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**Resistance to Interpersonal Violence:
Implications for the practice of therapy**

by

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**A Dissertation Submitted in Partial Fulfilment of the
Requirements for the Degree of**

DOCTOR OF PHILOSOPHY

in the Department of Psychology

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ABSTRACT

Many individuals who consult psychotherapists have been subjected to interpersonal violence, such as wife-assault, sexualized assault and abuse, physical abuse, sexualized harassment, and other forms of humiliation. In this dissertation, I proposed that whenever individuals are subjected to interpersonal violence, they resist. Even when victims cannot stop the violence, they continue to resist.

Part One presented examples of resistance and outlined eight assumptions that make diverse responses to interpersonal violence intelligible as forms of resistance. With few exceptions, psychotherapists have overlooked such resistance, largely because traditional approaches to therapy are based on the assumption of personal deficiency, that is, the view that problems in living are symptomatic of psychological or biological problems in individuals. However, by elucidating the complex, patterned, and collaborative nature of face-to-face communication, early micro-analysts introduced a new view of human problems as originating and maintained in social interaction. This insight led to the development of a comparatively new group of psychotherapies founded on the assumption of pre-existing ability, that is, the view that individuals know how to be well. It is a small step to suggest, further, that individuals also possess the ability to resist interpersonal violence.

In Part Two, I examined the nature and scope of resistance and its relationship to interpersonal violence. While resistance can be open and

direct, under extreme conditions it is more often subtle and disguised because victims face the threat of retaliation for any act of open defiance. Perpetrators anticipate resistance and take specific steps to conceal and suppress it. Further, on close examination, it is apparent that there are a number of structural similarities between sociopolitical and interpersonal violence and resistance, so that the significance of small acts of resistance can be more readily elucidated by combining micro-analysis and critical philosophy. Feminist therapists and researchers, as well as some narrative therapists, have recognized spontaneous resistance and described methods of elucidating and honouring such resistance in the practice of therapy.

In Part Three, I illustrated how language can be used to conceal and ultimately suppress victims' spontaneous resistance. In colonialist discourse and sexual assault trial judgments, language is used to conceal violence, mitigate perpetrators' responsibility, and deny both the necessity and existence of resistance. In political and clinical theory, victims of oppression are often represented as passive and self-subjugating due to their presumed condition of false consciousness or internalized oppression. These representations negate or downplay victims' spontaneous resistance and reproduce the stereotype of the passive victim. In clinical research and theory, victims' complex mental and behavioural responses to interpersonal violence are recast as effects, such as depression, post-traumatic stress disorder, conduct disorder, and so on. As an alternative, I propose that therapy can be conceived as a process of elucidating and honouring victims' prudent, determined, and courageous resistance.

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Implications for the Practice of Therapy**

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Dedication

This dissertation is dedicated to all those individuals who have consulted me for assistance with personal difficulties related to interpersonal violence, and particularly to those who have allowed me to include their stories in this dissertation and other presentations. I hope this dissertation adequately depicts the extreme difficulties you have endured and does justice to the spirit and nature of your compassionate, courageous, and determined resistance.

PART ONE
RECOGNIZING RESISTANCE

CHAPTER 1

INTRODUCTION AND ASSUMPTIONS

A great deal of psychotherapy involves conversation with individuals who have been subjected to violence and other forms of oppression, such as battering, sexualized assault or abuse, economic exploitation, harassment, destructive criticism, threats, intimidation, humiliation, or discrimination on the basis of gender, race, occupational status, sexual preference, age, illness, or disability. These forms of mistreatment are the cause of great personal suffering and also contribute to the persistence of many complex social problems. In my view, the task of providing respectful and effective service to individuals who have been subjected to violence and other forms of oppression is among the most important responsibilities assumed by a therapist. During the past several years, in the context of my private practice as a family therapist, I have been developing an approach to therapy that is based on the observation that, whenever individuals are badly treated, they resist that mistreatment (Wade, 1995b, 1997). My purpose in this dissertation is to describe the theoretical and practical dimensions of this approach.

This dissertation is divided into three major parts. Part One concerns how we can learn to see resistance by recognizing and changing assumptions that block our view. Chapter 1 introduces the reader to what I mean by resistance to violence, primarily through clinical examples, and outlines the assumptions that need to be changed for us to recognize and respect it. In Chapter 2, I target the main barrier to recognizing resistance, namely, the

assumption that individuals seeking therapy are best characterized by their personal deficiencies. Chapter 3 offers an alternative, the assumption of pre-existing ability which can be seen, I propose, by taking a microanalytic view of behaviour. The origins of microanalysis are traced in this chapter, and Chapter 4 continues the historical introduction with a review of the several new therapies that my own approach has built upon.

Part Two focuses directly on resistance in its ubiquitous forms. Chapter 5 illustrates some of the many ways individuals resist sexualized abuse, wife-assault, physical abuse, harassment, humiliation, and other forms of violence and oppression. Chapter 6 is the complement, examining perpetrators' anticipation of and means of suppressing resistance. In Chapter 7, I broaden the scope to consider the similarities between the personal forms of resistance I have been describing and socio-political acts of resistance. Chapter 8 documents the significance of apparently small acts of resistance. In Chapter 9, I review the recognition of resistance in feminist and narrative therapies.

Part Three explores how resistance can be suppressed by the ways in which it is represented in academic and professional discourse. Chapter 10 shows how language plays a crucial role in concealing violence and resistance in child abuse, sexualized assault, and colonialist discourse. In Chapter 11, I turn to social critics who have, in my view, kept us from seeing resistance through theories of false consciousness in victims, theories that have had a direct influence on some therapeutic practices. Chapter 12 shows the same concept of false consciousness appearing in theories that have also

recognized resistance. Finally, in Chapter 13, I examine how the nearly exclusive traditional focus on the effects of violence needs to give way to a close examination of victims' responses to violence, in which resistance is manifestly clear.

Clinical examples appear frequently throughout the text, for several reasons. First, resistance becomes visible only when we examine the details of individuals' responses to violence in specific instances. Examples are the best way to present this level of detail and the only way to illustrate the many diverse forms that resistance can and does take. Second, although I do not present a comprehensive guide to therapeutic interviewing in this dissertation, most of the examples include many different therapeutic questions, which give the reader a glimpse of how accounts of resistance are jointly constructed. Third, diverse examples allow me to illustrate the range of difficulties that can be treated using this approach and the kinds of change that can be achieved. I have tried to write the examples in a way that truly reflects and respects the experience and conduct of the individuals who are portrayed. Wherever possible, these individuals have read earlier drafts and contributed valuable editorial advice. Naturally, all identifying information has been changed, unless otherwise requested.

Although useful in many respects, case examples could also portray an inaccurate picture because they are not a representative or random sample of my work as a therapist, for two reasons. First, I also work with many people whose difficulties have nothing to do with violence or oppression. In those cases, I use a variety of practices developed within the context of

Brief, Systemic, Solution-Focused, Feminist, and Narrative approaches.

These practices helped form the foundation of the approach being described here, as I hope is made clear throughout the text. Second, most of the case examples illustrate successful therapy, in the sense that positive changes occurred and were retained over time. Unfortunately, for a number of reasons I sometimes manage to be far less helpful than I would like to be. At these times I tend to agree with the person who said that the function of therapy is to keep people amused while their lives change. Even my descriptions of the successful cases omit the fumbling and mistakes that we somehow overcame. Unsuccessful cases provide important lessons but would be less useful in this dissertation because my purpose is to illustrate how to apply this approach, rather than how not to. The lessons learned from unsuccessful cases are reflected indirectly in the successful ones.

Developing a Focus on Resistance

About 16 years ago, I became interested in family therapy. One central assumption common to the many different approaches collectively referred to as family therapy is that personal problems can be understood as rooted in patterns of social interaction rather than as expressions of inner psychological processes. In an early version of this assumption, the Brief Therapists (e.g., Watzlawick, Weakland, & Fish, 1974) suggested that problems occur and persist not because of psychological, biological, or social (i.e., family) pathologies but simply because the individuals closely associated with the problem have gotten stuck, in the sense that they were applying solutions that did not work or even made matters worse. I found

these ideas and their implications intuitively appealing. I have always been deeply suspicious of any attempt to treat individuals as deficient just because they experience difficulties or behave in ways that appear to be out of the ordinary, particularly when it appears they have been, or are being, mistreated. Moreover, I liked the implication that rapid positive changes are often possible even in the most difficult situations.

Also at this time, I was fortunate to meet a number of colleagues who were equally interested in finding more positive and effective methods of helping people find relief from problems. Together we studied the work of the Brief Therapy group (e.g., Watzlawick, Beavin Bavelas, & Jackson, 1967; Watzlawick, Weakland, & Fish, 1974) and the team of psychiatrists become family therapists known as the Milan team (e.g., Cecchin, 1992; Selvinni-Palazzoli, Cecchin, Boscolo, and Prata, 1978, 1980a, 1980b; Boscolo, Cecchin, Hoffman, & Penn, 1987). I found the methods developed by these groups intellectually interesting, ethically appealing, and far more effective than the methods I had been using to that point. Along with a number of colleagues, I then began to investigate other, similar methods, particularly the Narrative approach developed by White (White, 1989; White & Epston, 1989) and the Brief Solution-Focused approach developed by de Shazer and colleagues (de Shazer, 1985, 1988; de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, & Weiner-Davis, 1986; Berg & Miller, 1992). It was also at this time that I began participating in microanalytic communication research under the guidance of Dr. Janet Bavelas at the University of Victoria (e.g., Bavelas, Chovil, Lawrie, & Wade, 1992).

About eight years ago, I began talking with individuals attending therapy about their resistance to oppression. I had ample opportunity to do this because, at the time, I was doing therapy with people who had experienced many different kinds of violence and oppression, conducting a research project into the violence against aboriginal people at residential schools (Wade, 1992, 1995), and consulting to a consumer-operated agency devoted to advocacy on behalf of individuals with disabilities. The first conversation I had about resistance to oppression happened quite accidentally.

Joanne

Joanne, a woman in her early twenties, came to talk to me because she had been depressed for "several years". She felt extremely shy about meeting new people and, as a result, she had stood up several prospective employers for job interviews and had become increasingly reclusive. She had been diagnosed as agoraphobic by one psychiatrist and as clinically depressed, as well as agoraphobic, by another. Joanne felt that it was time for her to move out of the family home, where she lived with her parents and three of her five older brothers, and she was quite critical of herself for "failing" to do so. We met several times, but she reported only minor improvement.

Near the beginning of one meeting, I happened to ask Joanne who in her family would miss her the most if she were to move out of the family home. Joanne said that her mother would miss her the most because she (Joanne) was the only one who could "handle" her father who, Joanne went on to tell me, was physically and verbally violent and highly unpredictable. Joanne's

father had been abusing her mother for as long as Joanne could remember. When I asked Joanne to tell me about how she actually handled her father, she described a number of actions that I would now call acts of resistance. For instance, she would tell him to "shut up and sit down" when he became threatening to her mother; she broke full bottles of Scotch right in front of him; she phoned the police; she avoided him; she told his friends to leave when they wanted to drink at the family home; she privately committed herself to living a very different kind of life; she openly encouraged her mother to leave him; she and her brothers constructed a secret hiding place in the basement to hide her mother; she often protected her brothers from his verbal attacks; she excluded him from her life by withholding any information about how she felt, what she thought, what she had been doing, and what her plans were; she instinctively wanted to do whatever he forbade her to do and refused to do the things he required her to do. Quite astonished, I ended that meeting by wondering out loud where and how Joanne had acquired the strength and determination to resist her father's violent and oppressive behaviour.

When we met again two weeks later, Joanne reported that she was sleeping and eating well, concentrating much better, and her mood had greatly improved. She had been going out regularly and had contacted a prospective employer about work (which she later obtained). She also mentioned making plans to get a place of her own. I was both surprised and relieved and asked Joanne how she had made these positive changes. She told me that she had realized after our last meeting that she was "a lot

stronger* than she had thought she was. When she thought about how good she had become at handling her father, she realized that she would be quite capable of handling herself in any situation. We met twice more over a three-month period. There were no further indications of either agoraphobia or depression.

I was surprised by the rapid and positive changes Joanne was able to achieve on recognizing the strength, prudence, and determination evident in the ways that she had resisted her father's abusive behaviour. I then began asking other clients to describe how they had responded in similar circumstances. During the same period, I was working with Dan McGee as part of team providing a series of peer-support training sessions to individuals with various physical and developmental disabilities. In the few minutes of small talk before each session, participants often told stories about some of their more troublesome experiences with helping professionals. For example, one woman described how she threw a bed pan at a particularly authoritarian nurse who had insisted that she (the patient) produce a bowel movement in a crowded hospital room during visiting hours. A young man who had been in a serious car accident told the story of how he had proven the experts wrong when they said that he would never play rugby again. Another woman described how she had walked out on a psychiatrist who told her that she was clinically depressed but apparently did not want to listen to her description of recent events in her life. These stories were inspiring to hear and never failed to elicit gales of laughter and righteous encouragement. I believe the deep sense of joy created by these

stories was due to the fact that the audience strongly identified with each narrator's sense of defiance at being under-estimated and limited by professionals' predictions. Furthermore, these stories of protest were often told in bunches: The telling of one story tended to incite others, and we were often a bit reluctant to move into the more sedate content of the training sessions.

Also at this time, I was working as a therapist and researcher with First Nations people who had been subjected to violence and humiliation in residential schools. Of the individuals I spoke with who had previously talked about the violence they had endured there, none had spoken about the ways in which they resisted that abuse. However, when I asked these individuals questions about how they responded during and after particular incidents of abuse, they provided many tragic and inspiring accounts of how they, as children, had resisted. For example, although the authorities prohibited aboriginal children at residential school from speaking their own language, they nevertheless developed codes and found other ways to communicate in their own language, despite the risk of extreme physical punishment and humiliation (see York, 1990). Often, these children were effectively imprisoned and kept away from their families; in response, many children ran away. Food was often scarce and was always strictly controlled; so the children devised many tactics for stealing or saving it. Children were ordered to confess their sins each week; in response, many children invented stories to appease the authorities. One First Nations man told me that he would invent new sins each week to appease the priest and then end his confession

with the remark, "Forgive me father for I have lied". Fran's story is a particularly inspirational and informative example of resistance to oppression in residential school.

Fran

Fran Tait is a Tsimshian woman whose family comes from the northwest coast of British Columbia, near the mouth of the Skeena river. Fran's parents died when she was six years old. Although Fran had many relatives living in the community, the representative of the Department of Indian Affairs (the "Indian Agent") decided that Fran and her two brothers were orphans and sent them to Port Alberni residential school, where Fran spent the next 12 school years.

Fran and I worked together in the student services department of a small community college during the time that I was researching the operations and consequences of residential schools in British Columbia (Wade, 1995a). Fran had consistently refused to speak with anyone about her experiences in Port Alberni residential school, because she did not want to become too upset in the presence of others, feeling that this might be seen as weakness and subsequently exploited. In addition, as we shall see in the story that follows, crying in front of others had a very special significance for Fran. Fran was particularly skeptical of counsellors, whom she found patronizing and prone to misunderstanding. I believe it was partly because we shared an ample and healthy skepticism about the psychotherapy field that Fran agreed to speak with me about some of her experiences at residential school.

At the beginning of our first conversation about residential school, I told

Fran about my recent experiences talking with people about how they had resisted various forms of violence and abuse. Fran indicated that the focus on resistance made sense to her, and she then told the following story which, with her permission, I recount here.

There were some fruit trees that hung over the fence surrounding the grounds of the residential school. The fruit that fell into the yard was valuable currency in the underground economy that the children had established, and it was delicious. However, as is usual in prison environments, the supervisors had instituted strict rules against picking or keeping fruit.

The standard response to breaches of discipline in residential school was humiliation and physical punishment, including extreme torture. For example, some children had needles pushed into their tongues as punishment for speaking their own language (York, 1990). I spoke with one woman who was made to spend two days and nights on a urine-soaked mattress that had been set into the permafrost in the basement of the school because she had wet her bed. She was cleaned up one hour before being presented to Prime Minister Diefenbaker as the model student of the school. Typically, beatings would end in a ritual of submission, in which the victim wept, agreed that she had been bad, and promised not to repeat the offense.

One day Fran and four of her friends were gathering fruit when one of the women supervisors noticed them, came thundering across the grounds, and caught the girls in the act. She took the five girls into the school office and lined them up from tallest to shortest, in preparation for strapping. (Usually

children were strapped alone, which deprived them of any form of social support.) Fran was the second shortest of the children. As the supervisor turned away to get the strap, the smallest girl turned to Fran and whispered up into her ear, "Don't cry". Fran then whispered the same thing to the next tallest girl, and so it went on up the line. The supervisor then turned around and strapped each of the girls until their hands bled onto the floor, but they did not cry. A second supervisor made them scrub the floor to remove the blood. They still refused to cry. Immediately following this assault, Fran promised herself that she would never again cry in front of the residential school staff. "I told myself", she said, "I'll never give them that".

I cannot adequately convey how profoundly my conversations with Fran, and this story in particular, have influenced me, both personally and professionally. With Fran's permission, I have told this story many times, in presentations, publications (Wade, 1995b, 1997), and in conversations with individuals who consult me for therapy. I believe it is a healing story in that it reminds individuals of the many ways they, as children, refused to surrender their dignity, and it suggests a unique and positive way of understanding some forms of childrens' so-called non-compliant behaviour. Each time I tell Fran's story in presentations, especially to First Nations groups, some members of the audience recall similar experiences. For example, quite a number of individuals say that they too refused to cry. Others describe the methods they developed for reducing the number of blows during strapping, such as drying their hands out with soap so they would bleed more quickly. It is also a teaching story, in that it illustrates a

number of qualities that I believe are common to many forms of resistance.

First, the resistance of Fran and her friends was truly spontaneous in the sense that both the form of the resistance and the will necessary to enact it originated with the victims. They did not in any way depend upon coaching or advice from experts or other outside sources, who were not available to them in any case, but were forced to rely upon their own resources.

Accordingly, the manner in which these girls resisted suggests a great deal about the nature of their pre-existing beliefs, knowledges, and abilities.

Second, their resistance was not based on an expectation of immediate or even ultimate success. Fran and her friends had virtually no reason to believe that defiance of the type they demonstrated would improve their situation, and every reason to believe it would result in even more extreme violence, which indeed it did. In instances where there is no reason to expect that resistance will change things for the better, such as cases of protracted and severe child abuse, victims will continue to manufacture ways of preserving and reasserting their basic human dignity, for example, by caring for one another and expressing solidarity with others in the same plight (Kelly, 1988; Goffman, 1961; Hansen, Owen, & Madden, 1992; Havel, 1990; Scott, 1990; Todorov, 1996). Finally, the manner in which Fran and her friends resisted did not in any way conform to the combat-between-equals model of resistance, which presumes roughly equal strength between combatants (Coates, Bavelas, & Gibson, 1994). According to this model, the only legitimate form of resistance is persistent physical opposition. The resistance of these children was neither violent nor reactionary. Instead,

their actions reflected a combination of informed prudence (de Certeau, 1984), tactical acumen (Detienne & Vernant, 1974/1978), and extraordinary determination.

Once I began to consider this more comprehensive and context-specific view of personal resistance, it seemed that virtually everyone I spoke with who had experienced oppression had also resisted in some way. I then consciously--if a bit tentatively--adopted the position that whenever individuals are badly treated, they resist. In retrospect, this was an important step because it led me to develop a number of interviewing practices designed specifically for eliciting accounts of resistance. I realized that I could learn how each individual resisted the abuses she or he was subjected to only if I could ask the right questions at the right time and in the right manner. I then began systematically asking individuals how they had responded to violence and oppression rather than asking how they had been affected by violence and oppression.

In addition, it became clear that in order to identify acts of resistance, it was necessary to ask questions that elicited descriptions of specific behaviours and mental acts. I found that abstractions tended to conceal the details and thus the resistance. For example, when I asked one woman how her relationship with her father changed after he began sexually abusing her, she said, "I withdrew". Although this provided a hint about her actual behaviour, it contained no specific information. She added, "I've always been like that, I can't stand up to anyone". This statement suggested to me that she understood withdrawal as a negative act, signifying passivity,

cowardice, and deficiency. I then asked, "Well, wait a minute, what do you mean you 'withdrew'? I mean, how did you withdraw?" After some thought, she responded, "Well, I wouldn't go anywhere with him any more". In response to further questions about details, she said, "Sometimes I would act sick or ask my Mom if I could go to a friend's house overnight just to be away from him. I remember I wouldn't let him kiss me at all after that, even if he tried to kiss me good night. Once when we had some family pictures taken, I wouldn't stand beside him. I still loved him, I guess, but I hated him too." We then went on to discuss how each of these acts--getting sick, refusing to be kissed, escaping to a friend's house, and so on--represented prudent forms of resistance because, in her case, open defiance would certainly have resulted in brutal retaliation. Had I simply accepted the term withdrawal and behaved as though I understood what she meant instead of asking for descriptions of specific acts, I would certainly have confirmed and consolidated the assumption that she responded passively to the abuse. In so doing, I would also have inadvertently reinforced the view that she lacked the capacity or courage to contest abuse in a meaningful way. However, talking at the level of specific behaviour revealed many specific acts of resistance which directly contradicted any such attributions.

As a result of this shift in focus, I learned a great deal about mental and behavioural acts of resistance that previously I might have ignored, interpreted as evidence of psychological damage, or simply not heard about at all. At this point, it seemed that each interview and each individual I met with provided vitally important new information. The more I learned about

the many ways individuals resisted violence, the more mystified I became by the fact that in ten previous years of clinical practice, I had completely overlooked it. I began to read as broadly as possible on the subject of resistance. I was encouraged and excited by how positively people were responding to the recognition of their resistance and began to apply the idea more broadly. The conversations I had with Anna were especially helpful to me, for a number of reasons.

Anna

Anna sought therapy because she was concerned that the fact that she had "no interest in sex" would lead to the ruin of her new relationship with Bob, whom she described as a decent man--the first decent man she could remember being close to. Anna seemed to believe that there was something wrong with her for not experiencing sexual desire in response to Bob's sexual interest in her. She was not sleeping well, was losing concentration at work, was feeling sad and crying a great deal of the time, and had been contemplating suicide. Anna had been diagnosed as clinically depressed by her family physician.

When I asked Anna if she had ever been uncomfortable before with sexual touching, Anna told me that she had been sexually abused by her brother over a number of years when she was a child. She also said that he had raped her again only seven years previously, when she was twenty-six. I asked Anna how she had responded to her brother's sexualized assaults, as they occurred, and also how she had altered her relationship with her brother after he began assaulting her. (Following Coates, Bavelas, and Gibson,

1996, I generally use the terms sexualized assault and abuse, rather than sexual assault and abuse, to stress that such assaults are inherently and solely violent acts, rather than primarily sexual acts involving violence. I use these terms throughout this dissertation except when repeating the client's words and where it is more appropriate to use the legal terms, sexual assault or abuse.) Anna told me that she had avoided him, slept with her older sister whenever she could, fought with him in front of their parents, developed an imaginary world that she would escape into while he assaulted her, pulled her chest of drawers in front of her bedroom door at night, and avoided him in many different ways. For example, she sometimes took more than an hour to walk home one block from school. In addition, Anna recalled that her behaviour in school changed dramatically. She remembered being sad, losing interest in school work, and even getting into trouble, which was highly unusual for her. Anna also refused to give her brother any information about her activities or feelings.

Anna also told me that she had later attended individual and group therapy because of these assaults. She said that therapy helped her to see that she was not alone. She also said that she learned that, because of the abuse, she now lacked "self-esteem", had "boundary issues", lacked "assertiveness", and had "repressed rage". She had been encouraged to believe that she would always have trouble with sexual intimacy. While she attended the "survivors' group", she was encouraged to attend individual therapy so that she could relive and release the feelings she felt during and after the sexualized abuse.

I then asked Anna if there was anything about her relationship with Bob that made her uneasy. At first, she stressed that Bob was a really "decent and lovely guy" but added that he was "a bit old-fashioned" and could be quite insistent at times. For instance, although Anna had indicated to Bob that she was not yet ready to become sexually involved, Bob continued his efforts at gently persuading Anna that it would be all right. Although Anna felt somewhat pressured by these efforts on Bob's part, she stressed, in his favour, that he had said there was "no hurry", he could "wait". I then asked Anna how she interpreted these statements: "Is Bob saying that he is okay with no sex at all if that is your choice", I enquired, "or is he suggesting that sex is inevitable, it's just a matter of time?" In response to this question, Anna smiled and said, "Maybe that's it. Maybe he's just assuming it's going to happen."

Without contesting Anna's sense that Bob was a "decent and lovely" man, we went on to discuss how some of his conduct had contributed to her feeling pressured. For the most part, Bob's conduct was neither intrusive or aggressive. Rather, it appeared that he was applying a kind of soft and constant pressure that made Anna uncomfortable. For example, when they were necking and Bob wanted to progress (so to speak) further, but Anna did not, he would not relent unless she clearly said "No". He did not respect Anna's wishes in response to more subtle but nonetheless unmistakable expressions of reluctance on her part. And when Anna did say "No", he would sometimes behave as though she had hurt his feelings. Bob also talked with Anna in a tone that she found belittling or patronizing, although

he did so in the guise of gentlemanly behaviour. For instance, he invited Anna out by saying, "If you're a good girl, I'll take you out to dinner". By insisting on buying things, including meals, drinks, and movie tickets, he fostered a sense of obligation that made it more difficult for Anna to deny his wishes. When Anna went into her bedroom to change, he frequently happened into the room as though by accident. Anna and I went on to discuss the question of how these strategies operated in relationships between men and women generally. I told her, for example, that these were precisely the strategies that comprised the opportunistic and predatory practice of "hustling" that many boys and men (including myself) had been encouraged to adopt in their relations with girls and women.

I then asked Anna a number of other questions that proposed a redefinition or reinterpretation of the difficulties that had occasioned therapy:

In light of the fact that you are uncomfortable with some of the things Bob does, do you find it surprising that you don't feel turned on?

Given what has happened to you in the past, doesn't it make sense that you would be alert to these techniques of persuasion and entrapment?

Would it be appropriate for you to allow yourself to be drawn into a relationship when there is quite an obvious risk that you might be treated as an object?

How did you develop such an acute alertness to these techniques?

What does this mean about how you participate in relationships?

Did you know that you had such good instincts?

How has your alertness to these strategies shown up in your other relationships or influenced your view of the relationships your friends are involved in?

In response to questions such as these, Anna began to re-evaluate her response to Bob's behaviour. I suggested that Anna had resisted by refusing to respond erotically and refusing to be happy when she was being treated in a disrespectful manner.

At our second meeting, two weeks later, Anna reported that she was sleeping well, going out more, feeling more cheerful, eating better, and concentrating better as well. She said that she did not feel depressed, although she was still not sure what to do about Bob. However, she said that she had "read the riot act" to Bob, and he agreed that he should not be pressuring her. For the moment, she was pleased that he had listened and taken responsibility.

Several weeks later, at three o'clock in the morning, I received an unexpected phone call from Anna. She was sobbing and very frightened. After we talked for a few minutes, Anna agreed to allow the police (she preferred the police to the ambulance attendants) to take her to a local hospital, where she was interviewed first by nursing staff and then by a psychiatrist. The nursing staff treated Anna perfunctorily, as though she were looking for a free bed for the night, and the psychiatrist's questions seemed to Anna very harsh and accusatory. For example, the psychiatrist accused Anna of being either drunk or stoned. Anna denied this and told the psychiatrist that she knew what the problem was and would explain if given the chance. The psychiatrist responded that she, too, knew what the problem was. Anna then refused to speak to the psychiatrist, left the hospital, and walked home.

I met Anna two days later and asked her to describe what had happened the night she had called. She said that she was shaking so violently that she was bouncing up and down on the bed. I asked her to tell me what that was like. She said that it was as though her body was trying to get rid of something, to shake it loose. I asked her what she had thought about at the time that it was happening. She said that she had had a vision of having a fist-fight with the brother who had sexually abused and assaulted her. She stressed that, during this vision, she was not even afraid of him. I asked Anna if she had ever before considered the possibility of fighting back physically against her brother. She said that she had been too afraid to even think about the idea. Rather tentatively, and with apologies for asking a question that might sound flaky, I asked Anna if it was possible that she was evicting her brother from her body and reclaiming control of it herself. She readily agreed that this was the case. I then asked Anna how she felt about the fact that she could now consider, without fear, the prospect of confronting her brother--even on his own terms. She said that this was an important step as it meant that she was "not afraid of him anymore" and "finally getting over" what he did to her. Through this questioning process, the crisis that could certainly have been understood as a psychotic or drug-induced episode began to take on quite a different meaning, as an expression of resistance. Finally, we discussed the implications of Anna's resistance to the psychiatrist who tried to portray her as irresponsible and non-compliant.

Two weeks later, Anna visited her family physician. The physician told Anna that she had taken too much time off work and that she was not trying

hard enough to get back at it. He said that "wallowing in self-pity would do no good". Anna abruptly got up and left the office, making no comment. Later in the day the physician phoned to ask what the problem was. Anna informed him that she knew what was best for her and that his job as a doctor did not include telling her how to live her life. She said that he obviously did not understand anything about how a person might respond to having been sexually abused. The physician apologized and asked for another chance. Anna went back to see him again but only, she explained, because a number of her friends went to the same physician and she wanted to make sure that he became better informed.

Anna told me after our fifth meeting that she wanted to continue to talk but that she no longer needed therapy. In the seventh of our eight meetings, I asked Anna if she would consider writing down some of the forms of personal resistance that had been the most useful for her. Here is the list she provided (unedited):

- 1) Remaining silent: refusing to have my credibility questioned or to be blamed for something not my fault.
- 2) Being sexually inactive: refusing to have my worth based upon sexual ability or participation.
- 3) Being emotionally and mentally closed: refusing to give my feelings and thoughts to those who would treat them with disrespect or negligence. Refusing to further empower the abuser with the knowledge that he made me hurt, yet I still loved him.
- 4) Rejecting authority: refusing to allow others to tell me what is 'best' for me, or allowing them to clinicize a dysfunction rather than address the acts of sexual, emotional and physical abuse.
- 5) That I am here today is resistance.

6) **Standing tall: refusing to forfeit my dignity. To appear strong in the face of all evil. This somehow gives you inner strength.**

7) **Feeling shame: having a sense of right and wrong. I've developed, over the years, a very keen sense of fair play.**

On reading this list, I asked Anna for more details about how a feeling of shame could have been for her a form of resistance. She said that feeling shame was a form of resistance because "it means that, even if my brother didn't know the difference between right and wrong, I still did". On one-year follow-up, Anna had had no return of the feelings that had initially brought her to therapy. She was working regularly and said that she continued to feel happy and strong.

