

## Chapter 9

# Coming to Terms with Violence and Resistance

## From a Language of Effects to a Language of Responses

NICK TODD AND ALLAN WADE WITH CONVERSATIONAL  
PARTNER MARTINE RENOUX

Therapists have a direct interest in the judicious use of language and regularly grapple with the question of “which words should be fitted to which deeds” (Danet, 1980, p. 189). This question is particularly important where there is violence because both perpetrators and victims tend to misrepresent themselves (Scott, 1990). Perpetrators use language strategically in combination with physical or authority-based power to isolate and threaten the victim, manipulate public appearances, and avoid responsibility. Victims use language tactically<sup>1</sup> to express or conceal their resistance, evade the violence, avoid negative social judgments, and retain maximum control of their circumstances.

Misrepresentation of victims and offenders is widespread, if inadvertent, in the clinical literature as well. Although resistance to violence is ubiquitous (Burstow, 1992; Campbell, Rose, Kub, & Nedd, 1998; Epston, 1989; Goffman, 1961; Kelly, 1988; Lempert, 1996; Maisel, 1996; Wade, 1997, 2000; Zemsky, 1991), victims are typically represented as socially conditioned and passive recipients of abuse (Campbell et. al., 1998; Coates & Wade, 2002; Kelly, 1988; Ridley, 1999; Wade,

<sup>1</sup> Following Michel de Certeau (1984), we make a distinction between *strategies*, which involve planning and presume a base from which to operate, and *tactics*, which are improvised “on the run”, so to speak, without the benefit of a secure base.

2000). And while violent behaviour is deliberate, as illustrated by perpetrators' strategic efforts to suppress victims' resistance, it is typically represented as an effect of social or psychological forces that overwhelm the perpetrator, cause him to lose control, and compel him to perform violent acts (Todd, 2000).

In this chapter we present a response-based approach to therapy with victims of violence that stems in part from a micro-analysis of the actions of victims and perpetrators of violence and a critical analysis of the connection between violence and language (Coates, Todd, & Wade, 2000; Coates & Wade, 2002). In the first part of the paper we examine four types of discursive operations that appear frequently in professional and public accounts of violence, with special attention to the distinction between the language of effects and the language of responses. We propose that the language of effects misrepresents victims' responses and conceals victims' resistance to violence. In the second part we present two case examples to illustrate key aspects of the response-based approach to therapeutic interviewing.

## FOUR DISCURSIVE OPERATIONS

In professional, academic, and public discourse language is frequently used in a manner that (a) conceals violence, (b) obscures and mitigates perpetrators' responsibility, (c) conceals victims' resistance, and (d) blames or pathologizes victims (Coates, Todd & Wade, 2000; Coates & Wade, 2002). These discursive operations are set in motion by a wide variety of linguistic devices: metaphors (e.g., cause-effect and psycho-hydraulic explanations), terms (e.g., mutualizing and eroticizing vocabulary), grammatical forms (e.g., passive and agentless constructions, nominalizations), stereotypical accounts (e.g., the passive victim, the out-of-control offender), and figures of speech (e.g., euphemisms) (Coates & Wade, 2002). In use, these operations are functionally linked: Accounts that conceal violence also mitigate the perpetrator's responsibility, conceal the victim's resistance, and blame or pathologize the victim. To illustrate how these four operations are combined in use, we examine two passages; the first by Miles Davis (Davis & Troupe, 1990), the second by Judith Herman (1997), an acknowledged expert in the treatment of trauma.

### Example 1:

In the following passage, Miles Davis describes the first of his assaults on his then wife, Frances.

I loved Frances so much that for the first time in my life I found myself jealous. I remember I hit her once when she came home and told me some shit about Quincy Jones being handsome. Before I realized what had happened, I had knocked her down . . . I told her not to ever mention Quincy Jones' name to me again, and she never did . . . Every time I hit her, I felt bad because a lot

of it really wasn't her fault but had to do with me being temperamental and jealous. I mean, I never thought I was jealous until I was with Frances. Before, I didn't care what a woman did; it didn't matter to me because I was so into my music. Now it did and it was something that was new for me, hard for me to understand. (Davis & Troupe, 1990, p. 228)

Davis uses all four discursive operations to conceal the real nature of his violent behaviour and mitigate his responsibility. He portrays his violent behaviour as an effect of overwhelming psychological forces—the jealousy that arose from his love for Frances—that caused him to lose control. In effect, Davis suggests that his violent behaviour was caused by love. In this way, Davis implies that his behaviour, no matter how destructive, was ultimately positively motivated. This portrayal also implies that his behaviour was inadvertent rather than deliberate, since people normally do not purposely hurt people they love. The claims that he “found” himself jealous, knocked her down “before [he] realized what had happened”, and found his “new” feelings “hard to understand” further deny any deliberation on his part.

