DRAMA THERAPY FOR WOMEN WHO HAVE EXPERIENCED INTIMATE PARTNER VIOLENCE: A PERSPECTIVE FROM ANALYTICAL PSYCHOLOGY, DRAMATHERAPY AND INTIMATE PARTNER VIOLENCE

Teatro terapia em mulheres que sofreram violência pelo parceiro íntimo: uma visão da Psicologia Analítica, Teatro terapia e violência pelo parceiro íntimo

La Teatroterapia en mujeres que han sufrido violencia por parte de la pareja íntima: una visión de la Psicología Analítica, la Teatroterapia y la violencia de pareja por parte del compañero intimo

https://doi.org/10.5935/2176-3038.20260008

Recebido: 26.mai. 2025
Corrigido: 17. jul. 2025
Aprovado: 29.ago. 2025

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Abstract: *With the aim of exploring approaches suitable for treating women who have experienced intimate partner violence, the study investigated a theater therapy technique, more specifically the Autobiographical Therapeutic Performance. The research sought to analyze and assess the effects of a brief intervention based on this approach among women who had suffered violence at the hands of an intimate partner. Initial data from the clinic group (composed of 15 participants) and the control group (composed of 17 participants) were collected at T0, using the Intimate Partner Violence Scale (IPVS) and a sociodemographic questionnaire characterizing the violence suffered. Participants from the clinic group were assessed before and after the intervention (T0 and T1) with multiple instruments. Participants in the control group were assessed using the same instruments in the same interval. Quantitative results obtained through the scales indicated a statistically significant post- intervention improvement in the outcomes measured for the clinic group. Qualitative analysis revealed that guilt, shame, lowered self-esteem, and depression appeared in the performed scenes. Working with imaginative and dramatization resources, such as ATP, allowed bringing out the suffering and humiliation resulting from violence and raising awareness of the abuse suffered, strengthening the sense of self-esteem and autonomy through group support.*

Keywords: *intimate partner violence; domestic violence; clinical psychology; Jungian theory; drama therapy.*

Resumo: No intuito de pesquisar abordagens que se mostrem apropriadas para tratar mulheres que tenham sofrido VPI, optou-se por investigar a técnica do Teatro Terapia, especificamente a Autobiographical Therapeutic Performance – Performance Autobiográfica Terapêutica. A pesquisa teve como objetivo analisar e aferir os efeitos da intervenção com base nessa abordagem, em modalidade breve, em mulheres que sofreram violência pelo parceiro íntimo. Os dados iniciais do grupo clínico (formado por 15 participantes) e do grupo controle (formado por 17 participantes) foram levantados em T0, por meio da Escala de Violência entre Parceiros Íntimos (EVIPI) e de um questionário sociodemográfico e de caracterização da violência sofrida. As participantes do grupo clínico foram avaliadas antes e depois da intervenção (T0 e T1) por meio de múltiplos instrumentos. As participantes do grupo controle foram avaliadas por meio das mesmas escalas com o mesmo intervalo de tempo (T0 e T1). Os resultados quantitativos obtidos por meio das escalas indicaram melhora estatisticamente significativa pós-intervenção nas medidas aferidas no grupo clínico. A análise qualitativa revelou que culpa, vergonha, autoestima rebaixada e depressão apareciam nas cenas realizadas. O trabalho com recursos imaginativos e de dramatização possibilitou trazer à tona o sofrimento e a humilhação decorrentes da violência e a conscientização dos abusos sofridos, fortalecendo o sentido de autoestima e de autonomia por meio do apoio grupal.

Palavras-chave: violência por parceiro íntimo; violência doméstica; Psicologia clínica. teoria junguiana; teatroterapia.

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Resumen: *Para investigar enfoques que son apropiados para tratar a las mujeres que han sufrido VPI, elegimos investigar la técnica de la teatroterapia, específicamente el Autobiographical Therapeutic Performance - Actuación Terapéutica Autobiográfica. La investigación tuvo como objetivo analizar y evaluar los efectos de la intervención en función de este enfoque, en una modalidad breve, en mujeres que sufrieron violencia por parte de la pareja íntima. Los datos iniciales del grupo clínico (formados por 15 participantes) y del grupo control (formado por 17 participantes) fueron levantados en el T0, a través de la Escala de Violencia entre Parejas Intimas (EVIPI) y un cuestionario sociodemográfico y de caracterización de la violencia sufrida. Las participantes del grupo clínico fueron evaluadas antes y después de la intervención (T0 y T1) a través de múltiples instrumentos. Las participantes del grupo de control se evaluaron a través de las mismas escalas con el mismo intervalo de tiempo (T0 y T1). Los resultados cuantitativos obtenidos a través de las escalas indicaron una mejora estadísticamente significativa post intervención en las medidas propuestas en el grupo clínico. El análisis cualitativo reveló que la culpa, la vergüenza, la baja autoestima y la depresión aparecieron en las escenas realizadas. El trabajo con recursos imaginativos y de dramatización generó la posibilidad de traer el sufrimiento y la humillación que surgen de la violencia y la toma de conciencia de los abusos sufridos, fortaleciendo el sentido de autoestima y autonomía a través del apoyo grupal.*

