

# **SMALL ACTS OF LIVING: EVERYDAY RESISTANCE TO VIOLENCE AND OTHER FORMS OF OPPRESSION\***

Allan Wade

**ABSTRACT:** The author describes an approach to therapy which is based on the observation that whenever persons are badly treated, they resist. Case illustrations are given in which individuals seeking therapy had been subjected to violence and oppression.

**KEY WORDS:** Solution-Focused Brief Therapy; narrative therapy; resistance.

Many of the people who seek assistance from therapists have been subjected to violence or other forms of oppression. In this paper, I describe an approach to therapy which is based on the observation that whenever persons are badly treated, they resist. That is, alongside each history of violence and oppression, there runs a parallel history of prudent, creative, and determined resistance. Yet with a few important exceptions (e.g., Burstow, 1992; Epston, Murray, & White, 1992; Gilligan, Rogers, & Tolman, 1991; Kelly, 1987) the theme of healthy resistance is absent from the literature concerned with the theory and practice of psychotherapy. (In referring to "healthy" resistance, I intend only to convey the view that resistance to violence

---

Allan Wade, MA, a family therapist in independent practice, also is a PhD candidate at the University of Victoria. Reprint requests should be sent to the author at 3364 Ridgeview Cr., RR #1, Cobble Hill, British Columbia, Canada V0R 1L0.

\*My thanks to Janet Beavin Bavelas, Linda Coates, Dan McGee, Nick Todd, Robin Routledge, and Kathleen Howell for many helpful ideas and interesting conversations on the topic of resistance, and also Joanne, Katie, Pam, and women of the resistance knowledge group for their courage and generosity, and for sharing their stories, as well as Steve de Shazer and Insoo Kim Berg for their encouragement and invitation to write this paper.

and oppression is both a symptom of health and health-inducing. I do not intend to imply the existence of “unhealthy” or “maladaptive resistance.”) As a result of this absence, many of the ways in which persons spontaneously resist sexualized abuse and assault (rape), battering, verbal abuse, harassment, humiliation, and other forms of exploitation, exclusion, or discrimination, have been either ignored or recast as pathology. The focus of the approach described here, in contrast, is to engage persons in a conversation concerning the details and implications of their own resistance. Through this process, persons begin to experience themselves as stronger, more insightful, and more capable of responding effectively to the difficulties that occasioned therapy.

I have found this approach helpful with men and women, children and adults, who have been subjected to sexualized assault (rape) and abuse, battering (including women currently living with assaultive husbands), various forms of humiliation, racism, exclusion on the basis of disability, sexual preference, or beliefs, as well as with persons who have been mistreated by professionals in institutions. I have also found it useful, in conjunction with the approach developed by Alan Jenkins, in working with men who are violent.

### **EVERYDAY RESISTANCE AND THE ASSUMPTION OF PRE-EXISTING ABILITY**

Despite many important differences, the brief, solution-oriented, systemic (Milan), and narrative therapies share at least one common feature; namely, the assumption of pre-existing ability (Cecchin, 1992; de Shazer, 1985, 1988; de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, & Weiner-Davis, 1986; White & Epston, 1990; White, 1992, 1995). This is the view that persons attending therapy already possess the inherent ability to respond effectively to the difficulties they face. Early brief and systemic family therapists assumed that simply disrupting the patterns of thought and interaction that maintained the problem would allow the family to generate its own solution. Solution-oriented and narrative therapists take the assumption of preexisting ability one step further by making the details of these preexisting abilities one of the main topics of the therapeutic conversation. It is a small, though not entirely obvious step from here to suggest that persons also possess the pre-existing ability to resist violence and other forms of oppression. In fact, as will be illustrated in, such resistance is ever present.

It can at first be difficult to identify resistance to sexualized abuse, wife-assault, racism, and so on, because what counts as resistance, at least in North American popular culture, is typically based on the model of male-to-male combat which presumes roughly equal strength between combatants (Bavelas & Coates, 1990). Unless a person fights back physically, it is assumed that she did not resist. This view excludes most forms of resistance (Burstow, 1992; Kelly, 1988; Scott, 1985, 1990). In addition, the word resistance has a well established meaning in psychoanalysis, where it refers to the supposed tendency of persons to erect psychological defenses against unconsciously threatening material. More generally, the word is used in reference to persons who have the audacity to leave therapy prematurely, or in other ways refuse to comply with professionals' advice and prescriptions. These narrow and quite pathology-oriented meanings of the word have made it more difficult to initiate a discourse concerning healthy resistance to violence and oppression.