*Martine Renoux: This raises the interesting and fundamental point of how we are to understand the origins or causes of violent behaviour. Often I am asked: “Why did he treat me like this?” Victims are shocked and mystified; they have no ready way of understanding the reasons for the behaviour of the perpetrators. As a psychologist it is very difficult to come up with an answer, which does not mitigate the responsibility of the perpetrators. If I say, “I understand why you are crying” I am saying that you have good reasons for crying. If I say, “I understand why you attacked her” I am saying you have good reasons for attacking her. So I cultivate a position of NOT understanding violent behaviours. After all there is no satisfactory explanation of sexualized assault, child abuse, or wife-assault. There are many possible motivating factors for attacking another person—money, power, and the desire to dominate. But to say “I do not understand violent behaviours” means “I refuse to accept that there could be any satisfactory explanation for it”. This is one way in which victims and professionals refuse to accept violent behaviour.*

With the statement “[e]very time I hit her, I would feel bad”, Davis acknowledges that he assaulted Frances repeatedly. As he does so, however, he mitigates his responsibility for his continued violence by simultaneously portraying himself as consistently remorseful. This enables Davis to effect a critical shift in focus from his overt behaviour, which is visible to others, to his mind, which he alone can know. Grammatically, this is accomplished by a transition from the transitive verb “hit” to the intransitive verb “feel”. By dropping the object of his actions (Frances), Davis shifts attention from the harm he inflicted on Frances to how badly he feels about it all.

Davis also conceals the nature and extent of his violence against Frances. The phrase “knocked her down” does not convey the degree of force in his attack

(i.e., How did he knock her down? With a gentle push or a closed fist punch?). The phrase “what had happened”, an agent-less and existential construction, obscures exactly what did happen and who did what to whom. The phrase “[e]very time I hit her, I would feel bad”, mentioned above, also conceals the pain he inflicted by displacing consideration of Frances’ feelings. Compare Davis’s construction, for example, with a phrase such as, “every time I hit her, she felt terrible pain” (Coates & Wade, 2002).

As Davis conceals the violence and mitigates his own responsibility, he subtly blames Frances. The ambiguous statement “most of it really wasn’t her fault” implies that some of it was. Additionally, the word “really” qualifies the statement and suggests that the question of responsibility is more a matter of perspective, a point he might grant, than a matter of fact. The phrases “I never thought I was jealous until I was with Frances” and “[b]efore, I didn’t care what a woman did” serve to both further the portrayal of a previously non-violent man caught up in an unfamiliar and overwhelming situation and to suggest that Frances was the unique element, the catalyst that incited (i.e. provoked) the powerful feelings that ultimately caused his violence (Coates & Wade, 2002).

Finally, Davis conceals Frances’ resistance by simply ignoring it or describing the choices she made (e.g., not mentioning Quincy Jones’ name again) in such a way that her agency is virtually invisible. The very fact that Frances remarked on Jones’ handsome looks, knowing of Davis’ “jealousy”, might well be understood as a form of resistance. Likewise, her decision to not mention Jones’ name after the beating could be understood as a further act of resistance (i.e., self-protection, denying him a pretext for abuse) rather than an act of acquiescence. As well, the fact that Davis assaulted Frances an unspecified number of times suggests that she did not willingly submit to his attempts to control her behaviour. The phrase “[e]very time I hit her, I would feel bad” not only conceals the extent of the violence (as already mentioned); it also subtly conceals Frances’ resistance by omitting mention of her immediate responses. An account of how Frances felt about the violence, rather than how Davis felt about it, would further show how she refused to be contented with his mistreatment.

*MR: For clinical and ethical reasons, it is important to describe violence in clear and precise terms. In England the legal system has now formally adopted the term “grooming”, presumably to describe coercion, abuse of trust, and manipulation with the intent to harm. I find it shocking that this term, which also refers to affectionate ways primates have of looking after one another and the care one takes with hygiene and appearance, is used to describe how pedophiles (another euphemism) entrap and violate children. It is such a thoughtless and regressive step. Of course, I am sometimes called pedantic for raising these kinds of issues. The attitude is: “Well, it’s just short-hand and we all know what we mean by it”. I find myself wondering why we would actively discourage each other from stretching towards more just and accurate ways of describing violence.*

*At first I worried that using simple and direct terms to describe violent acts and acts of resistance would be too graphic and painful for my clients. I was worried about re-traumatizing so I tried to soften the descriptions by asking questions euphemistically: "When that happened to you . . ." or "When that was going on . . ." I was surprised to find that more direct descriptions, although they can be very emotional, need not be re-traumatizing if they are asked sensitively and if greater attention is paid to the details of the victim's responses. Once the client is given the opportunity to detail their responses, it often becomes possible to talk more directly about the abuse, from the perspective of a responding agent.*

### **Example 2:**

The same four operations of language (concealing violence, mitigating responsibility, concealing resistance, and blaming and pathologizing victims) feature prominently in professional clinical discourse as well (Ridley, 1999). In the following passage Judith Herman attempts to explain why so many victims of child abuse are abused later in life.