Palabras clave: *violencia de pareja; violencia doméstica; Psicología clínica; teoría junguiana; teatroterapia.*

1. Introduction

This article presents a study of clinical and social relevance addressing intimate partner violence (IPV), which, according to Krishnan et al. (2020), is defined as behaviors by an intimate partner (e.g., boyfriend, spouse, or partner) that cause physical, sexual, and/or psychological harm. The World Health Organization defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life" (WHO, 2024).

Statistics indicate that violence against women perpetrated by intimate partners is a pressing public health issue requiring targeted investment. The aim of this study was to examine the effects of abuse addressed within therapeutic groups. The focus was on heterosexual intimate relationships, excluding same-sex relationships. A consistent body of national and international research has examined this phenomenon; however, there remains a need for further studies addressing the complexity of its effects on women who experience abuse (De Souza & Bernardes, 2023).

In addition to physical violence, which may result in death (femicide) or severe injury, psychological violence, often less visible, can lead to suicide and has significant impacts on mental health and well-being, including depression, Post-Traumatic Stress Disorder (PTSD), eating disorders, and physical conditions such as chronic pain, insomnia, and fatigue.

According to official data (Silva, J. B., 2025), between February 2024 and February 2025, at least 37.5% of Brazilian women experienced some form of physical, sexual, or psychological violence perpetrated by an intimate partner, representing approximately 27.6 million victims. Psychological violence was the most prevalent form (31.4%), followed by physical aggression, such as slapping, pushing, or kicking (16.9%). Women aged 25-34 were the most affected (43.6%), followed by those aged 35-44 (39.5%) and 45-59 (38.2%). Violence also disproportionately affects Black women: 37.2% reported abuse, with higher rates among Black women (41.5%) compared to Brown ("pardas") women (35.2%). Among White women, the rate was 35.4%. The proportion of intimate partners identified as perpetrators has increased significantly since 2017, rising from 16% to 26.8% in 2025.

Despite existing legal frameworks addressing psychological violence – such as the Maria da Penha Law (Law No. 11,340, August 7, 2006) and Law No. 14,188 (July 28, 2021), which amended the Brazilian Penal Code to criminalize psychological violence against women, with penalties ranging from 6 months to 2 years of detention – this form of violence often goes unnoticed. Given that IPV tends to escalate, there is a need to expand research and increase visibility on this often-silenced form of violence. A recent systematic review (De Souza & Bernardes, 2023) concludes that, although legal frameworks are in place, further clarification and categorization of types of aggression are still needed.

Violence in affective relationships occurs within a context in which disputes related to domination and exploitation reproduce structural inequalities, particularly those based on gender (Costa

& Gonçalves, 2021). Cultural dynamics encompass individuals' self-perceptions and their interaction with social, familial, and political aspects of collective life. Therefore, violence in intimate relationships, especially against women (although not exclusively), emerges at the intersection of identities, social roles, subjectivities, and self-esteem (Magalhães et al., 2023).

The definition of IPV includes behaviors such as:

a) physical violence (e.g., pushing, hitting, kicking, cutting, or any form of physical aggression);
b) sexual violence (e.g., forced sexual relations or other forms of coercion, such as blackmail and threats);
c) emotional, psychological, or moral abuse (e.g., insults, degradation, humiliation, intimidation, destruction of property, threats of harm, and threats against children or pets);
d) controlling and coercive behaviors (e.g., isolation from family and friends, stalking, monitoring of phone use, restriction of access to financial resources – economic abuse –, and limitations on employment, education, transportation, or medical care) (Centers for Disease Control and Prevention, 2022).

Emotional abuse aims to control, subjugate, punish, and isolate through humiliation and fear. Its severity often goes unnoticed due to a gradual and harmful process of normalization.

According to a report from the Brazilian Federal Senate, 62% of women believe that victims underreport the violence they experience. The reasons cited include fear of the aggressor, lack of punishment, financial dependence, and lack of awareness of their rights. Notably, among women who initially reported not experiencing violence, 29% later identified violent situations when presented with specific questions. This finding reinforces the importance of multidisciplinary awareness programs, in which psychology plays a critical role (Brazil, Federal Senate, 2023).