I propose here that any mental or behavioural act through which a person attempts to expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with, or oppose any form of violence or oppression (including any type of disrespect), or the conditions that make such acts possible, may be understood as a form of resistance. (A number of the verbs used in this definition are taken from the *Concise Oxford Dictionary* [1990, p. 1024], which defines resistance as any effort to "1. . . . withstand the action or effect of; repel. 2. . . . stop the course of progress of; prevent from reaching, penetrating, etc. 3. . . . abstain from . . . 4. . . . strive against; try to impede; refuse to comply with . . . 5. . . . offer opposition. . . .")

Further, any attempt to imagine or establish a life based on respect and equality, on behalf of one's self or others, including any effort to redress the harm caused by violence or other forms of oppression, represents a de facto form of resistance. This definition is intended only as a point of reference, because the extent to which specific responses to violence or oppression may be viewed as forms of resistance, and precisely what the existence of such resistance might mean, can be determined only in consultation with the person attending therapy. (A detailed description of interviewing practices that I have found useful in constructing accounts of resistance is beyond the scope of this paper. I utilize a variety of practices associated with the brief, systemic [i.e., late Boscolo and Cecchin] solution-oriented, and narrative therapies. Generally, I ask persons to describe how they responded to the violence rather than how they were affected by the violence. In my view, it is important to make a distinction between

responses and effects, which should be reflected in the questions that are asked. Questions that elicit descriptions on the very subtle, micro-level aspects of mental and behavioural responses are particularly helpful. I view this as a process of recontextualizing mental and behavioural responses, including negative effects and attempting to understand their situated “logic” from the point of view of the victim.)

Following is an account of Joanne’s resistance to violence against her mother, her brothers, and herself. (Joanne is a pseudonym. Katie and Pam preferred that I include their actual names.)

### *Joanne*

Joanne (23) came to therapy because she was sad and worried about herself. She had been diagnosed as clinically depressed by one psychiatrist, and as agoraphobic and depressed by another. Both had recommended medication, which she turned down. Most worrisome to Joanne was the fact that she was not “getting on” with her life. She cited the fact that she had no definite idea about what she wanted to do with her future, and had missed several job interviews because she was afraid to leave the house. She also seemed embarrassed by the fact that she was still living at home with her mother, father, and one of her four elder brothers.

We met twice, and Joanne reported some improvements that seemed to her rather minor. In the third interview, I happened to ask Joanne who would miss her the most if she were to leave home. She said that her mother would miss her because she (Joanne) was the only one who could “handle” her father. Joanne’s father had been physically and verbally violent to Joanne’s mother, as well as to Joanne and her brothers, for as long as she could remember. He hit or pushed her mother on a regular basis, frequently yelled and raised his fists, made racist remarks, was unpredictable, spent much of the family income on alcohol, lied, threatened, and intimidated all family members.

As Joanne described her father’s violent conduct, I asked a number of questions about how she had responded, both mentally and behaviourally, as it occurred and at subsequent points in her life. Joanne told me that she had stepped in between her mother and father many times; as a small child, she once prevented her father from pushing her mother down the stairs by clinging tightly to her mother’s leg; she and her brothers made a hiding place in the basement where

they would take their mother when their father came home drunk; she yelled at him to "shut up and leave her alone;" she distracted him; she tried to "calm him down;" she asked him to "get help;" she told him to move out; she avoided him by not answering his questions or greetings, looking the other way, walking out of the room when he walked in, leaving him out of family plans, refusing to go places with him, and a number of other ways; she refused to kiss him good night; she became sarcastic. Once when he was about to strike her, she said, "go ahead, jerk." After this, he never struck her again. Joanne also encouraged her mother to telephone the police and leave the home.