[T]he personality formed in an environment of coercive control is not well adapted to adult life. The survivor is left with fundamental problems in basic trust, autonomy, and initiative. She approaches the tasks of early childhood—establishing independence and intimacy—burdened by major impairments in self-care, in cognition and memory, in identity, and in the capacity to form stable relationships. She is still a prisoner of her childhood, attempting to create a new life, she reencounters the trauma . . . .

The survivor's intimate relationships are driven by the hunger for protection and care and are haunted by the fear of abandonment or exploitation. In a quest for rescue, she may seek out powerful authority figures who seem to offer the promise of a special care taking relationship. By idealizing the person to whom she becomes attached, she attempts to keep at bay the constant fear of being either dominated or betrayed.

Inevitably however, the chosen person fails to live up to her fantastic expectations. When disappointed, she may furiously denigrate the same person who she so recently adored. Ordinary interpersonal conflicts may provoke intense anxiety, depression, or rage. In the mind of the survivor, even minor slights evoke past experiences of callous neglect, and minor hurts evoke past experiences of deliberate cruelty. These distortions are not easily corrected by experience, since the survivor tends to lack the social and verbal skills for resolving conflicts. Thus the survivor develops a pattern of intense, unstable relationships, repeatedly enacting dramas of rescue, injustice and betrayal. (Herman, 1997, pp. 110–111)

Herman's account precludes the possibility of any judicious resistance by the victim, as a child or adult. Instead of describing in detail the perpetrators'

abusive actions and the victims' resistance, Herman proposes that an impersonal "environment of coercive control" has "left" the survivor with a seriously impaired personality which compels her to "reencounter" (i.e., reproduce) her childhood trauma later in life. As she relegates the victim to a position of deficiency, Herman reserves for herself an objective, authoritative position of proficiency from which to judge which "conflicts" are "ordinary" and which "slights" are "minor".

Herman's highly deterministic psychodynamic view conceals violence because it proposes that the victim is not actually "dominated" or "betrayed"; she misperceives and wrongly fears she will be. Others do not act willingly as "powerful authority figures"; she transforms them into such through her distorted perceptions and dysfunctional behaviour. Nor do these "powerful authority figures" select the victim; she chooses them. Though impaired and unskilled, the victim somehow exerts enormous influence over the behaviour of well-intentioned others. She is in every respect the author of her own misfortunes. Two statements—"The survivor's relationships are driven by. . ." and "The survivor develops a pattern of intense, unstable relationships. . ."—blame the victim for the literally impossible act of single-handedly establishing interpersonal patterns that by definition require at least two participants. In this way, individuals who mistreat the victim are absolved of responsibility.

The net effect of Herman's account is to transform the victim into a perpetrator who "furiously denigrate[s]" others, over-reacts, and responds with "rage" to minor affronts. Simultaneously, she transforms "powerful authority figures" into victims who are idealized and then denigrated by a dysfunctional individual who lacks the skills for a stable relationship. Herman's image of the victim closely mirrors and directly endorses the image so often proffered by abusive husbands of the women they victimize—that of a terminally unhappy and over-reactive wife who inflicts the effects of her unresolved trauma on innocent others, most notably himself.

*MR: How can someone intending to create a new life seek to re-encounter trauma? What an extraordinary idea! As a rule, do we not show constant urges to avoid what is painful to us? And do we not tend to seek safety? The attempt to create a new life is shown through the victim's determined protest against all forms of disrespect. It is only when we do not uncover the story of resistance that we are left with a false impression of "passivity" or "collusion" which we then seek to explain with ideas such as those advanced by Herman (and many before her). When we understand clearly the story of resistance there is no passivity to be explained. One version I have heard is that women seek out relationships with violent men in order to stop the violence and resolve their own psychological conflicts. Another version is that women compulsively provoke men to violence so that they (the women) can ultimately overcome it. Either way, women are to blame. If we want to think in terms of drives and unconscious*

*mechanisms, I want to propose that resistance to violence and oppression is integral to our psychological makeup: When violated, we act compulsively to preserve our basic human dignity. And I believe there is ample evidence for this view.*

## THE LANGUAGE OF EFFECTS AND THE LANGUAGE OF RESPONSES

In the clinical and research literature concerned with interpersonal violence, victims are represented almost exclusively in a language of effects (Burstow, 1990; Kelly, 1988; Ridley, 1999; Wade, 2000). There is good reason for this emphasis on effects. In the late 1970s, when feminist and other justice-oriented activists publicized the high rates of violence against women and children, manifestations of the harm caused by sexualized assault and wife-assault were widely misinterpreted as symptoms of mental illness (Bograd, 1988; Burstow, 1992; Caplan, 1995; Herman, 1997; Kamsler, 1990; Kelly, 1988; Walker, 1979, 1984). In addition, social myths and conventional treatment models tended to blame victims and mitigate the responsibility of offenders (Bernardez, 1991; Bograd, 1988; Burstow, 1992; Herman, 1997; Kamsler, 1990; Kelly, 1988; Wade, 2000). The focus in research and clinical work on the short and long term effects of the different forms of violence was in part a counter-measure inspired by the desire to prevent victim blaming, elucidate the full extent of the harm suffered by victims, and demonstrate the need for specialized treatment methods and resources. It was assumed that the treatment of victims of violence would center on the treatment of its effects.

