HONOURING OUR CLIENTS' RESISTANCE TO VIOLENCE AND OPPRESSION

TOM STRONG TALKS TO ALLAN WADE

Tom: Allan, let's start with some context, some things about you and your present work .

I work as a therapist and researcher in private practice, based in Duncan B.C., Canada, on the southern tip of Vancouver Island. Most of my work is with individuals who have been subjected to interpersonal violence: victims of single incident assaults, such as rape and armed robbery; people with disabilities who have been subjected to social exclusion; women who have been assaulted by their abusive husbands/partners; employees who have been mistreated in the workplace; adults who were sexually and physically abused as children; aboriginal people who were abused in so-called residential schools and continue to face racism in Canada; and children who have endured physical or sexualized abuse.

As a researcher, I am especially interested in the nature of violence and resistance and the connection between violence and language. I have been working closely with Nick Todd and Linda Coates to identify the ways in which language conceals violence, obscures and mitigates offenders' responsibility, conceals victims' resistance, and blames or pathologizes victims.

Tom: Allan, I was drawn to your work because it combines a focus on client resourcefulness while upending common thinking about "victimization". Could you say a bit about the differences you see between an "effects-based" view of trauma, and the resistance/ response-based view that informs your practice and research.

Allan: My practice changed considerably in the early 90's after several clients showed me the value of exploring their resistance to violence. I found that the most direct method of facilitating these conversations was to ask questions about how clients had responded to specific acts of violence. These questions elicited very different answers than did those about the effects of violence. Through clinical practice, reading, research and discussions about resistance, I shifted focus from a "language of effects" to a "language of responses" - languages with sharply contrasting assumptions about how individuals relate to their social worlds.

The "language of effects" refers to terms, figures of speech, and metaphors that portray behaviour and subjective experience (e.g., of victims) as effects of a cause (e.g., violence). In the literature concerned with victims of violence, the noun *effects* and the verb *affects* refer to the psychological injuries and social problems caused by the violence. Therapists and researchers generally assume that therapy with victims of violence should center primarily on the treatment of these effects.

The "language of responses" encodes a very different set of assumptions about victims of violence than those derived from a language of effects. "Response-based" therapy stems from several observations about violence and resistance:

(a) perpetrators of violence anticipate resistance by victims and take specific steps to conceal and suppress it,
(b) whenever people are badly treated, they resist, and
(c) open defiance is the least common form of resistance (Scott, 1990). Response-based interviewing builds on these ideas and those of systemic, collaborative, feminist, and discursive therapies.

Tom: I'm struck by how mainstream clinical and lay thought is dominated by "effects thinking". Could you say more about your concerns about the "language of effects"?

Allan: While it is important to address psychological injuries caused by violence, the encoding of these injuries as *effects* conceals victims' resistance to violence *and* obscures offenders' responsibility for violence. It conceals victims' resistance by insidiously classifying responses and forms of resistance to violence as effects, that is, as negative end-states *caused by* violence. Also, responses not easily encoded as effects (e.g., a child pulling her dresser in front of her overlooked because they don't fit our assumptions about the nature of resistance, or treated as insignificant because they don't stop the abuse or present an obvious challenge to the status quo.

The fact that offenders anticipate and attempt to suppress victims' resistance suggests that violent behaviour is considerably more deliberate (i.e., intentional and strategic) than is generally presumed. However, in clinical and legal discourse violent behaviour is typically represented as an *effect* of social or psychological forces that overwhelm the offender, cause him to lose control, and compel him to violent acts (Todd, 1998).

Tom: I know that your research as a discourse and conversation analyst has contributed to your therapeutic work ...

Allan: I have been working closely with Linda Coates, of St. Thomas University in New Brunswick, and Nick Todd, Coordinator of the Calgary Mens' Crisis Service. One of our goals is to show how commonly used language conceals violence, obscures offenders' responsibility, conceals victims' resistance, and blames or pathologizes victims. For example, Linda found that judges typically characterized sexual assaults as mutual or erotic/affectionate acts (e.g., as sex, intercourse, French kissing or fondling) (Coates, Bavelas, & Gibson, 1994). We found that judges obscured the responsibility for violent acts by attributing sexualized assaults to social and psychological forces that overwhelmed the offender (Coates & Wade, 1994, 2002). Nick has examined the language of effects as it is used in representing the actions of men who violate their partners and has developed a response-based approach to therapy that retains a focus on responsibility while it builds on men's pre-existing knowledges and skills. Our response-based approach to therapy incorporates this research and critical orientation to language and violence.