As Joanne grew older, she became both more openly defiant and more protective of her mother and brothers. She poured alcohol down the drain, sometimes in front of him; she told his drunken friends to "fuck off;" she called the police; she swore at him and called him names; she found reasons to be away from home; she once refused to stand beside her father in a family photograph. Joanne also deliberately refused to do what her father told her to do, and almost instinctively did what he told her not to do (e.g., getting tattooed). For a period of time, Joanne also refused to accept her mother's authority. She found friends who did not fit with her parents' views of who she should be spending time with. Joanne also rejected authorities who treated her as though she was a problematic person, especially teachers who made assumptions about her character without knowing what was going on at home.

I then asked Joanne a number of questions which I hoped would make it possible for her to articulate the beliefs, values, and commitments she had initiated in response to her father's violent conduct. For example: "Based on how you were raised, on all the things you were made to experience and witness as a kid, what kinds of decisions did you make about what sort of a person you wanted to be?" Joanne told me in so many words that it was very important to her that people be treated with respect, and she described how respectfully she treated others (even her father, when he was behaving reasonably). She had become a devout anti-racist. She had great fun with her nieces and nephews, and always made certain to listen to them. I also learned that Joanne delighted in exposing frauds, breaking down pretenses, transgressing arbitrarily imposed restrictions of all kinds, and generally doing and thinking what she preferred to do rather than what she was told. We jokingly commiserated on the many pleasures of being a behaviour problem. We also discussed the compassion Joanne still felt for her father.

I then told Joanne that many of the ways in which she had responded to her father seemed to me to be different ways of resisting or fighting back, in the best sense of those words. She agreed, although she said that she had never looked at it that way before. She had discussed her father's behaviour with both psychiatrists, and at the mood disorders group that she attended for several weeks, but the many ways in which she had opposed his mistreatment never came up for discussion. Joanne said that talking about how she resisted made her realize that she was "a lot stronger" than she thought was, and she predicted that knowing about her own history of resistance would be quite helpful.

When we met again two weeks later, Joanne reported that she was eating and sleeping much better, concentrating and remembering well, as well as feeling much more confident and "upbeat". She had been going out regularly and had contacted a prospective employer about work (which she later obtained). In response to some questions about how she had managed to accomplish these things, Joanne said that the more she thought about how she had handled her father's violence, the more she realized that she could probably handle just about any situation. She felt that she was "getting on" with her life. We met twice more over a three month period. There were no further indications of either depression or agoraphobia.

### **THE QUALITIES OF SPONTANEOUS PERSONAL RESISTANCE**

Joanne's actions exemplify a number of the qualities evident in many forms of personal resistance. First, her actions were spontaneous and opportunistic, in the sense that they were not in any way instructed or prescribed. She simply responded to her father's abusive behaviour, on her own initiative, by doing the best she could to protect herself and others, to make it stop, and to establish a life apart. She daily took advantage of opportunities to refuse his advice, disobey his commands, contest his opinions, and expose his vulnerabilities. Second, her actions evince a remarkable prudence; though much of her resistance was subtle and disguised, even when she defied her father openly, she usually did so in a manner that reduced the likelihood of further harm. Third, she was extremely determined; despite terrible pain, confusion, fear, and isolation, she persisted in opposing the violence and in pursuing a radically different kind of life. Fourth,

her actions were not based on an expectation of immediate success. She had no direct evidence that she could expect her father's behaviour to change, yet she continued to resist. In fact, she only became more determined with time. Finally, Joanne's resistance was pervasive and everyday, in the sense that she resisted not only at times when her father was violent or abusive, but rather, constantly subverted his status as the authority in the family and protested his exaggerated sense of entitlement.