But the language of effects encodes a number of interpretive biases that warrant careful examination. We propose that it misrepresents victims' responses to violence, conceals victims' resistance, and portrays victims as passive recipients of abuse. Resistance is a response to violence and cannot be encoded in a language of effects. The interpretive biases encoded in the language of effects become apparent when contrasted with an alternative, the language of responses. A response is a volitional act that demonstrates judgment, imagination, and will; an effect is the strictly determined outcome of a previous event/cause. A response is a social, communicative act that plays a part in on-going social interaction; an effect is an end-state, the last link in a causal chain. Resistance to violence is positive or constructive in that it signals the individual's desire to escape the violence and improve their circumstances; logically, a negative cause such as violence can produce only negative effects.

From this perspective we can see that the problem with the language of effects is not only that effects are conceptualized in an overly negative manner, as enduring psychological variables: It is that the effects of violence cannot be conceptualized in any other way. Questions about the effects of violence ask respondents to represent

their behavioural and mental responses as non-volitional, asocial, and inherently negative end-states. What transforms victims' resistance and other responses into problems, and problems into symptoms, is precisely their representation as effects. The language of effects constructs the victim as a passive site of damage.

*MR: Some consequences of physical trauma, such as broken bones can be described as effects. However, even here, the accompanying pain, swelling and bruising can be more aptly described as responses. When it comes to mental or emotional events, it is even more important to consider seriously how the victims' actions and subjective experiences can be understood as responses to rather than effects of abuse. Yet I know that many of my colleagues would worry that shifting to a focus on responses would mean ignoring the harm caused by violence. But does it make sense to say that some effects of sexual assault are that many victims become depressed, dissociate, or lose their self-confidence? Or is this kind of analogy faulty because a person cannot be reduced to a physical object? Individuals produce a multitude of creative mental and behavioural responses to attacks, unlike bones that just splinter or break. My own experience is that viewing emotional pain as a response to abuse leads to a more subtle and contextual understanding of the victim's circumstances and choices. I believe emotional pain and humiliation are responses that arise from and signify the victims' immediate comprehension of the meaning and implications of the perpetrators' actions. Emotional pain in response to violence signifies and registers a protest in that it shows that the victim is refusing to be contented, relaxed, and comfortable with abuse. When I am safe, I respond by relaxing. When I am threatened, I respond with fear, hurt and bewilderment. In this way we can acknowledge the diverse forms of distress victims suffer as responses, many of which are intelligible as forms of resistance.*

## A RESPONSE-BASED APPROACH TO THERAPEUTIC INTERVIEWING

From a response-based perspective, therapy consists in part of practices that reverse the four operations of language to (a) expose violence, (b) clarify perpetrators' responsibility, (c) elucidate and honour victims' resistance, and (d) contest the blaming and pathologizing of victims. This is achieved in part by focussing on the details of victims' responses to particular incidents and circumstances. Through a focus on responses, many actions and subjective experiences that were previously ignored or constructed as effects of violence are accorded new significance as responses and forms of resistance. The following case study of a woman we shall call "Yvonne" illustrates this process.

*Yvonne sought therapy for feelings of depression following the breakup of her marriage. She was having difficulty sleeping, concentrating, and remembering. She had gained weight and was inactive by her usual standards. Her friends and family were very worried. And although her husband of 25 years was abusive, she missed him and grieved the end of the relationship.*

Yvonne was quite concerned about the fact that she would cry whenever family members pressured her to leave or remain in the marriage. Even close friends seemed to believe it was their duty to provide Yvonne with advice about how best to live her life. Yvonne wanted to stop this interference, to confront friends and family in a firm but respectful way. However, each time she tried, she wound up crying and feeling "pitiful". Her crying seemed to prove that she needed help.

Yvonne initially described herself and her difficulties almost exclusively in a language of effects. She suspected that her unwanted crying and inability to stand up for herself were the effects of mistreatment she had endured in her family when she was young. She wondered if she was depressed because she had failed to "deal with" the "baggage" carried over from her childhood.

Yvonne was the youngest of seven children. As a child, she was criticized and called names by her siblings on virtually a daily basis. No matter what she tried, she seemed powerless to make them stop. If she got mad, they laughed; if she fought back physically, they beat her. However, when she cried they would usually just leave her alone. For some reason, Yvonne's crying made it very difficult for people to continue their abuse.