The story of Anna illustrates a number of important themes. First, the language Anna initially used to describe her concerns (i.e., depression and lack of sexual desire) reflected the view that she had become dysfunctional because of the violence she had experienced. Through therapy and avid reading of so-called self-help books, she had taken up a deficiency-oriented language for use in making sense of her life. This language displaced and obviated any consideration of Anna's resistance to violence. Because she had been encouraged to view herself as the damaged and dysfunctional product of sexualized assault and abuse, she became predisposed to doubt her own assessment of events, to distrust her own instincts, so to speak. Consequently, with some help from Bob, she concluded that her so-called depression and lack of sexual desire were further evidence of the effects of previous violence, more specifically, as evidence that she had not yet, or not properly, "dealt with" the assaults and abuse perpetrated by her brother. It

is particularly significant that the view that she was the damaged product of previous violence made it much easier to interpret her current behaviour and experience as completely unrelated to Bob's behaviour.

Second, this example illustrates how contrasting theoretical frameworks can produce radically different interpretations of the same behaviour or experience. From a deficiency-oriented perspective, Anna's behaviour and subjective experience were symptoms and could be viewed as evidence of a sexual disorder, clinical depression, or post-traumatic stress disorder resulting from previous sexualized assault and abuse. According to this perspective, she would be (and was) viewed as unable to respond sexually and unable to maintain a stable and upbeat mood. In contrast, a theoretical framework that emphasizes resistance lets us see Anna as responding perceptively, prudently, and with considerable determination to current forms of coercion (e.g., Bob's pressure tactics) by refusing to respond erotically and refusing to be contented. In brief, we can see that she was a healthy, normal human being who was responding the way healthy, normal human beings respond to mistreatment, that is, with feelings and acts that both contest the coercion and accurately reflect its intensity.

Third, Anna's story illustrates the process of jointly constructing a history of personal resistance. Anna and I followed essentially the same procedure in discussing several forms of oppression, separated by many years and occurring in very different social settings: the sexual assaults by her brother, the pressure tactics employed by Bob, the disrespectful and humiliating behaviour of the psychiatrist, and the unsolicited judgments offered by the

physician. We identified the oppression as oppression, using a graphic language that made it more visible as such (Coates, Bavelas, & Gibson, 1994). We then constructed an account of her specific behavioural and mental responses to that oppression, and agreed upon an interpretation of those responses as acts of resistance. We then discussed how she had resisted abuse, violence, and other forms of disrespect in other contexts. Finally, we discussed in detail how Anna's recognition of her own resistance might influence the course of her life, with particular attention to the possibility and implications of understanding the problems that occasioned therapy from this radically different point of view.

Fourth, Anna's story illustrates how the recognition of resistance in one's self or others can inspire and incite further acts of resistance. On recognizing the many ways in which she had resisted the assaults and abuse, Anna was able to reclaim her body and imagine a physical confrontation with her brother. She chose to resist more openly Bob's pressure tactics as well as the inappropriate behaviour of the psychiatrist and physician. It should be noted that I did not advise Anna to resist more openly. In my view, she simply chose to do so upon recognizing that she had been responding appropriately to the situations all along.

The Need for New Assumptions

Anna had initially presented herself as a depressed person with a sexual dysfunction, which she presumed was a consequence of her failure to adequately "deal with" the effects of the violence she had experienced. Certainly Bob encouraged this view, knowingly or not, but the bigger

influence seems to have been Anna's previous experiences with therapy and the self-help literature. In the past several years, I have worked with approximately 175 adults who had been physically or sexually abused as children, as well as many women living with men who are violent. Like Anna, the overwhelming majority of these individuals initially presented themselves as dysfunctional or disordered. Many reported being told that they would require long-term individual, group, or family therapy (several years in many cases) or that they would always have to struggle with their "abuse issues". With one or two exceptions, none of these people had been provided with the opportunity to discuss the many ways in which they resisted the violence they had endured. If a pattern can be inferred from such informal data, it raises an important question about the role of therapy in relation to violence: How is it that so many individuals subjected to violence have been recruited into viewing themselves as deficient and so few have been provided the opportunity of discussing their own prudent, creative, and determined resistance to the violence? This question and the answers to it are a major theme in this dissertation. Taken together, both the ubiquity of resistance and the failure of traditional therapies to recognize resistance strongly suggest that a new paradigm is needed.

I propose here that we as academics and professionals have not seen resistance because of theoretical blinders. That is, traditional assumptions about people, problems, and the helping relationship have in fact suppressed recognition of resistance to violence, which a new set of assumptions can make visible. This dissertation will explicate both the old and the new

assumptions, arguing that a number of new ideas must be embraced before we can recognize, value, and act appropriately in regard to violence and resistance. As Kuhn (1970) proposed, old assumptions become clear only when new alternatives are offered. In this section, I will briefly outline these pairs of old and new assumptions, which will be developed throughout the dissertation.

First, traditional psychotherapy assumes that individuals who experience problems and seek therapy have a personal deficiency or disorder that needs to be overcome or corrected. An alternative view is that individuals come to therapy with pre-existing abilities that need to be recognized and nourished. It is a small, though not entirely obvious step to suggest that individuals also possess the pre-existing ability or will to resist violence and other forms of oppression.

Second, the assumption that people attend therapy because they suffer from deficiencies or disorders presumes the existence of an expert professional who can diagnose the deficiency, provide a prognosis, and prescribe steps for its treatment. Alternatively, we could assume that the individual seeking assistance is the expert on his or her own life. Potential clients (including children) know what they are unhappy with and what they want from therapy. After all, they have lived their lives and are the best experts on the content and meaning of their own experiences. They have undoubtedly navigated their way through and around many difficulties and so bring to therapy an extensive personal repertoire of practical abilities. The therapist's expertise has to do with asking constructive questions and guiding

the conversation in such a way that the client's expertise is recognized and treated as a legitimate foundation for positive change.

Third, a traditional assumption in psychology, psychiatry, and perhaps Western culture is that the causes of behaviour lie primarily within individuals (e.g., in their personalities, motives, psychopathologies, etc.). Behaviour is seen as an automatic product, expression, or effect of the individual's mind (or brain). An alternative view, which I prefer, is that individuals always exist within their social environment, and considerations of causality cannot exclude or give only lip-service to these social conditions.

Fourth, traditional approaches assume that their observations and concepts are effectively real, that is, that there exist conditions such as depression, ADHD, low-self-esteem, and so on. This assumption is called essentialism by alternative theorists, who propose instead that all observations and concepts are socially constructed. Constructionists do not exclude scientific observations and constructs; rather, they are particularly interested in how clinical, scholarly, or other realities are created and maintained. One corollary of constructionism of particular importance here is that our concepts and conclusions in psychotherapy can be reconstructed in more helpful ways.

Fifth, it is traditionally assumed that language simply expresses what is in or on the speaker's mind, such as his or her goals, experiences, attitudes, beliefs, or memories. But goals, attitudes, memories, and so on, can only be expressed (so to speak) through the medium of language in specific settings or interactions. The sheer variety of conversational contexts and

interactional constraints means that there is considerable variation in the way that any individual talks about his or her attitudes, goals, memories, and so on. Edwards and Middleton (1986, 1987) illustrated that remembering is a social process that profoundly influences what is and is not remembered. A social constructionist places language at the heart of this social process and analyzes the specific ways in which language can conceal or reveal different versions of reality.

Sixth, a major traditional assumption is that the most fruitful approach to therapy (and psychology) is through identifying and studying abstract and global concepts, processes, or structures (e.g., diagnostic categories, personality traits). The pursuit of the supposed general pattern or construct is highly valued. An alternative view is that the most fruitful approach to therapy (and psychology) is through attention to specific behaviours and mental acts situated in specific contexts. Because resistance is comprised of specific behaviours and mental acts that take place in particular settings, abstract inquiries will not reveal it; in fact, they will tend to conceal it. The answers are in the details.

Seventh, until very recently psychotherapists assumed that we live in a rather benign world. Relations of power and the impact of abuse and other forms of oppression were for the most part ignored. It was easily assumed, therefore, that problems in living (Szasz, 1970) must reflect some sort of problem or deficiency in the troubled individual. As well, under these conditions professionals were able to portray their own actions as apolitical. In contrast, from a critical perspective, interpersonal conduct and subjective

experience occur within, and are inevitably influenced by, relations of power. The fact is that individuals from marginalized groups and those living with various disadvantages do not have the same access to social, educational, and economic opportunity, the same influence with private and public decision-making machineries, or the same safety and protection under the law as more advantaged and socially secure individuals. As well, members of marginalized and disadvantaged groups are proportionately more likely to experience the kinds of difficulties that are interpreted, from within the framework of traditional therapeutic and psychiatric approaches at least, as problems of mental health (e.g., Biedereman, Millberger, Garaone, Stephen, Kiely, Guite, Mick, Ablon, Warburton, & Reed, 1995; Bird, Gould, & Staghezza, 1992; Mcleer, Callaghan, Henry, & Wallen, 1994; Famularo, Kinscherff, & Fenton, 1992; Livingston, 1987; Sirles, Smith, & Kusama, 1989; Waldegrave, 1990). Furthermore, it is now widely (though not universally) acknowledged that many so-called psychological and psychiatric problems result directly from violence and other forms of oppression. Given these conditions, therapy cannot be a politically neutral endeavour, particularly where problems relating to violence and injustice are concerned.

Eighth (and last), when violence, abuse, and other forms of oppression bring an individual to therapy, the traditional approach has been to focus on the lasting effects on the victim (depression, low self-esteem, acting out, etc.). But this nearly exclusive focus on effects presumes no resistance on the part of the victim. It presumes, instead, that the victim passively received the abuse. The individual is granted little or no volition.

Alternatively, we can ask the question, "How do victims respond to violence and abuse?" This question presupposes an active individual, one who contests or attempts to evade violence and other forms of disrespect, both behaviourally and mentally. It directs our attention to the smallest expression of individual volition and dignity in conditions of extreme violence and humiliation. In the context of therapeutic interviewing, this question provides victims with the opportunity to detail the many open and direct, or subtle and disguised, ways they resisted violence and abuse. These accounts tend to contest and displace accounts of the passive victim which are produced inadvertently, though inevitably, by the language of effects.

These new assumptions and their traditional counterparts are summarized in Table 1. They will be used and elaborated throughout this dissertation.

Table 1. Contrasting Assumptions Guiding Therapeutic Practice

Traditional	Alternative
1. Seek and focus on individuals' personal deficiencies.	1. Seek and focus on individuals' pre-existing abilities.
2. The therapist is the expert.	2. The individual is the expert on his or her own life.
3. The cause of behaviour is ultimately in the mind.	3. The social environment plays a crucial role.
4. Essentialism: Mental concepts and conditions really exist.	4. Constructionism: Mental concepts and conditions are socially constructed.
5. Language simply expresses mental phenomena.	5. Language reveals or conceals versions of reality.
6. Search for abstract, global concepts.	6. Focus on specific situations and behaviours (microanalysis).
7. Apolitical, neutral stance.	7. Critical perspective; emphasis on power, violence, injustice.
8. The individual is passive, affected by conditions.	8. Individual as active, responding to conditions.

CHAPTER 2

THE ASSUMPTION OF PERSONAL DEFICIENCY

With a few important and very recent exceptions (e.g., Burstow, 1992; Bernardez, 1991; Brown, 1991; Epston, 1986; Epston, White & Murray, 1992; Kelly, 1987; Kim, 1991; Maisel, 1995; Sveaass & Axelsen, 1994), the theme of judicious resistance is virtually absent from the literature concerned with the theory and practice of psychotherapy (Ridley, 1999). This is due in part to the fact that psychotherapists have traditionally used the term resistance in a specific, negative way. For example, in Resistance and Repression (1916/1966), one of the classic statements of psychoanalytic theory, Freud remarked:

When we undertake to restore a patient to health, to relieve him of the symptoms of his illness, he meets us with a violent and tenacious resistance, which persists throughout the whole length of the treatment. (p. 286)

The patient's resistance is of very many sorts, extremely subtle and often hard to detect; it exhibits protean changes in the forms in which it manifests itself. The doctor must be distrustful and remain on his guard against it. (p. 287)

One hardly comes across a single patient who does not make an attempt at reserving some region or other for himself so as to prevent the treatment from having access to it. Analytic treatment does not, of course, recognize any such right of asylum. (p. 288)

According to this view, resistance is a defensive mechanism that conceals an underlying psychopathology, obstructs effective treatment, and represents a challenge to the authority of the analyst. It must therefore be overcome; either used against itself or penetrated and broken down (Freud, 1916/1966). Over time, the term resistance became detached from its strict

psychoanalytic meaning and broadened into a new and more generalized form of pathological defensiveness. So-called resistant clients are those whom therapists define as difficult, non-compliant, intractable, or "in-denial".

The idea that clients resist treatment or deny the reality of their underlying psychological problems is frequently little more than a sophisticated method of blaming clients for ineffective therapy. However, this idea is most acutely problematic when applied to clients who are also victims of violence, because it both creates a contradiction in the way that victims are viewed and obviates consideration of judicious resistance on the basis of clinical theory alone. While it is argued explicitly that clients possess the capacity to mount a tenacious and multi-faceted resistance to therapists' assaults upon their psychological defenses, it is assumed without question that the same clients lack the capacity for even the slightest resistance to violence. To put this view more concisely, it is assumed that clients actively resist that which is ultimately good for them (treatment), while they passively receive or actively embrace that which is harmful (violence). It is not difficult to see how this pathology-focused use of the concept and vocabulary of resistance has impeded development of a therapeutic discourse concerned with healthy, judicious resistance to violence.

Twin Assumptions About Deficiency

Important as the history of the term resistance is in its own right, it points to a much deeper problem. In my view, the most important single reason for the failure to recognize the existence and significance of resistance to personalized forms of violence and oppression is the fact that

psychotherapists have traditionally assumed that the problems brought to therapy are symptomatic of problems in the individuals who bring them; in other words, that personal problems signify personal deficiencies. What I refer to as the assumption of personal deficiency are the unquestioned twin beliefs (a) that what Szasz (1970) called "problems in living" are evidence of pathology or deficiency (not health) and, (b) that the causes of the problems reside within individuals (not in social situations).

The second part of this assumption is a specific instance of the commonly held general belief that human behaviour is the product of abstract psychological structures located within the individual--broad and enduring dispositions, needs, drives, attitudes, motivational states, temperaments, traits, or prior reinforcement history, to name but a few examples. This belief has been actively promulgated by the academic and professional discipline of psychology (Danziger, 1990) and is so deeply embedded in Western culture that it is rarely even noticed, let alone questioned. If one begins therapy with the belief that human behaviour is caused by the individual psyche, it follows that any effort to understand the sorts of problems that people experience must begin and ultimately end with a study of the individual mind or brain (Watzlawick, Beavin Bavelas, & Jackson, 1967). Communication and social interaction become secondary and therefore subordinate phenomena, which may be of interest only insofar as they are presumed to provide information about the operation of the mind. If social phenomena--such as poverty, violence, or exclusion on the basis of race or disability--are treated as factors in understanding personal problems

at all, they are likely to be bracketed under headings such as "stressors", which supposedly impinge upon, perturb, or interact with the existing psychological structures (e.g., personality or psychopathological condition) that play a more fundamental role in the etiology of the problem. In any case, it is assumed that how a person responds to events in the social world is determined and can be explained by his or her individual psychological or neurophysiological nature.

A belief in the primacy of individual (rather than social) processes is shared by the two theoretical systems that have been the most influential in the contemporary mental health industry, namely, psychoanalysis and biological psychiatry (Abbott, 1988). Freud's assumptions concerning the primacy of pathological intrapsychic processes have become so thoroughly embedded in psychotherapy and popular psychology that most people hardly notice their many manifestations. Examples include the notion that catharsis, or venting of feelings, is necessary for healing; the notion that people act on the basis of unconscious drives or motivations which conflict with one another (e.g., the popularly held belief that body language communicates unconsciously held feelings); the notion that surface problems are really symptomatic of deeper issues or underlying conflicts; the already mentioned notion that people attending therapy resist or engage in a denial of the real problem and that this resistance must be overcome by the professional; the notion that victims identify with, and ultimately adopt the ideology of, their oppressor (see also Bettelheim, 1943). And it was Freud, more than any other single psychiatrist, who established the interpretive

privilege of the analyst, by which I mean the assumed right of the expert to both interpret the patient's behaviour and reported subjective experience and to proffer that interpretation as objectively true (or at least more expert than the patient's understanding). Any disagreement with the analyst's interpretations is assumed to derive from and reveal the patient's psychopathology.

Biological psychiatry posits an individual whose behaviour and experience are the product of physiological processes. Individuals may even inherit particular neuropsychological or neurochemical characteristics that determine how they respond to traumatic or other stressful life events. The psychoanalytic and biological approaches differ substantially on the nature of the mechanisms presumed to be responsible for individual behaviour-- psychological on the one hand, physical on the other. However, in my view, this is like a disagreement between two factions of the same political party: what they share is much more important. Both approaches view behaviour and experience as the effect of processes or structures occurring within the individual mind or brain, and both approaches focus on pathology. Their view has important implications for how problems related to violence are conceptualized and treated. In this chapter, I illustrate how the assumption of personal deficiency obscures both resistance and violence, using as my examples the diagnoses of clinical depression and of attention deficit hyperactivity disorder (ADHD). These two diagnoses are particularly relevant because they are commonly applied to women and children who have been or are being subjected to violence or other forms of oppression (Breggin &

Breggin, 1994; Caplan, 1995; McLeer, et al. , 1994; Tavris, 1992).

Diagnosing Clinical Depression

Although some of us might view a disregard for social, situational factors as a reason for grave concern, from the standpoint of modern biological psychiatry, the omission is considered a strong point of its nosological system. In fact, psychiatry has been moving increasingly in this direction since at least 1968, when the so-called reactive disorders were eliminated from the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-II) system of classification (DSM-II, 1968). The following statement by Brent (1994) clearly summarizes the goal of constructing an asocial diagnostic system:

One of the strengths of our current diagnostic system is the atheoretical and descriptive approach to diagnosis. Especially salient . . . is the DSM approach to depression, in which the nature of any putative stressor is irrelevant to the diagnosis of major depressive disorder. . . . The major diagnostic issue at hand should be whether or not an individual meets pre-set diagnostic criteria, rather than whether the depressive symptoms are an "understandable" reaction to the stressor. (p. 582)

Brent's praise shows precisely how unimportant, even irrelevant, social influences are for the understanding of individual behaviour and subjective experience. It is also a particularly clear example of the remarkable idea that ignoring social influences makes the diagnostic system "atheoretical and descriptive". The obvious implications are, first, that any effort to include consideration of social influences would be theoretical and not descriptive (and therefore neither objective nor scientific) and, second, that to exclude social factors is descriptive and theoretically neutral. (The DSM also ignores

the fact that any psychiatric or psychological assessment is itself a social interaction. The nature and definition of the problem will be influenced by what questions are asked, by the quality of the rapport between therapist and individual seeking assistance, and so on. Perhaps the best evidence that an antiseptic and asocial diagnostic interview is impossible is the consistently low level of reliability of psychiatric diagnoses, including clinical depression and ADHD (e.g., Boyle, 1990; Kirk & Kutchins, 1992; Pam, 1990.)

Diagnosis of psychiatric disorder as a method of dismissing or minimizing the importance of social events and conditions (such as violence) in the development of personal difficulties is particularly clear in the case of wife-assault, as feminist therapists and scholars have pointed out (e.g., Caplan, 1995; Burstow, 1992; Davis, 1986; Gilligan, Rogers, & Tolman, 1991; Hare-Mustin, 1987; Kelly, 1988; Tavis, 1992). I will describe and illustrate several ways in which diagnosis hides violence as a cause of depression. First and foremost, it is quite likely that a woman who is being badly treated will appear despondent, tired, and so on. If the therapist asks her questions intended to gather information for making a diagnosis, she is likely to report the key symptoms of clinical depression: loss or change of appetite, sleep disturbance, lack of energy and reduced activity, diminished ability to remember, thoughts of suicide, depressed mood, and diminished interest in activities that are usually enjoyable (DSM-IV). This is not at all surprising because, as Burstow (1992) so succinctly pointed out, "Oppression is depressing, and depression paradoxically is often the strongest protest that people can muster in a dehumanizing situation" (p. 3). But biological

psychiatry assumes that clinical depression results from a neurochemical disorder. In fact the DSM diagnostic criteria for the depressive mood disorders do not even mention the fact that the key symptoms are often experienced by people who are being or have been badly treated. Thus, once the patient's reported behaviour and subjective experience meet the criteria for diagnosis of clinical depression, they become interpretable as symptoms of a neurochemical disorder. Questions about the social context of those so-called symptoms are deemed unnecessary or of secondary importance and will not be asked. Clearly, ignoring social factors is not atheoretical. Following is one example of how this "anti-social" thinking is implemented, and the dangers that it presents.

Gina

Gina was referred to me by her family physician after she had been diagnosed with clinical depression by a consulting psychiatrist. In his referring letter, the physician asked that I help Gina, her husband Gus, and their three sons, adjust to her depressive illness. Gus came with Gina to the first meeting. Gina was not sleeping well, having difficulty concentrating and remembering, and eating sporadically. She was tired, quite inactive, and sad a great deal of the time. Gina said that she had been thinking about suicide but ruled it out because she could not do that to her children. She also mentioned that she was reluctant to take the prescribed anti-depressant.

I learned that Gina had become depressed over the previous two years and had had one significant period of depression about ten years previously, right about the time that Gus had an affair with another woman. When I

asked Gina how things were going in the marriage, she began to cry and told me that she was very worried and unhappy. Gus acknowledged that there were problems and noted how difficult her illness had been for everyone, especially the kids. He described how Gina had become less patient, less affectionate, not willing to do what she used to do around the house, and how she seemed to be "unhappy with being a mother".

We then discussed what was happening in their marriage in more detail. Gina made some general remarks about "different parenting styles" and then went on, more specifically, to say that she was unhappy about the "macho" way that Gus yelled at their sons and used threats of physical violence as a method of keeping them in line. She said that he sometimes did the same thing to her when she did not "come across". At this point, I asked both Gus and Gina a number of questions to ensure that it was safe to continue talking about violence and also to inform them that the line of questioning I wanted to pursue might be upsetting. Gus offered to leave the room but Gina said there were some things she "wanted him to hear" and felt more comfortable saying with the support of a therapist.

After gathering some more information about when Gus would become intimidating, I asked Gina if she had ever had sex with Gus when she did not really want to. She said yes and confided that Gus had forced her to have sex many times, even after she said no. Gus objected to these descriptions. He said that he was only trying to "jump-start" their love life and claimed to know from experience that some women like a man who physically dominates and refuses to take "No" for an answer. He suggested that Gina's

depression prevented her from feeling romantic towards him and said that he could not be happy in a "loveless marriage".

Gina responded by describing how Gus ridiculed her frequently for being too soft on the boys, complained about her working and going to college, made fun of her friends in front of them, gave her only small amounts of money to buy groceries and other necessities, and concealed the family and business finances from her. She also described how Gus's mother, who lived in a semi-attached in-law suite on their property, frequently criticized her for her lack of responsibility for housework and childcare, even when Gus was not working and could have taken up those responsibilities himself.

Toward the end of the initial interview, I proposed the idea that Gina had for some time been feeling rather oppressed by Gus. In response to his objections, I reminded Gus that the act of forcing a woman into a so-called sexual act when she has clearly indicated that she does not want to is normally called sexualized assault or rape. I acknowledged that this description of events might be very difficult for him to accept. Gina confirmed that she certainly had "felt raped" and "ignored". I then told Gina that it appeared to me that she had found many ways to protest these conditions, for example, by refusing to do chores alone, bringing her friends over anyway, going to work and school, refusing to respond erotically to Gus, refusing to be contented, openly and insistently expressing her despondency, and so on.

I apologized for having a different view than the psychiatrist and physician and acknowledged that I may have misunderstood the situation, but said

that healthy normal human beings generally do not respond happily to being badly treated, to living in conditions that are unequal, or to being seen as ill just because they want to be fully respected. Finally, I told Gina that taking medication was entirely her own decision. If she did decide to take it, I suggested, she might first inform her physician that she would be taking it as an anti-oppressant rather than as an anti-depressant. At the close of the interview, I invited Gina and Gus to meet with me individually. They both agreed.

Gina returned in three weeks. She reported that Gus was very unhappy about our previous meeting. However, she was eating and sleeping well, had become attracted to green vegetables again instead of potato chips, had taken to going for walks in the evenings, was concentrating and remembering well, and was experiencing a generally upbeat and stable mood, although she said she was very unhappy with her marriage. She had decided against taking the medication and was quite pleased with the decision.

I met with Gina and Gus individually several times each over a period of several months. Initially, Gina was interested in rebuilding a relationship with Gus. As a basis for proceeding as safely as possible, I asked Gus to agree to two conditions: first, that he refrain from any violent, threatening, unpredictable, or coercive actions in relation to Gina and, second, that I could tell Gina about any aspects of my conversations with him, while my conversations with Gina would remain completely confidential. Gus agreed. In sessions with Gus, I employed many of the ideas and practices described

by Alan Jenkins (1990) and also engaged Gus in conversation about how he had opposed various forms of violence and disrespect that he had been subjected to at various points in his life, prior to meeting Gina. During this phase of therapy, Gina told me that Gus's behaviour changed considerably, although it appeared he was dragging his feet in some ways (e.g., by claiming that he could not stop yelling at the children or start sharing the family finances). Gina then left Gus and took an apartment of her own. Shortly after, Gus stopped meeting with me because it was "not working", by which he meant that Gina was not showing an interest in continuing the relationship with him.

I continued to meet with Gina. She carried on successfully in college and showed no further indications of clinical depression, although she certainly despaired about leaving her children in the home and at the loss of her marriage to Gus. Several months later, Gina returned to Gus and reported that he was treating her and the children with respect, as well as sharing in all household responsibilities.

The example of Gus and Gina illustrates how professionals (in this case a physician and psychiatrist) can inadvertently enable violence and inequality through asocial diagnosis. The belief that Gina's behaviour was the result of something occurring in her mind or brain displaced any sustained examination of the forms of domination and inequity she lived with on a daily basis. Gus's dominating behaviour was effectively concealed and, from Gina's point of view, was implicitly condoned. Moreover, the professionals echoed in a more impressive language what Gus had been telling Gina all

along, namely, that she was the one with the problem. It is not at all difficult to understand how depressing this collusion between the professionals and her husband was for Gina.

Dismissing violence does not always depend upon its being fully concealed. Instead, while the violence may be partly acknowledged, the focus is continuously and insistently shifted back onto a biological disorder as the primary cause of depression and object of clinical intervention. Rather than being viewed as a cause, the violence would be viewed as a "stressor" which "triggered" a latent, probably inherited predisposition toward clinical depression. Thus, Gina's resistance to Gus's dominating and abusive behaviour--her refusal to be contented with mistreatment, her objections to his aggressive parenting, her refusal to respond erotically to rape, her refusal to devote herself solely to household chores, and so on--were portrayed as symptomatic of her clinical depression. And once the focus on her deficiency was established, she could be attributed a host of other failings. She might be described as responding inadequately or dysfunctionally to the violence, either because of the limitations imposed on her by clinical depression or because of a co-dependent personality (to pick but one of many possible deficiencies), and in this way portrayed as responsible for failing to make it stop. The professionals, along with family members and friends, might wonder why this woman chooses to be in a relationship with a man who is violent. If she is so unhappy, or if he is so dominating, why doesn't she just leave? What's wrong with her?

Of course these questions ignore the existence of social conditions that

promote and make possible violence by men against women, such as pressure to abide by the sanctity of marriage above all else, pressure to remain with the children, the prospect of poverty, unequal pay for equal work, police who do not enforce no-contact orders or who do not arrest the perpetrator, threats by the perpetrator against the woman or the children, the potential of revictimization through the court process, lack of publicly funded legal assistance for pursuing fair and safe custody and access conditions, and so on. (The effect of these conditions in suppressing resistance is discussed in Chapter 6.)

There is an even more extreme method of dismissing violence by means of diagnosis. The psychopathology (e.g. clinical depression) is treated implicitly or explicitly as the cause of the violence or as a "predisposing" factor (Burstow, 1992; Caplan, 1995; Merry, 1994). The logic here is that the disorder causes stress for family members, who try to manage the afflicted party as best they can but cannot help exploding occasionally. Thus, Gus was not only spared the indignity of having to examine his own behaviour, he was cast instead as an unlucky husband who was doing his best to cope with the stress caused by his wife's illness. Who could blame him if he became angry once in a while, refused to take "No" for an answer (out of frustration or in the interests of "jump-starting" their love life), or felt it necessary to protect Gina from all the responsibility of the family finances? Once a deficiency such as clinical depression is attributed to the victim, it is all too easy to dismiss the violence and absolve the perpetrator of responsibility.

Diagnosing Attention Deficit Hyperactivity Disorder

Another example of what I called above "anti-social thinking" can be found in the DSM-III-R and DSM-IV sections on so-called disruptive behavioural disorders of childhood, especially Attention-Deficit/Hyperactivity Disorder (ADHD), the successor to Attention-Deficit Disorder (ADD). The DSM-III-R section on Attention Deficit/Hyperactivity Disorder (ADHD) acknowledges under the heading "Predisposing factors" (p. 51) that "disorganized or chaotic environments and child abuse or neglect may be predisposing factors in some cases" (p. 51). However, under the heading "Differential diagnosis" (p. 52), the following advice on diagnosis is given to the helping professional:

Children in inadequate, disorganized, or chaotic environments may appear to have difficulty in sustaining attention and in goal-directed behavior. In such cases it may be impossible to determine whether the disorganized behavior is primarily a function of the chaotic environment or whether it is due largely to the child's psychopathology (in which case the diagnosis of Attention-deficit Hyperactivity Disorder may be warranted). (p. 52; emphasis in original)

While this advice acknowledges social factors ("inadequate, disorganized, or chaotic environments") as potentially influential, it is nonetheless clear that the presence of these factors is not sufficient to prevent application of the ADHD diagnosis to the child. At most, the "disorganized behaviour" would only be "primarily" a function of the disorganized environment. Still, an underlying substrate of psychopathology is presumed to exist, independently of any social influences. Significantly, the explicit references to the possibility of child abuse or neglect as etiological factors in ADHD have disappeared in the newest edition of the DSM, the DSM-IV (1994).

Essentially the same abbreviated statement concerning the importance of distinguishing ADHD "from difficulty in goal-directed behavior in children from inadequate, disorganized, or chaotic environments" (p. 83) stands as the only remaining reference to the possible role of social factors in etiology.