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Tom: So, please give our readers a sense of how seeing clients as active responders to trauma and violence shapes how you do therapy. How do you see your work differing from therapeutic practice based on an effects-based view?

Allan: We primarily focus on the details and "situational logic" (deCerteau, 1984) of individuals' responses to violence and other forms of oppression. In extremely threatening circumstances, resistance is typically disguised and indirect. By attending to "small acts of living" (Goffman, 1961)—the myriad ways in which individuals preserve their dignity, care

maximize their freedom, evade, oppose, and strive against violence—certain responses become intelligible as forms of resistance.

Talking about these responses and resistance restores dignity to the victim by calling attention to the prudence, imagination, strength, determination, compassion, and sense of justice evident in her/his actions and subjective experience. Previously overlooked acts—for example, that of a child taking two hours to walk home from school to avoid being alone with an abusive parent—can acquire new meaning and significance. Accounts of resistance also contest the stereotypical image of the passive, socially conditioned, and dysfunctional victim featured so prominently in clinical and public discourse.

Tom: To give our therapist readership a bit of a walk-through of your approach, can you describe a circumstance where you helped a client who presented in "effects language"?

Allan: (My primary concern in cases of interpersonal violence is safety, however, this aspect of the work is not highlighted in the following example.) Del was physically and emotionally abused by her husband Tom for several years. When she called the police, Tom was arrested and placed on a no-contact order which the police did not enforce, enabling Tom to continue harassing and threatening Del and her children. In extreme distress, Del went to her physician, who diagnosed clinical depression and anxiety disorder, and referred her to a psychiatrist. At a friend's suggestion she contacted me.

Initially, Del talked about herself and her actions primarily in a language of effects, as though she was a passive recipient of the abuse and therefore partly to blame. She wondered: "Why do I pick these guys? How could I let this happen to me, again? Why did I put up with it?" She suggested that her present difficulties, especially her "problem with setting boundaries", were effects of abuse she had endured as a child. Del also talked about the violence in mutualizing terms, stating she had been in three "abusive relationships". I asked Del what she meant by "abusive relationships": "Do you mean that you and your partners were both abusive, or are you saying you were in relationships with three men who were abusive?" Del said it was the latter. We talked about how the term "abusive relationship" concealed what actually happened, suggesting that Del was partly to blame for the violence. Del remarked that it was different to see it that way.

I then asked Del what Tom had been like when they first got together. She said that he was kind and affectionate, did not act angrily or aggressively, and even expressed disgust at the behaviour of the two men who had abused Del previously. Del said she felt safe with Tom, at first. On the basis of this account, I proposed to Del that she had chosen a man who appeared to be safe and respectful. I then asked: "What is it that Tom knew about you that told him that he would have to treat you with respect?" Del said that he probably knew that she would leave if he acted disrespectfully. "So", I ventured, "it seems that your boundaries were clear to Tom, right from the beginning, even though he later chose to ignore them". These questions shifted the focus from Del's mind, to Tom's strategic behaviour, enabling us to directly contest two quite debilitating and erroneous ideas: 1), that Del had shown poor judgment and chosen a violent man; 2), that Tom's behaviour could be attributed in part to Del's failure to assert personal boundaries.

I then asked Del how she had responded to Tom's abusive behaviour, from the first time he had treated her disrespectfully: "When was the first time you felt uncomfortable with how you were being treated? How did you respond? You know, what did you do?" It became apparent that Del resisted Tom's abusive behaviour in many ways: she refused to hide her unhappiness or to be fully isolated, she stayed (secretly) connected with friends and family, dreamed of a better life, protected the children, pleaded with Tom to get help, pretended to agree when it was too dangerous not to, withdrew her affection, refused to go places with Tom, told friends what was going on, "forgot" his instructions, "lost" his messages, kept her feelings and thoughts to herself, and quietly prepared herself emotionally to separate.

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I expressed interested in Del's responses to Tom's abusive behaviour, and asked her permission to talk more about these responses since they struck me as forms of resistance to the abuse. This surprised Del, who remarked: "Well, I've never thought of it like that before, but...yeah." I suggested that she had resisted the abuse right from the time it began. I then asked what it meant to her to consider the ways she had resisted Tom's abusive behaviour. She said, "I guess I'm a lot stronger than I thought I was". We then discussed this strength, its origins, and the role it played in the different areas of her life. I suggested that Del appeared more oppressed than depressed, and that her refusal to be contented with the abuse was a symptom of flagrant mental wellness: "What would it mean if you were abused and did not become very sad and worried about your own safety and that of your children?"