I (AW) noted that Yvonne had resisted the abuse in several ways; for example, by getting angry, fighting back physically, and crying. With some further questions about Yvonne's responses to specific incidents of bullying, I learned that Yvonne had also tried avoiding her siblings, calling them names, and telling her parents. Although these forms of resistance did not stop the abuse (with the exception of crying), Yvonne was pleasantly surprised to realize that she had in fact been standing up for herself all along, even as a youngster, when she had felt so vulnerable and afraid.

I then asked Yvonne how she had responded to her husband's abusive behaviour. Yvonne described how she had asked him to stop, pleaded with him to get help, refused to drink with him, told her friends, avoided him, withdrew her affection, protected the children, secretly saved money, cried, defended herself physically, and separated herself emotionally long before it was safe to do so physically.

Yvonne remembered that she sometimes cried at the least provocation from her husband, so quickly in fact that he sometimes left her completely alone. Playfully, with an expression of mock embarrassment, Yvonne admitted that she used the same tactic with family members before they had a chance to get started in their criticism. Yvonne agreed, however, that crying was much more than a tactic. For her, it was a way of expressing her feelings and refusing to be silenced. Yvonne said that she had not seen crying in this way before. Instead, she had seen it as a sign of weakness.

Three weeks later, Yvonne reported that she had had several successful confrontations with family members without crying. She was surprised at how calm and resolute she felt. She had cried on one occasion unrelated to confrontation, and had felt that this was the type of crying that she wanted to be able to continue in her life. Yvonne said that these successful confrontations, combined with her gaining more effective control of her own crying, were evidence that she was "a lot stronger" than she had realized. She was

*walking, sleeping better, eating healthier foods, and finding much more comfort in the company of her family and friends.*

Yvonne initially used a number of negative abstractions (e.g., depression, inability to stand up for herself, baggage) to describe herself and the problems she faced. She presented these problems as the effects of previous abuse and herself as a passive recipient of that abuse. The therapist responded to this account with simple questions about recent events, Yvonne's important relationships, and the details of the problems that occasioned therapy. The purpose of these questions was to contextualize the negative abstractions by eliciting accounts of interactions in particular situations.

When Yvonne suggested that her problems might stem from abuse, the therapist asked some quite general questions, such as "Can you say a bit more about what you mean by abuse?" When Yvonne mentioned specific forms or incidents of abuse, the therapist asked questions about how she had responded: For example, "When your brothers and sisters started tormenting you, how did you respond? You know, what did you do?" These questions shifted the focus from a language of effects, in which Yvonne was represented as a passive and socially conditioned recipient of abuse, to a language of responses, in which Yvonne was represented as a perceptive individual who actively opposed mistreatment.

As Yvonne's responses were examined in relation to her siblings' abusive behaviour, many of them became intelligible as forms of resistance. In Yvonne's case, the therapist introduced the vocabulary of judicious resistance casually, in a tone of piqued curiosity, as though this new perspective was obvious but still very interesting. After listing some of Yvonne's responses verbatim, the therapist commented: "So, you did all kinds of things to resist this abuse, even though you were little". This acknowledgment of Yvonne's childhood resistance provided a basis for examining her responses and resistance to the abuse by her husband.

*MR: As you describe it, in coming to terms with violence, victims may have little choice but to draw upon terms and metaphors that conceal their resistance and portray them as passive, dysfunctional, and ultimately as partly responsible for the violence. But is there a risk of imposing a new and equally rigid interpretation that does not do justice to the complexity of events and the victim's experience.*

*I (MR) remember one client who told me that every night in the privacy of her room she silently recited all the wrongs her parents did to her during the day. How are we to understand such an act? Why should we understand it as an act of resistance? Could we not understand it equally well as an act of poetic creativity, for example?*

The issue of not imposing particular interpretations of events is always important, but especially so with people who have been subjected to violence or other forms of abuse. In order to appreciate how particular mental or behavioural

acts might represent forms of resistance it is necessary to take into account the precise nature of the perpetrator's actions, at minimum, and often the larger social and political context in which those actions occur. For example, if the perpetrator attempts to isolate the victim, any means by which the victim refuses to be isolated and retains a connection to others can be understood as a form of resistance. Officials in the church and state run "residential schools" tried to separate aboriginal children from their families, communities, and cultural practices. Children retained their connections by secretly speaking their own languages, playing traditional games, making silent prayers, and gathering around new arrivals to smell the smoke on their clothes, to name but a few examples. These acts can all be understood as forms of resistance.