### **THE RELATIONSHIP BETWEEN OPPRESSION AND RESISTANCE**

The precise forms resistance takes depends upon the unique combination of dangers and opportunities that exist in any given situation. Before it is possible to appreciate how specific acts may represent forms of resistance in the situations in which they occur, it is necessary to have a general understanding of the relationship between oppression and resistance, to which I now turn. The following Ethiopian proverb appears as the first line of James Scott's (1990) book, *Domination and the Arts of Resistance*: "When the grand lord passes the wise peasant bows deeply and silently farts" (p. v). This proverb expresses an important truth about the nature of resistance and its relationship to oppression. Specifically, persons who engage in acts of violence or oppression can normally be counted on to suppress any perceived challenge to their authority, often with a ferocity that dramatically exceeds the original violation. This is well known, if seldom discussed. An employee who has mistreated by a superior knows that any expression of dissent is likely to result in dismissal, a poor performance appraisal, or other barriers to advancement. A woman who has been assaulted by her husband can predict on the basis of hard won experience that any effort to leave him are likely to be met with threats or extreme violence. Children who are sexually abused are encouraged to believe that they will be rejected by the people that love them, looked down upon by others, or harmed by the perpetrator if they disclose the abuse. Many persons resident in psychiatric facilities know that any protest about how they are treated, particularly if it is expressed in an emotional manner, likely to be interpreted as further evidence of disorder. Thus, persons subjected to violence and other forms of oppression also face the very real threat of retaliation

for any act of self determination. For this reason, open defiance is the least common form of resistance (Scott, 1985, 1990).

The proverb also illustrates the kind of tactical awareness evident in many forms of resistance. Like the wise peasant, persons who are forced to live under close surveillance, with the constant threat of retaliation, such as women who have been assaulted by their husbands, sexually abused children, and harassed employees, of necessity become adept at various methods of "playing the game," "laying it on thick," "telling him what he wants to hear," or "stringing him a line," in lieu of, or sometimes in combination with, more open forms of resistance. For instance, one woman I met with reported making shopping lists in her mind while her husband had sex "on" her. (I would not normally refer to such activity as "sex," since it was clearly not mutual in an important way. The woman who told me about this did describe it as sex, which is why I used the word.) Another woman played along with her abusive husband's assertions that she was crazy (for being angry with him so often) to the point that she convinced him that she was going to have electric shock therapy to disable the anger centre of her brain. These tactics, which inevitably entail a measure of deceit, provide a kind of barrier for violated persons, behind which they may conceal and protect their true thoughts and intentions (Scott, 1990).

In the most extreme cases of violence, where the victim has every reason to believe she will be killed or seriously harmed in some other way for even the slightest opposition, the only possibility for the realization of resistance may be in the privacy afforded by the mind. For instance, Stephenson (1992) described how a victim of political torture, who had each of his knuckles successively smashed with a hammer, and was beaten for any expression of pain or anger, resisted by playing complicated mathematical games in his mind. Pam, a woman whose remarks concerning resistance are cited later in this paper, described mentally floating up behind the ear of a blue elephant whenever her father sexually assaulted her. And on reviewing the ways in which she mentally resisted sexual abuse by her father, another woman remarked, "I knew he could take my body, but he never got me." (These acts of imagination, and others like them, are often referred to as dissociation, meaning badly associated. This is an unfortunate and misleading characterization of these acts, in my opinion, since they often involve the construction of imaginative associations which are truly life-saving.) In addition, many people report having quite elaborate imaginary conversations with the perpetrator,



in which they express anger, rehearse devastating retorts, deliver snappy rebuttals to his statements, and generally “put him in his place,” do not mean to suggest that resistance always takes such indirect or disguised forms. In fact most resistance falls between the extremes of open defiance on one hand, and completely disguised activities on the other. And it is important not to romanticize such forms of resistance, or exaggerate their effectiveness in stopping violence. They are the desperate acts of persons living in extreme pain, fear, and isolation, and are no substitute for a life of equality and respect. However, recognition of such resistance in no way precludes understanding and acknowledgment of the harm caused by violence and oppression. And I believe it is vitally important to show that persons continue to resist, prudently, creatively, and with astonishing determination, even in the face of the most extreme forms of violence.

One of the most important studies of resistance, in my view, is Erving Goffman’s (1961) remarkable book, *Asylums*. (Goffman does not use the word resistance.) In addition to a very comprehensive review of how persons respond to subordination and mistreatment in diverse asymmetrical relations of power, it contains Goffman’s study of how mental patients responded to various assaults upon their dignity, including the expectation that they would participate earnestly in prescribed activities related to their treatment and the organization of the institution. Goffman observed that patients devised a number of methods of subverting staff’s expectations and modifying the conditions of daily life. For instance, they “made do” by using hospital materials in unprescribed ways, and “worked the system” by feigning illness, sneaking extra food, and selectively attending therapy sessions and other events to obtain the reward (such as cigarettes) or meet with friends. They also devised many methods of escaping surveillance and illicitly obtaining money.

