply about each other, and in your own way, you each try to protect the other. The intentions of both were good regardless of whether you both feel alienated by this event.

Over-positive descriptions of both of them and their daughter who made it in life with her studies.

Complaint reframing. In order to make therapeutic use of the fact of the complaint, Th. said: “G. you are very lucky that M. in her way protected you and called the police, rather than allowing you to do a greater harm that you would regret for the rest of your life and it would hurt your child too”.

Close with discussion on the session. G. looks pleased and says that he feels better, but M. says out of politeness, rather, that she will think about all the useful things that was said. M.'s desire for an alliance with Th. against G. was strongly evident, but did not happen.

2nd Session: The couple shared a similar image with the previous time, G. was more relaxed and had frequent eye contact with the wife.

Feedback question Th.: "what happened since last time?", "has anything changed?" G. and especially M. did not bring anything to the session that bothered them in between the sessions, nothing different happened and they did not talk about the problem although the daughter will need enough money in order to move from abroad. The aim of the session was to break the ice, reduce distancing and increase empathy. The following techniques were used:

Over-positive Descriptions: for both to increase self-esteem and mutual respect.

Special couple technique (HST): Th.: "Let each one express the positive elements of the other". M.: "G. is a good person, hard-working, unsuspecting, sensitive and loves his home".

G.: "M. is a good housewife and a good mother, compassionate..." (he looks at her sympathetically).

Congratulations from the therapist to both of them for recognizing each other's positives and giving each other positive comments.

Special couple technique (HST): Th.: "what would one want more from the other?", M.: "I'd like to know what's going on, I'm looking for the comfort of going on a trip and I want to participate in the difficulties...". G.: "I would like M. to trust me, I don't say it but my associate and I are trying to overcome it..., we made a mistake."

M., upon hearing about the partner, became enraged and began to list how many properties he has and how little property they have.

Therapeutic Alchemy: Th.: "Well done M. for doing such a thorough research on the company!" even though that would put you in danger of jeopardizing your relationship as well as getting into serious trouble with G's partner at the company. M.: "???"

Therapeutic Alchemy Th.: "Congratulations to you too, G., for your endurance to bear this whole problem alone.... though you may be led to part with M.". G.: "It's not easy..."

G. takes the floor alone and explains what happened with the company, as if he wants M. to hear what he hasn't said so far. Th. congratulates him for this and asks him how he felt after saying that. G. replies that he felt comfortable talking about the problem. M. looks satisfied but also irritated.

Systemic questions: Th.: "what do people who have faced professional difficulties do?", "what is the role of the family?"

Supporting a position at the general level: Th.: "Many people hurt themselves if something goes wrong in one area of their life or they make a mistake."

M.: "No, Virgin Mary... let's have good health and everything will be alright..."

Th.: “Congratulations M.”

Questions: Th.: “G. how much longer will you be punishing yourself for the mistake? Did you not pay enough? If one does not live then surely he will not make mistakes.”

Focus on the solution: Th.: “What will your relationship be like without conflicts?”. Let everyone think for themselves.

Close with discussion on the session. They both look better, M. said that sometimes she makes mistakes due to stress.

3rd Session: The wife comes with her hair done at the hairdresser. G. is much more talkative and compliments her.

Feedback question Th.: “What happened since last time?”. They said they were happier but didn’t do anything different, somehow G.’s sleep improved but he still doesn’t sleep well. It was recommended to G. to visit his doctor to see the issue of sleep and also to move more in the afternoon hours so that the body needs to rest, instead of staying in bed. The aim of the session is to strengthen abstinence from alcohol, to prevent critical comments from the members of the couple, to intensify the dialogue and to achieve convergence of the couple. The following techniques were used:

Discussion of genogram and in particular the use of alcohol by members of his family and what image G. has of them. The goal is greater awareness of the issue and its connection to the bad relationship.

Supporting a position at the general level: Th.: “Scientific perspectives on the violence-alcohol link to enhance abstinence from alcohol”.

Th.: “violence is not acceptable even after the use of alcohol, even if there are other reasons”. G. agrees with nods.

Assignment of joint activities: e.g. Once in the next two weeks to propose doing something together. They agreed to go to the fruit market on Saturday and then have coffee nearby.

Close with discussion on the session. The husband is now more reassuring about the outcome of the problems and M. more tender, they feel that they got help.