Similarly, if it was the case that the parents of Martine's client denied their verbal and physical cruelty, or defined it as "discipline", the act of privately reciting her parents' wrongs each night, perhaps as a way of expressing and preserving her own truth, can certainly be understood as an act of resistance. It might also be understood as an act of poetic creativity: After all, poetry is a time-honoured medium of dissent. The attention we pay to the details and "situational logic" of each individual's complex responses takes us away from imposing interpretations, which often stem from theories about the mind of the victim or the offender, and into a process of building accounts of responses that are always situated and unique. We introduce the vocabulary of judicious resistance in a tentative manner and ask clients to evaluate the accuracy and usefulness of that interpretation.

Moreover, we do not view this process as a type of reframing. Rather, resistance is just as real as violence. Questions about victims' responses to particular acts of violence tend to elicit more complete and accurate accounts in which certain responses become intelligible as forms of resistance. Additionally, acts of resistance should not be confused with survival, coping, or resilience. While these terms acknowledge the resourcefulness and determination of victims, and make sense of certain behaviours that might otherwise be interpreted as symptoms of pathology, they do not explicitly acknowledge, and in some cases actually conceal, victims' spontaneous resistance.

The account of Yvonne's responses and resistance to abuse by her siblings and husband provided a factual basis for contesting each of the negative attributions (i.e., depression, passivity, crying as a deficit, inability to stand up for herself) that occasioned therapy. While Yvonne initially stated that she could not stand up for herself, the accounts of her resistance showed that she had been standing up for herself all along. Although Yvonne could not stop or escape the abuse, the accounts of her resistance showed that she did not "let it happen". It became clear that crying was not an unwanted effect, signifying damage and deficiency, but rather an inherently healthy response and form of resistance signifying chronic mental wellness. Similarly, depression was not a psychological disorder caused by

violence but a form of protest signaling Yvonne's steadfast refusal to be contented with abuse and unwanted interference.

*MR: The pathologizing of victims with the language of effects can be quite subtle. A clinical psychologist recently told me that she had noticed a pattern in the behaviour of victims of abuse. She said, "Whenever I do a relaxation activity with victims of abuse, they can't find a safe place". She saw this as an inability on the part of victims, and as a long-term effect of the abuse. This view fits neatly with the commonly expressed view that victims are overly anxious, hyper-vigilant, and unable to trust others. But it seemed to me that the psychologist was pathologizing the victims she was treating by assuming that their persistent concern with safety was not appropriate in the exercise she had constructed. I replied, "Is it that they can't find a safe place or that they are naturally concerned with safety? When you guide a relaxation and ask victims to think about a safe place, it is to be expected that they will respond by remaining alert to possible intrusions". Of much more interest therapeutically is the question of how victims manage to retain just the right level of awareness and vigilance even when an expert suggests that they relax.*

The second example is an interview transcript reconstructed from sessional notes to illustrate a response-based approach to several concerns frequently presented by women who have been subjected to abuse by their male partners. "Jill" attended therapy after she called the police to report that her husband "Bob" had assaulted her. Bob was arrested, charged, and released with an undertaking to avoid contact with Jill. Several weeks later, Bob returned home. Shortly after, Jill met alone with the therapist. The transcript is broken into three segments, interspersed with commentary.

### Segment 1:

- C (client): *I've been pretty depressed lately.*  
 T (therapist): *Okay. Well . . . what do you mean by depressed?*  
*[asks the client to provide more detail about specific behaviours]*
- C: *Just kind of mopey, not doing very much.*  
 T: *When did you start doing less?*  
*[emphasizes volition of the client]*
- C: *Well, it's been worse the past few days.*  
 T: *Really? What's been happening lately?*  
*[focuses on context]*
- C: *Well, it's been pretty bad at home, with Bob, lots of fighting.*  
 T: *What kind of fighting?*  
*[begins to contextualize the abstraction 'fighting', a mutualizing term that is often used to conceal the unilateral nature of abuse]*
- C: *Arguments about drinking, housework, that kind of thing*  
 T: *What's your side of the argument and what's his?*  
*[breaks down the mutualizing term 'argument']*

- C: *Well... I feel he drinks too much and doesn't help out enough. He tells me to quit nagging, then maybe he wouldn't drink so much.*
- T: *So he kind of blames you for his drinking. [identifies blaming as a strategy for avoiding responsibility]*
- C: *Yeah, he does that a lot.*
- T: *Does what a lot?*
- C: *Blames me. It seems he always has an excuse for everything. I'm always to blame for how unhappy he is.*
- T: *So, you ask him to be accountable and he makes excuses. Am I getting that right? [redefines 'argument' in terms of her taking a stand on equal sharing of relationship responsibilities; asks the client to evaluate the reformulation]*

In segment 1, Jill encodes her concerns in a language of effects, as negative abstractions (e.g., depression, mopeyness). It becomes apparent that these concerns are related to difficulties with her partner, Bob. However, Jill describes these difficulties in mutualizing terms (e.g., fighting, arguments) which imply that she is partly responsible. The therapist contextualizes these abstractions and contests the mutualizing terms by eliciting an account of actual behaviour in specific interactions. On the basis of Jill's account of these interactional details, the therapist exposes the strategies Bob uses to avoid responsibility, and elucidates some of Jill's responses (which are later identified as acts of resistance). The therapist uses active grammatical constructions (e.g., "So he kind of blames you...") that convey who did what to whom and, in so doing, clarify responsibility. The question "When did you start doing less?" suggests that doing less is an active response to circumstances, not a form of inactivity (which is often seen as a symptom of depression). The phrase "... you ask him to be accountable..." suggests that she was, in a responsible manner, refusing to accept his irresponsible behaviour.