This study is justified by the need to provide psychological support to women who have experienced abuse, with the aim of reducing risks in complex situations often marked by limited awareness of the abuse experienced and of available support resources. As noted, the severity of these maladaptive and repetitive behaviors, harmful to the mental health of abused women and their families, has become a public health concern (Lancet, 2021). Advancing the understanding of this phenomenon depends on listening to lived experiences, as demonstrated by Magalhães et al. (2023). This study seeks to investigate processes of subjectivation and awareness aimed at promoting behavioral change and weakening traumatic bonding (Fonseca & Oliveira, 2021). It is assumed that, in such emotionally entangled relationships, non-verbal approaches facilitate access to defense mechanisms such as denial and concealment (Cabrey, 2019).

Accordingly, in order to explore appropriate techniques for treating women who have experienced IPV, this study aimed to investigate the effectiveness of a drama therapy technique: Autobiographical Therapeutic Performance (ATP) (Pendzik, 2020). The author grounds this technique in analytical psychology, whose relevant concepts are discussed below. After baseline assessment using standardized scales in two groups, clinical and control, drama therapy sessions were conducted with the clinical group, followed by reassessment in both groups. The hypothesis is that these sessions provide benefits to participants' mental health and may serve as a resource in healthcare services and support centers for women seeking to leave or who have already left abusive relationships.

2. Method

Participants

The study participants were heterosexual women who had experienced intimate partner violence. Sampling was conducted by convenience through online outreach and recruitment via a non-governmental organization (NGO) supporting women. The following inclusion criteria were applied:

- being between 19 and 80 years of age;
- identifying as a cisgender woman;
- having experienced one or more violent intimate relationships and/or currently being in a violent relationship.

The exclusion criteria were:

- a diagnosis of schizophrenia, bipolar disorder, or borderline personality disorder;
- being under medication for a mental health condition.

The control group consisted of 17 women, and the clinical group included 15 participants.

Instruments

1) Intimate Partner Violence Scale (EVIPI) (Lourenço & Baptista, 2017): a Brazilian instrument used to assess the types of violence experienced by participants. It supports the identification and evaluation of IPV and its dimensions. This instrument was administered only at T0 to identify the types of violence experienced. 2) Rosenberg Self-Esteem Scale (RSES) (Rosenberg, 1965): a self-report scale adapted for use in Brazil, composed of ten items (total score ranging from 0 to 30), assessing self-worth and self-acceptance. 3) Beck Depression Inventory – BDI-II (A. T. Beck et al., 2011): a self-report instrument adapted for Brazil, consisting of 21 items used to assess the severity of depressive symptoms. 4) External and Internal Shame Scale (EISS) (Ferreira et al., 2020): measures participants' levels of shame. This scale was developed in Portugal and has not yet been validated for use in Brazil; it was used with the authors' authorization. 5) Multidimensional Guilt Scale (EMC) (Aquino & Medeiros, 2009): validated for use in Brazil, this instrument measures participants' levels of guilt. It consists of twelve items rated on a 5-point Likert scale and was used with the authors' authorization. 6) Personal Questionnaire (PQ) (Elliott et al., 2001): a self-report instrument designed to assess changes in specific psychological difficulties, enabling comparison over time. In this study, during the first session, each participant reported their main concerns, which were then categorized into ten keywords in collaboration with the researcher. These were organized into a chart, after which participants rated them using a 5-point Likert scale. The terms were statistically analyzed by comparing the medians of the clinical and control groups and by measuring differences in intensity between negative and positive terms. Lists of negative and positive words and expressions were subsequently established. 7) A semi-structured interview was developed, including: a sociodemographic questionnaire (education level, current relationship status, number of children); and a questionnaire, characterizing the violence experienced and any treatments undertaken. 8) The dream analysis method developed by Roesler (2018) was adapted to analyze the content and development of scenes and characters. 9) The analytical model proposed by Pendzik (2020) was adapted to analyze scene content and development through categorization frameworks. The model includes six parameters used as tools to support both intervention and the evaluation of ATP.

Procedures

A sequential mixed-methods design, as described by Creswell (2021), was used in this study, which was approved by the Ethics Committee of the *Pontifícia Universidade Católica de São Paulo* (CAAE 51391021.1.0000.5482). Scales and questionnaires were administered at two time points (T0 and T1) in both the clinical and control groups. Qualitative instruments related to the drama therapy intervention were applied only in the clinical group.