4th Session: Feedback question. Th.: “What happened since last time?”. The couple didn’t do what they agreed to according to the directive “because it was not convenient...” but they attended a social event and also after the visit to the doctor, they went on a walk in harbour pier, the first time the two of them had done it in years. They seem more rested and slept somewhat better. The aim of the discussion is the stereotypical perceptions of each gender.

The following techniques were utilised:

Complementary hypothesis: The husband does not share with the wife the difficulties and the finances, and it looks like a stereotypical perception in terms of gender. We assume that something similar exists in the wife in relation to the male role and success. The following techniques were used:

Systemic questions: Th.: “What is the role of men in today’s families?”. G. “we

are old-fashioned...”. M.: “The groom did all the household chores”

Th.: “The traditional man, as we also see in Greek films, has all the responsibility of the family, he is the only one who takes care of the difficult issues, works and maintains the house, does not bend, does not cry, does not deal with the children. ...and if he doesn’t agree with something...he throws a slap”.

Th.: “Which of you two would like the man of the house to be like this”? M.: “we are a little traditional and more modern, and the daughter says so as well.”

Therapeutic Alchemy: “Congratulations because even though you know how the roles are today, in some matters you prefer to maintain your views on the role of the man even though it puts both of you in a difficult position.”

Supporting a position at the general level: Th.: “What would you advise a modern family to do today in order to survive according to the times?”

G. & M.: “To find the solution together...”.

Close with discussion on the session.

Symptom prescription: instructing spouses to argue about a topic, other than that of the therapy, for 10’ twice over the next two weeks and then stop and continue what they were doing before (paradoxical technique).

Close with discussion on the session. They both said the conversation was good for them.

5th Session: The couple sat closer and interacted more with gaze and gestures. When asked how the previous days were, they answered that they drank coffee together at home when M. made cookies, G. did not shut himself in his room, he is not afraid to go out to drink (for the first time he explains why he stayed in the room), he went across to the kiosk and sat with his friend. They discussed the previous period at a specific day and time as directed and did not argue because, “they did not want to argue.” In the session this change was very visible.

The aim of the session is to strengthen the relationship. The session lasted for 20 minutes due to a power cut. The following techniques were used:

Congratulations on all they have achieved so far. Over-positive Descriptions-Reframing: Th.: “You’re both sensitive people, that’s why you have such a good family, it’s just that the previous events were for the best because they strengthened the relationship and redefined both of you in the way you want to live.”

Assign joint activities: discuss various possibilities for activities.

Set next meeting.

6th Session: Before the session G. approached the therapist and asked her to support M. who had been crying all day due to the finalization of her daughter’s separation following a conversation with her partner’s family. The pair appeared to be coping together as they exchanged more frequent glances and her husband spoke very encouragingly, reframing the split. In fact, at the end of the session, the couple’s daughter also asked to pass by (they had arranged to go somewhere together), and after the mother’s request, she was accepted into the session by the therapist for 10’. The daughter seemed to deal with the fact of her separation with great calmness and composure, and she spoke with positive feelings about family life at home, after provocation by the therapist and over-positive descriptions of

the parents and herself. Her very recent return, after the separation from her partner and her relocation from England where they lived, but also the problem of the separation proved the increase of the couple's cooperation, their emotional proximity, their shared obligations and responsibility. The daughter appears to have been fully aware of the family's toxic issues and also strengthened plans for the couple's recreational getaways. The aim of the session was to further strengthen cooperation and increase interconnection between them.

The following techniques were used:

Over-positive descriptions of everyone's gifts and the daughter's abilities to strengthen the family bond.

Congratulations on the effort for the relationship and the result.

Refusal of the context by changing the subject (preventive technique). It was suggested that the couple use this technique in case there is a disagreement between them in the future, in order to reverse any escalation. Th.: "When one of the two starts making remarks or comments critical of the other, then the person receiving them should react by referring to another matter that is pleasant to the partner, ignoring what was said."

During the therapist's meeting with the couple and their daughter, at the daughter's urging, the two of them discussed a two-day getaway to a neighbouring resort, something that hadn't happened in many years.

Assessing the relationship: The therapist asked whether they felt that changes had taken place between them in relation to the request. They noticed greater closeness and intimacy with each other. Both expressed satisfaction with their relationship and found the intervention very helpful.

Close with discussion of therapy. The couple agreed that it had been helped to feel close and be well again, and also thought that everything that troubled them is over.