The DSM-IV statement concerning the likelihood of biological etiology is much stronger than was the case in the DSM-III-R. For example, under the heading "Familial pattern" in the DSM-III-R (p. 51), it is stated: "The disorder is believed to be more common in first-degree biologic relatives of people with the disorder than in the general population" (p. 51; emphasis added). However, in the DSM-IV, this belief has become fact: "Attention-deficit Hyperactivity Disorder has been found to be more common in the first-degree biological relatives of children with Attention-deficit/Hyperactivity Disorder" (p. 82; emphasis added). This more definite assertion of biological etiology, combined with the removal of consideration of child abuse and neglect as etiological factors and only euphemistic reference to other contributing social influences (i.e., "inadequate, disorganized, or chaotic environments") represents another step in the direction of completely eliminating consideration of social factors. Far from being "atheoretical and descriptive", these changes are an ideological move toward establishing ADHD as a biological and completely asocial disorder.

Of course, another possible reading of these statements would be that psychiatric science has now established that social influences are less important than biological ones. However, this conclusion would ignore

several facts: First, in no children diagnosed with the presumed disorder is there direct, physical evidence of a biological disorder (Boyle, 1990; Lewontin, 1991; Pam, 1990). Second, studies purporting to prove biological etiology have been severely criticized for poor methodology and unwarranted claims (Boyle, 1990; Breggin & Breggin, 1994; Lewontin, 1991; Kirk & Kutchins, 1992; Pam, 1990; Szasz, 1961; Wakefield, 1992). Third, the reliability of all psychiatric diagnoses, but especially diagnoses of disruptive behavioural disorders of childhood, is unacceptably low (Boyle, 1990; Kirk & Kutchins, 1992; Lavigne, Arend, Rosenbaum, Sinacore, Cicchetti, Binns, Kaufer-Christoffel, Hayford, & McGuire, 1994; Matarazzo, 1983; Rapee, Barrett, Dadds, & Evans, 1994; Spitzer & Fleiss, 1974). Fourth, the extent of manifestation of the presumed disorder changes dramatically across time and social settings, suggesting that social influences are crucially important (DSM-III-R). Fifth, many children diagnosed (or diagnosable) with the disorder respond well to talking therapy alone (Breggin, 1991, 1994; Epston, 1989; McGee, 1995; White, 1989).

The decision to eliminate child abuse as a possible cause of the behavioural difficulties that can lead to a diagnosis of ADHD is all the more surprising in the light of several studies showing that children subjected to adversity, including sexualized abuse, are more likely to be diagnosed with psychopathology than are children who have not been subjected to adversity (e.g., Adams-Tucker, 1982; Biederman et al., 1995; Bird et al., 1992; McLeer et al., 1994; Famararo et al., 1992; Livingston, 1987; Sirles et al., 1989). In fact, recent studies by McLeer et al. (1994) and Merry and

Andrews (1994) show that sexually abused children are more likely to be diagnosed with ADHD or a variety of other disorders than they are with Post-traumatic Stress Disorder. McLeer et al. (1994) compared the diagnoses assigned to two groups of children referred to therapy because of behaviour problems. Children in one group had been sexually abused, the others had not. The authors predicted that the sexually abused children would be diagnosed primarily with Post-traumatic Stress Disorder (PTSD), the more appropriate diagnosis for abused children, and more frequently with this disorder than children who had not been sexually abused. Instead, they found that, although the sexually abused children were more frequently diagnosed with PTSD than were the non-abused children, the most frequent diagnosis for both groups was ADHD. A higher percentage of the sexually abused children were diagnosed with ADHD (46%) than the non-abused children (30.4%). Sexually abused children were also diagnosed with Conduct Disorder (CD) much more frequently (7:1) than children who had not been sexually abused. Virtually all of the sexually abused children diagnosed with PTSD were also diagnosed with either ADHD or CD. Thus, even though child abuse has been removed from the DSM as a predisposing factor, these data indicate that sexually abused children may be assigned a diagnosis of ADHD more frequently than a diagnosis of Post-traumatic Stress Disorder or other behavioural disorders.

Merry et al. (1994) also examined patterns in the diagnosis of sexually abused children. They found that 30% of sexually abused children were diagnosed with anxiety disorders, 20% with oppositional defiant disorder,

17% with post-traumatic stress disorder, 14% with attention-deficit hyperactivity disorder, and 12% with depressive disorders. These results provide additional support for the well established fact that sexually abused children are assigned psychiatric diagnoses more frequently than are non-abused children (see also Finkelhor, 1979; Finkelhor & Browne, 1985).

An interesting feature of a number of these studies, as Merry et al. (1994) pointed out, is that children diagnosed with Post-traumatic Stress Disorder are often given other diagnoses as well. This finding might be taken by some as indicating problems with reliability and validity, that is, the extent to which diagnoses describe discrete phenomena and how reliably these phenomena can be identified in practice. However, in psychiatric circles, multiple diagnoses are referred to as co-morbidity (Caron & Rutter, 1991). If the child's reported behaviour and experience fit the criteria for more than one category, it is assumed that the child possesses more than one disorder. Merry et al. (1994), McLeer et al. (1994), and a number of earlier studies showed that children are frequently diagnosed with both Attention-deficit Hyperactivity Disorder (or other disorders) and Post-traumatic Stress Disorder. Furthermore, as suggested in the DSM-III-R and DSM-IV, the parents of sexually abused children and children diagnosed with behavioural disorders are more likely themselves to be diagnosed with a psychiatric disorder. These findings raise important questions about the diagnostic system itself. Is the diagnostic system at all sensitive to problems associated with violence? Is it possible that the high rate of co-morbidity among sexually abused children is an artifact of the diagnostic system itself?

However, instead of considering these questions, Merry (1994) suggested that

it is possible that psychological dysfunction in the parent and/or the child may have preceded and predisposed to sexual abuse. Support for this theory is given by the high rate of attention-deficit hyperactivity disorder, which is largely congenital. (p. 942-943, emphasis added)

Here, ADHD is being treated as a biologically based psychopathology that is simply presumed to exist independently of any social influences. Rather than being seen as a possible effect of sexual abuse or other forms of adversity, as it once was, ADHD is now transformed into a possible cause or predisposing factor. That is, the ADHD may somehow have made the child more vulnerable to predators. Therefore, because of a presumed congenital basis and hypothesized role in rendering the child vulnerable, ADHD takes precedence as the condition to be treated. Instead of seeing that the child is experiencing an understandable and even healthy reaction to the terror and confusion of sexualized abuse--a perspective that would keep the violence front and centre as the real problem--the diagnosis defines the child as having a chronic and pre-existing psychopathological condition. Subsequently, any troubled behaviour becomes interpretable as a manifestation of ADHD.

The DSM-III-R and DSM-IV descriptions of Conduct Disorder and Oppositional Defiant Disorder leave considerably more room for the possibility that the child's behaviour may have been incited by traumatic or difficult experiences than does the description of ADHD. However, the DSM-IV section on Conduct Disorder is even more definite about the likelihood of

biological etiology than the DSM-III-R. Under the heading "Familial pattern", the DSM-III-R stated, "The disorder is more common in children of adults with Antisocial Personality Disorder and Alcohol Dependence than in the general population" (p. 5). The DSM-IV statement under the same heading is much more elaborate:

Estimates from twin and adoption studies show that Conduct Disorder has both genetic and environmental components. The risk for Conduct Disorder is increased in children with a biological or adoptive parent with Antisocial Personality Disorder or a sibling with Conduct Disorder. The disorder also appears to be more common in children of biological parents with Alcohol Dependence, Mood Disorder, or Schizophrenia or biological parents who have a history of Attention-Deficit/Hyperactivity Disorder or Conduct Disorder. (p. 89)

The first line of this statement suggests that environmental components by themselves are not sufficient to cause children to act in ways that are consistent with a diagnosis of Conduct Disorder. This is clearly not the case, as Biederman et al. (1995) showed. The second sentence, which includes adoptive parents, implies that environmental as well as biological aspects of the family may be important. However, the last sentence reasserts the primacy of biological parents and therefore hereditary factors. Thus, as with ADHD, there has been a significant shift toward more biological and intrapsychic explanations of behaviour, and away from social explanations, despite evidence that large numbers of children whose behavioural difficulties are clearly related to (social) experiences of abuse and other forms of adversity are being given this diagnosis. Following is one example of the problems caused by these types of diagnostic practices.

Jamie

Jamie (10) was referred for therapy by his school principal and the district special education consultant, who felt that he probably had ADD or ADHD. The principal said that Jamie had attention problems, particularly during arithmetic. He said that Jamie was often found staring out the window, apparently day-dreaming, and was at times difficult to keep on task. On one occasion, Jamie refused to do his arithmetic when told to do so by his classroom teacher. Jamie's behaviour had become increasingly disruptive in the preceding year. The principal and special education consultant agreed that Jamie might need Ritalin to help with his attention and behaviour. At the school-based team meeting, before a formal diagnosis had been made, the special education consultant gave Jamie's mother, Doreena, a brief article by a pediatrician who argued that parents, educators, and physicians have no right to deny children the benefits of Ritalin. The principal and consultant suggested that Doreena take Jamie to a psychiatrist who specialized in ADHD.

Doreena refused to see a psychiatrist and was referred to me for family therapy. At my request, Jamie and Doreena came to our first meeting together. I initially wondered if Jamie might have more on his mind than school and therefore asked a number of quite general questions about their lives and relationships, as well as more specific questions about the history of the so-called attention and behaviour problems. Doreena told me that Jamie had always hated arithmetic but had always done well in his other subjects and had never before been a behaviour problem. She said Jamie was a

"great kid" most of the time.

I learned that Jamie's stepfather, Tom, had drowned three years earlier. Although Tom had been unpredictable, drunk a great deal of the time, and violent to Doreena, he and Jamie had had many good times together. Tom was the first man Jamie truly felt close to. Jamie told me that he still thought about Tom regularly and sometimes had vivid nightmares about the drowning. About one year after the drowning, Doreena met a man called Dan, who soon moved in. When I asked how Jamie and Dan got on together, Doreena paused and then said, "Well, they're okay most of the time, but sometimes I have to step in." Doreena said that Dan sometimes lost his temper, especially when he was drinking, and that she had to make sure he stayed away from Jamie at those times. She said that Dan yelled at Jamie, sometimes called him names, threatened to hit him, and had "spanked" him several times. I then asked Doreena if Dan had ever been violent or abusive to her. She said that he had.

After obtaining more information about the frequency, intensity, and timing of Dan's aggressive and abusive behaviour, I asked a series of questions about how Jamie and Doreena responded. I was especially interested in Jamie's resistance to Dan's mistreatment of Doreena, but I began by asking Jamie to describe how he responded when Dan became frightening or unpredictable. Jamie had developed a number of methods of avoiding a confrontation with Dan. For instance, he sometimes avoided eye contact, told Dan only what he wanted to hear, agreed with Dan even if he didn't really agree, stayed in his room, withheld his affection, and gave Dan

very little information about his plans. He had also become very good at predicting when Dan might become hostile and took special precautions at those times. Doreena said that she had not realized that Jamie had been doing all those things.

I then asked Doreena how Jamie responded when Dan mistreated her. Doreena told me that once, when Dan was trying to shove her down the stairs, Jamie had clung to her leg and blocked the path. He refused to let go even when Dan tried to pull him off. All the time he was yelling, "Leave her alone!". On another occasion, when Dan had blackened Doreena's eye, Jamie brought her ice, face-cloths, and tea. The next day he insisted on staying home from school. And when I asked Jamie how worried he had been, he said that he stayed up all night thinking about Doreena and missing Tom. Beyond his actions on these two specific occasions, Jamie had taken up a stance of thinly-veiled contempt toward Dan. He would sometimes agree to do what Dan had told him to do and then not do it when Dan was out of sight. He had many imaginary conversations in which he told Dan off or convinced his mother to get Dan to leave. At times, he privately hated Dan. He was sometimes angry at his mother but usually elected not to tell her this because he did not want her to feel bad. On the basis of these accounts, I was able to ask Jamie a number of questions about where he came by the strength and determination to resist Dan's violent behaviour, how he knew so clearly what was right and wrong, and what this meant for how he viewed teachers, parents, and other children.

Finally, I asked a series of questions that drew out the relationship

between the violence Jamie and Doreena were subjected to and the so-called attention and behaviour problems the teachers had noticed at school. Jamie was having frequent nightmares and difficulty sleeping. As a result, he often went to school tired. He was also sad, angry, and confused about what was happening to his mother and himself. He was worried enough that his mind wandered back home to his mother many times during the school day. School work just didn't seem very important sometimes. He was no longer willing to put up with teasing from the other children. Finally, he began responding differently to criticism and punishment from the teachers. When he felt he was being criticized or ordered around, he would almost automatically not want to do what he had been told to do. When he saw a teacher being (what he thought of as) unfair to another student, he would become angry and make an insolent or critical remark. He started losing interest in many of things he was supposed to do and gaining interest in the things he was not supposed to do.

Toward the end of the interview, I expressed shock and confusion at how anyone could have suggested that Jamie was a child with ADHD who ought to be managed with Ritalin. Although Doreena was surprised at how extensively Jamie had responded to, and been affected by, Dan's violent conduct, she readily understood how he might have problems attending and getting on with others. Prior to our meeting, Doreena had not told anyone at the school about the violence that she and Jamie were being subjected to because she was concerned about confidentiality and, more importantly, worried that Jamie would be apprehended by the child protection social

worker. She subsequently told the school principal about the abuse. The diagnosis of ADHD was set aside and the school referred Jamie to a program for children who witness violence. I referred Doreena to an agency specializing in support of women living with abusive partners.

Summary

Once social factors are relegated to a subordinate status, unwanted behaviour and subjective experience can only be explained by and reduced to pathological processes occurring within the mind or brain. Problems in living must then be treated as expressions of problems in the person. The idea that problems signify personal deficiencies is a direct result of the tradition of trying to understand individuals by radically separating them from their social context. Once this separation has been accomplished, problems in living can be conceptualized in one or more of several different individual psychological or biochemical disorders: low self-esteem, problems with serotonin re-uptake, clinical depression, post-traumatic stress disorder, a lack of communication or social skills, multiple personality disorder, bipolar affective disorder, personality disorder, conduct disorder, attention deficit hyperactivity disorder, boundary issues, a lack of assertiveness, alcoholism, a "shame-based" life-style, a wounded inner child, anger issues, family-of-origin issues, co-dependency, sexual dysfunction, or residential school syndrome, to name but a few examples. The common feature of these conceptualizations is that they locate the reason for the problem within the individual. By this practice, individuals subjected to violence or oppression are attributed personal deficiencies. As noted above, it may even be

suggested that the victim had one or more pre-existing disorders that created the stress or incited predation by others. In this artificial social vacuum, the victim is made responsible for the violence against him or herself.

The assumption of personal deficiency also supports a specific code of relationship between therapist and client--that of proficient expert to deficient consumer--which has a profound influence on how the individual will be treated. Many of the taken-for-granted practices in mental health care settings are founded on precisely this code of relationship and could not be carried out were it not for the assumption of a deficient consumer. For example, entailed in the very idea of diagnosis, regardless of how kindly or proficiently it is undertaken, is the assumption that individuals seeking assistance lack the ability to adequately define their problems, or the way out of them, themselves. Diagnosis is more frequently warranted in cases of physical illness, where there are medical tests to confirm or disconfirm diagnoses. But there are no lab tests for personal problems or so-called mental illnesses (J. Bavelas, personal communication, 1991). Practices such as prescription (which may range from friendly advice about how to communicate better to ordering prescriptions for medication) and prognosis (which may entail telling the client that she will always have a biochemical imbalance in her brain) are logical extensions of the assumption of personal deficiency. After all, if one assumes that the individual seeking assistance has a mental disorder, it is easy to believe that she or he will need benevolent guidance, advice, or education. These ways of representing

victims and discounting the significance of violence will be taken up again in Chapters 10-13.

CHAPTER 3

LOOKING CLOSELY:

MICROANALYSIS AND THE ASSUMPTION OF PRE-EXISTING ABILITY

As outlined in the previous chapter, traditional psychotherapy postulates an essentially asocial individual who responds passively to abuse, and whose problematic behaviour and subjective experience can be accounted for by pathological conditions presumed to reside within the mind or brain. Quite a different set of assumptions about human nature--and human problems--are needed to account for the fact that individuals spontaneously and judiciously resist oppression. These were described briefly in the conclusion to Chapter 1. In the present chapter, I focus specifically on the assumption of pre-existing ability, that is, the view that people possess the ability to respond skillfully and appropriately to violence and other forms of oppression, as well as the many other difficulties that occasion therapy. In the present chapter, I examine the origins of the assumption of pre-existing ability, its relationship to the microanalytic tradition in communication research as it developed in the Natural History of an Interview (NHI) project (Leeds-Hurwitz, 1987), and its relevance for the theme of resistance.

In my experience, the practice of microanalysis is closely linked to the discovery of individuals' abilities, including the ability to resist, for two related reasons. First, resistance to personalized violence is always particular, local, and "micro". Only by asking for the details of particular responses can it be discovered. Second, it was our basic research using microanalysis (e.g., Bavelas, Chovil, Lawrie, & Wade, 1992) that helped me to attend equally

carefully to the details of my clients' lives and actions. Global generalizations became untenable, to be replaced by a conviction that the details would make sense. Our basic research on normal face-to-face dialogue also revealed, through microanalysis, the incredible sensitivity, precision, and skill of the most ordinary social interactions.

The assumption of pre-existing ability developed as a consequence of an important methodological shift in the study of psychopathology, more specifically, in the study of communication with people diagnosed with psychopathology. As will be seen, the approach to microanalysis of communicative behaviour that was developed in the NHI project moved the study of psychopathology out of the mind and into the social world. Moreover, microanalysis inevitably led to the discovery of levels of skillfulness that pre-date psychotherapy and could not be attributed to it. These historical developments are discussed in this chapter. This is followed, in Chapter 4, by a consideration of how the assumption of pre-existing ability influenced the development of therapeutic practices in a small group of new approaches originating in the family therapy field.

The Natural History of an Interview (NHI) Project

In November of 1955, a diverse group of social science scholars was assembled at the Centre for Advanced Study in the Behavioural Sciences, near Stanford University, to study "the relevance of language behaviour to research in other behavioural sciences" (McQuown, 1971; in Leeds-Hurwitz, 1987, p. 4). The anthropologist Clyde M. Kluckhohn, together with the director of the Centre, Ralph W. Tyler, deliberately gathered an unusual

combination of scholars to see what they would produce. The initial group consisted of two psychiatrists (Freida Fromm-Reichmann and Henry W. Brosin), two linguists (Charles F. Hockett and Norman A. McOuown), and two cultural anthropologists (Alfred L. Kroeber and David M. Schneider), although the composition of the research group changed several times during the ten years that the project continued. The complete group of participants is a truly impressive roster of contributors to the study of communication and psychiatry and is worth listing because it hints at the influence NHI has had on the study of communication. In addition to the initial group, the participants included Ray Birdwhistell, Gregory Bateson, Henry Lee Smith Jr., Erick Erikson, Starkey Duncan Jr., William M. Austin, William Offenkrantz, Raven McDavid Jr., William Condon, Felix Loeb, E. Joseph Charny, Harvey Sarles, Adam Kendon, Kai Ericson, Albert Schefflen, and Margaret R. Zabor. The social history and chronology of the NHI project is interesting because it conveys the truly collaborative and interdisciplinary nature of the project, the many diverse interests that the different scholars brought into it, and also the extent to which the participants' own views on communication research were changed by prolonged exposure to one another and the NHI materials. However, a detailed account of this history is beyond the scope of this paper. Much of the original NHI material is difficult to obtain because it was never published and exists only in the form of microfilm. I have not read much of the material and instead have relied heavily on Leeds-Hurwitz (1987). I refer the reader directly to her excellent summary and analysis of NHI.

It was Fromm-Reichmann who provided the problem that would be

investigated. Fromm-Reichmann was a psychoanalyst well known for her intuitive analysis of schizophrenic patients. However she was interested in augmenting her intuition with a more conscious awareness of the cues provided through nonverbal communication. According to Bateson (1958), Fromm-Reichmann

came with the definite intention of adding to the tools of her insight. She hoped to synthesize into her psychoanalytic background whatever skills and insights she might be able to glean from semantics, linguistics, and the theories of communication. . . . She already had extraordinary sensitivity to the overtones and nuances of human behaviour, but she said that she was insufficiently conscious of the actual nonverbal cues from which she arrived at her conclusions. It was her hope to achieve a greater consciousness in this sphere for herself. She was also concerned for psychiatrists in general, and especially for psychiatric students. She hoped that if it were possible to transcribe and point to the nonverbal transactions, this would provide an enormously valuable tool for the teaching of psychiatry. (pp. 96-97)

As can be seen, these concerns focused the research on the detailed analysis of communicative behaviour between so-called schizophrenic and non-schizophrenic individuals. It should be emphasized that one of the novel features of this problem was that it required the team to translate abstract intrapsychic constructs (e.g., intuition and schizophrenia) into concrete behavioural terms. The team settled on two goals: to identify the behavioural cues that provided a basis for intuition, as Fromm-Reichmann proposed, and to investigate the extent to which what was learned about communication in this setting could be generalized to other social interactions.

The problem imposed several requirements on the gathering of filmed data for analysis. The data needed to resemble as closely as possible the

phenomenon of interest, namely, psychiatric interviews with schizophrenic patients; it had to be gathered with as little interference as possible; and the film itself needed to be of a quality and resolution that permitted repeated close examination. The preliminary data used in the first year of the project was an audio recording of a psychiatric interview. However, the data used for all subsequent analyses was the "Doris film", which was provided by Bateson when he and Birdwhistell joined the project early in its second year. In the film, Bateson interviewed "Doris", a woman diagnosed with schizophrenia, while her son "Billy" played in the background. Although the NHI group were interested in psychiatric interviews, Bateson was an anthropologist, not a psychiatrist, and "Doris" was not at the time a patient. To examine the film, the team developed a method of collaborative microanalysis that has subsequently had a profound effect on methods used in the study of communication and is directly responsible for a radical reconceptualization of communicative behaviour which became known as the structural view (Leeds-Hurwitz, 1987).

The first step in the analysis was simply to watch what was going on as closely as possible, again and again. The team assumed that the aspects of the interaction relevant to the research problem would become evident on repeated viewing, particularly if the researchers were guided in the early stages by a minimum of theory. Some segments were then analyzed in more detail, in a process that eventually comprised three stages:

- (1) repeated collective viewing-listening, also known as "soaking";
- (2) joint selection of scenes to be further analyzed;

(3) joint intensive analysis of chosen scenes.

Anyone engaged in microanalysis of communicative behaviour soon discovers that it is remarkably complex and almost never conforms to prior expectations. As Yngve (1970) has pointed out, "There is nothing like viewing video tapes of actual communicative activity to dispel any preconceptions one may have" (p. 573). Microanalysis forces the researcher to bracket his or her preconceptions and allow the data to speak. Even a simple conversation between two acquaintances is so complex that the researcher cannot see all of the interaction at once. Microanalysis reveals levels of communicative behaviour and complex relationships between those behaviours that cannot be seen in real time. Margaret Mead, one of the pioneers in the use of film to study social interaction, recognized how different communication appears on repeated close examination, as well as the important insights this close-up view would make possible:

This technique (slow motion film analysis) represents a culmination in the methods of objective recording made possible by our new technology and for both psychiatry and ethnology it is comparable to the invention of the microscope. (1961, p. 463; in Leeds-Hurwitz, 1987, p. 24)

Hockett elegantly attested to the dramatic complexity that becomes apparent through microanalysis.

The more directly and intently we examine the behaviour of single human beings, the more we see. A single glimpse in sharp focus can make the investigator stand aghast, if not petrified; he may decide for the sake of his own ego, not to look again. But if he can persevere, in due time he discovers that the complexity, no matter how incredible, is not random but patterned. (Pittenger, Hockett, & Danehy, 1960, p. 212)

Both Mead and Hockett captured the essential link between microanalysis

and an inevitable respect for individuals' capabilities. Looking closely, one will always see pattern and regularity, not chaos or dysfunction.

A crucial part of the collaborative method of microanalysis used in the NHI project was the conversation among the observers. The combination of psychiatrists, anthropologists, and linguists meant that the data were viewed from a number of perspectives simultaneously. In a personal communication to Leeds-Hurwitz (1987), Brosin fondly remembered the intellectual excitement generated by this process:

We were all there, and each added something to the ongoing process. It was beautiful to have six opinions on one exchange between Doris and Gregory. (quoted in Leeds-Hurwitz, 1987, p. 17)

The effect of their collaboration was that micro-level data such as gestures, facial expressions, gaze, body movements, vocal intonation, and so on, were examined in relation to larger linguistic and semantic units, and ultimately to the concept of schizophrenic behaviour itself. The team was able to develop a focus on the relationship among different levels of communicative behaviour (units of analysis). This approach differed from the classical approach of analyzing different so-called "channels" (e.g., verbal vs. nonverbal) in isolation from one another.

Microanalysis also provided the information necessary to support a new view of communication. According to the structural view, communication is

patterned (non-random, rule-governed, predictable, and therefore analyzable); learned (not inborn, and therefore different for each culture); context-bound (behaviour has meaning only in a specific context); multi-channel (more than just words, communication is a complex combination of words, movements, use of space, etc.); and continuous (it never stops). (Leeds-Hurwitz, 1987, p. 31, emphasis added)

Thus, by looking closely, these investigators discovered a great skill and complexity in ordinary communicative behaviour—including the behaviour of individuals with psychiatric diagnoses.

The NHI project contributed to the field of psychotherapy directly, through the problem posed by Fromm-Reichmann, and indirectly, through development of the microanalytic method and formulation of the structural view of communication. First, let us consider the more direct contributions. Virtually all of the researchers agreed with Birdwhistell that the NHI studies made it more

possible to equip psychiatrists with sufficient insight into the nature of the communicational process to make their own intuitions explicit and thus more available to their colleagues. (Birdwhistell, 1959, p. 103)

These insights and materials could be used in pre-clinical training of psychiatrists, and they translated Fromm-Reichman's vaunted intuition into behavioural terms that other practitioners could more readily understand. It also contributed to interpersonal psychiatry by providing "new support for social matrix theories of personality development" (Brosin, 1959, p. 120). Finally, it resulted in several publications of the NHI project research and closely related work: Methods and Research in Psychiatry, (Gottschalk & Auerback, 1966), with articles by Scheflen, Trager, and Jackson; The First Five Minutes (Pittenger, Hockett, & Danehy, 1960), which was the first analysis of therapeutic discourse and an important source for Labov and Fanshel's classic text, Therapeutic Discourse (1977); and A Psychotherapy of Schizophrenia (Schefelen, 1960), with contributions from Bateson and

Birdwhistell.

Broader Implications

However, the less direct contributions to the subsequent Brief, Solution-Focused, Systemic, and Narrative therapies made by the structural view of communication are the most important for the present dissertation. First, the NHI group treated communication as a legitimate object of study in its own right. As a result, and with the help of film, they were able to identify and transcribe complex patterns of interaction that had previously been beyond the reach of sustained examination. This method, and the insights it enabled, suggested quite a different approach to understanding individual behaviour. Specifically, individual behaviour could be understood by examining its place in a pattern of social interaction involving other people, rather than with reference to inferred antecedent psychological states or mechanisms. According to the structural view, psychological explanations may be interesting and even helpful, but they are not primary or in any sense necessary in terms of understanding individual behaviour.

Second, the NHI project provided both an important stimulus and a flexible method for subsequent research into the basic processes of face-to-face communication. Few researchers will take the time to learn and apply the techniques of microanalysis. Nevertheless, the study of micro-level communicative phenomena is an essential component of discourse analysis (e.g., Drew & Heritage, 1992; Mumby, 1993; van Dijk, 1985), conversation analysis (e.g., Atkinson & Heritage, 1974; Buttny, 1996; Davis, 1986; Drew & Heritage, 1992; Nofsinger, 1991; Schegloff & Sacks, 1973), and discursive

psychology (e.g., Edwards & Potter, 1992; Potter & Wetherell, 1987), as well as an essential empirical complement to the philosophical position known as social constructionism (e.g., Gergen, 1985; Potter, 1996; Harre, 1986). Simply put, social constructionists contend that the world as we know it is constructed through social discourse (i.e., language and communication) and, further, that to engage in social discourse is to act upon the world (Potter & Wetherell, 1987). Microanalytic methods make it possible to examine the basic communicational and discursive practices through which these social constructions (e.g., attitudes, formulations) are accomplished in face-to-face interaction, including therapeutic interviews.

Any sustained, close observation of actual behaviour is likely to force the observer to the realization that many of the terms routinely used as though they were descriptions of behaviour (e.g., anger, depression, lack of self-esteem, aggressiveness, dependency, love) are in fact highly abstract inferences about presumed psychological causes of behaviour. These terms convey little if any information about what is actually transpiring between people and may in fact be highly misleading. For example, no two people do love in quite the same way. What one person calls dependency may be viewed as affection by another. An observed tendency to remain silent in a group setting may be interpreted by one observer as a lack of self-esteem, whereas to another it will be evidence of quiet humility. Thus, when two individuals speak of aggressiveness, to take but one example, they may without realizing it be referring to completely different forms of behaviour.

Diagnostic terminology is a special kind of abstraction. For example, it

may appear as though the term clinical depression tells us something important about the behaviour and emotional state of another person. However, this term actually conceals more than it reveals, because it overlooks changes in the person's behaviour and subjective experience from day to day (e.g., occasions when the person is not depressed), disregards important differences between people with the same diagnosis, and ignores the everyday social context in which the person is living. Furthermore, as noted in the previous chapter, the term clinical depression, as it is typically used these days, carries with it the assumption of biological etiology, regardless of the lack of empirical evidence for this assumption, which can be neither confirmed nor disconfirmed (Boyle, 1990; Lewontin, 1991; Pam, 1990).

Theories of psychotherapy often contain similar abstractions and may have little if anything to do with what actually happens in therapeutic interviews. For instance, Wade (1992b) examined a segment of so-called "non-directive" therapy, conducted by Carl Rogers (1942), selected by Pervin (1970, pp. 104-106), in which Rogers, contrary to both the theory of non-directive therapy and the commentary concerning that segment in the text, attributed specific thoughts or feelings to the client and played an active role in defining the problem in terms of his ("discrepant self") theory. In a more detailed analysis of an entire interview, Davis (1986) showed how a "person-centred" therapist systematically and radically altered (re-formulated) the problem initially described by the client. The problem illustrated by these two examples is not that the therapists influenced or reinterpreted what the

clients initially said in important ways. Such influence may be inevitable (and even desirable) in the practice of therapy. The problem is that the theory--and the therapists--denied that this was taking place, because they did not examine their own behaviour closely.