The intervention consisted of ATP (Pendzik, 2020), adapted for a brief therapy context. The author does not specify a minimum or maximum number of sessions; for the purposes of this study, six sessions involving scene creation (totaling 12 hours) were considered sufficient to constitute a brief intervention. Sessions were documented through audio recordings and researcher field notes.

The clinical group (n=15) was divided into two subgroups (one with six participants and another with nine). Both groups underwent the same activities. The clinical group participated in ten sessions over a three month-period. Of these, two sessions were dedicated to pre- and post-intervention assessment (T0 and T1); two sessions were allocated for supportive discussions; and six sessions involved ATP intervention and scene creation.

Participants in the control group attended two individual sessions for the administration of quantitative instruments, conducted over the same period and at the same interval as the clinical group (ten weeks).

Participants' ages ranged from 29 to 72 years.

3. Results

The EVIPI scale (Lourenço & Baptista, 2017) was administered in both groups only at T0 to assess exposure to violence. No statistically significant differences were found between the groups, with the severity of violence observed across all three dimensions, predominantly within the critical range. Both groups were assessed at T0 and T1 using the following instruments: the Rosenberg Self-Esteem Scale (Rosenberg, 1965); the Beck Depression Inventory (Beck et al., 2011); the External and Internal Shame Scale (Ferreira et al., 2020); the Multidimensional Guilt Scale (Aquino & Medeiros, 2009); and the Personal Questionnaire (Elliott et al., 2001).

Anácelia	A 57-year-old Mixed-race woman with incomplete higher education, working as an esthetician and mother of two children. She was married to the abusive partner for 40 years and has been divorced for two years. She scored 59 on the IPVS.
Andrea	A 52-year-old White woman with completed secondary education, owner of a beauty salon and mother of three children. She was married to the abusive partner for 30 years and has been separated for three years. She scored 97 on the IPVS.
Azul	A 59-year-old White woman with completed higher education, working as an administrative manager and mother of one child. She was in a relationship with the abusive partner for five years and has been separated for three years. She scored 16 on the IPVS.
Betânia	A 45-year-old Black woman with completed higher education, working as a pedagogue and mother of two children. She was married to the abusive partner for two years and has been separated for three months. She scored 98 on the IPVS.
Deisy	A 46-year-old White woman with incomplete primary education, a homemaker and mother of three children. She was married to the abusive partner for 30 years and has been divorced for two years. She scored 129 on the IPVS.
Emanuelly	A 29-year-old Mixed-race woman with completed secondary education, working as a telemarketing operator, with no children. She was in a relationship with the abusive partner for two and a half years and has been separated for six years. She scored 78 on the IPVS.
Francisca	A 67-year-old Black woman with completed secondary education, retired and mother of one child. She was married to the abusive partner for 12 years and has been separated for three years. She scored 73 on the IPVS.
Gaia	A 38-year-old Black woman with completed higher education, working as an early childhood teacher, with no children. She was married to the abusive partner for 10 years and has been divorced for two years. She scored 40 on the IPVS.
Glória	A 72-year-old Mixed-race woman with completed secondary education, retired and mother of two children. She was married to the abusive partner for 46 years and has been separated for three months. She scored 50 on the IPVS.
Humilde	A 53-year-old Mixed-race woman with incomplete higher education and mother of two children. She was married to the abusive partner for 30 years and has been divorced for one year. She scored 121 on the IPVS.
Kelly	A 43-year-old Black woman with completed primary education, a homemaker and mother of two children. She reported a history of violence by multiple partners since youth. She scored 146 on the IPVS.
Madalena	A 67-year-old White woman with incomplete higher education, retired and mother of three children. She was married to the abusive partner for 32 years and has been separated for 12 years. She scored 130 on the IPVS.
Mah	A 41-year-old White woman with completed higher education, a business owner and mother of two children. She was married to the abusive partner for 23 years and has been divorced for one year and three months. She scored 99 on the IPVS.
Perolina	A 65-year-old White woman with completed primary education, retired and mother of two children. She was married to the abusive partner for 40 years and has been separated for five years. She scored 108 on the IPVS.
Yasmin	A 42-year-old White woman with a completed master's degree, working as a lawyer and mother of one child. She had been married to the abusive partner for three years and separated during the intervention. She scored 86 on the IPVS.

Figure 1 - Participant Description.

Source: Research Data, 2023. (Fictitious names chosen by the participants.)

When comparing T0 and T1, the clinical group showed statistically significant improvements in some measures, whereas the control group did not present statistically significant changes in any of the instruments.