Goffman also described a number of the ways in which patients expressed their disaffection; for instance, by sneering, glaring, griping, bitching, through various forms of ritual insubordination, parody (e.g., laughing outlandishly at a staff member’s feeble joke), and other forms of exaggerated compliance. With characteristic attention to detail, Goffman observed:

There is a special stance that can be taken to alien authority; it combines stiffness, dignity, and coolness in a particular mixture that conveys insufficient insolence to call forth immediate punishment and yet expresses that one is entirely

one's own man. Since this communication is made through the way in which the body and face are held, it can be constantly conveyed wherever the inmate finds himself (p. 318).

He also noticed the frequency of "withdrawn muteness" as a standard response to staff. Only reluctantly did staff agree to treat this response as a symptom of mental illness, rather than as an expression of defiance.

Finally, in the context of his discussion of how "meticulous idealists" manage to avoid cooperating with authorities, Goffman made the following remark: "Extreme situations provide instruction for us, not so much in regard to the grander forms of loyalty and treachery as in regard to the *small acts of living*" (1961, p. 181; emphasis added). The poignancy of this phrase—*small acts of living*—which so aptly captures the spirit and quality of many forms of resistance is due in part to the simultaneously literal and ironic uses of the word small. It is true that acts of resistance are often quite literally small, in the sense that they consist of subtle and rapid, micro-level communicative behaviours. Parody, lying, withdrawn muteness, feigned ignorance, thinly veiled contempt, muttering, or a credibly performed deferential bow are socially achieved through careful control of the most subtle aspects of personal comportment. Under conditions of intense scrutiny, the normal tools of everyday communication become important devices for the expression of resistance. (For this reason, I find it helpful to ask persons to describe their facial expressions, tone of voice, posture, and so forth, in responding to mistreatment. Such questions frequently yield a description of disguised or indirect expression of protest.)

In quite another sense however, the phrase is oxymoronic. In a context of violence or oppression, where any act of self-assertion may be met with brutal reprisals, there is no such thing as a "small" act of living. Any act of resistance in such circumstances is inherently and profoundly significant, regardless of what it may appear to have accomplished. For example, although it may appear that the wise peasant accomplished very little, on closer examination it can be seen that his tactics exploit one of the most vexing insecurities faced by persons in positions of authority, particularly if that authority is exercised through fear. Precisely because displays of deference are conventionally expected, in the sense that any refusal to perform the display would constitute an affront, if not a challenge, they provide the authority with virtually no reliable information about the subordinate's

true intentions or beliefs. Thus, his privacy intact, the wise peasant is able to reverse the presumed meaning of the bow. While keeping up appearances, it no longer expresses his respect or reaffirms his willing subordination; he transforms it instead into a facade that both conceals his contempt and enables its silent expression. In this way, he retains his dignity (i.e., his status as a human being equal in worth to the grand lord) at precisely the moment when he was expected to surrender it. Whatever satisfaction the grand lord may have obtained from the peasant's bow would be shallow indeed compared to what was obtained by the peasant. (The act of farting in the presence of the grand lord may even have provided the peasant with a substantially deeper version of the giddy pleasure that comes from performing prohibited and especially puerile acts—particularly those involving bodily functions—in the presence of dignified company.) In addition, acts which may appear to be inconsequential in and of themselves can provide a foundation for more effective action, as is evident in the following statement, in which a woman describes one of her responses to incest:

I remember the first time I made this momentous decision. The decision itself frightened me almost as much as being near him. I remember standing behind him after I'd make this decision and sticking my tongue out and of course he caught me (laughs). But he didn't do anything much about it, and I thought "Oh good," and that's how I started. (Kelly, 1988, pp. 174–175)

This example of resistance is one of many gathered by Liz Kelly (1988), a feminist researcher from England, who explored how 60 women survived, coped with, and resisted rape, incest and sexual abuse, and domestic violence (i.e., wife-assault). (Kelly draws a distinction between coping, survival, and resistance. I find it a brilliant book, though I do not make such a clear distinction between these characterizations. I believe the term survival skills and coping strategies are often used to characterize acts which are more accurately characterized as forms of resistance.) Even using a more restrictive definition of resistance than I proposed in this paper, Kelly found that more than half the women she interviewed resisted incest *from the time that it began*, and all of the women resisted rape *as it occurred*. One of the more interesting and unanticipated results of Kelly's study was that many of the women reported feeling better in some way as a result of the research interview(s). As one woman remarked:

What came through to me was. . . . seems all through my life I've been trying to fit into this mould and all the problems I've had have been me kicking against it. But now knowing what it was I was kicking against. . . . just resistance (sighs). . . . and I feel so angry that I couldn't see it until now. (p. 184; emphasis in original)

This woman was expressing how important it was for her to recognize that she had in fact resisted the abuse.

Bonnie Burstow (1992), a Canadian anti-psychiatry activist and radical feminist therapist, proposed that different forms of women's resistance to men's violence can be situated on a continuum. (These designations—anti-psychiatry activist and radical feminist therapist—are the ones Burstow prefers.) On one end of the continuum is isolated action that does not stop the violence or change the status quo, but which nevertheless evinces the simple, though crucial awareness that one has been treated disrespectfully. On the other is collective action based on critical consciousness of the violence enacted through patriarchal relations of power. Burstow contends that orthodox psychiatry is a patriarchal and inherently oppressive institution which pathologizes many forms of women's resistance to men's violence, as is clear in the following passage.

Some women's acts are limited, individual, and border on resignation, but even here is a core of resistance that is poignant and meaningful. In this category we find the housewife who stops cleaning up and just sits there unhappy and "unable" to do anything. In the past psychiatry would have said that she is having a nervous breakdown. Today it would say she is "chronically depressed." These diagnoses are not so much wrong as horrendously limited. She is clearly "sick to death" of the endless repetitive chores that befall her as woman. . . . she "cannot take it anymore", and her being is rebelling. . . . [which] to some degree means ". . . will not take it anymore." Although the refusal may not be happening on a reflective plane and refusal is only one dimension of what is occurring, this woman in her own way is going on strike. The wife who always has a headache is similarly on strike (1992, p. 16).

One of the most valuable aspects of Burstow's work, in my view, is that she acknowledges the "nascent," as yet unarticulated, understandings that are implicit even in the least visible, most modest, and most desperate forms of resistance. Although she advocates collective resistance through critical consciousness as a goal for women, unlike some theorists who advocate consciousness-raising as a method of empowerment (e.g., Moreau, 1990; Carniol, 1992), she rejects the view that "true", "real", or "healthy" resistance is possible only when one has first attained a critical consciousness. The language of resistance, protest, and counter-action is an important part of the narrative approach as well. (White, 1992, 1995; White & Epston, 1990) Here, however, it is used quite broadly. For instance, children and families may be engaged in a conversation about their resistance to "sneaky poo," "trouble," or some other externalized problem that is portrayed as oppressing the family. When it comes to the treatment of difficulties related to violence or other forms of oppression, the language of resistance seems to be used in two quite different ways. Some practitioners (e.g., Kamsler, 1990) focus primarily on resistance to the effects of the abuse. Others, such as Durrant and Kowalski (1990), who work from a more solution-oriented perspective, emphasize building on exceptions to those effects. Each of these approaches emphasizes the importance of helping persons recognize their already existing strength and resourcefulness. However, they do not address the extent to which the person may have resisted the violence or oppression itself. (The distinctions I have proposed between these two methods is not reflected in the narrative therapy literature, to the best of my knowledge. Nor is the distinction between effects and responses or the closely related distinction between resistance to the violence itself and resistance to the effects of the violence.)

The second method, which I view as quite different from the first, seems to be more focused on a recognition of resistance to the abuse itself, as is clear in the following excerpt from a letter written by David Epston to a woman named Rose:

From the beginning you had some life force that refused to buckle under and submit to his authority. You paid dearly for your vocal nature. . . . Still you refused to deny yourself. . . . Despite your father's attempts to rub you out, you ruthlessly opposed him. Some special wisdom must have informed you that he was bad, not you. . . . I believe that your survival

instinct is your life force, a force that never submitted to your father's disciplines and ruthlessness (Epston, White, & Murray, 1992, p. 103).