As Yngve (1970) noted, the experience of microanalysis is an effective method of disabusing the observer of any faith in abstractions about human behaviour. In fact, this deep distrust of abstractions is reflected in many of the therapeutic interviewing practices used in the Brief, Systemic, Solution-Focused, and Narrative therapies, to which we turn in the next chapter.

Summary

Microanalysis made interpersonal communication more visible than it had been previously. Like the first view through the microscope, the enhanced view attained through microanalysis revealed a staggering complexity that was simultaneously daunting and irresistably interesting, at least to some, as some of the participants' comments attest. To microanalysts, the everyday communicative activities in which we all engage are anything but ordinary. Even more stunning than the complex beauty of face-to-face communication, however, is the fact that human beings are so remarkably good at it. The recognition of this basic fluency makes it very difficult to take seriously the view that problems in living are caused by problems in communication, as is so often suggested, and calls forth a host of evidence in support of the assumption of pre-existing ability.

CHAPTER 4

A COMMUNICATION-BASED FAMILY OF THERAPIES

The specific approach to psychotherapy to be described in this dissertation derives in large part from a group of relatively new psychotherapies: Brief Therapy, as originated by the Palo Alto Group and their precursors, including Gregory Bateson, Milton Erickson, Don D. Jackson, Jay Haley, John Weakland, Paul Watzlawick, and Richard Fisch; Milan-style therapy, founded by Mara Selvinni-Palazzoli, Luigi Boscolo, Gianfranco Cecchin, and Guillian Prata; Solution-focused Brief Therapy, developed by Steve deShazer and Insoo Kim Berg; Michael White and David Epston's Narrative Therapy; and Alan Jenkins's approach to therapy with violent men and boys, known as Invitations to Responsibility. In this chapter, I will review these therapies briefly and selectively with an emphasis on how the eight assumptions outlined in Chapter One (summarized in Table 1) have evolved in them.

One interesting characteristic of the family therapy movement that engendered these therapies is that many of the most important theorists and innovators were trained in disciplines other than those normally associated with the helping professions. The NHI project was the first to demonstrate precisely how the field of psychotherapy could benefit from interdisciplinary communication research, a tradition that has continued to this day. In the therapies to be reviewed here, scholars from anthropology, linguistics, communication research, philosophy, biology, and English literature have been extremely influential. Indeed, training in psychology or psychiatry is

sometimes referred to (only slightly tongue-in-cheek) as an impediment to respectful and effective clinical practice. (J. Weakland, personal communication, 1992)

The Bateson and Palo Alto Groups

The Bateson project, which began in 1952, three years earlier than the NHI project, was formed explicitly for the purpose of "formulating and testing a broad, systematic view of the nature, etiology, and therapy of schizophrenia" (Bateson, Jackson, Haley, & Weakland, 1956, p. 201).

Ultimately, this prolific team and their colleagues produced over 70 books and articles on communication and psychotherapy. Gregory Bateson, an anthropologist, had assembled a multidisciplinary team of John Weakland (chemical engineer turned anthropologist), Jay Haley (communication researcher), Don D. Jackson (a psychiatrist trained by Harry Stack Sullivan), and William F. Fry, Jr. (also a psychiatrist). Later, Jackson founded the Mental Research Institute (MRI), and all but Bateson eventually shifted to this new institutional setting. They were joined by new members including Virginia Satir, Paul Watzlawick, Richard Fisch, Lynn Hoffman, Janet Beavin (Bavelas), Carlos Sluzki, and many others. In the wider world, they are collectively known as the Palo Alto Group. Like the NHI Project, the Palo Alto Group focused on specific behaviours in specific situations, microanalyzing family communication, Chinese films, and a wide variety of other phenomena.

One of the first assumptions these two groups questioned was that the cause of behaviour must be located in the individual mind; instead, they examined social factors, in particular, family communication. In their classic

paper introducing the term double bind, Bateson et al. (1956) proposed that the behavioural and subjective symptoms of what is called schizophrenia are an appropriate response to an intense and confusing communicative situation in the family, which occurred repeatedly and over many years. Moreover, the suggestion that schizophrenic symptoms are an appropriate (indeed the only possible) response to an untenable situation shifted the emphasis away from personal deficiency. However, they had not yet begun to see pre-existing abilities, and suggested that the pathology now resided in the family itself.

The shift from the individual to the family was first captured by Jackson's (1957) concept of homeostasis as a metaphor for family interaction. In the most general sense, the term homeostasis refers to "the tendency towards a relatively stable equilibrium between interdependent elements" (Concise Oxford Dictionary, 1990, p. 564). Using the metaphor of homeostasis, Jackson described the family as a self-regulating social system tending toward equilibrium through the interaction of its interdependent members. In the case of the family, equilibrium was an established way of interacting, as reflected in family rules (Jackson, 1965) or family myths (Ferreira, 1966). The behaviour of any family member is influenced by the behaviour of all other family members and is understandable only in the context of these on-going interactions or relationships. It is important to emphasize that, from this point of view, behaviour was no longer viewed as a manifestation of internal psychological structures or states. Rather, family interaction became the focus of study. In fact, as Jackson pointed out, any focus on individual characteristics was seen as entirely inconsistent with the communicational or

interactional approach:

Even if the object of study is ostensibly the family unit, any examination of the characteristics of the various individual family members remains in the domain of individual theory. When we say that the patient is disturbed but one or both of his parents cause this, or that various family members manifest perceptual, emotional, or cognitive disturbances, or that a family member other than the identified patient is 'really sick'--in all these ways we may quantitatively increase the number of individuals under study, but the theory remains individual in orientation. It is only when we attend to transactions between individuals as primary data that a qualitative shift in conceptual framework can be achieved. (1965, p.5)

As this statement implies, the shift out of the mind had the potential to make most of conventional psychological and psychiatric thinking, including the diagnosis of individual psychopathology and its concomitant terminology, virtually obsolete.

However, as with double-bind theory, there was also implicit in the concept of homeostasis the notion that the family itself was keeping the patient sick (e.g., Jackson & Yalom, 1965). This implication revealed as-yet-uncut ties with psychoanalytic theory. As Jackson himself put it:

Our grasp of [transactions] seems ephemeral: despite our best intentions, clear observations of interactional process fade into the old, individual vocabulary, there to be lost, indistinguishable and heuristically useless. (1965, p. 5)

Evidence of this failure to change underlying assumptions can be found in contemporary family theory, where the word system has come to be typically used as a noun, simply a synonym for the word family. Problems in individuals are seen as the product of pathological patterns of interaction in the family. For instance, global and abstract terms such as enmeshment, disengagement, overinvolvement, coalitions (Minuchin, 1974),

overfunctioning reciprocity, undifferentiation (Kerr & Bowen, 1988), and so forth, refer to types of relationship or interaction that may be pathogenic. Furthermore, one of the goals of therapy based on this kind of family systems theory is to restructure family relationships along more functional lines. The approach is clearly prescriptive and maintains the assumption that the therapist is the expert on how the individual or family should be. In short, one branch of systems theory has remained essentially a psychoanalytic, pathology-oriented approach to the family. Despite the incorporation of rapid change techniques, such as those developed by Erickson (Haley, 1967, 1973), there is still a clear commitment to the idea that problems in individuals are caused by family pathology.

However, at this point, there was an important bifurcation: One branch, just described, continued to focus on psychopathology, especially the psychopathology of the family. The other branch became more interested in a theory of communication both within and outside the family (e.g., in psychotherapy). In this branch, the word system became systemic, used as an adverb or adjective to refer to an ongoing pattern of communication between any two or more persons (Watzlawick, Beavin Bavelas, & Jackson, 1967, Chs. 4 & 5). The communication branch explicitly moved away from the study of the mind and properties attributed to the mind:

Failure to realize the intricacies of the relationships between an event and the matrix in which it takes place, between an organism and its environment, either confronts the observer with something "mysterious" or induces him to attribute to [the] object of study certain properties the object may not possess. . . . If the limits of the inquiry are extended to include the effects of this behavior on others, their reactions to it, and the context in

which all of this takes place, the focus shifts from the artificially isolated monad to the relationship between the parts of a wider system. The observer of human behavior then turns from an inferential study of the mind to the study of the observable manifestations of relationship.

The vehicle of these manifestations is communication. (Watzlawick et al., 1967, p.21; emphasis in original)

Implicit in the communication approach is a shift away from deficiency or pathology to the notion that behaviour always make sense if its context is included. Also, the emphasis on reciprocity in the systemic view makes the individual an active responder rather than a passive object affected by external conditions.

We will see this communication approach to understanding systemic problems manifest itself strongly in the Brief Therapy Center, after describing Erickson's historical contribution to that group.

Milton Erickson

In 1953, Haley and Weakland became interested in the creative methods developed by Milton Erickson, the physician and renowned hypnotherapist. Although Erickson is probably best known for his hypnotic work, Haley (1973) has suggested that he be viewed primarily as a strategic therapist because much of his therapeutic work did not involve trance at all. The defining feature of strategic therapy, according to Haley, is that "the therapist takes responsibility for directly influencing people" (Haley, 1973, p. 17). Like the other therapists described here, strategic therapists assume, first, that individuals can change; second, that they can change profoundly; and third, that change can be achieved rapidly.

Erickson did not subscribe to a specific theory of psychopathology. He had rejected psychoanalytic theory, which was his original training, because it did not work. He nicely summarized these views and his ideas concerning therapeutic change in the foreword to the classic brief therapy text, Change (Watzlawick, Weakland, and Fisch, 1974):

Psychotherapy is sought not primarily for enlightenment about the unchangeable past but because of dissatisfaction with the present and a desire to better the future. . . . A change in the current situation is required, and once established, however small, necessitates other minor changes and a snowballing effect of these minor changes leads to other more significant changes in accord with the patient's potentials. . . . I have viewed much of what I have done as expediting the currents of change already seething within the person and the family--but currents that need the "unexpected", the "illogical", and the "sudden" move to lead them into tangible fruition. (p. ix)

Because many of his therapeutic techniques involved an element of trickery (e.g., setting up an apparently accidental meeting for a patient without the patient's knowledge), many of Erickson's tactics have been criticized as manipulative and disrespectful. Notwithstanding these techniques, Erickson's approach was positive and respectful in many ways. In contrast to Freudian psychoanalysis, for example, Erickson saw the unconscious as a positive force, a sort of repository of remarkable abilities that could be called upon in trance and in other ways as well (e.g., the "seething currents of change" in the above quotation). He maintained a focus on the positive aspects of a person's behaviour, and he was generally unwilling to interpret the patients' behaviour or metaphorical communication for them. In addition, Erickson took the view that it was not necessary to explore the many possible causes of problems. In fact, he contended that

such explorations are likely to impede therapeutic change. Finally, Erickson did not generally accept received truths about what was normal in human relationships.

The Brief Therapy Center

In 1966, Watzlawick, Weakland, and Fisch established the Brief Therapy Center as an entity within the MRI with the explicit purpose of developing their kind of therapy as an intellectually and practically distinct approach, separate from family therapy. The Brief Therapy group rejected not only the idea of individual pathology but also the idea of family pathology and, ultimately, the very idea of pathology itself as a cause of personal problems. The following statement captures a moment in their movement away from family therapy to a completely social, communicative view:

We now see disturbed, deviant, or difficult behaviour in an individual (like behaviour generally) as essentially a social phenomenon, occurring as one aspect of a system, reflecting some dysfunction in that system, and best treated by some appropriate modification of that system. We differ, however, with those family therapists who consider the dysfunction involved to be necessarily a fundamental aspect of the system's organization and requiring correspondingly fundamental changes in the system. Instead, we now believe that apparently minor changes in overt behaviour or its verbal labelling often are sufficient to initiate progressive developments. Further, while we recognize that along with its obvious disadvantages symptomatic behaviour usually has some recognizable advantages or 'pay-offs'--such as providing leverage in controlling relationships--we no longer consider these especially significant as causes of problems or obstacles to change. (p. 145)

Their simple premise was that our problems are often caused or maintained by our efforts to deal with the problem (e.g., maintaining insomnia by trying hard to get to sleep). In this view, problems of individuals are maintained by ongoing social interaction or by solutions that unfortunately happen to

maintain or intensify the problem rather than solving it, but such interactions are not conceived of as pathological or even as evidence of pathology. Their many publications (e.g., Fisch, Weakland, & Segal, 1982; Watzlawick & Weakland, 1977; Watzlawick, Weakland, and Fisch, 1974) have described the fruitfulness of this "attempted solution" approach.

My purpose here is to review their work in terms of my eight key assumptions (Chapter 1, Table 1). As noted, they completely rejected the notions of individual (or family) pathology and assumed, in Weakland's words, that "people know how to be well" (J. Weakland, personal communication to J. Bavelas, 1980). Their systemic view also made individuals active agents in their own lives rather than the objects of internal or external forces. They rejected mental explanations in favour of the social environment and, as a corollary, left behind typically abstract and global concepts of the mind in order to focus on careful descriptions of actual behaviours. Indeed, an unwavering focus on the specific details of specific behaviours in specific settings was a hallmark of their therapy and the clear descendent of NHI microanalysis. Moreover, the brief mention of changes in "verbal labelling" (in the quotation above) is one of the earliest hints of what came to be called reframing. Their use of relabeling or reframing foreshadowed the subsequent recognition of the importance of language for constructing alternative versions of reality (vs. language as purely representational). Watzlawick (1976, 1984) was one of the early proponents of constructivism in the therapy field. To the extent that all of the other therapies in this group have built from Brief Therapy, they also incorporated these six assumptions. The

only two untouched assumptions were the implicit expertise of the therapist (e.g., in stopping attempted solutions) and their apparently apolitical stance. That is, in spite of their own political concerns, these and other therapists did not focus on power, violence, and the social conditions that support both.

The Milan Systemic Approach

In the late 1960's, a group of psychoanalytically trained psychiatrists invited Paul Watzlawick to visit Milan, Italy. Mara Selvinni-Palazzoli, Luigi Boscolo, Gianfranco Cecchin, and Guigliana Prata had read Pragmatics of human communication (Watzlawick et al., 1967) and become fascinated with the approach developed at the Mental Research Institute. The Milan team were also greatly influenced by the lesser known work of the American psychiatrist Harley Shands (1971), in particular, his suggestion that language imposes linear, cause-effect, conceptualizations of behaviour that are quite at odds with the circular causality operating in living systems. They soon developed their own approach to family therapy (Selvinni-Palazzoli, Boscolo, Cecchin, & Prata, 1974/1978, 1980). In my view, the Milan team is responsible for a number of theoretical and practical innovations that accelerated the development of family therapy in the direction of more positive and respectful treatment. This is certainly evident in their own evolution as a group, especially in the more recent work of Boscolo and Cecchin (Boscolo, Cecchin, Hoffman, & Penn, 1987). Their work is not without its shortcomings, as will be seen. However, it represents an important bridge between those practices based on the assumption of underlying individual or family pathology and those based on the assumption

of pre-existing ability.

In their practice, the interviewers were guided by three principles: hypothesizing, circularity, and neutrality (Selvinni-Palazzoli et al. 1980).

Hypothesizing is the practice of formulating a view that makes sense of the problem in its social context. The group developed specific practices (such as inter-session discussions with observers) to divest the therapist of hypotheses that blamed or pathologized family members. The therapist's enquiry should be guided by the systemic question, "What social circumstances could this problem be an understandable response to?" Their principle of circularity referred to "the capacity of the therapist to conduct his investigation on the basis of feedback from the family in response to the information he or she solicited about relationships and therefore about difference and change" (Selvinni-Palazzoli et al, 1980, p. 3). By neutrality, the Milan team referred to the importance of aligning equally with all members of the family and no more with one point of view than another.

The questions they asked family members (e.g., "Who is more active in trying to make you eat, your mother or your father?") were intended to confirm or disconfirm the systemic hypothesis. It must be stressed that the Milan team did not attempt to determine whether the hypotheses they developed through interviewing the family were objectively true or verifiable. A hypothesis did not have to be true to be of therapeutic value. Indeed, while they initially followed the Brief Therapy practice of prescribing paradoxical tasks for the family, they ultimately became much more interested in the pragmatic effect of the questions that arose from their

hypothesizing. That is, they began to see their questions as a primary way in which they influenced the family. McGee (1999) has analysed the constructive effect of therapeutic questions, which he traces directly to the Milan team. The development and use of often quite unusual questions drew dramatic attention to the linguistic behaviour of the therapists. Because of the influence of the Milan Group, many communication-based therapists (including me) practice psychotherapy primarily through questions as opposed to assertions.

Another important contribution was positive connotation, a guideline to the therapist that recast the behaviour of all family members in positive terms. The purpose of positive connotation was to subvert and displace the cause-effect thinking that located deficiency in family members or the family unit. It should be emphasized that the team ultimately viewed the primary value of the positive connotation as its facilitation of the therapists' shift to a systemic view of the problem.

The Milan approach has been criticized for its failure to explicitly address imbalances of power, particularly as related to gender (e.g., Bograd, 1984; Carter & McGoldrick, 1988; Dell, 1982; Goldner, 1985). They had adopted Bateson's (1972) position that the concept of power, in the sense of one person in a social system having more influence than another, was an epistemological error. One of the central assumptions of cybernetics and systems theory is that all elements in a system are influenced by all others. The so-called linear view that one person might be more responsible for the state of affairs in the family (e.g., because of his violent behaviour)

apparently contradicts this assumption, and the Milan team were reluctant to give it up. Feminist therapists also criticized the stance of neutrality because it perpetuates the woman's one-down status by not addressing the issue of structural inequality and by ignoring the therapist's inevitable political influence. In my view, feminists and other critics are quite right about these implications. However, there is also a very strong social justice orientation underlying the work of Boscolo and Cecchin. In particular, I believe their methods continue to contribute to the deconstruction of psychiatric labels and other formulations that blame or pathologize families or individuals.

Brief Solution-focused Therapy

Although Steve deShazer pointed out that he developed the Solution-focused approach before knowing about the work of the Brief Therapy group in Palo Alto (de Shazer, Berg, Lipchik, Nunnaly, Molnar, Gingerich, & Weiner-Davis, 1986), he nevertheless acknowledges a "conceptual relationship and developmental connection" (p. 207) with the work of the Brief Therapy team, as well as the early work of the Milan group (Selvinni-Palazzoli et al., 1974) and Milton Erickson (Haley, 1963, 1967). John Weakland was deShazer's friend and mentor and helped him get started on teaching his approach in workshops.

This close connection is particularly interesting because, at one level, Brief Solution-focused Therapy is the diametric opposite of the original Brief Therapy. Recall that a working assumption of the latter was that clients were maintaining or exacerbating their problems by continuing to use attempted solutions that did not work and even made things worse. De Shazer and his

colleagues focussed on the clients' solutions that did work, at least some of the time. The following (typically brief) example contains a number of the important elements of their approach and so will probably serve as the best description:

[A] client stated that he had "always been depressed". The therapist asked him, "What gave you the idea you were depressed?" The client responded, "I know I'm depressed because now and then I have 'up days'". The therapist then asked the client to describe what is different on "up days" and, particularly, what he does differently. (de Shazer et al. 1986, p. 211)

As is typical of the brief solution-focused approach, the therapist moved the conversation immediately into a discussion of the up days, ignoring the problem of "depression" entirely. Problem-solving requires detailed analysis of the problem; solution-building goes directly to existing solutions.

Another example is their now-classic miracle question (de Shazer, 1988), which virtually always appears in their first session. While the miracle question is always tailored to the particular client, the following is a good example:

Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you here is solved. However, because you are sleeping, you don't know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell [sic] that a miracle has happened and the problem which brought you here is solved? (de Shazer, 1988, p. 5, emphasis in original)

This question dramatically shifts the focus to the future, to positive outcomes, and to specifics. The therapist will often follow up with questions about what parts of the miracle are happening now (De Jong & Berg, 1998).

Seen in the light of my assumptions, a crucial part of the Solution-focused

approach is the assumption that individuals already have “up days” or “parts of the miracle,” which are due to their doing things differently. They are not passive or paralysed victims of circumstance but active agents in their own lives, and they have knowledge and solutions that work. The therapist need only uncover and emphasize these solutions--not “give” them to the client. This approach is perhaps the strongest extant focus on pre-existing abilities and on the individual as the active and effective expert on his or her own life. As implied in the first excerpt, this approach also focuses on specifics and rejects or deconstructs mental concepts (such as depression). De Shazer has also written extensively on the role of language in constructing versions of reality (e.g., de Shazer, 1988, 1991, 1994). In terms of the assumptions I presented in Chapter One, only a critical perspective on the importance of power, violence, and injustice is missing, in the sense that the model contains no separate, explicit focus on these issues, although Dolan (e.g. 1991) has adapted this approach specifically for cases of abuse.

Narrative Therapy

The Narrative approach developed by Michael White (e.g., 1992, 1989), with important contributions from David Epston (Epston & White, 1989) is similar in many respects to the approaches discussed thus far. Like the Brief Therapists, White (1986, 1984) initially described his approach in terms of systems theory or cybernetics, drawing particularly on Bateson (1980, 1972) and Watzlawick et al. (1974). Like the Solution-focused therapists, although for different reasons, he was more interested in positive exceptions than in deficiencies. And like the Milan team, he focused on attempting to change

the premises that supported habitual patterns of problem-maintaining behaviour. Finally, like all of these practitioners, White explicitly rejected the notion of individual or family psychopathology as an explanation of problems.

In a series of papers published between 1987 and 1989, White moved away from cybernetics as a theoretical basis for the therapeutic practices he had devised. He recast his work in terms of what he called the text analogy or narrative metaphor (White, 1989, 1988; Epston & White, 1989), drawing from influences as diverse as Bruner (1986), Myerhoff (1986), Geertz (1983), Goffman (1961), Gergen and Gergen (1984), Foucault (e.g., 1973, 1979, 1980), and of course his collaborator, anthropologist and therapist David Epston.

For White, the narrative metaphor is closely associated with a critical constructionist (or as he prefers, "constitutionalist") perspective (M. White, personal communication, 1994). The relationship between narrative and constitutionalist ideas is evident in the following:

The text analogy proposes that . . . it is the stories that persons have about their lives that determine the meaning that they ascribe to their experience. The plotting of experiences of events into stories or 'self-narratives' . . . is necessary in order for persons to make sense of their lives to provide them with a sense of coherence and continuity - and is relied upon for the achievement of a sense of purpose. It is the stories that persons have about their lives that determine both the ascription of meaning to experiences and the selection of those aspects of experience that are to be given expression. It follows therefore that these stories are constitutive or shaping of persons' lives. The lives and relationships of persons evolve as they live through or perform these stories. (White, 1989, p. 6-7)

In brief, different personal stories or self-narratives have direct and pervasive effects on the behaviour and experience of persons. There are no neutral

stories. As Bruner (1986) pointed out:

Life experience is richer than discourse. Narrative structures organize and give meaning to experience, but there are always feelings and lived experience not fully encompassed by the dominant story. (cited in White, 1989, p. 7)

White adopted the term dominant story to refer to the problem-saturated accounts provided by individuals who have been experiencing persistent or severe problems in living. He assumed that they experience problems, for which they frequently seek therapy, when the narratives in which they are storying their experience (or in which they are having their experience storied by others) do not sufficiently represent their lived experience. When the dominant story does not fit, there will be "significant and vital aspects" (White, 1989, p. 7) of their lived experience that contradict these dominant narratives. White adopted the term unique outcomes, borrowed from Goffman (1961), to refer to those significant and vital aspects of lived experience that contradict the dominant story.

For my purposes, the notion of unique outcomes is a significant difference between the narrative metaphor and the cybernetic metaphor. It recognizes that attempts at novel solutions and significant departures from rigid and habitual patterns of interaction have been taking place all along; they simply have not been storied into a socially "real" existence because they do not fit within the dominant story.

More importantly, the narrative account explicitly supports the assumption of pre-existing ability by suggesting that significant, though unstoried, exceptions to the problem existed prior to treatment. I believe one of White's

most important contributions is that, like de Shazer and his colleagues, he recognized the existence of skills, abilities, attitudes, efforts, knowledges, and so forth, that directly contradict the account of the person contained in the dominant, problem-saturated story. Change occurs when people are able to attend to and subsequently perform aspects of lived experience that cannot be accounted for by the dominant, problem-saturated story.

Finally, as evident in his explicit incorporation of Foucault's critical analysis of the discursive operations of modern power (see Chapters 8 & 12), White is the most socially critical and political of this group of therapists. In his early publications, this orientation was visible in the practice of externalizing the problem (rather than objectifying the individual with the problem (1984, 1986), as well as his incorporation of a feminist analysis of patriarchy and sociopolitical analysis of repression. Subsequently, it is evident in his rejection of pathology-oriented practices, in the view that problems in living are related to social inequalities, and in his activist orientation to addressing such conditions through the practice of therapy itself (Tomm, 1993). Thus, he incorporated Foucault's critical analysis of objectifying practices and turned this analysis, as did Foucault, on the practice of psychotherapy itself. Finally, and most important for this dissertation, he introduced a language of oppression and resistance to oppression by inviting individuals to resist or counteract the problems which oppress them. Although (in Chapter 12) I will have some cautionary comments to make about the way in which White and others theorize about the victims of oppression, there is no doubt that he has played a key role in

making their plight visible.

Although White (and the therapists described earlier) have been highly influential in my approach to therapy, my theory of resistance derives from a wider group of authors, few of whom are therapists. These include the Natural History of an Interview team (already described in Chapter 3), Erving Goffman's sociology (Chapters 7 and 8), James Scott's anthropology (Chapter 7), Liz Kelly's feminist theory (Chapter 9), and the work of Michel Foucault (Chapter 8), Edward Said (Chapter 7), and Linda Coates (Chapter 10) on the language of violence.

Summary

It is remarkable that, in the space of a little over three decades, so many new approaches to psychotherapy developed, particularly because each of them presented radically new assumptions about therapy and individuals seeking therapy. It is as if, once a few traditional assumptions could be recognized and rejected, all of them were open to question. Although the individuals responsible for developing and teaching these approaches often emphasize their differences, their shared assumptions make them an intellectually coherent alternative paradigm (Bavelas, McGee, Phillips, Routledge, & Wade, 1999) that stands in contrast to traditional approaches. It is this paradigm, rather than any particular school of therapy, that underlies the approach I am describing here.

PART TWO
THE NATURE OF RESISTANCE

CHAPTER 5

EVERYDAY RESISTANCE TO VIOLENCE AND OPPRESSION

In Part One, I provided a number of examples that illustrated some of the qualities common to many forms of personal resistance; described a set of eight assumptions that facilitate the recognition of such resistance; discussed the question of how and why resistance has been overlooked in clinical literature; and described the origins of an alternative approach to research on communication and the practice of therapy. In Part Two, I will examine more closely the nature of resistance to sexualized assault and abuse, battering, sexualized harassment, racism, and other forms of mistreatment frequently reported by individuals who consult therapists.

In this chapter, I present three case examples that illustrate diverse forms of resistance to various forms of interpersonal violence and oppression, discuss several themes arising from these examples, and delineate a theory of resistance. The next two chapters examine the relationship between oppression and resistance: Chapter 6 examines perpetrators' methods of suppressing of resistance, while Chapter 7 focuses on the resemblance between interpersonal and sociopolitical forms of domination and resistance. In Chapter 8, I show how small and apparently inconsequential acts can be recognized as significant acts of resistance. Finally, in Chapter 9, I review feminist (e.g., Burstow, 1992; Gilligan, Rogers, & Tolman, 1990; Kelly, 1988) and narrative (e.g., Epston & White, 1989; White, 1989, 1992, 1995) accounts of resistance.

The Scope of Resistance

Resistance is defined in the Concise Oxford Dictionary (8th ed., 1990) as any effort to

1. . . . withstand the action or effect of; repel.
2. . . . stop the course or progress of; prevent from reaching, penetrating, etc.
3. . . . abstain from . . .
4. . . . strive against; try to impede; refuse to comply with . . .
5. . . . offer opposition . . . (p. 1024)

Notice that the verbs contained in this definition suggest that resistance is comprised of a remarkable variety of behavioural and mental acts. I have incorporated a number of these verbs in the following passage, which describes the scope of resistance:

Virtually any mental, behavioural, or emotional 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, from disrespect to overt abuse, or the conditions that make such acts possible, may be understood as a form of resistance. Further, any attempt to preserve or reassert one's dignity, 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.

There is no question that violence and oppression can exert an extraordinarily powerful influence on virtually any aspect of individual behaviour and subjective experience. Less recognized is the fact that resistance to such violence and oppression can be expressed or signified by equally diverse and intimate aspects of personal conduct and subjective experience. I want to stress that this description of the scope of resistance is not a definition. I intend it only as a point of reference to help indicate the remarkably diverse forms resistance can and does take.

My description of the scope of resistance differs considerably from

conventional assumptions about the nature of resistance and should be clarified in one respect before turning to the examples. While it is important to recognize that virtually any mental or behavioural act could be understood as a form of resistance given the right circumstances, it is equally important to note that many mental and behavioural acts should not be interpreted as resistance, for theoretical, ethical, and even legal reasons. If any or every act occurring during or in the aftermath of interpersonal violence were interpreted as resistance, the concept would become meaningless from a theoretical point of view or, worse, subject to misuse (e.g., by perpetrators as a means of justifying their own violent behaviour as "resistance" to abuse they once suffered). Thus, it is important to delineate some principles for distinguishing between acts of resistance and acts that should not be construed as resistance.

First, not all behaviour and subjective experience occurring during or in the aftermath of interpersonal violence are responses to the violence; many are simply unrelated to the violence. Even individuals subjected to extreme isolation and abuse engage in many everyday activities that should not be construed as responses to the violence. Particular acts should be construed as resistance only if they are related to the violence in some practical or symbolic way for the individual. For example, the common act of ignoring or "tuning-out" another person would not ordinarily be interpretable as a form of resistance, even if preceded by violence. (This said, it is important to remain open to the possibility that such an act could represent a form of resistance if, for example, the individual was continually subjected to yelling and verbal

abuse.) Many individuals subjected to interpersonal violence manage to establish a life apart from that violence. While it may be appropriate in individual cases to honour the creation of such a life as a form of resistance (i.e., living well is the best revenge), it is important to appreciate this life at all times on its own terms, whatever it means for the individual involved, and not to reduce the individual's entire life to an effect of, or response to, interpersonal violence.

Second, violent actions to third parties should not be construed as forms of resistance. Victims of interpersonal violence sometimes commit violence against individuals other than the perpetrator. For example, I have met with a number of women who began physically or verbally abusing their children after they were abused by their husbands. I have also met with men who justified their abuse of their spouses and children on the basis that they were themselves subjected to mistreatment (or stress) at work or abuse as children. While these responses are understandable in a certain limited sense, they are clearly not ethically acceptable and should be viewed as a forms of violence rather than as resistance. This is not a logical or theoretical issue but an ethical choice and clearly a value judgment on my part.