The Personal Questionnaire (Elliot et al., 2001) indicated, in the clinical group, a reduction in the frequency of negative words, which was not observed in the control group. The results relating to the EISS (Ferreira et al., 2020), which measures shame, showed that, in the clinical group, 9 women (60.0%) improved and none worsened, whereas in the control group none improved and 15 (88.2%) remained unchanged.

Similarly, for the Multidimensional Guilt Scale, most women in the clinical group (11; 73.3%) showed improvement, while in the control group the majority (16; 94.1%) showed no significant change.

On the Beck Depression Inventory (Beck et al., 2011), 6 women (40.0%) in the clinical group showed improvement, whereas no improvements were observed in the control group.

In the Rosenberg Self-Esteem Scale (Rosenberg, 1965), 8 participants (53.3%) in the clinical group showed improvement and 7 (46.7%) remained unchanged, while in the control group only one participant (5.9%) improved and 16 (94.1%) remained unchanged.

To analyze the intervention process, multiple qualitative measures were employed, based on the methods proposed by Roesler (2018) and Pendzik (2020), combined with categorical and symbolic analysis (Creswell, 2021) of themes presented in the scenes. This triangulation supported the therapist-researcher's observations.

Pendzik's and Roesler's methods enabled the investigation of participant's attitudes through a processual analysis of theatrical performance, as well as the quality of narratives and protagonists' actions. Regarding narrative quality, an indicator of successful intervention according to Pendzik (2020), there was a progressive improvement in storytelling, character development, and dramatic structure.

Structural analysis (Roesler, 2018) revealed increased recognition of suffering and abuse, along with emerging indications of reorganization and coping attitudes, although ego initiative remained inconsistent. It is likely that the duration of the intervention was insufficient to consolidate a more autonomous and assertive identity.

Emergent Themes

Four main themes were identified from participants' narratives and performances:

(1) idealization of the relationship; (2) jealousy and submission; (3) existential threat; and (4) development of autonomy – each associated with specific symbolic elements.

Idealization of the Relationship

Many women reported difficulty ending relationships due to expectations surrounding the preservation of the family unit, fear of being alone, and family or religious pressures. One of the testimonials reflects the sexist values of a patriarchal model that keeps women submissive: "Whenever I told my pastor about the psychological torture I was enduring and the infidelities, he would convince me to stay... he would tell me that a woman builds the home and corrects the man, and that a good wife makes the man yield to her will—since divorce is viewed as a disastrous act, a failure, and something abhorrent to be suppressed at all costs."

A performed scene depicted fear of maternal judgment, in which the mother encouraged seduction as a strategy to prevent infidelity: "Wear something sexy and remind him why he married you..." The symbolic element in this case is eroticism as a salvational mechanism, not oriented toward the woman's pleasure, but to preserve the relationship. Romantic idealization also emerged strongly, associated with fragile self-esteem and a need to feel loved and valued, thereby sustaining the acceptance of false promises and cyclical patterns of abuse.

Jealousy and Submission

Sexual coercion and consensual relations often overlapped, blurring the boundaries between pleasure and humiliation. One participant described being pressured into engaging in sexual acts with third parties and subsequently subjected to humiliation.

Another scene depicted forced intercourse, in which the participant remained passive to avoid escalation: "I think I knew he would fight, threaten, insult... it was easier to stay still." The symbol of the tear emerged as a silent expression of suffering, fear, and guilt.

Jealousy and submission also manifested in economic dynamics. Participants reported paying for shared activities or tolerating infidelity in order to maintain the relationship. The cell phone

symbolized a denied reality, while money represented the commodification of emotional exchange and a compensatory illusion of control, masking underlying helplessness.

Existential Threat

Threats, both physical and psychological, were recurrent. Participants described life-threatening situations involving themselves, their children, and pets. One participant reported: "He poured alcohol on me and my child and threatened to set us on fire."

Another participant created a symbolic scene of being chased by a black bull, representing brute masculine force, while wearing a white dress symbolizing innocence and vulnerability. These narratives highlight fear, lack of protection, and barriers to seeking help, including fear of retaliation, limited institutional support, and procedural delays.

Development of Autonomy

Participants described years of psychological imprisonment. Emotional suppression often resulted in ineffective outbursts, while defense mechanisms such as denial and dissociation inhibited change. Separation, although difficult, opened possibilities for autonomy. Many participants were already separated; only one left the relationship during the intervention. Emerging narratives demonstrated increasing assertiveness: "For the first time in 30 years, I stood my ground."