Notwithstanding what may have occurred in the interview (which is not described in the article), it is clear from the letter that Rose resisted the abuse itself, rather than its effects, although her specific actions are not described. The following account illustrates how Katie resisted in response to being sexually abused by her father.

### *Katie*

Katie consulted me because of difficulties in her marriage, as well as despondency, sleeplessness, and fears that she was not taking proper care of her children. She related these concerns to the experience of being sexually abused by her father and two uncles, over a 10-year period between the ages of five and 15.

As Katie had been to individual and group therapy previously, I asked her to describe how it had been helpful. She told me that it was good to meet other women who had been through "the same thing." I then asked Katie what she had learned about herself. Katie said that she learned that she had boundary issues, low self-esteem, and lacked assertiveness. She also learned that she had a tendency to repeat her mother's passive behaviour in relation to men. On hearing these descriptions, I asked Katie if she had also had the opportunity to talk about how she had opposed her father's and her uncles' abuse of her. As she expressed some interest in knowing more about what I meant by this, I asked if I could ask her a few questions about how she had responded to what her father and uncles had done. She agreed.

In order to avoid getting too far into the details of how she had been assaulted, which I thought might be upsetting, I asked Katie how her relationship with her father had changed once he started abusing her. In response to this and similar questions, Katie told me that she started to stay away from him, spent less time at home, tried to tell her grandmother, stopped calling him "Dad," kept secrets, refused to cooperate or go places with him, told herself that she would be a good mother and always protect her children, stuck up for friends, confronted unfair teachers, and finally disclosed the abuse despite enormous pressure from family members. Katie readily agreed that these were different ways of fighting back or opposing her father's and uncles' abuse of her. She also agreed that these were defi-

nitely not the actions of a person who did not esteem herself, lacked assertiveness, or behaved passively toward men. I then asked Katie how it felt to finally recognize her own history of resistance. She said, "I feel like I could lift up my fucking car." At this point, Katie began to remember a number of other ways in which she had resisted, and she agreed to write these down. Following is an excerpt:

I would be crying and pushing his (her father's) hand away, asking him to stop. . . . It got to the point where I would not go home if the car was not parked outside or play outside until my Mom or older sister got home. . . . I remember sleeping with my clothes on, it was my security for a while for when I was approached. By the time they would get my pants undone and down and then undo theirs, I would have my pants up again. . . . I would sleep on my stomach and would lay stiff. If my parents had a drinking party I would lay on the outside of my kid sister's covers in bed so no one would hurt her. If they had to get their rocks off I would rather it be me instead of her. . . . Everytime they had parties I slept in my clothes and sometimes [I had] a knife in the door frame or under my pillow. . . . When I was 15 I started going to the bar. When men started paying attention to me it felt good but I knew what it was they wanted. I would accept drinks at first, cocktease them, and then tell them to get lost. They would call me a fucking cock-teasing bitch. I would reply "Yeah, and a good one". . . . After seeing my older sister being beaten to a pulp I told myself I would never let a man do that to me, so I told my [first] husband to leave and that was the end of him.

Katie concluded, "I am able to voice my opinion rather than stay quiet. I can tell my husband and others how I feel without feeling guilty. I will always continue to go forward" (Katie, 1993).

### **CONCLUSION: SPEAKING RESISTANCE**

One of the strongest forms of evidence for the existence and vital importance of everyday resistance are the determined efforts made by the perpetrators of violence and oppression to conceal or suppress it. In fact, the very physical and discursive strategies used in virtually all forms of domination presume the existence of determined resistance. (Assaultive husbands attempt to suppress the resistance of

their partners by restricting their movements and contacts, threatening retaliation, insisting that she is to blame, and so on. Adults who sexually assault children attempt to circumvent the child's natural proclivity to avoid such acts through threats or a process of trickery and coercion known, unfortunately, as grooming. Aboriginal children who were interned in residential schools were kept from their families precisely to subvert the sense of belonging and cultural identity that would have incited even more runaways, uncooperativeness, and steadfast refusal to adopt European values.