Victims of interpersonal violence may also resort to violence against the perpetrator. In my view, violence against the perpetrator should be viewed as resistance only if it is in self-defense or the defense of others and only if it is in some sense proportionate to the magnitude of the violence imposed by the perpetrator. For example, Nick (Chapter 5) sometimes got into fights

with would-be bullies at school because he stepped in to protect smaller, more vulnerable children. I chose to understand this behaviour on Nick's part as resistance because he did not bully other children, did not start fights unless he was protecting someone else, and was only as violent as was required in the situation. Ultimately, the question of whether or not certain violent acts qualify as self-defense or as an acceptable means of defending others is a legal question. According to Martin's Annual Criminal Code 1990 (Greenspan, 1989), the use of force in self-defense (and defense of others) is justified only if it is "reasonable and necessary . . . to prevent the commission of an offence" (p. 50), if it "is not intended to cause death or grievous bodily harm" (p. 53), and is enacted on the individual's "reasonable apprehension" (p. 53) that he or she cannot otherwise protect him or herself from "death or grievous bodily harm" (p. 53). This can be determined only by taking into account the immediate situational details and broader social conditions pertaining in each case. With very few exceptions, I have found that victims' responses are measured and proportionate to the abuse or threat they faced and, further, that most victims are extremely critical of any violent behaviour on their own part because they do not want to stoop to the level of the perpetrator.

Finally, it is not inconceivable that some individuals could disagree with the ethical position I have proposed and use the concept of resistance to justify their own violent behaviour. In fact, men who are violent to their spouses frequently complain that they were provoked, backed into a corner, or afraid that she would leave. Many men who assault their spouses were

themselves subjected to or forced to witness abuse as children. Some use this fact to explain or justify their own violent behaviour, as if they had no choice but to repeat the kind of violence they witnessed or were subjected to. But it is just as plausible, as Alan Jenkins (1990) has shown, to suggest that men who were themselves subjected to abuse would have a particularly clear and personal understanding of the victim's experience and should therefore better appreciate the necessity of refraining from violent behaviour.

Examples of Resistance

The accounts that follow are intended primarily to illustrate some of the many ways in which individuals resist various forms of violence and oppression. They also indirectly illustrate some of the methods I use in therapeutic interviewing, especially methods of eliciting accounts of resistance, constructing meaning and significance in relation to those accounts, and bringing the implications of those accounts to bear on the difficulties that occasioned therapy. The examples that follow, like those presented earlier, are far more detailed than is usual in the presentation of case histories because the extent to which specific mental and behavioural acts represent forms of resistance can be determined only by careful attention to the details. Charlene (her actual name) and Evelyn read the following accounts of their stories and contributed some valuable editorial advice. Nick did not read the version that follows, but gave permission for me to use the information, in disguised form, for this purpose.

Charlene

Without calling ahead for an appointment, Charlene walked into my office

one day and knocked on the door of the meeting room. I was meeting with someone else at the time and did not at first answer her knock. She kept knocking, gently though insistently, until I came out of the room. As I had not met Charlene previously, I asked who she was looking for. Charlene said she had come to meet with me because, "It's time to talk about some things that I never talked about before". We made an appointment to meet.

In our first conversation, I learned that Charlene was the eldest of seven children, the mother of three children, the grandmother of one 6-year-old girl, and an elder in her community of First Nations people. Charlene's husband had died 13 years earlier in suspicious circumstances. Charlene believes he was murdered, but the police had treated it as a suicide. As a child, Charlene had lived with her band on the east coast of Vancouver Island. When two of her younger sisters became gravely ill and her mother went to Vancouver to be with them in hospital, Charlene was sent to residential school. She was then 10 and was to spend the next seven years there except for brief summer holidays at her grandmother's, in Seattle.

Charlene wept as she recalled the deep loneliness that she felt at the residential school and being apart from her family. At residential school, Charlene experienced many forms of strict discipline and physical torture. She described having her head smashed against the metal heat radiator by one of the sisters (nuns). She remembered how one of the sisters threw her best friend head-first through a reinforced glass door because, when hungry, she had "stolen" carrots from the food cellar. Charlene told me that she was still living with the loneliness and isolation that began when she first went to

residential school. She felt that these experiences continued to interfere with her ability to be the kind of sister, mother, and grandmother she wanted to be. In her present life, Charlene was also weeping frequently, her mood was depressed, she was having difficulty sleeping, was eating poorly, and had a chronic problem with stomach pain for which she took medication.

I asked Charlene a number of questions about how she had responded to the loneliness and violence she experienced at residential school. Charlene told me a number of stories that reflected her deep and lasting resistance to oppression and her commitment to living a life based on justice and respect. When Charlene arrived at residential school, she quickly made friends with a group of girls her own age. This group of girls devised a plan in which they would take turns getting into trouble. That is, they would decide ahead of time who would take the blame the next time they were caught doing something wrong, such as "stealing" carrots or turnips from the food cellar. That way, only one of the girls would get in trouble, and the others would be relatively safe for a while. They also devised a plan of sometimes getting in trouble on purpose, just to annoy the nuns. The sense of pleasure in getting back at the nuns made the inevitable physical punishment almost worth it. Although all children were prohibited from communicating in their native language, Charlene and her friends quickly developed a sign language and would also frequently pass notes. When they had to work in the laundry, Charlene and her friends would purposely put too much starch in the uniforms of certain staff members. They would purposely "lose" bits of clothing and even burn some clothing with the iron. They made up

nicknames that poked fun of the sisters. All children were forced to confess their sins once each week; Charlene remembered making up long lists of sins to confess because she had run out of real ones. Charlene laughed as she described these acts of resistance to me. I believe Charlene experienced a deep pleasure at the recognition that she had always resisted the oppression she had been made to live through.

I then asked Charlene a number of questions about how recognizing and discussing her own history of resistance might influence her present life. What's it like to look back and notice not only the violence and loneliness but also the many ways in which you fought back against it? Where do you think you came by the strength and insight to do the things that you did? Have you found this strength and insight helpful at other times? Charlene said that much of her strength came from her grandmother's teachings. She described how she would sit at her grandmother's feet and listen to stories, and she remembered her grandmother's favourite saying, "No one's gonna come knockin' at your door". Charlene interpreted this as meaning that she would have to take her life into her own hands and be responsible for herself. Charlene's resistance to the abuse illustrated that she had indeed followed her grandmother's teachings and acted most responsibly.

Finally, I asked Charlene a series of questions about how these new understandings might influence her life in the future. If you were to keep this recovered knowledge of yourself close to your heart every day, how might your life change? Would this be positive? Why? Who would be the first to notice these new developments? What would your daughter and

granddaughter notice about you? If your life continued to move forward in this direction, what would this tell you about yourself? And so on. At the close of our first interview, Charlene told me about steps that she had recently taken. She was talking to her sister after a long period of silence between them. She had encouraged her daughter to seek counselling, and then went herself. She was building a good relationship with her granddaughter. As she was leaving she said, "You know, I even remember my grandmother's phone number", and with a proud smile she recited it for me.

At the beginning of our next meeting, two weeks later, Charlene said that she had been feeling much better. I asked for details. Charlene said that she had more energy for projects. For example, she and her son were close to actually finishing a building project they had started three years ago. She also felt that she was no longer alone in her loneliness. She had contacted her estranged brother-in-law and had been having much more positive and meaningful conversations with all members of the family because she was "listening with compassion". She said that she felt as if a great weight had lifted. Her family noticed that she was much calmer and more peaceful. I asked Charlene what was the best indication that things were moving in the right direction. She said that she had noticed that her granddaughter was feeling much more at ease with her. Her exact words were "She doesn't have to worry about me any more. She knows she can come to me any time and I won't be moody or whatever, I'll be more calm and happy to see her".

We met again two weeks later, and Charlene reported quite remarkable

new developments. She had continued to "break the shell", as she put it, and was having more open conversations with all members of the family. Charlene said that she had been feeling cheerful and curious. Two of her younger sisters had called her to ask for advice. Her teenage son came into her bedroom one day, flopped himself down on her bed, spoke his mind to Charlene in a very open and low-key kind of way, and then said as he left, "I love you, Mom". This was unprecedented and very moving for Charlene. She began to weep but assured me that she was crying because of pride in her accomplishments. She said, "It's so wonderful to have the little girl in me back again. I didn't think I ever would". Charlene was walking more, as well as eating healthier food and sleeping better. She described how she could now sit alone at her window, just having coffee and watching the mountains. She was trying to convey a more open and considerate attitude toward her daughter, for example, by asking for her permission to be with her granddaughter and also by asking more frequently for her point of view. Finally, Charlene told me about taking her granddaughter and several of her little friends to the movies. She said, "Yeah, I got right into their little world. I guess I can still do it."

Charlene and I agreed that it would be a good idea to invite another First Nations woman (Merle Wallace, an experienced counsellor who was doing a practicum in social work with me) to participate in our next conversation. We met twice in this way. Both of those meetings were focussed more on matters of spirituality and Charlene's interest in reclaiming her language and traditional ways. Charlene told us that she had entered the community of

elders and had handled the near-death of her niece (in an automobile accident) in the traditional fashion. She told us how she would sometimes sit at her window in the morning and recall words and phrases from her original language. She continued to be free of any signs of what others would call depression. She was still eating better and was getting more exercise. She was being approached regularly by other members of the community, who wanted to know how she had managed to make these changes. She told Merle and I that she had stopped taking her stomach medication and felt no further pain. Finally, Charlene had taken on an important role in her band's land-claims and self-government negotiations.

Three years later, Charlene once again showed up in my office without calling ahead. She came in to let me know that she was going to testify about her experiences in residential school before the United Nations panel on crimes against aboriginal people, that was about to meet in Vancouver. After testifying there, Charlene dropped in and told me about the experience. She was pleased to have expressed the truth, and she described how, following her own testimony, she rose and greeted every individual who testified as they left the room. Charlene also described some of "the healing work" that she was doing with her people, including her own family members. I told Charlene how moved I was at hearing about the things she was doing and tried to describe some of what I had learned from her. We enjoyed this conversation very much, and agreed to meet again.

At our next meeting, Charlene and I once again discussed how she and her sisters had resisted abuses in residential school. Charlene did not use

the word resistance, but talked instead about "scheming". She told me the following story about how she and her sisters made contact with one another despite school officials' efforts to keep them separated. Charlene slept in a military style bed two dormitories away from her sisters. At night, Charlene would sometimes lie in bed pretending to be asleep until the night supervisor walked past on her rounds. Then Charlene would slip off her bed and crawl quietly under all the beds in her dormitory, through an archway into the next dormitory, under all the beds in that dormitory, into a third dormitory, and under the beds until she came up beside one of her sisters. She would hug her, talk or sing quietly to her in their own language, and comb her hair. We discussed many other acts of love that were, in that dehumanizing context, also acts of resistance.

Finally, Charlene told me about how she had been engaging other victims of abuse in residential schools in healing conversations. She said that she first talks about the "scheming", which gets people relaxed and also reminds them of the ways in which they schemed in residential school. They often end up laughing about the many ingenious and sometimes dangerous things they did to create freedom, protect and care for one another, and make life difficult for the supervisors. According to Charlene, it is then possible to talk more easily about the pain. Then, Charlene said, she talks about the scheming again.

Nick

Nick and his partner, Jenny, were referred for marital therapy by the therapist whom Nick had been seeing individually. With Nick's permission,

the therapist called to tell me that Nick had been a very important member of the men's group for survivors of childhood sexual abuse. Although the group had just ended, the therapist told me that Nick still had some "self-esteem" and "anger issues" to "deal with", as well as some "distorted cognitions", and he suggested that these might be causing the marital difficulties. Nick looked both puzzled and concerned when I informed Jenny and him of the therapist's remarks. Nick said, "Yeah, I get angry at shit that needs getting angry at. I'm not sure if that's a problem. But what the fuck is a distorted cognition?" Their marital conflict centred primarily on Nick's messing up the house with his drawing and painting, which he had taken up again since he had been off work due to neck, back, and shoulder pain. Because of their affectionate and respectful relationship, these problems were resolved with the aid of a minor intervention. However, Jenny expressed concern that Nick was becoming depressed. She noticed that he was avoiding his friends and not enjoying himself when they did get together. He appeared angry and upset more often, had stopped drawing and painting, and was losing his sense of humour.

Nick agreed that he had been feeling "pretty low". He said, "It doesn't matter what you do, big brother still wants his piece of you". He was especially concerned about the fact that the limousine company he worked for and the health insurance company were withholding his short-term disability payments, which he viewed as an effort to force him back to work before his medical problems were resolved. Although Nick was on disability leave, he remained active in union activities, such as contract negotiations

and managing a number of grievances filed by employees against the company. Nick expressed the view that management treated the employees very badly, for example, by playing favourites, changing shifts without adequate notice, writing reprimands and threatening dismissal over trivial incidents, making insulting comments, criticizing the drivers' performance publicly, and so on. Nick said that when he first applied for short-term disability, one of the managers accused him of malingering.

At this point I shifted topics somewhat. I told Nick that I was very struck with, and interested in knowing more about, his passionate sense of justice and the fact that he obviously believed in standing up for his rights and the rights of others. I repeated verbatim, from my notes, a number of the things Nick had said about the importance of treating people with dignity and respect. I asked him if he would tell me a bit more about how he had acquired this sense of justice, and the role that it had played in his life. I then asked more specifically if he thought that the experience of being sexually abused by his father had anything to do with the fact that he came to believe so strongly in the importance of respect. He said that he hadn't thought about it before, but that it definitely did.

Nick went on to say that he knew that he still had some unresolved "abuse issues" to deal with. He admitted, in a tone that struck me as confessional, that he had anger and self-esteem problems. I remember being amazed at how the mere mention of sexual abuse was enough to propel Nick into reciting his supposed deficiencies as a person. As a method of contesting this account of deficiency, I asked Nick if he had a problem with

everyone in positions of authority or just with people who treated others badly. He said that he had known lots of good people in positions of authority, even some prison guards, and that he really only had a problem with "assholes". I confided to Nick that I too suffered from this problem and wondered if we should start a support group for men who don't like assholes. I then again reviewed some of the ways Nick had stood up for himself and asked him if these sounded like the actions of a person who doesn't esteem himself. He said they sounded more like the actions of a person who did esteem himself. I then stated as clearly as I could that the reason I had asked him about the sexual abuse was not because I thought he had unresolved issues. Instead, I emphasized, I had asked him about the abuse because I was interested in learning more about the origins of his courage, determination, and commitment to justice.

Nick then went on to talk about his "old man" in the most graphic and profane terms. He recounted how his father hit his mother, him, and his two younger brothers on a daily basis, often as though it were casual entertainment. His father first sexually abused Nick when he was seven. He would sneak into Nick's room in the middle of the night and assault Nick on his bed. Nick said that his father forced him to do things that he found totally disgusting.

As Nick recounted this history, I interjected questions about how he had responded to his father's behaviour. Nick said that he used to send his little brothers to the neighbour's if his old man came home drunk. At other times, he comforted his little brothers. He stood in the living room waiting for "the

bastard" to pull into the driveway so he could get a reading on his mood. He stepped between his mother and father and was often beaten for doing so. He called him names. He told him to stop. He tried to distract him, at one point by getting involved in Little League baseball because his father liked it so much. He encouraged his mother to hide and leave the house.

When his father first sexually abused him, Nick pleaded with his father to stop. His father said that he would kill Nick if he said anything to anybody. He learned to lie rigidly on his stomach. He made himself vomit when his father entered the room. He developed a rich imaginary world that he would enter whenever he could do nothing else. He privately hated him. He had many imaginary conversations in which he called his father names or told him off. He refused to talk to his father unless he absolutely had to, and when he did, he did so disinterestedly, with an air of detached derision.

Because he felt such pain and confusion and could not talk to anyone about it, he began to call attention to himself by acting up at school. He found it difficult to concentrate on school work because he had so much on his mind. He frequently got into fights, but of a very special kind: As Nick put it, "I couldn't stand to see anyone getting beaten up. The little kids knew to come to me if they were getting hassled, and I'd put a stop to it. I was the smallest guy in my class I think, but pretty soon everyone just left me alone". He became openly defiant with teachers he didn't like--usually because he didn't like how they treated the other children or himself--and became known as a behaviour problem. Many times he was sent out of the class, lectured by the principal, strapped, and publicly criticized by teachers.

Nobody asked him what was going on at home. He "failed" grade two.

As Nick became older, he became more openly defiant with his father. On two or three occasions, he held a knife under his pillow and was prepared to attack his father. He refused to do anything his father told him to do and took pleasure in doing anything he was prohibited from doing. He began staying out late, drinking excessively and doing other drugs, avoiding school, stealing, and hanging out with the very people his father always criticized. Gradually, his father stopped the sexual abuse, but the beatings continued. Nick left home when he was 14 and began living on the street.

When Nick went to prison (for armed robbery) he quickly learned how to protect himself and "work the system". He described himself as a pretty solid kind of inmate. He became very active in the prisoners' rights movement, which won him the respect of many inmates and some of the staff. When he was released and began working, as a driver and chauffeur, he quite naturally began to attend union meetings, where he would regularly speak up. He was nominated for an executive position in the union and became known as a passionate advocate for other employees.

After engaging Nick in this account of his resistance to the many forms of violence and disrespect he had experienced, I asked Nick for permission to ask him some other questions about some of the things he had been telling me. He agreed. I told him how moved I had been by learning about the many different ways in which he had resisted or fought back and asked if he had previously spoken about this history of resistance. He said that he hadn't and added that he had never before noticed all of the different ways

he had resisted. He said he figured he was just a "royal pain in the ass". I asked if he had any idea why this had never come up in the child sexual abuse survivors' group or in the individual counselling sessions. He didn't know, and we puzzled about how this whole history of strength, prudence, and determination could have been neglected. Nick reckoned that knowing about his own resistance would be very helpful.

About a week after our third meeting, Nick called me in the middle of night. He was very distressed because he had been having vivid dreams in which he attacked Jenny with a knife. He stressed that these dreams were brutal and extremely gory. He was so frightened that he couldn't get it off his mind. He worried that he was going insane and experienced terror at the thought that he might actually assault Jenny. He had hoped the dreams would go away, particularly as he had been feeling much better, but they had recently started to get even worse. When I asked Nick how long he had been having these dreams, he replied, "Ever since the accident, I guess". He seemed surprised when I told him that I did not know about the accident he was referring to. He explained that the accident had occurred about one year prior to his meeting with me. He was driving his (packed) limousine through a busy intersection when an elderly woman ran a red light and drove right in front of him. Nick had no chance to stop and hit the car on the driver's side door.

The woman was badly injured. She was cut, bleeding profusely, and pinned in the wreckage in such a way that her face was pressed tightly against the windshield. Furthermore, the front of her car wound up pressed

against the front of the limousine such that the car windshield was only four or five feet from Nick. Nick sat staring at the woman's face, believing that she had been killed. He was finally taken out of the limousine by one of the passengers, and had the presence of mind to phone the dispatcher and request another limousine for the stranded passengers. (A bystander had already called an ambulance.)

When Nick's supervisor arrived on the scene, he asked Nick how he was doing. Nick could not remember how he replied. By this time, the car and limousine had been separated and the woman was on the way to hospital. It appeared that the limousine had sustained very little damage. The supervisor decided that he would drive the damaged limousine and asked Nick to drive the replacement limousine back to the yard. Because he was still in shock, Nick did not refuse. He drove the limousine across town, through a number of very busy intersections. He remembered nothing of the drive, but by the time he arrived at the shed, two people had phoned to complain that he had very nearly run over an elderly couple on a crosswalk.

After Nick went home, he noticed that he was stiff and sore in his neck, shoulders, and arms. He did not sleep for more than a few minutes at a time for the first few nights and did not return to work. Nevertheless, no one from the company called to see if he was okay. After a week, a supervisor phoned to ask when he would be back at work and to refer him to a counsellor for a "critical incident debriefing". Nick received a formal reprimand for his "reckless" driving on the way back to the shed from the scene of the accident. When he went down to the depot to obtain some forms required to

apply for short-term disability, two of the managers made jokes about his "milking this one".

Nick decided to meet with the counsellor, despite having been assessed and counselled many times in the past. During the first meeting, in response to the counsellor's question about family history, Nick mentioned that he had been sexually abused as a child. The therapist then made this the focus of the discussion. Nick was referred to the male adult survivors' group, conducted by the same counsellor, and met only three or four times more alone with the counsellor. The accident was never again discussed. He attended the group once weekly for eight months.

I recall being quite stunned both by the insensitive treatment Nick had experienced in the aftermath of the accident and by the way in which the counsellor had redefined the difficulties that were initially presented. His focusing on the childhood abuse effectively denied Nick the opportunity to speak about the current terror and pain he was experiencing. Given these events, it did not seem to me at all surprising that Nick would still be haunted by gruesome images and the fear that he could harm someone. Nick seemed quite relieved at this suggestion, and we agreed to meet soon.

At the outset of our next meeting, Nick reported feeling much better. I then told Nick that I had been thinking about the physical pain he still felt in his shoulders and arms and had consulted a colleague, whose counselling practice centred on "bodywork". She told me that shoulder and arm pain often seems to be related to how effective or responsible a person feels. Nick said that he did feel responsible for the accident and for nearly killing

the elderly couple on the crosswalk. He said, further, that the way he had been treated following the accident added to his sense of guilt. He related the sense of terror he experienced at the thought of killing the elderly woman in the car to the sense of terror he experienced in response to the dreams of attacking Jenny.

Shortly following this meeting, Nick made arrangements to return to work. At our last meeting, he disclosed that he had decided to give up selling pot, which he had done a bit of "on the side". He said that he gradually just worked through the pain, and it was mostly gone. He and Jenny were getting on well, with only occasional disagreements about chores, which didn't really amount to much. He said that Jenny had noticed that his sense of humour had returned. He had decided to investigate a career in graphic design, which he had always wanted to do.

Nick was still active in union politics, although he said he had decided to be a bit more selective about which fights he got involved with. As an example of this somewhat more low-key approach, he described how he had handled an on-going dispute over uniforms. The company, he explained, wanted all the drivers to wear the same uniforms, but refused to pay for them or contribute to laundry costs. In response, Nick had consciously violated the uniform code on almost a daily basis, by wearing the wrong coloured shoes or socks, by "forgetting" to wear a belt, and so on. However, he especially enjoyed wearing a navy-blue seaman's hat, which from a distance looked a bit like the one required by the uniform code. He had been given several written reprimands for wearing the wrong hat. He explained

that he had now adopted a new policy because all the hassle just wasn't worth it. He had taken to wearing the company hat while he was in the depot, but the instant he left the depot, he would switch to his seaman's hat, which he kept under the driver's seat. On returning to the depot at the end of his shift, he would again don the company hat. "Maybe it seems stupid", he said. "They don't know shit, and what they don't know won't hurt them. But I know, and that's what counts."

Evelyn

Evelyn said that she decided to come for therapy because her husband told her that she was "all messed up". She and her second husband, Gord, had two young children. Gord came from a German/English background. Evelyn was born and raised on a First Nations reservation in the lower mainland of B.C. She was the second eldest of eight children born to parents of Coast Salish ancestry. Evelyn and Gord had been married five years.

Evelyn was quite depressed--not sleeping, eating, or concentrating well, sad a great deal of the time, preoccupied with thoughts of hopelessness, and considering suicide. I learned that Evelyn and Gord had been having trouble for about four years. Evelyn wondered aloud why she just could not do the things that would make Gord happy. However, it quickly became apparent that Gord was abusing Evelyn. Shortly after they were married, according to Evelyn, Gord suddenly changed. He began yelling and criticizing her and still did so even in front of the children; he began calling her hurtful names; he began a pattern of pushing and intimidating her; he threatened to hurt her and then leave, taking the children with him. Evelyn had responded to this

behaviour in a number of ways: she became sad, she became less available to him emotionally and sexually, she quietly refused to do chores that he expected her to do. Gord seemed to be particularly angered by Evelyn's refusal to have sex when he wanted to and had tried on several occasions to force her into various sexual acts. On hearing this, I asked Evelyn if she had ever before been forced into sex. She then told me about the sexualized assault and sexualized abuse she had experienced, as a child, at the hands of her father and other men.

After Evelyn described the nature of the assaults in general terms, I asked her a number of questions about how those assaults had influenced her life. Evelyn said that she had always felt dirty, different from other children, as though everyone could tell what was happening at home because of the way she smelled. She felt sad, lonely, and frightened. For a while, she drank dangerous amounts of alcohol and acted out recklessly. I then asked Evelyn questions about how she had responded to the abuse she had experienced. How did your relationship to your father change after he raped you? I stayed away from him. Did you spend more or less time with him? Less time. Did you go to him and try to include him in your life, or did you develop a life apart from him? I never told him anything. When he asked you to do things, did you do them willingly or did you refuse to cooperate with him? I usually just ignored him. Did your unwillingness to be told what to do spill over into school or your friendships? Yes. I never wanted to do things if I was told. Based on how your father treated you, what sorts of decisions did you make about what kind of a mother you would one day be?

I told myself I would be a good mother and never hurt my kids. Would you say that you stuck up for your friends if they needed you or stayed out of the way? I got into lots of fights for my friends, because I wasn't afraid of anything. If a teacher was acting unfairly, would you be tend to be quiet about it, or would you be the one to speak up? The teachers hated me because I was so mouthy. I never let them get away with anything. (Evelyn said that she had learned in previous counselling that she had "some anger issues" to deal with.)

At the close of our first interview, I read Evelyn a list of the things that she had said to me about her responses to the different forms of violence and oppression she had experienced, and I expressed interest in knowing more about how she had managed to fight back in so many different ways. I asked Evelyn if she had ever before talked about her own history of fighting back, possibly in previous counselling. She said that she hadn't but that she had learned in previous counselling that she had some "self-esteem and anger issues" that she would some day have to "deal with". I asked Evelyn what it was like to notice for the first time that she had always resisted violence and unfairness. She said, "I guess I'm a lot stronger than I thought I was". We then discussed how this new knowledge might influence her life as a wife and mother. She said, "Well, I'm not going to take any more crap, that's for sure". I asked, "What's it like to feel so sure of yourself?" Evelyn said it felt great to feel so sure of herself. At the end of our first meeting I asked Evelyn, "How do you feel about how this conversations has gone?" "Allan", she replied soberly, "I feel like I could lift up my fucking car".

We met again about three weeks later. Evelyn began the meeting by telling me how she had given Gord an ultimatum. She told him that she would no longer allow him to treat her badly, and she assured me that she meant it. She was sleeping better, eating better, her energy had returned, and she had not had any thoughts of suicide. She decided that she was going to go out visiting friends more often and told Gord that she would need him to look after the kids on his own a bit more. More than pleased, Evelyn was truly excited by these developments. I then asked Evelyn some questions about the significance and security of these changes. Do these development seem minor to you, or are they more significant? How lasting will these changes be? Evelyn replied that the changes were both significant and permanent. How can you be so sure? Evelyn replied that she just knew she would never go backwards again.

Evelyn and I decided to end therapy after about fifteen meetings. Evelyn is continuing to do well. Five years later, she continues to effectively resist any form of control, criticism, or intimidation by Gord, although this is far less necessary than before. In fact, Gord changed his behaviour dramatically during the period of time Evelyn and I met. Although there is no violence of any kind, he still acts in an unpredictable manner from time to time, but Evelyn is quick to reassert herself. Evelyn is quite prepared to leave Gord if necessary and has made specific preparations for that possibility.

Following the last of our meetings, I asked Evelyn if she would write down some of her story so that I might include it in a paper I was writing (Wade,

1997), and she agreed. After writing her story, Evelyn told me that, as she wrote, she continued to remember not only the abuse but also her resistance to it. A number of examples of Evelyn's resistance to childhood sexual abuse and to an extremely chaotic and frightening home environment are provided below:

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.

Evelyn concluded her account with the following statement:

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.

Themes Arising From the Examples

The examples of Charlene, Nick, and Evelyn illustrate a number of the

qualities evident in diverse forms of personal resistance. In what follows, I discuss these qualities and develop some themes that are discussed in greater detail in the next five chapters.

Immediate and Lasting Resistance

As in the examples presented in Part One, Charlene, Nick, and Evelyn resisted the abuses they were subject to both immediately, as it occurred, and well beyond those immediate incidents. By well beyond I mean both later, sometimes many years after the initial abuse stopped, and in other settings and relationships, which might appear quite unrelated to the settings and relationships in which the abuse occurred. Evelyn resisted the abuse itself, as it occurred, in many different ways, as illustrated by her own comments, given above. Later in life, after the abuse had ceased, Evelyn resisted sexualized abuse and abuses of all kinds by taking special precautions to ensure the safety of her own and others' children, committing herself to equality in her personal relationships, and openly confronting racist comments. Nick resisted the sexualized abuse by his father as it occurred, but he also resisted efforts to control his behaviour in other settings, especially at school. He continued to pursue fair and respectful relationships later in life through his involvement in the prisoners' rights movement and union activities. Charlene and her friends also found many ways to resist abuses in residential school. Many years later, Charlene continued living according to the commitments she developed in response to those abuses through her devotion to her grandchildren, her participation as a respected elder in land-claims negotiations, and her testimony before the United

Nations panel investigating violence in residential schools. While it is crucially important to appreciate how people resist abuse immediately, as it occurs, it is also important to note how such resistance is expressed in a broad range of other relationships and in passionately held, if not always articulated, beliefs and commitments.

Pervasive, Continuous, and Varied Resistance

In each of the examples, resistance consisted of a multitude of behavioural and mental acts. That is, it did not consist of sporadic or occasional acts performed against the grain of a general passivity or resignation. And it was not unique or exceptional, in the way that White (1989) and de Shazer (1993) use those terms. On the contrary, in each case, resistance was pervasive, continuous, and varied.

Their resistance was pervasive and continuous in the sense that, once the abuse began, the victims experienced a profound sense of disgust and indignation that tended to permeate their relationship with the abuser, without displacing a complex mixture of other feelings, such as sadness, confusion and feelings of love for the abuser. The indignation arose not only in response to specific incidents of abuse but was also reflected in a posture of more-or-less unrelenting, if somewhat disguised and indirect, dissent. Charlene, Nick, and Evelyn created opportunities for the expression of dissent where none would otherwise have existed, remained alert for and capitalized on opportunities afforded by chance, and enlarged small openings that resulted from the perpetrator's inability to establish and maintain a completely encompassing regime.

In addition, each person resisted in remarkably varied ways. That is, they did not resist robotically, repeating the same limited inventory of desperate and ineffective responses, as one might perpetually re-enact a so-called "conditioned response" or stereotypic "coping mechanism". Charlene sometimes openly confronted and disobeyed the residential school supervisors while at other times she feigned deference, passed forbidden notes, stole food, or lost herself in the fun of activities she enjoyed (such as basketball). Nick sometimes avoided his father and secretly disobeyed him while at other times he confronted him directly or subtly undermined his authority. Evelyn sometimes kept her clothes on when she went to bed, slept with her sister, and avoided being home alone with her father, while at other times she confronted him directly and angrily. Furthermore, the tactics employed by each of these individuals changed over time as their respective situations changed and as they developed physically, mentally, and socially.