The symbol of the wardrobe emerged, representing solidity and resistance – contrasting with previous submissive patterns. Group support played a critical role, fostering empowerment, a sense of responsibility, and a willingness to confront fears and abandon illusory romantic ideals.

4. Discussion

The ATP intervention proved beneficial to the psychological well-being of the participants, who demonstrated a decrease in scores on the assessment scales administered, although the results point to challenges in the development of identity assertiveness, which likely requires a greater number of ATP sessions. Years of psychological suffering, fear, traumatic attachment, and stigmatization (Fonseca & Oliveira, 2021) leave marks that endure after separation.

ATP frequently explores a heroic journey of self-discovery and transformation. In some scenes, it was possible to glimpse, through the themes and symbols presented, the desire to become the heroine of one's own story, although at times the ego remained passive and carried along by the situation. This journey points toward the deconstruction of the ATPriarchal romantic ideal, through a gradual process of liberation from the addictive components of the relationship, the romanticization of violence, and the idealization of the partner. Analytical psychology understands the dependent behaviors described as constituting emotional complexes with strong affective charges that are predominantly unconscious (Kast, 2022). To access them, the use of theatrical techniques provides nonverbal resources for recognizing emotions that are difficult to express and for facilitating the transition toward conscious attitudes (Carbrey, 2019).

A relevant theoretical reflection brings forth notions related to the victim complex and/or the savior complex, as well as the scapegoat complex (Perera, 2022). The author defines the scapegoat complex as a psychological ATPtern in which a person is unfairly held responsible for broader problems, conflicts, or situations and assumes the role attributed to them, often as a way of maintaining some control over painful circumstances. Included in this behavior is the tendency to blame oneself rather than report the aggression (Portela, 2021).

Guilt became evident among the women during the performances, manifesting as a feeling of having done something wrong, having harmed their children, and having failed to save the man who needed them. Contributing to this, in part, is the introjection of the blame imposed upon women by family, social, and religious values, suggesting that their own conduct contributed to the abuse or that they are exaggerating and dramatizing the events. The support system, including friends, family members, institutions, or public agencies, may inadvertently reinforce the scapegoat complex by failing to provide adequate support and by questioning the woman. This social stigmatization of women, as noted by Murvatian et al. (2023), whereby women are viewed as responsible for the violence, leads to negative judgments, social isolation, and difficulty seeking help. Emphasizing aspects that blame women has serious consequences, insofar as it diverts attention away from the victim's needs and rights while underestimating the responsibility of the aggressor.

The victim complex appears to be linked to traumatic attachment (Fonseca & Oliveira, 2021), which evokes painful emotions associated with low self-esteem, shame, guilt, and power asymmetry. Within the abusive relationship, cyclical patterns of escalating tension, violent episodes, calm, and temporary respite are repeated (Chagas, 2020). In the present study, a tendency was observed for the violence to increase with each repetition. A recurring question, after participants had managed to leave the abusive relationship, was why they missed those who had mistreated them. Emotional dependency may, in part, result from dysfunctional attachment patterns established during the early years of life. Traumatic bonds maintain a pattern of emotional dependency and an alternation between passion and violence, grounded in an imbalance of power.

Also involved in this behavior is the idealization of romantic love, rooted in a sociocultural structure that places the romantic relationship as an ideal to be attained, especially for women.

Zanello (2018) proposes an analysis of love in relation to the formation of women's identity and its annulment within culture, highlighting two key elements in this process: the maternal role, which is associated with the capacity to care; and the role of love, which defines female identity based on the choice of a partner, bringing a narcissistic satisfaction resulting from the feeling of being chosen. This satisfaction, fundamental to female identity in our culture, would significantly influence intimate relationships, from their beginning to the difficulties involved in coping with their dissolution (Magalhães, Zanello & Ferreira, 2023).

In abusive relationships, the person in the position of victim, constantly exposed to aggression or hostility, begins to internalize such patterns of behavior and feelings, which is psychologically understood as the introjection of the aggressor and constitutes a serious dysfunctional dynamic. Partners become emotionally codependent on one another, trapped in the cycle of violence and bound by the dysfunctional attachment of the traumatic bond (Magalhães et al., 2023).

Consequently, the capacity to forgive and to endure the difficulties of a relationship is valued as a feminine quality, even in harmful situations. Indeed, in the scenes and stories shared by the participants, one can perceive the addictive and narcissistic component of feeling special for having a mission.