It is striking, then, that the literature concerned with the theory and practice of psychotherapy has virtually ignored such resistance, particularly in light of the fact that it is the context of therapy that many persons talk most personally about the atrocities they have been made to endure. This fact raises a number of important questions that are beyond the scope of this paper. In my view, therapists have an important role to play in recognizing and honouring the spontaneous resistance of persons who have been subjected to sexualized abuse and assault, battering, humiliation, neglect, and all other forms of violence and oppression. The following two passages attest eloquently to the importance of speaking resistance. The first is by bell hooks (1990). The second is by Pam, a social activist who began consulting therapists after recovering terrifying memories of being sexually abused as a child.

Understanding marginality as position and place of resistance is crucial for oppressed, exploited, colonized people. If we only view the margin as sign, marking the conditions of our pain and deprivation, then a certain hopelessness and despair, a deep nihilism penetrates in a destructive way the very ground of our being. It is there in that space of collective despair that one's creativity, one's imagination is at risk, there that one's mind is fully colonized, there that the freedom one longs for is lost. (p. 343)

By knowing that I actually resisted, it helped me feel like it wasn't my fault. But if I never resisted, then it means I went along with it, which means I wanted it, which means it was my fault. How could I live with myself, be that kind of person. To think that I actually fought back, I could get through from that, that feeling. Then I can have a bit of pride, have more self-worth. Then I started to get back some of the things I didn't have before, like feeling some dignity or having some value as a person.



## REFERENCES

- Bavelas, J. B., & Coates, L. (1992). Personal Communication.
- Burstow, B. (1992). *Radical feminist therapy*. Newbury Park, CA: Sage.
- Carniol, B. (1992). Structural social work: Maurice Moreau's challenge to social work practice. *Journal of Progressive Human Services*, 3.
- Cecchin, G. (1992). Constructing therapeutic possibilities. In S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 86–95). Newbury Park, CA: Sage.
- Concise oxford dictionary, 8th ed.* (1990). Oxford: Clarendon Press.
- de Certeau, M. (1984). *The practice of everyday life*. Berkeley: University of California Press.
- de Shazer, S. (1985). *Keys to solutions in brief therapy*. New York: Norton.
- de Shazer, S., Berg, I. K., Lipchik, E., Nunnally, E., Molnar, A., Gingerich, W., & Weiner-Davis, M. (1986). Brief Therapy: Focused solution development. *Family Process*, 25, 207–222.
- de Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. New York: Norton.
- Durrant, M., & Kowalski, K. (1990). Overcoming the effects of sexual abuse: Developing self-perception of competence. In M. Durrant & C. White (Eds.), *Ideas for therapy with sexual abuse* (pp. 65–110). Dulwich: Dulwich Centre Publications.
- Epston, D., White, M., & Murray, K. (1992). A proposal for a reauthoring therapy: Rose's revisioning of her life and a commentary. In S. McNamee and K. J. Gergen (Eds.), *Therapy as social construction* (pp. 96–115). Sage: London.
- Foucault, M. (1980). *Power/knowledge*. New York: Pantheon.
- Gilligan, C., Rogers, A. G., & Tolman, D. T. (Eds.) (1991). *Women, girls and psychotherapy: Reframing resistance*. New York: Haworth.
- Goffman, I. (1961). *Asylums*. New York: Doubleday.
- Kamsler, A. (1990). Her-story in the making: Therapy with women who were sexually assaulted in childhood. In M. Durrant & C. White (Eds.), *Ideas for therapy with sexual abuse* (pp. 9–36). Dulwich: Dulwich Centre Publications.
- Kelly, L. (1988). *Surviving sexual violence*. Minneapolis: University of Minnesota Press.
- Moreau, M. J. (1990). Empowerment through advocacy and consciousness-raising: Implications of a structural approach to social work. *Journal of Sociology and Social Welfare*, 17(2), 53–67.
- Scott, J. C. (1985). *Weapons of the weak*. New Haven: Yale University Press.
- Scott, J. C. (1990). *Domination and the arts of resistance*. New Haven: Yale University Press.
- Stephenson, P. H. (1992). Personal communication.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.
- White, M. (1992). Deconstruction and therapy. In D. Epston, & M. White, *Experience, contradiction, narrative, and imagination*. Adelaide: Dulwich Centre Publications.
- White, M. (1995). *Re-authoring lives: Interviews and essays*. Dulwich: Dulwich Centre Publications.