Del readily agreed that her refusal to be contented with abuse might be "chronic": She simply would not pretend to be happy when abused. I proposed that, because Del had resisted the abuse right from the time it began, she in fact had never "put up with it" or "let it happen": At this point, Del said: "It feels like a huge weight has been lifted off my shoulders."

We closed our first meeting by talking about how recognizing Del's history of resistance to violence might help

her in the near future. Del had a number of ideas, including talking to the local police to insist that they enforce the no-contact order. At our next meeting, Del reported a number of positive changes. She said that she realized that there was "nothing wrong" with her. We talked about Del's responses and resistance to the sexual abuse she had endured as a child. In response to that abuse, Del became alert to any form of unfairness or power imbalance, later extending this alertness to how she listened to and believed her own children, to protect them from violence. She said her strength to leave three abusive men came from her grandmother (who "spoke her mind") and from facing the fear she felt when she disclosed the abuse she had endured as a child.

Tom: I can imagine a number of people who deeply hold an effects-based view taking strong exception to these ideas, including clients. How do you work with them when they present these views of their "condition" which are so commonly held?

Allan: Professionals and clients alike resort to the language of effects more or less by default, because it is the most readily available means of describing the harm caused by violence. Research and clinical work on identifying and treating effects has been valuable for calling attention to the trauma endured by victims, especially given how the reality of interpersonal violence was, until recently, widely concealed. This work provided a starting point for therapy and other interventions; but, the impact of this work is also worthy of critical reflection. Liz Kelly's (1988) research, as an example, shows how productive this critical analysis can be.

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Many professionals and clients also have reservations about "effects-based" views, and are willing to consider plausible alternatives. This is evident in the more recent focus on survival skills and resiliency, concepts that acknowledge victims' strengths and resourcefulness, and in the wide appeal of the more collaborative, strengths-based therapeutic approaches. With clients and professionals alike, it is important to first acknowledge the value of already existing ideas and practices. This helps to establish a context of respect and safety where different perspectives can be carefully examined.

Tom: What we are talking about here relates to how psychological theory and research furnish ways of understanding and relating to violence now part of common discourse. Being a discourse analyst, how would you like to challenge these ways of understanding?

Allan: The twin realities of victims' resistance and challenge to conventional views of victims and offenders. The precise nature of violence and resistance is most fully revealed on the micro-level, in exchanges between victims and offenders. Consequently, it is important to focus on the details of social interaction, and to do so with a minimum of theory (Weakland, 1993). Such analyses provide an empirical rather than strictly ideological basis from which to evaluate the language used in representing victims and perpetrators of violence. This dual focus—on interaction and the language used in representing it—makes it possible to examine the large questions (i.e., ethics, justice, the politics of representation) from beneath, as it were, as practical matters that people address continuously in everyday life.

Tom: How would you hope front-line counselors challenge "effects ways" of understanding clients' exposure to violence?

Allan: People who have endured violence are perhaps most vulnerable to the pathologizing practices developed at the intersection of the medical and mental health industries. Front line counselors are often asked to employ pathologizing practices, not for the benefit of the client, but for the smooth running of the organization. I have spoken to many front line counselors who quietly subvert these practices, for example, by applying the same diagnostic label (e.g., adjustment disorder) to everyone, by honouring clients' methods of "working the system", or by carrying on brief therapy under the banner of "assessment". These responses show that many front line counselors are already engaged in circumventing and challenging the more objectifying practices that were once considered routine.

Tom: If readers want to get a better understanding of your influences in developing these ideas, what would you recommend they read?

Allan: Auto-biographies of individuals subjected to violence (e.g., Rigoberta Menchu, Malcolm X, Nelson Mandela), historical and third person accounts (e.g., Tzvetan Todorov, Erving Goffman, Ward Churchill), post-colonial writers (e.g., Homi Babha, Edward Said), conversation and discourse analysts (e.g., Paul Drew, John Heritage, Linda Coates), feminist and other social justice oriented therapists (e.g., Bonnie Burstow, David Epston), political writing (e.g., bell hooks, Gillian Harris, George Orwell) and fiction (e.g., Peter Hoeg, Zora Neale Hurston).

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