Deprived of authority, she finds herself at the mercy of the one who possesses it. In cases of abuse, the victim complex is often associated with the savior aspect. The latter brings the sensation of having some control and power, a state of psychic inflation in which she hopes to save her partner from his flaws—flaws for which he repeatedly apologizes—eliminate suffering, and restore the ideal situation. In the present study, the strength of the introjection of the savior-martyr was observed, together with the defensive function of pride, imprisoning the woman within a dysfunctional relationship. The frustration of being unable to accomplish this salvific feat caused, among the participants, anguish and feelings of inadequacy and failure, largely resulting from imposed social, familial, and religious values. In the statements and scenes presented, it was observed how the normative persona confuses the sense of identity when a woman responds to what is expected of her and to the roles socially assigned to her. The mechanism of denial minimizes the partner's abusive behavior, allowing insults and offenses from the abuser that diminish her self-esteem.

The silencing of the indignation of the subjugated woman, who suppresses her own subjectivity and will, creates a harmful alliance with the perpetrator. A poignant example is that many of them reported accepting degrading and humiliating sexual acts. This appeared to be a desperate attempt to regain some control over the situation and mitigate threats, whether of aggression or of infidelity with a rival woman due to the partner's sexual dissatisfaction.

Economic subjugation, insecure attachment, threat and fear, addictive traumatic bonding, and idealized love make separation from violent relationships particularly difficult, as noted by Portela (2021). These are women who carry an image of functional incapacity, sometimes transmitted by depressed and suffering mothers and violent fathers, extending into a culture of male dominance through power. Thus, patterns of behavior are activated that are repeated across generations, resulting in a transgenerational transmission driven by unconscious complexes that may be referred to as family complexes (Kast, 2022). It was observed that, in the life stories reported, many of the participants had experienced violence during childhood or had witnessed violent and abusive parental relationships, thereby perpetuating the dysfunctional complexes that permeated the family.

Another aspect observed among the women was a defensive pattern of denial of reality and ego weakening. A recurring example was that, on the one hand, they felt anger in response to betrayals and lies, while, on the other hand, they justified the behavior and accepted the abuser's excuses. This type of dissociation is a common consequence of IPV and is considered one of the main psychological risk factors for the development of PTSD (Mills et al., 2018). Psychological abuse often leads women to emotionally detach from the harmful experience, thereby minimizing the abuse. Women who suffer intimate partner violence may employ private strategies, such as relying on their own resources to confront or resist the perpetrator while keeping the abuse secret, as well as more public strategies, such as involving family and friends in an attempt to change the perpetrator's behavior and even increase opportunities for escape while trying to cope with the abuse. However, the more severe the abuse, the greater the potential dissociative disturbances. In part, the difficulty in seeking assistance from public protection agencies stems from this condition, compounded by shame, stigma, and fear of the aggressor; the threat to one's very existence looms without any glimpse of escape. Even when women manage to leave, there is often a recurrence of returning to the relationship and a persistence of insecurity and attachment that are difficult to overcome.

Autonomy is a hard-won achievement, to which the group contributes through its sense of containment and sisterhood. Low self-esteem, isolation, and identity inferiority receive support without moral judgment. In some way, the corrupted cycle of a tradition of deprivation is broken; the other woman, once perceived as a rival, becomes a companion, one might say, in body and soul. A group emergent was expressed in the words of one participant: "I miss myself, who I was before him... who I could have been, what my life would have been without him." Based on the findings of the study, it may be inferred that the group work fostered the development of a sense of control over their lives, empowerment, and self-agency, qualities that had been lost when they felt frightened and controlled by the abuser. The opportunity for reflection and clarification regarding the events that had occurred helped them move beyond denial and affirm their own subjectivities.

The longing for who they could have been comes together with the frustration of a girlhood dream and the loss of innocence, as illustrated in a scene of a young girl running in fear from a raging bull; there emerges the sadness of a life story that could have been different. They ask themselves, at times almost obsessively, what their lives would have been like had they ended the relationship with the abuser earlier, twenty or thirty years ago. Many find support in their children, a precious gift that remained, yet the anguish persists because of the ghosts of the past that continue to haunt them. They long not to have been victims, they long for their innocence and for not having these memories. They long for who they were before they met him. It is not possible to return to that state, but it is possible to transform oneself into a more self-sufficient, assertive person who is attentive to her own subjectivity and needs.

In the process of personality restoration, challenges are inherent, as noted by Jung (1977, §293): "Treatment must do more than destroy the old morbid attitude; it must build a new attitude that is firm and healthy. This requires a fundamental change of outlook." Through the recreation of painful and conflict-ridden scenes, new attitudes were developed, involving the acceptance of frustrated expectations, reflection upon events without denying them, the recognition of ATPterns of behavior and roles that kept them trapped in the violent relationship, and the opportunity to reconstruct themselves by reevaluating values free from idealizations and compensatory self-deceptions.