Some observers might interpret such varied and shifting tactics as contradictory or inconsistent, or as evidence of confusion, "internalized ambivalence" (Zimmerman, 1991), passive-aggressiveness, a contradictory consciousness, indecision, or even as expressions of particular personality traits. But I believe such interpretations fail to take into account the danger and unpredictability faced by the victim. In my view, such shifting tactics are informed and intelligible responses to complex and continuously shifting sets of contingencies. They are precisely tailored to the conditions in which they occur. Indeed, the very unpredictability of the tactics employed by the victim sometimes impedes the perpetrator's ability to continue the abuse, at

least temporarily. The logic of these tactics is of necessity a logic that “turns on circumstance”, as de Certeau (1984) put it. On close examination, these diverse and shifting tactics are entirely consistent with the immediate goal of stopping or evading the abuse and with a life-long commitment to achieving peaceful and respectful living conditions.

Acts of Mind and Imagination

In conditions of extreme danger and isolation, where the victim faces the very real threat of retaliation for even the slightest expression of resistance, the only safe place for the realization of resistance may be in the privacy afforded by the mind. And even when there is the possibility of overt resistance, it is always accompanied and complemented by many mental (i.e., emotional, intellectual, spiritual) acts, such as decisions, judgments, values, recollections and reminiscences, convictions, beliefs, purposes, dreams, fantasies, imaginary conversations, guesses, hopes, fears, and so on. Charlene thought long and hard about how to respond to the abusive supervisors; she dreamed of a different life; she remembered warm and loving times with her grandmother; and she promised herself a better life. Nick privately hated his father and nourished that hatred; he laughed inwardly at counsellors and teachers who tried to control him; he quietly said “Fuck you” and “I’ll show you, you prick” to prison officials who did not respect him. Evelyn “always knew” that she would ensure that her children were treated better than she was; she had many imaginary conversations with her father and mother in which she told them the truth and demanded respect; she rehearsed what to say to racists. In my view, these mental acts

of resistance should be accorded equal significance to overt forms of resistance and attended to with equal curiosity.

Choosing what to believe and what not believe can be a form of resistance. I met with a First Nations woman named Alice, who had been sexually assaulted and abused over many years by a priest in residential school. One of the most significant acts of resistance we discussed, from her own point of view, was the mental and spiritual act of knowing it was wrong and refusing to believe the priest when he tried to convince her that the abuse was all right, despite his status as a figure whom she had been taught to trust and respect.

Coincidentally, while writing this chapter, I came across a passage in Alice Walker's novel, Possessing the Secret of Joy (1992), which further illustrates the significance of belief (or disbelief) as a form of resistance. The main character in the novel is an African woman named Tashi, who adopts the name Evelyn when she emigrates to the United States. As a child in Africa, Tashi witnessed the genital mutilation of her sister, who subsequently bled to death. Later, Tashi lived through essentially the same mutilation. In the United States, Tashi-Evelyn found safety and support. She made the following statement while she was being tried for a crime that would mean extradition from the United States:

They would all take America from me if they could. But I won't let them. If I have to, I'll stop them in their tracks. . . . How do you stop someone in their tracks? By not believing them. (p. 168)

Like Tashi-Evelyn, the mental and spiritual dimensions of Alice's resistance extended well beyond her refusal to believe. The act of knowing

the abuse was wrong was itself associated with myriad other mental acts of resistance and self-protection. For example, she remembered close and loving times with her family and grieved about her separation from them; she engaged with her grandmother in many imaginary and uplifting conversations; she recalled the teachings of her family and elders; and she was able to trust her own sense of pain, confusion, and sadness. In the context of imprisonment and constant surveillance in which she lived, the act of refusing to believe the priest represents a remarkable act of moral and spiritual courage.

Success as an Inappropriate Criterion

The extent to which specific mental and behavioural acts might represent forms of resistance and the significance attributed to those acts should not in any way depend on how successful they appear to be in stopping, reducing, or evading the oppression. Real differences in power ensure that even the most determined and creative resistance will not succeed in stopping or reducing the violence a great deal of the time. Abusers never knowingly permit a level playing field.

Moreover, as illustrated in all of the examples, individuals sometimes knowingly resist in a manner that is actually likely to result in more violence, rather than less. Some people resist by attempting to withstand the oppression as long as possible, because they know an end is definitely in sight, because they hope that others will finally recognize the violence and step in to help, or because they hope the perpetrator will eventually see the error of his ways and decide to change. The fact that victims continue to

resist when they have no realistic expectation of immediate or even ultimate success, and even when they know they are risking further harm, only adds to the significance of their efforts. So the apparent "unsuccessfulness" of resistance is not sufficient reason to assume either that no meaningful resistance occurred or that it was somehow inappropriate or insufficient.

A Preliminary Theory of Resistance

The rest of this dissertation will be devoted to examining several aspects of resistance in closer detail. However, we have seen enough in the accounts of individuals given so far to make some general statements about resistance. The following principles, derived from their experiences, are an outline that will be developed in detail throughout the remaining chapters.

1. Whenever people are badly treated, they resist. This means that alongside each history of violence and oppression there runs a parallel history of resistance. Any affront to the dignity of an individual may be sufficient to incite some form of resistance.

2. The perpetrators of violence and oppression anticipate resistance from their victims (and from those who would protect or advocate on behalf of their victims), and take specific steps to conceal or suppress it (Scott, 1990). Virtually all forms of violence and oppression include, as an integral aspect of their operation, practices that are functionally specialized for the suppression of resistance.

3. Thus, in addition to the violence or oppression itself, victims face the very real threat of retaliation for any act of open defiance. Open defiance is usually the least advisable, and demonstrably the least common, form of

resistance (Scott, 1990). The precise forms that resistance takes depend upon the unique combination of dangers and opportunities that exist in any specific situation.

4. Resistance is suppressed in many ways other than direct retaliation. First, a number of material and social conditions (e.g., poverty, sexism, unequal access to legal assistance, etc.) impede victims' efforts to counteract or escape violence. Second, the language used in clinical, scholarly, and public discourse to represent violence and victims frequently conceals both violence and resistance. These conditions can exist independently of the interests of any perpetrator, but can be exploited by perpetrators in their efforts to suppress the resistance of their victims.

5. Acts of resistance are often symbolic. Violence and other forms of oppression are often manifested in talk, and the physical or pragmatic effect of violence and resistance depends upon how it is constructed in discourse. The same behaviour can have many different meanings. For example, refusing to cry during unjust punishment can have a purely symbolic meaning. Therefore, the analysis of violence and resistance necessarily entails the examination of language as it is used to conceal and justify violence, minimize its real effects, or mitigate the responsibility of perpetrators.

CHAPTER 6

PERPETRATORS' SUPPRESSION OF RESISTANCE

The best evidence for the ubiquity of resistance is the obvious care that perpetrators take to suppress it (Scott, 1990). Unlike many therapists, theorists, and researchers who have tended to overlook resistance, the perpetrators of violence and oppression anticipate resistance from their victims and take specific steps to suppress or conceal it. The physical and discursive strategies used in virtually all forms of violence and oppression presume the existence of a determined and potentially effective resistance. In this chapter, I will briefly summarize a wide range of strategies perpetrators use to suppress the resistance of their victims. These strategies are absolutely necessary from the perpetrator's point of view, because he or she knows that the victim will not respond passively or cooperatively to mistreatment.

Strategies Used In Suppressing Resistance

Bullies do not pick on someone their own size precisely because smaller victims are less able to defend themselves. And we rarely hear of home-invasion style robberies committed on biker hang-outs. Even the simple mechanics of routine thefts, such as break-and-enters, muggings, and purse-snatchings presume the inevitability of resistance. Any bank robber who politely asked the bank teller to hand over the cash, without planning for the likelihood that she would refuse unless threatened, would become the laughing stock of the cell block. And it is because con-artists know that their victims will make some effort to get even that they employ a number of pre-

emptive strategies known as "cooling the mark". In the following sections, I will describe some of the suppressive strategies used by perpetrators of personal violence, who anticipate and seek to circumvent their victims' resistance.

Rapists

Far from being suddenly overwhelmed by sexual desire or incited by an enticing female, the rapist strategically plans his attack with the prospective victim's resistance in mind. He would not find it necessary to stalk and isolate his victim, to overpower her and pin her down, to silence her by making threats or covering her mouth, nor even to conceal his identity, unless he both anticipated and actually encountered her resistance. Rapists also choose small or vulnerable victims, use weapons, or threaten them with further harm if they report the attack. Any or all of these actions would be unnecessary if victims were characteristically passive and compliant.

The strategies used by stranger rapists seem obvious, but rapists who know their victims (the so-called "acquaintance" or "date" rapists) use comparable strategies. The rapist typically feigns a safe demeanor at first, giving no hints of his intentions. If the victim should become suspicious, he makes false promises to reassure her and allay her resistance. In one British Columbia case (Coates, Bavelas, & Gibson, 1994), the accused had been asking the victim for dates for two years. Finally, because he was a friend of her brother's, she agreed to go out with him on very specific conditions that would ensure her control and safety. He agreed but arranged to have dinner near his apartment (and far from hers). After impeccable behaviour at

dinner, he persuaded her to go back to his apartment, where they relaxed and discussed philosophy until suddenly he lunged at her, wrestled her into the bedroom and raped her twice.

The use of surprise after some trust has been created is also present in another case at an American university (reported on CBC Radio One). It began when the victim went to look for her boyfriend in his dorm room. He was not there, but his roommate let her in, talked a while, and then casually got up to close and locked the door. Until then, his entire manner had not aroused any suspicion on her part, and she was trying to figure out why he had locked the door (e.g., that he wanted to talk about something confidential) when he suddenly leaped at her and raped her. His friendly and casual demeanor had defined the situation as innocuous, and he had given her no reason to suspect him before that occasion. He was acquitted because she had not left the room immediately when he locked the door, an interval of less than a minute. Clearly, all of his actions were designed to conceal his intentions and then to act quickly enough to take her by surprise, precisely because he knew that (far from consenting) she would resist if she had any warning of his purpose.

Child Molesters

Adults who sexually abuse children employ a combination of threats, favours, and deceit to entrap their victims and ensure secrecy because they know that children tend naturally to resist participating in such acts. First, they have the obvious advantage of size and power. A British Columbia Ministry of Health (1994) study of multiple abusers found that 80% were

adults in positions of trust, who thereby arranged to have considerable advantages over the children and credibility with the parents.

The perpetrator usually begins by isolating the child under guises such as friendliness, tutoring, special favours, or privileges; for example, help after school, individual coaching, or "rewards" of special trips. These guises usually allay the parents' protective suspicions as well, especially if the abuser is a teacher, priest, or coach. Professionals in the field recognize these early strategies but, unfortunately, often call them "grooming"--a term with entirely positive connotations, which implies that the perpetrator is obtaining the child's cooperation and which disguises the predation and clear intention to disarm or prevent the child's resistance.

Once the perpetrator has access to the child alone, he often initially disguises the abuse as "accidental" touching or "playfulness," to forestall the child's intuitive suspicion or rejection. Eventually, the abuser may say "this is normal," or "you really like it," drawing on the considerable power to define reality that adults in authority possess, in order to confuse the child. There are also direct threats that coerce and silence the child. He may beat or harm the child in other than sexualized ways. Using his authority, he may label the child as a behaviour problem or a liar if the child resists overtly or reports. Or he may say "If you tell, no one will believe you"; "no one will love you if they know what you did"; "I'll kill you" (or your pet, or your family). One counsellor told us at a conference that an abuser had told a small boy to listen to the ticking noise in his chest: "That is a bomb, and it will explode if you ever tell anyone." Imagine the courage of this child, who

did tell someone.

Wife-beaters

Violent husbands and battered women know that the answer to the question, "Why doesn't she just leave?" is that offenders use dozens of strategies to prevent this obvious form of resistance. As above, isolation and vulnerability are important strategies. He may move her away from her family and friends (or be rude and belligerent to them to keep them away), in order to remove them as a support and resource in aid of her resistance. He may move her and the children to an isolated location, which makes escape more difficult or even dangerous. He may restrict her physical freedom and movement in ways that range from not allowing her a driver's licence or access to a vehicle to taking all of her shoes with him when he leaves the house (as happened to one of my clients). Even when she is trapped at home, he often makes numerous phone calls to check that she is there. Or he establishes a pattern of arriving home unpredictably, so that she can never be sure the coast is clear. The offender can attribute all of these strategies to the fact that he loves her and wants to protect her. When the wife works outside the home, he may make the same incessant phone calls to her there, always checking up on her. When she returns home from work, errands, or friends, interrogation is common: persistent, aggressive questioning about her whereabouts, activities, thoughts, and feelings. Again, these methods of controlling her life and preventing resistance may be, at least initially, labelled as devotion or jealousy. But they effectively restrict her options for leaving him.

Economic control is an effective method of suppressing resistance, particularly if there are children to support. He may make her quit her job, deny her access to a chequebook or any money, or prevent her from obtaining education or training that would be an economic escape route. In upper middle-class and dual-earner marriages, one way to maintain a real threat of poverty is to run up large bills, living an extravagant lifestyle with a large mortgage, expensive car, boat, and so forth, for which she is jointly financially responsible.

Undermining her credibility is a method of neutralizing any resistance that would take the form of telling others about his violence. He may slander her to friends and family or ridicule her in public with constant put-downs or insults. He may tell her and others that "she's crazy," and if she seeks professional help because of his violence, his "diagnosis" may be confirmed (as was true for Anna; Chapter 1). He may tell the children or his own family that the violence is her fault, that she provokes him. He is careful never to hit her in front of credible witnesses (especially not in front of her 6'6" brother), and he is also careful to hit her in places that conceal the bruises from public view. In the meantime, he usually presents himself as a kind, nice guy burdened with a troubled wife or, if he is caught, as having been "out of control" or having an "anger management problem." All of these strategies anticipate that she would report him or seek help, and they make it harder for her to do so.

Eventually, he may move to direct threats of physical or economic retaliation: "If you leave me, I'll kill you/the children/myself." His violence

(and the statistics on spousal and family murders) make these threats completely credible. A surprising number of wives report that he harmed or killed her pet, as a graphic demonstration of what he was capable of. If she does leave, he may stalk and harass her, seek custody of the children (often successfully), or refuse to support them. Because he has made it clear or even demonstrated that he would do these things, she cannot resist openly by leaving him. Finally, he plays on her sense of fair play and initial love for him by apparent apologies or remorse, by reconciliations and often passionate courting if she does leave or threaten to leave. Cruellest of all, these strategies create the hope that he will change and they can have a good life together from now on. Taken altogether, his pattern of behaviour only makes sense if he has both encountered her overt resistance and has reason to suspect she was countering his domination in more secretive ways as well.

(Child-beaters use variations on the same strategies to suppress the child's resistance: calling it discipline or the child's fault--"You asked for it"; humiliating the child in public; labelling him or her a behaviour problem; punishing any act of autonomy; and combining shallow apologies with demands for forgiveness. All of these narrow the child's options for seeking help and manipulate him or her emotionally so as to block overt acts of resistance.)

Institutionally-based Abusers

Further evidence that perpetrators anticipate resistance is the fact that some of them consistently select the most vulnerable and marginalized

members of society--those least able to resist effectively--as their victims. For example, people with disabilities, particularly those who are institutionalized or dependent on care-givers, are sexually assaulted and physically abused proportionately far more frequently than are non-disabled people (British Columbia Ministry of Health, 1994; Final Report of the Canadian Panel on Violence Against Women, 1993). A tragic case in point is the sexualized abuse of deaf children at Jericho Hill school in Vancouver (Hill, 1999).

A particularly good institutional example can be found in Erving Goffman's (1961) classic study of a mental hospital, in which the authorities established a whole series of restrictions, inducements, and punishments to prevent and contain the patients' opposition to various indignities administered in the guise of "treatment". (I discuss Goffman's study in detail in Chapter 7.) The authorities who imprisoned First Nations children in residential schools and prevented their contact with family members argued that such isolation was necessary to prevent the students' "contamination" (York, 1990) by their families, thus indicating awareness of the fact that the sense of belonging and cultural identity that would have been sustained through such contact would certainly have inspired even more open and defiant resistance.

All of the above examples lead to the ironic conclusion that some of the most convincing forms of evidence for the existence and vital importance of resistance are perpetrators' determined efforts to conceal and suppress it (Scott, 1990). If resistance were as infrequent and ineffective as has commonly been assumed, the diverse strategies employed to conceal and

suppress it would be both unnecessary and infrequent. But if the ubiquity of such strategies tends to confirm the ubiquity of resistance, it also points to the rather chilling fact that the perpetrators of violence and oppression operate on a very different--and, in some respects at least, more accurate--set of assumptions about human nature than do therapists and social scientists. Although disturbing, this fact is not particularly surprising: In their efforts to violate others, perpetrators must deal effectively, so to speak, with concrete social circumstances, including the real responses of their victims on a moment-to-moment and longer-term basis. Social scientists and therapists, on the other hand, can afford the luxury of dealing in abstractions about the nature and meaning of behaviour and experience without risking any immediate negative consequences to themselves, even if they are tragically wrong.

Material and Social Conditions that Suppress Resistance

In this chapter, I am focussing primarily on perpetrators' methods of concealing and suppressing resistance. Before turning to some cases, however, I want to stress that perpetrators are not the only ones engaged in concealing and suppressing victims' resistance. Indeed, if perpetrators were solely responsible for concealing and suppressing their victims' resistance--that is, if all other social conditions tended to support, or at least not impede, victims' efforts to resist violence and obtain justice--I believe it would be far more difficult for perpetrators to violate others, to conceal their violence, and to avoid responsibility. In other words, we need to examine briefly how resistance is suppressed by certain material and social conditions that exist

separately from, but can certainly be exploited by, perpetrators.

Social Status

The social status of the perpetrator often influences others who might be of assistance to victims, even those who have the best interests of the victims at heart. For example, because children are typically taken less seriously than adults, it is not difficult for a parent, teacher, or other authority to convince others that the child is lying or imagining things or that the child's resistance is disturbed or bad behaviour.

Educated professionals and other comparatively well-off perpetrators are able to obtain the best legal help and are accorded several forms of preferential treatment in the law enforcement and judicial systems. For example, partly because they anticipate an intense and protracted fight, prosecutors handle spousal assault and sexual assault complaints against professionals or other high-profile community members more cautiously than run-of-the mill complaints. In my experience, they are more likely to stay charges for lack of evidence and more likely to accept plea bargains that allow the perpetrator to avoid going to court. The court is more likely to accord professionals and high-profile community members privacy through bans on disclosure and publication of the proceedings (often justified as protection for the complainant), more likely to credit his community standing as a positive factor in reducing the sentence, and more likely to accept defence claims that the sentence should be reduced because the perpetrator has already has "suffered enough" through damage to his reputation.

Financial Status

Whereas wealth may intimidate authorities or at least provide access to resources that render them cautious and accountable, poverty means that the victim cannot hire a lawyer to defend her best interests. Legal aid budgets severely restrict the amount of time that a lawyer can bill for assistance to a victim. Separation agreements are sometimes signed under financial duress, often in moments of crisis and in an effort to create some measure of predictable income. Victims who do not have an income of their own and who lack the education or experience to obtain employment that will pay well enough to afford a decent living for themselves and their children are obviously more vulnerable. Bankers base women's credit ratings on their husbands' income, and authorities are not consistently aggressive in pursuing fathers who refuse to pay court-ordered support.

Just as these wives know they will face the prospect of poverty and the host of indignities it may present, the prospect of poverty means that harassed and exploited employees remain in jobs they would otherwise leave because they know they will have a difficult time finding other work. Further, some jobs pay so poorly that the employee is not able to accumulate enough money, even after years of full-time work, to leave the job to get further training or investigate other prospects.

Professional Helpers

Victims of abuse who are unfamiliar with the vast network of legal, medical, social service, and educational organizations, and the complex network of formal and informal arrangements between them, often find the

system daunting and opaque even if it works in their favour. The professionals and other employees who staff these organizations can inadvertently, but powerfully, suppress victims' resistance in many different ways. As illustrated in the cases of Anna (Chapter 1), Gus and Gina (Chapter 2), Jamie (Chapter 2), and Nick (Chapter 5), therapists and physicians can suppress victims' resistance by ignoring it or interpreting it as some form of psychopathology. Police can suppress the resistance of battered women by failing to consistently and energetically enforce no-contact orders or by holding the victim just as responsible for adherence to those orders as the offender, whose actions such orders are intended to control. Judges can suppress the resistance of victims of many different forms of abuse by ignoring it, failing to take account of the offenders' methods of suppressing it, or portraying the violence as mutual (Coates, Bavelas, & Gibson, 1994). Child protection workers, who may become involved to protect children from witnessing their father abuse their mother, can inadvertently suppress a woman's resistance by threatening to take the children from her or by defining her as psychologically deficient if she refuses to leave her abusive husband, rather than using their statutory authority to hold the offender directly accountable. It is sadly ironic that these actions, which can play a powerful role in suppressing the victim's on-going resistance, arise from the erroneous assumption that the victim failed to resist.

The pain and deep sense of violation experienced by many of the victims I have spoken with is not attributable solely to the violence or other forms of oppression they have been made to endure, although that would certainly be

enough. It stems also from the intensely disheartening experience of having their prudent, determined, and creative resistance actively suppressed, repeatedly ignored, and pervasively misrepresented. I believe it is impossible to appreciate an individual's complex responses to violence without examining the details of her resistance to that violence and the manner in which that resistance has been suppressed, not only by the offender, but inadvertently by others. Further, as they moved through the system, many of the victims I have spoken with had a very difficult time establishing constructive relationships with professionals precisely because they were not willing to be misunderstood, blamed, pressured, or ignored. It is as important to elucidate and honour the individual's resistance to these forms of administrative control and neglect as it is to honour her resistance to the abuse itself. The following example illustrates most of the above points.

Leanne

Leanne was referred to me shortly after she made a report to police in which she stated that she had been forcibly confined and physically assaulted by her husband of 10 years, Peter, whom she had been living with for a total of 14 years. During that assault, Peter confined Leanne to their bedroom for approximately thirty hours, did not allow her to sleep, physically and verbally abused her, and threatened to kill her with an electric drill, which he had in the room. I met with Leanne about 20 times over an 18 month period, up to and past the trial in which Peter was convicted of assault. At the time of this writing, I continue to meet with Leanne, both individually and with a group of

women who meet regularly to discuss and honour their past and present resistance to abuse. She is doing extremely well, continues to live free from abuse, and is pursuing a career in the criminal justice field (specifically, victim advocacy work). Leanne co-wrote the following account.

Before they began living together, Peter expressed shock and outrage at the violence Leanne had been subjected to at the hands of her two previous common-law spouses. Peter promised Leanne that he was different. At first, Peter was in every respect thoughtful, kind, affectionate, fun, communicative, and reliable. In short, he appeared to be the antithesis of a man who would become violent. Despite her caution at entering into another relationship, Leanne soon began to trust Peter. However, soon after they moved in together, Peter began mistreating Leanne. At first, he began drinking excessively and staying out late with friends without notifying or including Leanne. Leanne complained, but Peter ignored her. One evening when Peter returned home about 8 hours late for a dinner that he had asked Leanne to prepare, Leanne confronted him and demanded an explanation. Peter ignored her at first, but when Leanne persisted he yelled obscenities and insults at her in a most aggressive and humiliating manner, in front of his friend. Leanne threw the casserole at him and locked herself in her room.

Peter also tried to isolate Leanne by refusing to visit her friends and by interrogating her when she visited them herself. Partly in response to Peter's increasing efforts at isolating and controlling her, Leanne arranged a ski trip with some male and female friends, and did not invite Peter along. Peter did not object to Leanne's plans until the night before she was to leave. He then

accused Leanne of being a slut, became angry and intimidating, and demanded sex. Leanne refused to have sex. Peter interrogated Leanne all night, literally. Every time Leanne would be on the verge of sleep, he would resume his aggressive interrogation. Night-long interrogations, which prevented Leanne from getting any sleep, became one of the most common ways in which Peter suppressed Leanne's resistance. Soon after the first "all-nighter", as he called it, Peter began physically assaulting Leanne as well. However, Leanne continued to resist by trying to leave (and other forms of evasion), protecting herself, and asserting herself verbally. Soon after Peter began physically assaulting Leanne, he began raping her if she refused sex. When she tried to leave the house, he barred her way and prevented her from leaving. When she threatened to leave the relationship, he beat her and threatened to kill her. Peter insisted that Leanne marry him, but she refused for several years. One of Peter's favourite expressions was, "I'll marry you or bury you!". He often played and sang along with a particular song in which a man threatened to kill a woman if she did not do as he wanted.

After about one year of living together, Leanne came home one day with a new pair of earrings that she had purchased at Woolworths for \$1.00. Peter accused Leanne of accepting them from another man. He pushed her down, yelled at her, and beat her. However, Leanne insisted that she was telling the truth. Peter then grabbed her by the hair and dragged her around the bedroom. Following this experience, Leanne kept receipts for all her purchases. Peter dragged Leanne by the hair many times throughout their

relationship, particularly when she refused to be silent in response to his verbal and physical abuse.

To escape the "Warden", as she referred to Peter, Leanne got a part-time job in the evenings, which she justified on the basis of financial need. Shortly after getting this job, she stayed out for the night without telling Peter where she was. The next day she went to her parents' home to tell them how afraid she was. Leanne's parents had been taken in by Peter and did not really believe her when she told them about the abuse. While at her parents' house, Leanne learned that she was pregnant with their first child. Following a period in which Peter was apologetic, loving, and thoughtful, Leanne returned to him. Leanne felt strongly that a child should have both parents. Her strong belief in this ideal stemmed directly from the fact that her own father left the family, without warning of any kind, when Leanne was 12 years old. It was shortly after his departure that Leanne had begun using drugs.

Peter quickly began abusing Leanne again. In addition to the previous forms of abuse, he began making insulting remarks about the shape of Leanne's body. Leanne soon began trying to leave him again. One evening, during one of Peter's "all-nighters", Leanne was able to grab her keys and run to the car, which was sitting in the garage. Peter tried to get into the car but she locked the doors and started the engine. Peter laid down behind the rear wheels so that she could not back out of the garage. Leanne said: "I rocked the car while revving my gas and engaging and disengaging the clutch. I hated him intensely at that moment and it took every grain of self-

control not to pop that clutch and run the monster over.”

During another attempted escape, two years later, Peter blocked Leanne’s exit and would not let her leave the room. He continued berating and interrogating her, while pushing and hitting her. When he came within an inch of Leanne’s face, Leanne bit him and “took a chunk out of his cheek”. It was around this time that Peter began abusing Leanne’s dog as a way of suppressing her resistance. He punched the dog and tied abrasive twine very tightly around its snout, to the point that it bled and whined in extreme pain. If Leanne tried to help her dog, Peter beat her in a particularly savage way. But Leanne refused to keep quiet about Peter’s torture of the dog. She told his best friend about it, knowing that it would mean another severe beating.

Eventually, Leanne found out that Peter had been having sex with his best friend’s wife. Leanne first learned this while she and Peter were at a picnic with the couple. When Leanne confronted Peter, he admitted it, and began drinking heavily. He then began accusing Leanne of sleeping with his best friend. As they left the picnic, Leanne anticipated a beating and jumped out of the car. She hid in the bushes. Peter searched but was not able to find her. Leanne made her way to Peter’s cousin’s house, where he eventually found her. However, Leanne refused to go with him when he ordered her to do so.

Shortly after this incident, Leanne came home after an evening out with her sister and brother-in-law. Peter aggressively interrogated Leanne and was extremely rude to her sister and brother-in-law. Peter then left. Leanne

decided that she would leave. With the help of her sister and brother-in-law, she went to a women's shelter where she stayed a week and participated in some counselling. When her daughter Caroline became ill, Leanne moved to her parents' house. Peter once again became contrite and promised to treat Leanne better. He began attending an anger management course. Leanne returned to Peter but continued individual counselling and took a six week course with other women who had been abused. After about one year of individual counselling, Leanne confided to her counsellor that she had been smoking marijuana regularly, on almost a daily basis. Leanne hoped the counsellor would understand that it was the only way she felt she could get through the day. The counsellor became angry and accused Leanne of being dishonest (ironically, right at the point when Leanne was most honest). Leanne stopped seeing the counsellor and learned almost immediately after that she was pregnant with her second child. Hopeful that the anger management course would lead to a long-term change in Peter's behaviour, Leanne agreed to marry him.

Soon after, Peter and Leanne moved to B.C. Peter refused to continue counselling and became more abusive. Leanne was now more isolated than before. She was forced to work because of financial problems and quickly got a job as a bartender. Peter berated Leanne for the way she dressed for work and accused her of "sucking off" the patrons behind the bar. He made these accusations in front of Caroline. Leanne insisted that Peter leave, but he promised to attend counselling instead. Leanne joined in the counselling at the request of Peter's counsellor, but the beatings got worse. Leanne

finally agreed to contact the police on the insistence of her family physician, who saw some of Leanne's bruises. When Leanne walked into the police station, she was greeted by a member of the office staff who asked that she return in 15 minutes as the constables were having coffee. Leanne went home and did not call the police again for 9 months.

This time the constable attended the scene and at first talked with Leanne in a very understanding manner. He then told Leanne, in an emphatic and somewhat angry tone, that if she didn't leave the relationship her son would grow up to be an abuser. Leanne tried to explain that she had nowhere to turn, had no money, and was afraid for her life. However, the constable refused to accept these explanations and accused Leanne of being an unfit mother.

Following this encounter, Leanne decided to stay away from the police and instead went to several different transition houses. At one of the houses, there was a strict no-drinking rule. After working late one night (on her first shift at a new bartending job), Leanne went back to the transition house, checked on her children, and asked a staff member if it would be all right if she went out for a quick drink with a friend. Apparently forgetting that Leanne had worked all evening in a bar but did not drink, the staff member told Leanne that it was "pretty pathetic" that she couldn't go ten days without a drink. Leanne refused to speak with this staff member again and left the transition house as soon as possible.

She moved back in with Peter, who had started attending counselling again, but the abuse soon began again. This time, Leanne contacted the

police almost immediately. Peter was arrested and charged. In describing the nature of the abuse to a male constable, she mentioned that Peter sometimes dragged her by the hair. The constable replied, "Why don't you just cut your hair?". Leanne was shocked and horrified by this remark. Following this, she did not attend court to testify in support of her statement. Peter received a conditional discharge and once again began counselling.