Feedback in 12 months: The couple continues their daily life, M. did not bother to control C.'s professional affairs. The matter was not mentioned at all instead they stressed that G. did not relapse into alcohol, that they live peacefully and that the main concern is for their daughter to find a good partner.

6.3. Results

Therapy outcome was completed in 6 sessions. The violence and criticism between the partners have stopped and the therapeutic request has been realized. No particular difficulties were recorded in the intervention, there were no serious resistances or inconsistencies in the follow-up.

Therapeutic relationship: The therapist assesses the therapeutic relationship as very smooth, as it seems that both were helped. The couple, although disappointed at first, remained in the therapy and expressed satisfaction with what the therapy gave them.

6.4. Conclusions

The intervention was deemed by the therapist to be complete when, as seen and

reported by the couple, there were no violent conflicts, the couple members increased positive communication, cooperation, emotional closeness and empathy, and modified dysfunctional perceptions of gender expectations. It seems that the system has reached equilibrium, with both members of the couple equally belonging to the conjugal subsystem. The techniques increased the variety of perceptions, behaviours and emotions (increase in variety) which led to an increase in order, according to the systemic principles of HST (Paritsis, 2006, 2010; Batala, 2024).

In the above Case, the outcome of the intervention is an indication, combined with observations from previous cases, that HST may be an appropriate therapy for relational problems arising from the rules that define relationships and that the members of the system need to increase variety, order and communication in the system. Also, for individuals where there is a transgenerational transmission of behaviors (culture of violence, addictions), stereotypical social identities, defining socio-cultural environment combined with individual factors recorded by CDC (2021).

Therapist's comments: The change is estimated to have started silently after the husband's exculpation in the 2nd session, but became apparent to both of them in the 5th session. The change was reinforced by revising both of their perceptions of the male gender role. Causality could be characterized as spread since their relationship, individual personality traits and cultural context (perceptions of gender) determined their pre-intervention relationship, which was problematic. The relationship was also the focus of the intervention since, according to the theory, individuals are shaped by relationships. The changes in the relationships, in the feelings but also in the properties (behaviour), of the violent couple were facilitated as in every case by the Hypothesis, the use of techniques (some directly affect the individuals and others the relationship) and in general the systemic epistemology that sees the individuals and couples within the system (individual, couple, family, wider family system, intergenerational transmissions, cultural context).

In this particular couple, G. & M., the change may have been initiated by the individual by exculpating him of the professional failure and restoring him to the hierarchy; he was no longer the minor child being controlled. At the same time, the exculpation positively activated the properties (behaviour) of the perpetrator. Challenging gender stereotypes and in particular M.'s on the male role, in the same way, increased the variety of M.'s behaviours and positive emotions resulting in diffusion to the couple (system). Finally, the shared experiences initiated with the techniques increased the positive experiences of the couple and new emergent properties appear (they affected relationships, behaviours and above all, positive emotions).

The factors of positive change also include the willingness and cooperation of the couple, the trained and experienced therapist and the supervision team of HST.

The HST Hypothesis was confirmed: HST as a systemic model does not linearly

intervene in the perpetrator or the victim but looks for causality in the couple and in other systems (transgenerationally as well), examines circular and/or spread causality while keeping the perpetrator accountable. The hypothesis of HST on the abusive role of the partner who is in a hierarchically inferior position is confirmed in the present case. In this case, this position arose due to failure in an important area of life such as professional-financial, combined with other characteristics of the relationship, perceptions and personality of the members of the couple. On the occasion of the professional failure, G. had found himself in a controlled and failed role that neither he nor M. accepted in relation to her expectations from the male gender. The logic of the vicious circle seems to have characterized the relationship as well as the reasons associated with hierarchical decline and claim to a higher position.

7. Summary

On the impact of this study on the international scientific dialogue on understanding intimate partner violence, the most effective couple treatments and the prevention of intimate partner violence, we believe this study demonstrates that the HST model can contribute to the level of epistemology, tools and intervention process for the prevention of partner violence and collaborate creatively with other models of violent couple therapy, thereby contributing to the researches of the international scientific community.

Further investigation of the model in a larger sample, with further investigation of the demographic and genotypic characteristics of the members of the couples, in heterosexual as well as same-sex couples, in different socio-cultural and geographical contexts would be of research interest. Also, in couples seeking both voluntary and prosecutorially mandated treatment for partner violence in different treatment contexts, it is necessary to draw generalizable and safe conclusions about the effectiveness of the HST model on IPV.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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