## Segment 2:

- C: *Yeah, but it doesn't do any good.*
- T: *What do you mean?*
- C: *He just ignores me and does exactly what he wants.*
- T: *Well, yelling at you to shut you up isn't exactly ignoring you. So, how do you respond to that, when he tries to ignore you and does what he wants anyway? [acknowledges that Jill's response represents a significant challenge to Bob's irresponsible behaviour; defines yelling as a method of suppressing resistance; clarifies responsibility for perpetuation of the problem]*
- C: *It makes me mad, but I don't say anything because he'll get angry.*
- T: *Okay, so you keep quiet sometimes when its too dangerous not to. But, what do you mean by angry? What does he do when you try to say something about him not taking you seriously?*

*(defines Jill's quietness as a prudent form of resistance; contextualizes the abstraction "angry"; defines Bob's actions as efforts to suppress her resistance)*

- C: He gets really loud and shouts in my face that I don't care about him, that I never stop bitching.
- T: Oh. So, he tries to bully you into shutting up.  
*(defines shouting and intimidation as abuse; further highlights Bob's attempts to suppress Jill's resistance)*
- C: Yeah, he does that a lot.

The therapist continues to focus on interaction. It becomes apparent that, far from ignoring Jill, Bob tries to shut her up by becoming increasingly aggressive. Jill refuses to shut up and presses forward with her concerns in a respectful manner until Bob threatens to escalate his aggression. She then chooses to be quiet, for her own safety. The therapist reformulates the phrase "I don't say anything", which suggests inaction and might be misinterpreted as submission, as "you keep quiet sometimes", which suggests action and highlights Jill's volition and tactical awareness.

- T: Why do you think he uses aggression to try and keep you from speaking your mind?  
*(indirectly acknowledges that she presents a significant challenge to his efforts at control, exposes the abuse by defining aggression (i.e., "anger") as a tool he uses deliberately for a purpose)*
- C: Well, I never thought of it like that. I thought he just had a bad temper.
- T: Is that a fair description of what's been going on? I mean, his using aggression deliberately to shut you up?  
*(asks her to evaluate the accuracy of this re-description; acknowledges the importance of being fair to her partner)*
- C: Yeah, I think it is.
- T: Okay. Well, what's it like to think of what he does in that way?
- C: It makes me mad! I really don't like bullies. If that's what he's doing... I don't know.
- T: Well, if that's really what's going on, then it's no wonder you've been refusing to be happy or do things for him.
- C: Yeah, I guess so.
- T: Would you expect any person to be happy and feel good about doing things when this kind of thing is going on?
- C: Well, no. I guess not.
- T: You know, it sounds to me like you've got some really good reasons to be sad and mopey. But I don't see how this means you're depressed. You've certainly refused to be happy. And you've refused to shut up because these are legitimate and important concerns you have. So... I don't quite understand why this would be called depression. You know, it seems that the problem is not in your mind, it's in how you're being treated. Does that fit?

The therapist draws attention to both the deliberate nature of Bob's aggressive behaviour and the determination evident in Jill's resistance. On close examination,

it becomes apparent that “arguments” and “fighting” are in fact mutualizing terms that conceal a pattern of aggressive behaviour by one party and judicious resistance by another. Jill recognizes the significance of clarifying Bob’s responsibility (“I thought he just had a temper problem”) and re-considers her own responses. The problems “depression”, “mopeyness”, and “not doing very much”, which were initially presented as effects of “arguing” and “fighting”, are recast as responses and forms of resistance. Based on a more complete and accurate account of the circumstances and the conduct of both parties, the very problems that occasioned therapy are intelligible as expressions of mental wellness.