Leanne returned home, to Peter. However, she was deeply distressed and committed to finding her way out of the relationship. One evening, Leanne came home from work drunk. Peter began berating and hitting her, but this time Leanne fought back physically. Peter overpowered her and threw her down the stairs. He then called the police and reported that Leanne had assaulted him. The police arrested Leanne and took her to jail. During the night, the police refused to give her water. They promised to bring her food and coffee, but failed to do so. This mistreatment made Leanne particularly indignant because the police had not held Peter in jail overnight when he was arrested. Peter did not show up for court in support of the charges, which were then dropped.

Finally, several weeks after Peter abused Leanne while keeping her confined to their bedroom for 30 hours, Leanne contacted the police again. The police arrested Peter, recommended charges to Crown, and put a no-contact order in place. However, Peter began violating the no-contact order in small ways almost immediately. When Leanne reported these violations to the police, they refused to arrest Peter (which they are required to do under the Attorney General's policy on wife-assault). As a result, Peter became

bolder. He showed up at Leanne's house, unexpectedly and illegally. He phoned Leanne's house, asked to speak to Caroline, which he was entitled to do, and then screamed obscenities and threats into the phone so loudly that Leanne could not help but hear from several feet away. Leanne then contacted Crown directly but, to her surprise, was accused of breaking the no-contact order herself because she had phoned Peter to make arrangements for him to drop off a gift for their son, Nelson's, birthday. Leanne nevertheless insisted that police enforce the law. She continued to report Peter's violations of the no-contact order until the police finally arrested him and recommended additional charges. Peter continued to break the no-contact order. However, Leanne continued to report the violations factually and in a business-like manner, and insist that the police take appropriate action. Just prior to the trial, Peter was arrested again.

Summary

In this Chapter I have illustrated some of the methods perpetrators of violence and abuse use to suppress the resistance of their victims. Virtually all forms of violence and abuse entail strategic behaviour that is functionally specialized for the suppression of resistance. In many instances, perpetrators exploit the fact that others, including professional helpers, fail to recognize the victim's resistance.

CHAPTER 7

THE UBIQUITY OF RESISTANCE TO OPPRESSION

The origins and most direct applications of the ideas in this dissertation are in psychotherapy with individuals who have endured physical and verbal abuse, sexualized assault and abuse, wife-assault, humiliation, or other (so-called "domestic") forms of interpersonal violence and oppression. But the twin phenomena of oppression and resistance are obviously far more widespread. Indeed, a small but growing number of social scientists and humanities scholars have recently turned their attention to the study of resistance to diverse sociopolitical forms of domination. These include Abu-Lughod (1986), Adas (1979), Bourdieu (1977), Bruner (1986), Churchill (1993, 1994, 1996), Cocks (1989), de Certeau (1984), Foucault (1980), Gilligan, Rogers, and Tolman (1991), Goffman (1961), Graveline (1998), hooks (1990), Kelly (1988), Kliger (1996), Mahoney and Ygnvesson (1992), Said (1993), Scheper-Hughes and Lock (1986, 1991), Scott (1985, 1990), Smith-Rosenberg (1985), Todorov, (1996) and Wright (1992) . Two prominent themes in this literature are a concern with "the politics of individual agency" (Kliger, 1996, p. 140) and the microstrategies of individual resistance (e.g., Bourdieu, 1977; de Certeau, 1984; Foucault, 1980; Goffman, 1961; Kelly, 1988). In addition, there are many biographical texts written by or about political activists and dissidents that contain especially detailed and compelling accounts of oppression and resistance (e.g., Aung San Suu Kyi, 1995; Havel, 1986, 1990; Harris, 1995; Menchu, 1984; Walker, 1992). These studies and accounts are an important source of information

and perspective, especially given the paucity of research and writing concerned with resistance to interpersonal forms of violence and oppression.

In this chapter, I will begin to broaden the focus to consider resistance to interpersonal violence in the light of resistance to sociopolitical forms of oppression. Rather than reviewing the literature concerned with sociopolitical resistance, which would be beyond the scope of this dissertation, I will discuss the work of selected writers in some detail. I will first discuss two texts that contain particularly lucid examinations of sociopolitical resistance (Scott, 1990, and Goffman, 1961) and then briefly examine autobiographical passages from three well-known political dissidents, Malcolm X, Vaclav Havel, and Rigoberta Menchu.

Scott: The Arts of Resistance

In Weapons of the Weak, Scott (1985) presented an ethnographic account of Malay villagers' resistance to various forms of social and economic subjugation by landowners. In the passage below, he recounted the observation that initially enabled him to recognize their resistance. As the passage attests, once Scott recognized the general shape of peasant resistance, he was forced to reconsider certain features of social interaction in all other contexts of unequal power, including those in his own life.

I was hearing divergent accounts of land transactions, wage rates, social reputations, and technological change. By itself, this was not so surprising inasmuch as different villagers had conflicting interests. More troubling was the fact that the same villagers were occasionally contradicting themselves! It was some time before it dawned on me that the contradictions arose especially, but not uniquely, among the poorer and most economically dependent villagers. . . . The contradictions, moreover, had a kind of situational logic to them. When I confined the issue to class relations alone--one of many

issues--it seemed that the poor sang one tune when they were in the presence of the rich and another tune when they were among the poor. The rich too spoke one way to the poor and another among themselves. These were the grossest distinctions; many finer distinctions were discernible depending on the exact composition of the group talking and, of course, the issue in question. . . . Once attuned more closely to how power relations affected discourse among Malays, it was not long before I noticed how I measured my own words before those who had power over me in some significant way. And I observed that when I had to choke back responses that would not have been prudent, I often found someone to whom I could voice my unspoken thoughts. There seemed to be a nearly physical pressure behind this repressed speech. On those rare occasions on which my anger or indignation had overcome my discretion, I experienced a sense of elation despite the danger of retaliation. Only then did I fully appreciate why I might not be able to take the public conduct of those over whom I had power at face value. (pp. ix-x)

Scott carefully avoided claiming any originality for these observations on peasant resistance, not out of modesty, but because he recognized that the necessity of concealing one's true thoughts and intentions from those in power is a taken-for-granted and crucially important fact of life for many marginalized and subjugated people. For these people--for most people, perhaps, though to radically different degrees--this reality is so deeply embedded in the smallest nuances of everyday social life that it is virtually invisible to outsiders, despite being ubiquitous.

Family Resemblances

In his next book, Domination and the Arts of Resistance (1990), Scott broadened his focus to consider resistance to a wide variety of structural or sociopolitical forms of domination, such as in relations between master and slave, serf and lord, colonizer and colonized, Brahmin and untouchable, and also in relations in total institutions such as prisoner-of-war camps. According to Scott, these diverse forms of domination evince certain

structural similarities or family resemblances. By specifying these family resemblances, it is possible to compare both the forms of domination and the patterns of resistance they elicit across very different social, cultural, and historical contexts:

To the degree that structures of domination can be demonstrated to operate in comparable ways, they will, other things equal, elicit reactions and patterns of resistance that are also broadly comparable. (p. xi)

The point of comparing such diverse examples is that it ultimately makes us better able to understand the close relationship between the strategies of domination and the tactics of resistance in particular instances. (I propose to extend this logic and expand the focus even further, to examine family resemblances between sociopolitical and interpersonal forms of resistance.)

In each of the examples mentioned above, the subordinate party has few political or civil rights while the dominant party is afforded a wide latitude for "capricious and arbitrary behaviour" (Scott, 1990, p. xi). He is thus able to violate the subordinate in myriad ways with little regard for the consequences, to engage in surveillance, and to suppress any challenge to his authority. The conditions facing the oppressed individual are therefore highly unpredictable. He may be granted long periods of respite from abuse but must remain mindful of the fact that he could be attacked or affronted at any time, and he must shape his public conduct accordingly. Under these conditions, domination and resistance can be said to exist in a "dialectic of surveillance and disguise" (Scott, 1990, p. 3). An important characteristic of these asymmetrical relationships is that the violated individual is denied the

opportunity of preserving his dignity through "the ordinary luxury of negative reciprocity: [by] trading a slap for a slap, an insult for an insult" (1990, p. xii). The general question addressed by Scott is precisely how oppressed people resist when, for various reasons, it is imprudent to do so openly.

The Unreliability of Public Appearances:
The Tactics of the Wise Peasant

Scott suggested that, in any context of asymmetrical power relations, both the oppressed and the oppressors are likely to misrepresent themselves, although for very different reasons. Faced with unpredictability, a menacing surveillance, the ever-present threat of abuse, and the prospect of further harm in retaliation for any form of open dissent, oppressed people must often conceal their resistance and behave publicly in a deferential, compliant, or docile manner. As a general rule, Scott suggested, the more menacing the threat posed by the dominant, the thicker will be the mask worn by the subordinate (1990, p. 3). On the other side, the dominant typically misrepresent themselves as beneficent, or at least well-intentioned, and they attempt to conceal the real details and meaning of their oppressive conduct, as far as possible. Simultaneously, they attempt to justify any visible aspects of their oppressive conduct and proclaim their right to authority over subjugated people on the basis that it reflects the natural order of things or is necessary for practical reasons, such as profit or social stability.

Misrepresentation is thus an inherent feature--a structural property--of relations of domination and resistance. One important implication of this

view is that public appearances are highly misleading and therefore an unreliable source of information for understanding the behaviour and subjective experience of oppressed people (as well as the perpetrators of abuse). Any research based solely on observation of what Scott called "the public transcript" (1990, p. 2), without regard for what is going on behind-the-scenes, in what Scott called "the hidden transcript" (1990. p. 2), will tend to support the widely held assumption that oppressed people passively receive or actively embrace the abuses they are made to endure. This assumption is erroneous, but it has taken on the status of received truth and has exerted a profound influence in political and clinical theory. It especially affects the way in which oppressed, violated people are represented in professional and scholarly discourse. (I examine these representations in detail in Part Three).

As already mentioned, the practical necessity of concealing one's oppositional conduct, including one's real thoughts and intentions, from the dominant--even those who appear benign--is taken for granted by subjugated people. The value of this time-honoured wisdom, the nature of the tactics that may be used, and the spirit in which they may be deployed is symbolized in the following Ethiopian proverb:

When the grand lord passes the wise peasant bows deeply and silently
farts. (Quoted in Scott, 1990, p. v)

This proverb encourages the wise peasant to resist in a manner that exploits one of the most vexing insecurities faced by people in positions of power, particularly if that power is exercised through the use of fear. Precisely

because displays of deference are conventionally expected (in the sense that any refusal to perform the display on the part of the subordinate would constitute an affront, if not a direct challenge), the performance of these displays provides the dominant person with virtually no reliable information about the subordinate's real thoughts and intentions. From this point of view, any conventionally expected display of deference, respect, or obedience can be treated as an opportunity to deceive or "send up" the authority. Thus the wise peasant reverses the presumed meaning of the bow. While keeping up appearances, it no longer expresses his respect or affirms his willing subordination; he transforms it instead into a facade that both conceals his contempt and enables its silent expression. An act of apparent deference is in fact an act of resistance.

The same kind of "situational logic", to use Scott's term (1990, pp. ix), is evident in many different forms of resistance to interpersonal violence and oppression. Many battered women, who live under almost constant surveillance and with the threat of vicious retaliation for any open resistance, out of necessity become adept at the tactic of "playing along" or "telling him what he wants to hear" while privately resisting in other subtle and indirect ways, often behind the scenes. For example, I met with a woman named Rene who 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. Apparently comforted by this prospect, he relaxed his surveillance long enough for her to find safety and support. In addition to

safety, Rene later obtained enormous satisfaction and a revitalized sense of her own strength and prudence on hearing the joyous responses of other women when she told them how she had "tricked the stupid bastard".

Outside the realm of obviously violent conduct, employees who must appear loyal to disrespectful supervisors in order to retain their jobs are known to "tow the line" in the supervisor's presence while "fucking the dog" when out of sight. Inmates in prisons and psychiatric facilities "work the system" by adopting a posture of earnest participation in prescribed activities or by "stringing along" key authorities as a means of obtaining desired ends, as we shall see in the upcoming review of the work of Goffman (1961).

In the most extreme cases of violence, where the victim has every reason to believe she will be seriously harmed, perhaps even killed, in retaliation for even the slightest opposition, the only possibility for the realization of resistance may be in the privacy afforded by the mind. In these cases, apparent respect or compliance may conceal an energetic, utterly determined, and sometimes astonishingly creative mental opposition. For example, 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 this as sex and do so here only because that is the word she used.) Stephenson (personal communication, March, 1995) described how one victim of political torture, whose knuckles were successively smashed with a hammer and who was threatened with death for any expression of pain, resisted by playing complicated mathematical games in her mind. Many victims of wife-assault have told me about waking or sleeping dreams in which they visualize

themselves hurting the perpetrator or "getting even" in some other way. Virtually every victim of sexualized abuse or wife-assault I have spoken with recalled having imaginary conversations with the perpetrator (or others who did not respect or believe her) in which she reasserted her dignity with decisive statements and brilliant retorts spoken in a tone of steadfast moral clarity.

It is well known that many child victims of protracted sexualized abuse who can neither stop the abuse, physically hide from the perpetrator, or risk his retaliation, use their imagination to create visions, the subjective experience of leaving their body, or the possibility of multiple "identities". Through these so-called dissociative acts, victims are able to avoid some of the pain, leave the scene of the assault while it is happening, literally manufacture the possibility of a dignified and autonomous subjective existence apart from the abuse, and construct various other subjective barriers between themselves and the perpetrator. To give just one example, I met with a woman named Pam who recalled that a blue elephant would descend from the ceiling, pick her up and place her behind its ears, and then float away whenever her father sexually assaulted her (Wade, 1997).

Most resistance falls between the extremes of open protest, on one hand, and completely concealed activities, on the other. Between these extremes, for victims of both sociopolitical and interpersonal oppression, there exist a multitude of remarkably diverse forms of resistance, ranging from cryptic, opaque, and barely discernible oppositional acts to those that signify, but stop just short of, open defiance. Scott discussed both "elementary forms of

disguise" (p. 138) such as rumour, gossip, linguistic tricks (e.g., euphemisms), grumbling, and anonymity as well as more elaborate forms such as collective representations in folk and popular culture, for example, folktales involving the trickster and "symbolic inversion" or "rituals of reversal" (1990, p. 138) in which the normal hierarchy is symbolically turned upside down in art work or during carnival and other collective acts.

For reasons that will be discussed shortly, it is important to note that Scott focused on collective representations and co-operative actions. While these are certainly important, my primary concern here is with the forms of resistance that may be deployed in immediate, on-going social interaction by individuals living in extreme isolation--individuals who are forced to act essentially alone.

In the right circumstances, these individuals may use insincere gratitude, disinterest, silence, feigned ignorance, accidental sabotage, procrastination, forgetfulness, truancy, aloofness, giggling, underachievement, eccentricity, exaggerated unconventionality, feigned illness, unpredictability, vagueness, circumspection, ambiguity, idleness, and a combination of selective ability, attention, hearing, sight, and memory as forms of resistance. These and similar tactics enable victims to avoid full compliance with perpetrators' expectations without running the risks incurred by full and outright refusal. The very nature of these acts makes it impossible for the perpetrator to get a fix on the victim's real intentions. To the perpetrator, the victim may appear recalcitrant, intractable, or difficult to pin down, but neither defiant nor contemptuous. Consequently, even though such tactics may be a source of

considerable inconvenience and frustration for the perpetrator, he may be denied a basis for retaliation because he can neither determine decisively for himself nor prove to others that the victim is acting out of deliberate defiance. The victim's conduct may just as easily be attributed to some sort of inability, quirk of interpersonality, or disorder.

A number of examples of these tactics have already been provided. Recall, for example, how Anna was "unable" to respond erotically. Nora and her friends sometimes "couldn't" stop giggling, much to the chagrin of the supervisors, and they sometimes "accidentally" burned the supervisors' clothes while ironing. Also, a number of women whose husbands were assaulting them have told me about how they would "forget" to buy his favourite foods, "fail" to write down or lose track of his phone messages, deviate from his instructions for certain tasks because they got "mixed up" or "couldn't remember" what he said. And it is striking how children subjected to abuse from teachers sometimes find it difficult to follow instructions or remember important information and how often they experience deficits in their ability to attend with interest.

One important advantage of all of these tactics is that they provide a way for the victim to express her indignation or display her contempt for the perpetrator without divulging the reasons for it. These tactics are a means by which the victim can preserve or reassert her dignity without risking all out retaliation. For example, it is often the case that a sexually abused child cannot risk divulging the secret for fear of extreme harm to self or others; however, she may be able to express her contempt for the perpetrator on

other grounds and in this way still manage to treat him publicly as worthy of contempt.

Questioning the Distinction between Sociopolitical and Interpersonal Resistance

Up to this point, I have presented examples of resistance to sociopolitical and interpersonal violence as though they are directly analogous to each other, in order to illustrate the framework developed by Scott (1985, 1990). However, Scott objected to this approach on the grounds that the structural differences between sociopolitical and interpersonal violence and between the patterns of resistance they elicit are pronounced enough that any analogies drawn between them could be at best suggestive and possibly misleading (p. 22). Scott tends to maintain a dichotomous distinction between sociopolitical and interpersonal violence and resistance. While Scott's caution about applying his analytic framework to cases of interpersonal violence is understandable, because he did not examine instances of interpersonal violence and resistance, I believe the structural resemblances between the two cases are more pronounced than Scott presumed. In what follows, I briefly discuss some of these family resemblances and illustrate how the dichotomy between sociopolitical and interpersonal violence contributes to a misleading view of violence and resistance.

In most of the cases examined by Scott, the subordinate parties possessed few political or civil rights and were therefore rather easily denied the protection such rights would presumably have ensured. Scott argued that the situation is very different in the modern industrialized west, where

adults and children possess basic civil rights and associated freedoms. There is little doubt, in my view, that people in the industrialized west possess rights and freedoms not possessed by the subordinates in those cases examined by Scott. But it is also true that these rights are frequently violated and the associated freedoms suspended through various interpersonal abuses and systemic inequalities that exist despite countervailing laws and policies. The atrocities committed against First Nations children in so-called residential schools in Canada are a good example. In one study of former students of a residential school in northern B.C., Chrisjohn and Belleau (1991) found that from 70% to 80% of children were sexually abused (see also Chrisjohn & Young, 1993; York, 1990). The Canadian Panel of Violence Against Women (1993) found that 43% of women were subjected to sexualized assault or abuse before the age of 16, and 51% of women were subjected to rape after age 16 (p. 9). Two-thirds of women in Canada have experienced a sexual assault, using the Canadian Criminal Code definition of sexual assault (p. 9). And 50% of women who were physically assaulted were also sexually assaulted by the same male partner (p. 9). The existence of political and civil rights does not in practice guarantee equal treatment or prevent violence to the extent Scott presumes. The rights Scott refers to frequently protect the perpetrators more effectively than they do the victims.

It is true that the conditions faced by individuals trapped in exploitive working and living conditions and those subjected to extreme political repression with no effective protection under the law are significantly

different in many important respects from the conditions faced by children subjected to sexualized abuse or physical assault and women subjected to extreme abuse by their husbands. However, on closer examination, it can be seen that these individuals may be subject to quite similar strategies of abuse: Individuals in both groups may face the threat of brutal retaliation for any act of open defiance; both may be subjected to interrogation and surveillance; both may be confronted with highly unpredictable behaviour and circumstances; both may be forced to endure extreme isolation while the true nature of the violence against them remains effectively concealed; and both may be actively misrepresented and discredited by the people responsible for the violence. The structural resemblances between the strategies used across ostensibly very different sociopolitical and interpersonal forms of domination are more pronounced than it might at first appear.

I am not suggesting that we overlook or downplay structural differences. Children subjected to sexualized abuse and women subjected to abuse by their husbands, to mention only the examples cited above, are not likely to face the same kind of imprisonment or violence as political dissidents or the Malaysian peasants studied by Scott (1985). But the isolation and subjective sense of imprisonment experienced by such children and the torture entailed in sexualized abuse itself is equally extreme in some cases. Unlike many individuals subjected to sociopolitical repression, such children are generally not able to attribute the violence they endure to their membership in a particular social, cultural, or ideological group (until much later, perhaps). As

a result, it is extremely difficult for sexually abused children to derive strength or meaning by connecting to a sense of shared suffering or an ethic of collective resistance.

The idea that victims of sociopolitical repression can join with each other in developing a shared critique of domination presumes that these individuals have access to an extensive social existence behind the scenes, where they cannot be seen by the oppressor. Scott (1990) argued that people subjected to interpersonal forms of abuse, particularly in their family, may have extremely limited access to such a separate social existence. The physical closeness and interpersonal intimacy of family life, as well as the close coordination necessitated by joint child rearing and management of money, affords the perpetrator close proximity to the victim, and with this, the opportunity of close surveillance and myriad possibilities for immediate retaliation. In these conditions, according to Scott (1990), the establishment of a separate social existence and the development of a shared critique of power would call for much more radical steps. However, even if this is true, there is no reason to believe that victims of interpersonal violence passively accept such restrictions. On the contrary, where victims of interpersonal oppression are denied a separate social existence, they will go to remarkable lengths to create one. I want to stress that this is true even for victims who choose to remain in a close, long-term relationship with the perpetrator.

A number of examples have already been mentioned. Evelyn protected her siblings and friends and found ways to stay away from home. Charlene quickly developed friends and found ways to be with her sisters and friends.

Nick found friends on the street. Despite extreme abuse and continuous surveillance, Leanne found ways to be with her friends and family. Joanne and her brothers built a secret hiding place for their mother. Individuals subjected to protracted sexualized torture and isolation sometimes create other identities (i.e., multiple personalities), with complex social relationships between them. In each of these cases, the so-called shared critique of power may be partial, unsystematic, contradictory, or entirely unspoken. It may simply be embodied in acts of resistance. Further, as mentioned in Chapter 6, the perpetrators of interpersonal violence know that their victims will endeavour to create a separate and private social existence, are acutely aware of the challenge to their authority this represents, and employ various strategies to isolate the victim in order to prevent it. The ubiquity of perpetrators' efforts to isolate their victims attests to the significance and ubiquity of victims' efforts to manufacture a separate social existence even--or especially--when that is most strenuously denied them.

In brief, my observations of interpersonal violence and resistance lead me to conclude that there is a pronounced family resemblance to their sociopolitical counterparts in many particulars and that a dichotomous distinction between them is not tenable. I emphasize this point because the dichotomy between sociopolitical and interpersonal violence may actually contribute in several ways to the concealing of violence and resistance. First, as feminists such as Burstow (1992), Cocks (1989), Kelly (1988), and McGoldrick, Anderson, and Walsh (1989) have pointed out, it ignores the various sociopolitical conditions that render some groups (e.g., people with

disabilities, women, children, men, people living in poverty, racial and ethnic minorities) more vulnerable to interpersonal violence than others. For example, the confinement of First Nations children in residential schools, initiated for sociopolitical reasons by government and church organizations, created conditions in which individual predators could subject those children to humiliation, rape, physical brutality, and other forms of interpersonal violence. To ignore the manner in which these social conditions enable interpersonal violence in particular instances absolves law-makers and those who influence institutional policies and practices of responsibility. And ignoring the precise manner in which perpetrators of interpersonal violence exploit certain social conditions absolves perpetrators of responsibility because it diverts attention away from the strategic and predatory aspects of their behaviour and leaves intact the common but erroneous view that interpersonal violence is committed by aberrant, out-of-control individuals acting without premeditation.

The dichotomy that Scott and others maintain also tends to conceal the nature and frequency of interpersonal violence, such as rape, the murder of civilians, and the subjugation of indigenous people, that takes place under the cover of ostensibly sociopolitically motivated violence, such as war and socioeconomic conquest. All violence is ultimately individual, and the details of individual suffering and resistance are lost in accounts of sociopolitical violence because it is socially constructed as action taken by one group against another. The details are dissolved in summary and statistical accounts. Individuals become collective nouns and the violence is concealed

in euphemisms such as "collateral damage" and "residential school". One of the reasons that first-person accounts are so compelling and potentially life-altering, I believe, is precisely because they cut through this collectivization and distancing by providing the details of individual actions and experiences. One of the most traumatic and profoundly moving experiences reported by many soldiers was when they realized face-to-face that the enemy were individuals and not the faceless representatives of an alien group stereotyped in their nationalist propaganda (Hansen, Owen, & Madden, 1992). Our willingness to go to war or to exploit the population of another country for profit depends crucially on distinguishing such activities from rape, child abuse, and so on. The dichotomy between sociopolitical and interpersonal violence accomplishes this task.

Non-violent ("Passive") Resistance

Before leaving the topic of sociopolitical resistance, I should mention a number of similarities between interpersonal resistance and the strategies of non-violent political resistance advocated by Christ (e.g., Mathew V. v. 39) and Tolstoy (e.g., 1894/1984), among others, and employed by King in the American civil rights movement, by Ghandi in opposition to British imperialism in India, and by Quakers, Dukhobors, and Mennonites in response to mandatory conscription, to name but a few examples (Chaudhury, 1986; Green, 1983; King, 1999; Shridharane, 1972). Consider the tactics employed by Ghandi in the salt satyagraha of 1930-31. As vividly portrayed in the movie "Ghandi", he and his fellow protesters marched peacefully and unarmed to the gate of the salt factory, where the guards

clubbed them down brutally. Individuals marched up repeatedly as row after row was beaten aside without ever being able to enter. The same kinds of tactics are also employed by individuals subjected to wife-assault and physical abuse, who refuse to comply with unjust demands and press against imposed restrictions, knowing full well that the oppressor is likely to respond to their defiance with some form of retaliation. The purpose of such non-violent defiance, in both sociopolitical and interpersonal resistance, is to expose the brutality so that the oppressor is forced to cease or at least modify his oppressive behaviour or face public censure. One of the fundamental principles of non-violent resistance is to retain a sense of compassion for the oppressor (Tolstoy, 1894). Likewise, many victims of interpersonal violence insist on retaining their compassion for the offender and stress the necessity of his receiving help rather than punishment. Further, the tactics of interpersonal and non-violent resistance are precisely fitted to specific circumstances and involve careful attention to the micro-level aspects of interpersonal comportment.

However, it would be wrong to stretch this comparison too far. Collective non-violent resistance is premeditated, carefully orchestrated, and deliberately provocative. Part of the strategy is to exert some control over the timing, location, and rules of engagement with the oppressor. But victims of interpersonal violence are forced to resist moment-by-moment, sometimes with little if any control over their own bodies let alone the timing or social circumstances. They are often faced with a high level of unpredictability and therefore have considerably less opportunity for strategic

planning and orchestrated resistance. Further, campaigns of non-violent resistance are designed to elicit expression of public support and solidarity with the oppressed. This allows participants to see that their individual actions contribute to the greater good and therefore have a larger moral and social significance. But because victims of interpersonal violence resist in extreme isolation, as already mentioned, they are denied any social validation for their resistance, including the comfort and inspiration that comes from knowing that one's individual suffering and resistance truly matters and contributes to the welfare of others. The importance of this latter point is often overlooked but is clearly evident in the fact that so many victims of torture and mass persecution, such as Jewish prisoners in Nazi concentration camps, ask as their last wish only that their suffering be remembered so that the atrocities are never repeated (Todorov, 1996). Finally, whereas campaigns of non-violent resistance are based explicitly on a well articulated philosophy of non-violence, victims of interpersonal violence may refrain from violent behaviour for very different reasons, for example, out of fear or because it would not allow them to achieve the ends they desire, not because they have adopted the philosophy of non-violence.

Goffman's Asylums

One of the most important studies of resistance, in my opinion, is Erving Goffman's (1961) remarkable book about life in what he called total institutions or walled-in organizations. The book contains, first, an unusually comprehensive review of how people respond to being subordinated or marginalized within a variety of different asymmetrical relations of power

and, second, his own study of how mental patients responded to the conditions of their treatment while living in a state mental hospital.

In the first part of the book, Goffman argued that individuals entering total institutions of all kinds (e.g., prisons, monasteries, convents, boarding schools, mental hospitals, reformatories) are confronted with two kinds of operations. They are immediately subjected to a variety of indignities such as loss of rights; restrictions on mobility; loss of personal possessions and clothing that signify important aspects of identity; required adherence to schedules and rules based on others' (i.e., institutional leaders') assumptions about what is good; a system of punishments and inducements to enforce such rules; and so on. Goffman referred to the combined impact of these practices as a "mortification" or "defacement of the self" (p. 21).

The other kind of indignity he observed was that all institutions require a certain level of "obligatory engrossment" from their inmates:

Part of the individual's obligation [in walled-in organizations] is to be visibly engaged at appropriate times in the activity of the organization, which entails a mobilization of attention and muscular effort, a bending of oneself to the activity at hand. This obligatory engrossment in the activity of the organization tends to be taken as a symbol both of one's commitment and one's attachment, and, behind this, of one's acceptance of the implications of participation for a definition of one's nature. Any study, then, of how individuals adapt to being identified and defined is likely to focus on how they deal with exhibiting engrossment in organizational activity. (p. 177; emphasis in original)

By the extent and manner of their participation in prescribed activities, which is continuously monitored and evaluated within the institution, inmates in walled-in organizations contribute in an on-going way to the construction of their own identities. Therefore,

To forego prescribed activities, or to engage in them in unprescribed ways or for unprescribed purposes, is to withdraw from the official self and the world officially available to it. To prescribe activity is to prescribe a world; to dodge a prescription can be to dodge an identity. (p. 187; emphasis added)

In the second half of the book, Goffman examined how patients in a mental hospital responded to the indignities associated with defacement of the self and the demands of obligatory engrossment.

Patients' Responses

In analyzing how patients responded to these conditions, Goffman drew a distinction between primary and secondary adjustments. He referred to the patient who cooperates with the required activities, who gives and gets what has been planned for him in the prescribed spirit as having made a primary adjustment to the institution. He defined secondary adjustments, many of which I believe may be understood as forms of resistance, as

any habitual arrangement by which a member of an organization employs unauthorized means, or obtains unauthorized ends, or both, thus getting around the organization's assumptions as to what he should do and get and hence what he should be. Secondary adjustments represent ways in which the individual stands apart from the role and the self that were taken for granted for him by the institution. (p. 189)

Goffman drew a further distinction between two types of secondary adjustments: those that disrupt the institution, where the apparent intention of the inmates is to abandon or radically alter the institution (p. 109), and those which are contained within institutional structure without creating pressure for change (p. 109).

In his role as assistant to the athletic director of the hospital, Goffman spent a great deal of time with patients. He noted, to begin with, that

patients devised a number of "make-do's"; that is, they made "use of available artifacts in a manner and for an end not officially intended, thereby modifying the conditions of life" (p. 207). For instance, patients performed their own laundry cycle by washing their clothes in sinks and drying them on free standing radiators. They used rolled-up coats and towels as pillows or cushions on the hard ward benches. They sometimes carried their belongings in tied-up pillow slips. Towels were used as rugs. Some older patients urinated on the hot steam radiators to avoid the work of going to the bathroom. The bin in the barbershop reserved for used towels became a urinal when the attendants were not looking. Paper drinking cups served as ashtrays, and so on.