5. Final Considerations

Multiple factors can keep women trapped in abusive relationships, sometimes for decades. Working with women who have experienced intimate partner violence exposes pain and shame, a sense of isolation and marginalization, and recurring fear. Because this is a complex and far-reaching phenomenon, multidisciplinary approaches and partnerships with healthcare services are necessary. From a psychological perspective, the group provides emotionally rewarding experiences of secure attachment, contributing to the reduction of toxic dependency. In addition, nonverbal techniques access emotional content through the body and imagery that words alone cannot reach, making it possible to work through painful memories. Participants in the present study had the opportunity to engage in creative activities to explore and express their stories, creating both verbal

and embodied narratives that enabled the release of repressed emotions and the confrontation of their experiences. Through the dramatic process of Drama Therapy, personal stories become shared stories. The following relevant aspects are highlighted: clinical implications; contributions to theory; research limitations; and future recommendations.

In terms of clinical implications, the findings validate the possibility of applying ATP to improve the negative psychological effects resulting from IPV, as well as the possibility of integrating ATP with diverse psychological approaches. It was also observed that it was possible to conduct therapeutic work with a limited number of sessions while maintaining consistency in producing beneficial outcomes for the participants. The brief intervention model is appropriate for the population studied, which often lacks the resources necessary for long-term therapeutic work.

It is therefore suggested that ATP, when used as a brief intervention, may be applied to women who are victims of IPV with the aim of promoting safety, identifying coping strategies, shedding restrictive personas, creating resources and bonds, dissolving isolation, guilt, regret, and shame, and, most importantly, promoting disidentification from the victim role. However, the assimilation of such deeply rooted and persistent complexes and identifications requires long-term processes, as these are contents that are deeply protected within the individual's psyche.

Because of its spontaneous nature, the method used in the present study can be adapted to various formats and work settings. Support centers, not only for victimized women, may offer this type of intervention with psychologists, even in a brief format. It is also recommended that psychologists receive training in Drama Therapy and establish partnerships with community service organizations, such as shelters, Women's Reference Centers, Specialized Assistance Centers, and healthcare services that work with this population and others with specific needs. One proposal would be to organize ATP presentations—with the participants' consent—for public service professionals, with the aim of fostering emATPhy and awareness and contributing to the dismantling of stereotypes surrounding women who are victims of violence.

As a contribution to theory, the concept of the complex is supported as an appropriate framework for understanding the phenomenon under study, with particular emphasis on the identification of several complexes, including the victim complex, the savior complex, the scapegoat complex, and the family complex. The identification of these complexes, together with nonverbal symbolic work, may be further encouraged and explored in future research.

The study had limitations that should be considered. The first is the small number of participants. An important aspect inherent to the nature of Drama Therapy makes the creation of large groups difficult: in addition to occasional absences, each participant is invited to create and perform a scene, a process that requires time for creation, rehearsal, performance, and feedback. Therefore, in order to work with a larger number of participants, it is necessary to create multiple groups, which requires both time and resources.

Another limitation was the convenience-based recruitment of participants; consequently, the control group ended up being composed of women who lived far from the intervention site or who did not have scheduling availability, making random assignment of participants to groups impossible. Another aspect, common in studies in which the researcher also serves as the facilitator of the intervention, is that the evaluation is subjective. This limitation suggests that future research should include observers trained in Drama Therapy with whom evaluations can be reviewed and corroborated.

Among the recommendations for future research is the creation of teams composed of multiple researchers and observers, thereby making it possible to establish several participant groups. In this way, research could reach a larger number of participants, as well as include a greater number of sessions, should this prove feasible. Other suggestions include the development of a longitudinal study that follows women over a longer period of their lives in order to observe the long-term effects of ATP and to develop additional intervention protocols. It is also recommended that future studies include individuals of other sexual identities and gender orientations, who are likewise protected under the Maria da Penha Law when subjected to violence within intimate partnerships.

Finally, ATP is considered to provide a foundation for restorative processes and to offer an experience of emotional and cognitive restructuring, making it possible to develop a perspective freed from ATPterns transmitted across generations, such as female passivity, psychological paralysis, and

helplessness. Within ATP groups for women who are experiencing or have experienced violence, verbal and nonverbal expressions gain strength and meaning, as the narratives assume the character of a dramatic ritual, shared within the space and time dedicated to that sharing. This enables women who were previously submissive and fearful to develop the courage to assume authentic roles as protagonists in their own life stories and to seek the support they need.

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