*MR: When I first started using this approach I found that I lacked the vocabulary to acknowledge resistance. I remember writing a lexicon to help me formulate a language of responses. It’s quite stunning to see how quickly significant changes can occur with this approach to interviewing. I have heard comments like “I knew I was not weak” and “I feel more capable now to deal with what is thrown at me”. I wonder why it makes so much difference to acknowledge the individual’s responses and resistance to the violence. It is as though there is something restorative in the process. It removes blame because the account of the individual’s resistance shows that she or he did not “put up with it” or “let it happen”. It acknowledges their countless efforts to maintain their dignity.*

## CONCLUSION

Misrepresentation<sup>2</sup> is integral to crimes of violence. For therapists, the question of how the actions and subjective experiences of perpetrators and victims of violence are constructed in discourse is always at issue. In professional and public discourse, language is often used in a manner that conceals violence, mitigates perpetrators’ responsibility, conceals victims’ resistance, and blames or pathologizes victims. The language of effects is a particularly powerful discursive machinery that misrepresents victims’ responses and, more specifically, conceals victims’ spontaneous resistance to violence. In this chapter we briefly outlined an alternative, response-based approach to therapy with victims of violence that is based in part on a close analysis of interaction between victims and perpetrators in particular instances. From a response-based perspective, therapy consists in part of discursive

<sup>2</sup> In 2001, the newly elected government of British Columbia held a referendum ostensibly so that the people of the province could express their opinions on several questions concerning the government’s negotiations with First Nations regarding so-called land claims and self-governance. The government deliberately ignored the fact that several of the questions on the referendum concerning aboriginal rights and government fiduciary responsibility were already answered by the Supreme Court of Canada. In effect, the people of the province were asked to propose guidelines for the land claims and self-governance negotiations that would, if enacted, be in violation of Aboriginal rights under Canadian law.

practices that expose violence, clarify perpetrators' responsibility, elucidate and honour victims' responses and resistance, and contest the blaming and pathologizing of victims. In the process, therapy with victims of violence shifts from a focus on treating effects to a focus on elucidating and honouring responses.

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## REFERENCES

- Bernardez, T. (1991). Adolescent resistance and the maladies of women: Notes from the underground. In C. Gilligan, A.G. Rogers, & D.L. Tolman (Eds.), *Reframing resistance: Women, girls, and psychotherapy* (pp. 213–22). New York: The Haworth Press, Inc.
- Bograd, M. (1988). Feminist perspectives on wife abuse: An introduction. In K. Yllo & M. Bograd (Eds.), *Feminist perspectives on wife abuse* (pp. 11–26). Newbury park, CA: Sage.
- Burstow, B. (1992). *Radical feminist therapy*. Newbury Park: Sage.
- Campbell, J., Rose, L., Kub, J. & Nedd, D. (1998). Voices of strength and resistance: A contextual and longitudinal analysis of women's responses to battering. *Journal of Interpersonal Violence*, Vol. 13(6), 743–762.
- Caplan, P. (1995). *They say you're crazy*. New York: Addison-Wesley Publishing Company.
- Coates, L., Todd, N. & Wade, A. (2000). Four operations of language. Workshop overhead. *Bridging the Gap Conference*. Victoria, BC.
- Coates, L. & Wade, A. (2002). *Telling it like it isn't: How psychological constructs obscure responsibility for violent acts*. Manuscript under review.
- Danet, B. (1980). Baby or fetus?: Language and the construction of reality in a manslaughter trial. *Semiotica*, 32, 187–219.
- Davis, M. & Troupe, Q. (1990). *Miles: The Autobiography*. New York: Simon and Schuster.
- Epston, D. (1989). *Collected papers*. Adelaide: Dulwich Centre.
- Goffman, I. (1961). *Asylums*. New York: Doubleday.
- Herman, J. (1997). *Trauma and recovery*. New York: Basic Books.
- Karnsler, 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.
- Lempert, B. (1996). Women's strategies for survival: Developing agency in abusive relationships. *Journal of Family Violence*, 11, 269–290.
- Maisel, R. (1996). *You've really got a hold of me: Deconstructing and re-viewing past experiences with survivors of persistent and severe childhood mistreatment*. Paper presented at the Narrative Means & Therapeutic Practice Conference, Vancouver, February 24, 1996.
- Ridley, P. (1999). *The language used to describe victims of sexualized violence in therapy*. Unpublished manuscript, University of Victoria.
- Scott, J. (1990). *Domination and the arts of resistance*. New Haven: Yale University Press.

- Todd, N. (2000). *An eye for an I: Response-based work with perpetrators of abuse*. Unpublished paper. Men's Crisis Service, Calgary, Alberta.
- Wade, A. (1997). Small acts of living: Everyday resistance to violence and other forms of oppression. *Journal of Contemporary Family Therapy*, 19, 23–40.
- Wade, A. (2000). *Resistance to interpersonal violence: Implications for the practice of therapy*. Unpublished doctoral dissertation, University of Victoria, Victoria, BC.
- Walker, L. (1979). *The battered woman*. New York: Van Nostrand Reinhold.
- Walker, L. (1984). *The battered woman syndrome*. New York: Springer.
- Zernsky, B. (1991). Coming out against all odds: Resistance in the life of a young lesbian. In C. Gilligan, Rogers, A.G., & Tolman, D.L. (Eds.). *Reframing resistance: Women, girls, & psychotherapy* (pp. 185–200). New York: The Haworth Press, Inc.