Patients also devised many different ways of "working the system", which Goffman defined as "the exploitation of a whole routine of official activity for private ends" (p. 210). For instance, patients sometimes refused to comply with rules or they feigned illness, apparently in an effort to "trap" the staff into some sort of social interaction. Many techniques of working the system related to the gathering of food and the manner of its consumption: Some patients brought their own condiments to the cafeteria; others combined available ingredients to make a favourite dish (such as bananas, milk, and sugar) and then consumed it "expansively" as one would a delicacy; others pirated seconds back to their rooms for a late-night snack. When patients knew that cigarettes or food were to be handed out at the end of a religious service or other gathering, presumably as a reward for attending, some would show up just as it was ending in order to miss the event but obtain the

reward.

Working the system also affected how and why the patients engaged in prescribed activities. Some work assignments or therapeutic activities brought with them the possibility of obtaining a variety of desired ends.

Thus,

Around Christmas time, some hospital-wise patients suddenly became ardent participants in a number of assignments, combining several jobs and several therapies. When the festive season came around, they could be sure of many presents and a whole round of parties--in truth, a Season, in the debutante sense of that term. (p. 291)

Patients sometimes attended group therapy because the therapist provided tobacco or for the purpose of subsequently making a claim that they had been effectively "treated" and should therefore be treated differently by staff.

Patients also attended selected activities in a manner that provided the opportunity for contact with outsiders or individuals they might normally be separated from. For instance, group therapy, Alcoholics Anonymous, sports, and so on, were used to create meetings with friends.

In order to obtain the ends associated with prescribed activities, the patients needed to convince the relevant authorities that the activity was being undertaken out of sincere interest rather than obligation or mere compliance. For tactical reasons,

the inmate can appear to be actively embracing his assignment, and through this the institution's view of him, when in fact his special way of profiting from the assignment acts as a wedge between himself and institution's heightened expectations regarding him. In fact, acceptance of an assignment that through some device could have been refused begins a courtship of good opinion between inmate and staff, and the development of a staff attitude to the inmate that is easier than the usual one for the inmate to compromise by manipulative activity. (p. 220; emphasis added)

In this passage, Goffman touches on the complex and important question of precisely how individuals manage to establish that their actions are truly voluntary in a context where those acts are prescribed or even demanded. A full discussion of that question is beyond the scope of this dissertation, but it is important to note that, for the inmates, a credible performance of sincere interest can be an effective method of establishing themselves in the staff's good books, a status that is more likely to result in opportunities for them to avail themselves of other benefits.

As in other total institutions, the patients were subjected to an almost continuous surveillance, which they endeavoured to escape in a number of ways. For example, some inmates chewed food without signs of jaw motion, turned away from a staff member while smiling derisively, concealed books, created hiding places, or established certain places as their own exclusive territory. They found means to hide, consume, trade, or transport their stash or other interpersonal items. Escaping surveillance was also necessary to enable a variety of other illicit activities to do with obtaining and exchanging money (which was strictly controlled). For example, they stole and sold library books, rigged pay phones to retrieve the change, and created opportunities to gamble.

Goffman also described a number of the ways in which patients expressed their disaffection or "rejected their rejectors". They sneered, glared, griped, bitched, parodied (e.g., laughed outlandishly at staff members' feeble jokes), and engaged in various forms of ritual insubordination or exaggerated compliance. With characteristic attention to detail, Goffman observed that

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, Goffman noted, did staff agree to respond to this stance as though it were a symptom of mental illness rather than an expression of defiance. In other words, patients actually exploited their diagnosis of mental illness to express defiance in a way that deprived staff of a legitimate foundation for disciplinary action.

Although Scott and Goffman were concerned with very different groups, forms of subjugation, and tactics of resistance, they have similar perspectives on a number of issues that bear directly on the study of interpersonal resistance. For example, both attempted to elucidate the practical and symbolic importance of small and apparently insignificant acts, using an observational and inductive research methodology. This is discussed further in Chapter 8. But Goffman, more explicitly than Scott, proposed a highly social and activist conception of the self. In the closing part of this chapter, I examine Goffman's conception of the self, with the help of three illustrative autobiographical passages from well-known political dissidents.

A Social and Activist Conception of the Self

The true nature of the self and how the individual stands in relation to the social world has long been a matter of spiritual, scholarly, and everyday

interest. Fortunately, the self has so far eluded a once-and-for-all definition and is likely to continue doing so, a fact that at least attests to its flexibility. But how the self (or interpersonality or identity) is conceived is important because the properties, essences, attributes, tendencies, and capacities that any individual is thought to possess will provide a framework for interpreting behaviour and subjective experience. Further, it will constrain our view of what can and cannot be expected of the self. The research problem that inspired Asylums (i.e., how patients handled the indignities of life in the mental hospital and, more particularly, the self-defining implications of engagement in prescribed activities) is itself founded on an unusually social and activist conception of the self.

The self . . . is not a property of the person to whom it is attributed, but dwells rather in the pattern of social control that is exerted in connection with the person by himself and those around him. This special kind of institutional arrangement does not so much support the self as constitute it. (p. 168; emphasis added)

Today, this conception of the self might be referred to as social constructionist (e.g., Harre, 1991), interactional (e.g., Watzlawick, Beavin, & Jackson, 1967), or constitutionalist (White, 1995). Of particular note in this passage is that Goffman relates the constitution of the self explicitly to operations of power (i.e., social control) exerted upon, and by, the person.

Goffman took issue with conventional sociological theories for focusing exclusively on how the self is shaped by social phenomena and for ignoring how the self shapes itself by virtue of its participation in and responses to those phenomena:

Sociologists have always had a vested interest in pointing to the ways

in which the individual is formed by groups, identifies with groups, and wilts away unless he obtains emotional support from groups. But when we closely observe what goes on in any unit of social organization . . . embracement of the unit is not all that we see. We always find the individual employing methods to keep some distance, some elbow room, between himself and that with which others assume he should be identified. No doubt a . . . mental hospital provides an overly lush soil for the growth of these secondary adjustments, but in fact, like weeds, they spring up in any kind of social organization. If we find, then, that in all situations actually studied the participant has erected defences against his social bondedness, why should we base our conception of the self upon how the individual would act were conditions "just right"? (p. 319, emphasis added)

It follows that any effort to understand how individuals respond to social conditions, particularly those that are not "just right", should focus on the methods people use to "keep some distance", create "elbow room", or defend themselves.

It is not that these methods either defend or express the essential attributes of a pre-formed self or an identity that exists independently, outside of the situation. Rather, as suggested in the following passage, these methods of keeping distance and creating elbow room are integral to the very constitution of the self:

The practice of reserving something of oneself from the clutch of an institution is very visible in mental hospitals and prisons but can be found in more benign and less totalistic institutions, too. I want to argue that this recalcitrance is not an incidental mechanism of defense but rather an essential constituent of the self. (p. 319; emphasis added)

Thus, based in large part on his observations of patients' responses to the conditions of institutional life, Goffman conceived of a much more active self, one that is formed as much through opposition--assuming things are not always "just right"--as it is through identification. According to Goffman, the

self is

a stance-taking entity, a something that takes up a position somewhere between identification with an organization and opposition to it, and is ready at the slightest pressure to regain its balance by shifting its involvement in either direction. It is thus against something that the self can emerge. (p. 320; emphasis added)

Clearly, if this self were badly treated, we would expect it to resist. I believe this conception of the self has profound implications for the practice of therapy and for the study of resistance more generally.

Dissident Passages

Goffman suggested that this social and activist conception of the self is recognized by "students of totalitarianism" (p. 320), and this is borne out in the autobiographical and biographical accounts of political dissidents and others who have been subjected to various forms of violence; for example, Aung San Suu Kyi, (1995), Harris (1995), Havel (1986, 1990), hooks (1990), Malcolm X (Haley, 1964), Menchu (1984), to name but a few. Following are passages from three of these, which illustrate particularly well the importance of opposition in the formation of interpersonal identity.

First, Rigoberta Menchu, from I, Rigoberta (1984), on the period when her mother was cooking for and serving labourers on Guatemalan coffee plantations:

I was five when she was doing this work and I looked after my little brother. I wasn't earning yet. I used to watch my mother, who often had the food ready at three o'clock in the morning for the workers who started work early, and at eleven she had the food for the midday meal ready. At seven in the evening she had to run around again making food for her group. In between times, she worked picking coffee to supplement what she earned. Watching her made me feel useless and weak because I couldn't do anything to help her except look after my brother. That's when my consciousness was born. It's

true. My mother didn't like the idea of me working, of earning my own money, but I did. I wanted to work, more than anything to help her, both economically and physically. (p. 34)

From Vaclav Havel (1990), playwright, political dissident, former

President of Czechoslovakia, and current President of the Czech Republic.

During my childhood . . . I enjoyed a great many advantages and perks. Unlike my fellow pupils and friends, I was a gentleman's son. Our family employed . . . domestics. I had a governess; we had a cook, a maid, a gardener, and a chauffeur. All of that put, between myself and those around me (I mean my poorer fellow students and our staff), a social barrier which, although I was still just a little guy, I was very much aware of and found hard to deal with. I understood it clearly as a handicap. I was ashamed of my advantages, my perks; I pleaded to be relieved of them and I longed for equality with others, not because I was some kind of childhood revolutionary, but simply because I felt separate and excluded, because I felt around me a certain mistrust, a certain distance . . . because I knew that between me and those around me there was an invisible wall, and because behind that wall . . . I felt alone, inferior, lost, ridiculed. It was as though I subconsciously felt, or feared, that everyone had--rightly--entered into some kind of . . . silent agreement that my privileges were undeserved, and that I, as the small possessor of these privileges, was ridiculous. In short, I felt "outside", excluded, humbled by my higher status. Add to that the fact that I was overweight and that the other children . . . laughed at my tubbiness. (p. 5)

Today I believe this childhood experience influenced my entire future life. . . . What else but a profound feeling of being excluded can enable a person better to see the absurdity of the world and his own existence or, to put it more soberly, the absurd dimensions of the world and his own experience? (pp. 5-6)

Something of that early self-awareness probably stayed with me: my bourgeois background . . . awakened (or, more exactly, strengthened) within me something like a social emotion, an antagonism toward undeserved privileges, toward unjust social barriers, toward any kind of so-called higher standing predetermined by birth or by anything else, toward any humiliation of human dignity. (p. 7)

I've always understood my mission to be to speak the truth about the world I live in, to bear witness to its terrors and miseries--in other words, to warn rather than hand out prescriptions for change. (p. 8)

I experience a profound antipathy to overly fixed (and therefore semantically empty) categories, empty ideological phrases and incantations that petrify thought in a hermetic structure of static concepts--the more hermetic, the further they are from life. (p. 9)

My job as a politician is to nourish the plurality of social association from below. (p. 21)

Finally, from Malcolm X (Haley, 1964):

Mr. Ostrowski, my English teacher . . . always made me feel that he liked me. He was . . . a natural-born "advisor", about what you ought to read, to do, or think--about any and everything.

I know that he probably meant well in what he happened to advise me that day. I doubt that he meant any harm. It was just in his nature as an American white man. I was one of his top students, one of the school's top students--but all he could see for me was the kind of future "in your place" that almost all white people see for black people.

He told me, "Malcolm, you ought to be thinking about a career. Have you been giving it thought?" The truth is, I hadn't. I never have figured out why I told him, "Well, yes, sir, I've been thinking I'd like to be a lawyer". Lansing certainly had no negro lawyers--or doctors either--in those days, to hold up an image I might have aspired to. All I really knew for certain was that a lawyer didn't wash dishes, as I was doing.

Mr. Ostrowski looked surprised, I remember, and leaned back in his chair and clasped his hands behind his head. He kind of half-smiled and said, "Malcolm, one of life's first needs is for us to be realistic. Don't misunderstand me, now. We all here like you, you know that. But you've got to be realistic about being a nigger. A lawyer--that's no realistic goal for a nigger. You need to think about something you can be. You're good with your hands--making things. Everybody admires your carpentry shop work. Why don't you plan on carpentry? People like you as a person--you'd get all kinds of work."

The more I thought afterwards about what he said, the more uneasy it made me. It just kept treading around in my mind.

What made it really begin to disturb me was Mr. Ostrowski's advice to others in my class--all of them white. Most of them had told him they were planning to become farmers. But those who wanted to strike out on their own, to try something new, he had encouraged. Some, mostly girls, wanted to be teachers. A few wanted other professions, such as one boy who wanted to become a county agent; another, a veterinarian; and one girl wanted to be a nurse. They all reported that Mr. Ostrowski had encouraged what they had wanted. Yet nearly none of them had earned marks equal to mine.

It was a surprising thing that I had never thought of it that way

before, but I realized that whatever I wasn't, I was smarter than nearly all of those white kids. But apparently I was still not intelligent enough, in their eyes, to become what *I* wanted to be.

It was then that I began to change--inside. I drew away from white people. I came to class, and I answered when called upon. It became a physical strain simply to sit in Mr. Ostrowski's class.

Where "nigger" had slipped off my back before, wherever I heard it now, I stopped and looked at whoever said it. And they looked surprised that I did.

I quit hearing so much "nigger" and "What's wrong?" --which was the way I wanted it. Nobody, including the teachers, could decide what had come over me. I knew I was being discussed.

In a few more weeks, it was that way, too, at the restaurant where I worked washing dishes, and at the [foster home]. (pp. 36-37; emphasis in original)

In Culture and Imperialism (1993), Edward Said posed the question, "How does a culture seeking to free itself from imperialism imagine its own past?" (p. 214). With only slight modification, this question is equally relevant for any individual: How does an individual seeking to free herself from violence imagine her own past? I believe this is an important question because it rightly presumes that how individuals position themselves in relation to violence or oppression in their past (i.e., how they imagine and speak about their own responses to violence or oppression as and after it occurred) will exert a profound influence on how they imagine and speak about their current and future efforts to counteract, escape, and recover from violence. A past imagined as replete with passivity, compliance, or self-subjugation implies a very different set of possibilities and personal attributes than does a past of active and prudent resistance. With his question, Said emphasized that the act of constructing historical accounts, including accounts of one's past, inevitably involves the imagination, not as an antagonist to the memory but as its ally. Exactly what we are able to imagine about our past, present,

or future depends crucially on the discursive resources (terms, tropes, and metaphors) available to us at particular points in time.

The above passages can be read as responses to my reading of Said's question. There are three themes that I want to highlight. First, they each describe instances of oppression met with immediate, if unselfconscious, resistance. Rigoberta began to work at the age of five; Vaclav Havel wanted to be relieved of his privileges; Malcolm X "drew away". Second, it was in the nature of their resistance that they responded to each down-pressing, so to speak, by more emphatically asserting their opposing desire. Rigoberta insisted on helping even against her mother's wishes; Vaclav Havel became the more disgusted by his position of privilege the more he was ensconced in it; Malcolm X became more sure of his intellectual abilities vis a vis the white children the more he was told to take his rightful place. Third, each of these instances is described by the individual as a defining moment; in other words, they are retrospectively attributed crucial importance as moments that marked the beginning of passionate and lasting ethical, intellectual, and political convictions.

Summary

Scott (1990) and Goffman (1961) are important theoretical contributors to the view of resistance proposed in this dissertation. Scott has shown the intimate and ubiquitous relationship between oppression and resistance in a wide variety of settings. Goffman added still other settings and emphasized the importance of resistance in shaping the self. Both have focussed on the situational details of resistance, a microanalytic view that will be taken up

again in the next chapter.

CHAPTER 8

SMALL ACTS OF LIVING:

FROM CRITICAL PHILOSOPHY TO CRITICAL MICROANALYSIS

Erving Goffman, in the context of his discussion of how "meticulous idealists" (such as jailed conscientious objectors, politicized prisoners of war, militant non-workers and peasant labourers) manage to avoid cooperating with authorities, 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 the phrase "small acts of living", which so aptly captures the spirit and quality of many forms of resistance, rests in part on the simultaneously literal and ironic uses of the word small. It is true, as already illustrated, that acts of resistance are often quite small in the sense that they consist of rapid, micro-level communicative behaviours. Parody, lying, withdrawn muteness, feigned agreement, stubborn thick-headedness, thinly veiled contempt, irony, muttering, disgust, barely contained rage, or a credibly performed deferential bow are socially achieved through careful control of the most subtle aspects of personal comportment. Wherever people are subjected to violence or other forms of oppression, but especially where it is accompanied by isolation and surveillance, the small tools of everyday communication become important devices for the expression and concealment of resistance.

In quite another sense, however, the phrase is oxymoronic: In extreme situations there is no such thing as a small act of living. Any means,

including the smallest, most private, and apparently most inconsequential act of transgression and refusal, by which a person demonstrates--even if "only to herself"--that she will not be fully or willingly controlled may be a profoundly important expression of dissent. One of Goffman's most important contributions, in my view, is that he appreciated the significance of small transgressions and refusals as expressions of human dignity and elucidated their intelligibility as acts of resistance (although he did not use the word resistance). As he noted in regard to the mental patients' conduct:

Some illicit activities are pursued with a measure of spite, malice, glee, and triumph, and at a personal cost, that cannot be accounted for by the intrinsic pleasure of consuming the product. (p. 312)

One aspect of the overdetermination of some secondary adjustments is the sense one gets of a practice being employed merely because it is forbidden. (p. 312)

Another aspect of the overdeterminism of some secondary adjustments is that the very pursuit of them seems to be a source of satisfaction. (p. 313)

Whatever else they [secondary adjustments] accomplish these practices seem to demonstrate--to the practitioner if no one else--that he has some selfhood and personal autonomy beyond the grasp of the organization. (p. 314)

Each of these passages attests to the fact that the primary value of many small and apparently inconsequential acts arises not from what those acts accomplish, in terms of improving the circumstances faced by the individual, but from what those acts signify about the individual and his relationship to those responsible for his oppression.

The symbolic significance of small acts often translates into practical benefits as well, in at least two ways. First, individuals subjected to extreme

isolation and abuse frequently test the waters, so to speak, to see how much they can get away with. Kelly (1988) reported a good example of this in the case of a woman who was subjected to sexualized abuse by her father.

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 made 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. (p. 174-175)

Thus, more overt, defiant, and ultimately effective resistance often begins with small and primarily symbolic acts. Second, regardless of their practical effectiveness, it is often through such small acts that victims assert their basic human dignity. The very performance of these small acts, even when they result in more abuse rather than less, as in the case of Fran in Chapter 1, can be a means through which victims nourish and sustain their spirit of resistance in extremely demoralizing circumstances.

Despite their importance, such small acts of resistance are easily overlooked--in large part because they do not coincide with conventional notions about what it means to resist. Victims themselves may retain only a dim recollection of such small acts or may attach little significance to them, simply because the pain, fear, and sense of isolation they feel in response to the violence can be so overwhelming that it becomes the dominant memory. The fact that such small acts are easily overlooked makes it all the more important to address directly the question of how they can be made more visible and intelligible as acts of resistance.

Combining Microanalysis with Critical Philosophy

In Chapter 1 (Table 1), I outlined eight perspectives that underlie the view of resistance proposed in this dissertation. I proposed there that all eight of these assumptions are necessary to the preliminary theory of resistance presented in Chapter 5. In this chapter, I will illustrate how the critical and microanalytic perspectives can be combined by examining certain aspects of the work of two French philosophers, Henri Lefebvre and Michel Foucault, and one French sociolinguist, Michel de Certeau.

In Chapter 3, I showed how the microanalytic method of communication research and an interactional view of communication supports the assumption of pre-existing ability. But, by themselves, these perspectives do not provide a sufficient basis for identifying resistance. Microanalysis lacks an explicitly critical dimension; it is a method that can be applied to the analysis of face-to-face interaction generally, not a specialized tool for the analysis of interpersonal violence and resistance or other interactions in contexts of unequal relations of power. In addition, microanalytic methods are not suited to the study of larger units of discourse or written text, the analysis of which is essential to a full examination of injustice and resistance.

The situation in critical studies is essentially the reverse. It is true that philosophers, historians, discourse analysts, literary critics, anthropologists, and feminist scholars in various disciplines have paid increasing attention to the role of language, particularly as it used in professional and authoritative discourses to enable, conceal, and justify violence and other forms of oppression. But violence and all other forms of oppression are first and

foremost interpersonal events: violent acts and acts of resistance take place at the level of face-to-face interaction. Analysis of the larger social forces and discourses that surround specific interactions is necessary but by itself cannot capture the level of detail that becomes apparent through micro-analysis.

Furthermore, face-to-face interaction is organized very differently than written text and requires a different method of analysis (Bavelas, 1990; Linell, 1982). It is one matter to suggest that identity (or some other social phenomenon) is constructed in discourse. It is quite another matter to take the time to examine the many rich and fleeting nuances--the subtle relationships between gestures, utterances, gaze, intonation, and facial expressions; the sequential constraints operating between consecutive utterances (e.g., conditional relevance); the manner in which interlocutors invoke or dismiss contextual features (Nofsinger, 1988); variations in these phenomena across different exchange structures (e.g., questioning-responding, asserting-evaluating), settings, and relationships--all of which are used by interlocutors to collaboratively produce such constructions.

From this point of view, microanalysis and critical discourse analysis can be seen as important complements to one another, at least as concerns the study of interpersonal violence and resistance. I am not, however, suggesting that the study of resistance necessarily entails formal micro-analysis. Most acts of interpersonal violence and resistance are not conveniently recorded on videotape so that they can be formally analyzed. But, as shown in Chapter 3, the experience of microanalysis creates an

orientation to detail, an appreciation of the extraordinarily skill and subtlety exercised by interactants, and an understanding of the immediate social significance of small acts that cannot be fully obtained by other means. Furthermore, microanalysis often entails a commitment to study the interaction as much as possible from the actor's point of view; "emically", as it were, rather than "etically".

Analysis of actual face-to-face communication has not been a matter of particular interest for most scholars working in the social sciences and humanities, if for no other reason than it is not their subject area. But communication becomes an eminently important object of study as soon as one decides to study interpersonal violence or adopts the constructionist view that reality as we know it is constructed through discursive acts. Moving from critical philosophy to critical microanalysis is not a straight forward matter, in part because philosophy has traditionally been concerned with the general pattern rather than the particulars. How then, once scholars take up these interests, do they conceptualize communication, and with what methods do they examine interpersonal events? How does one move from the study of philosophy, or from the study of theories of psychology, which concern explanations of mental processes and individual behaviour, to analysis of the micro-interactional aspects of interpersonal violence and resistance? Which assumptions must be discarded, and which must be embraced? We can find some clues and also some of the difficulties to be overcome in the work of Lefebvre, Foucault, and de Certeau.

Henri Lefebvre: Unearthing the Human Will in Everyday Life

Henri Lefebvre was a French philosopher who has had a considerable influence on French post-structural thought, as reflected in the work of Foucault (1980) and de Certeau (1984), among others (see the preface by Trebitsch in the 1991 reissue of Lefebvre's Critique of Everyday Life).

Lefebvre was interested both in the study of everyday life and in the closely related (if more overtly political) problem of the diminished status accorded to everyday life in the social sciences and other intellectual domains. It is his treatment of the latter problem, which is contained in the Critique of Everyday Life (1947/1991), that I discuss here.

Lefebvre argued that a great deal of intellectual work in the social sciences and humanities devalues and belittles the mundane, commonplace activities that comprise everyday life. Although the activities comprising high intellectual culture necessarily arise from and must always depend upon the routine practices of everyday life, the tendency in scholarship, fiction, and professional writing is to treat everyday activities as insignificant or, worse, as the unfortunate and rather grimy underside of more elevated and meaningful pursuits. Lefebvre looked with his own contempt on the disdain with which intellectuals and other elites regarded everyday life. He remarked: "People who gather flowers and nothing but flowers tend to look upon soil as something dirty" (p. 87). One result of this disdain, according to Lefebvre, is that the activities comprising everyday life are almost universally eschewed as legitimate and important objects of study. It appeared to Lefebvre that nobody wanted to get their hands dirty.

Despite his obvious contempt for intellectual work that devalues everyday life, Lefebvre took the moral and intellectual high road. He did not attempt to deny the value of the activities and products of intellectual, artistic, and professional culture, nor did he reduce these to the status of menial means and ends. Rather, he cautioned:

We must be careful neither to abandon the (acquired or potential) wealth of the content, of the 'human raw material'; nor to lose whatever was achieved in the highest, most intense moments. The problem is therefore to define the reciprocal relation of these activities and realities; the simple moments and the highest moments of life. (1947/1991, p. 86)

The purpose of Lefebvre's critique and the task he proposed for philosophy and sociology were to "rehabilitate . . . everyday life, [to shed] new light on its positive content" (1947/1991, p. 87).

According to Lefebvre, the "despoliation" of everyday life is achieved, in part, through a process of intellectual abstraction, in which "human actions are stripped of their living substance in favour of signs and symbols" (Trebitsch, p. xxiii). Abstraction, as Lefebvre meant it, consists of two contradictory practices: On one hand, it involves the implicit rejection of everyday life, as expressed in the avoidance of any sustained examination of its actual contents. On the other hand, it involves the attempt to explain everyday activities--having never really looked at them--as expressions of ideology. For example, suppose we wanted to study communication between employees in an office setting. We could observe how people went about organizing and performing their daily tasks and we could focus, let us say, on how individuals were assigned specific jobs and not others. Alternatively,

starting from an abstraction, we could view employees as competing for scarce financial gains, view the workplace as an instance of material exploitation, and interpret the employees' discursive actions as expressions of working class consciousness. Simply put, then, abstraction can be thought of as the process of subordinating actual events to intellectuals' ideological interpretations of those events.

An example of how the process of abstraction described by Lefebvre operates in the arena of therapy can be found in a counselling interview analyzed by Davis (1986), in which the counsellor systematically ignored the female client's description of her problems in favour of his own theory of emotion. The woman entered counselling because she was pregnant with her second child, after a difficult and isolating first pregnancy, and faced with increasing responsibilities at home while receiving less practical help from her husband. As a result of these unexpected difficulties, she had little time to pursue her own outside interests despite the fact that she and her husband had agreed they would make it a priority for her to do so. In re-formulating the problem, the counsellor told the woman that she was having a problem expressing her feelings and needed some help in that area. Davis proposed that, in so doing, he decontextualized her behaviour and transformed a social and relational problem into an individual and psychological one. In abstraction, as in the practice of decontextualizing behaviour, the details and organization of actual (everyday) behaviour take a back seat to the ideologies or theories that are invoked to explain it.

These ideologies are pretenses, according to Lefebvre, technically subtle

and enticing, but ultimately distracting. They invite us to turn our backs on the most humble facts and familiar things, in which "the unknown . . . is at its richest" (p. 132). To the extent that we are mesmerized by such pretenses, Lefebvre argued:

We are unable to seize the human facts. We fail to see them where they are, namely in humble, familiar, everyday objects; the shape of fields, of ploughs. Our search for the human takes us too far, too "deep", we seek it in the clouds or in mysteries, whereas it is waiting for us, besieging us on all sides. (p. 132)

The antidote to abstraction, Lefebvre proposed, is that we attend as directly and humbly as possible to what is "besieging us on all sides", that we attempt to perceive that "which is there in everyday objects, not an abstract lining but something enfolded within which hitherto we have been unable to see" (p. 134; emphasis omitted).

Lefebvre referred to his orientation to research as the "archeological mode of reading the everyday" (Trebitsch, 1991, p. xxiv, emphasis added). His method was to observe the actual details of particular activities to elucidate their intelligibility (i.e., how they make sense from the actor's point of view) in the situations in which they occur. In his critique of intellectual abstraction and elitism, his rehabilitation and elevation of everyday life, and his advocacy of what we would now call an observational and inductive approach to research, Lefebvre has much in common with more recent micro-sociological research, including Goffman's (e.g., 1961), as well as conversation analysis. His influence is also evident in the more recent and highly influential work of Michel Foucault.

Foucault: The Microphysics of Power and Resistance

In Chapter 4, I mentioned that Michael White adopted some of Foucault's theory of modern power in his development of the narrative approach to therapy. I now turn to the broader and more complex question of how Foucault's analysis of power relations relates to the theme of resistance. In my view, at different points in his work, Foucault both elucidated and obscured resistance. At this juncture, I will examine how Foucault elucidated resistance. I briefly review the distinction between sovereign and modern power, discuss the relational view of resistance proposed within the theory of modern power, review several of Foucault's more important statements on the theme of resistance, and discuss the broader implications for the study of resistance. In Chapter 12, I illustrate how Foucault obscured resistance.

Foucault was primarily interested in examining how power circulates through the social body and seizes upon the individual. He drew a distinction between what he called sovereign and modern forms of power relations. Sovereign power operates negatively, through repression (prohibition and restriction). It "extends outward onto the civilian population" (Cocks, 1989, p. 40) from a central and elevated locale. Sovereign power depends for its effectiveness on the presence of the sovereign (or his representative) who can use force, intimidation, and other inducements to ensure the compliance of his subjects. But because compliance is coerced rather than voluntary, it cannot be presumed to reflect the subject's consent.

In contrast, modern power operates positively in the sense that it is productive (i.e., constitutive) rather than repressive. It establishes regimes

of truth; indeed, it constitutes the very rules that determine what statements will be accorded the status of truth in specific instances. It specifies what is and is not normal. Through myriad techniques, mechanisms, and minor instrumentalities, it reaches into the very grain of individuals, gaining access to "[their] bodies, their acts, attitudes, and modes of everyday behaviour" (Foucault, 1980, p. 125). It regulates, conditions, and objectifies. The individual exposed to the techniques of modern power develops the subjective sense of being continuously visible and exposed. He thus polices himself and attempts to bring his own behaviour and subjective experience into line with the dominant specifications for personhood. Ultimately, then, modern power operates in such a way that compliance is achieved with the consent of its subjects.

From Abstractions to Details

In his analysis of modern power relations, Foucault wanted to avoid two problems that he believed compromised traditional Marxist analysis. First, he wanted to avoid posing the problem of power in terms of a relationship between ideology and consciousness, which he viewed as vague abstractions that impede critical analysis. Second, and more importantly for the present discussion, he stressed that (modern) power must not be seen as a structural property possessed by individuals or large superstructural apparatuses, such as the state, the law, religion, corporations, and so on. Rather, he argued, power exists only to the extent that it is exercised. Treating power as a structural property leads inevitably to an analysis in which examination of the actual operations of power are subordinated to more abstract concerns, such

as questions concerning the interplay of competing economic interests or individual intentions. As an alternative to the structural view of power, Foucault argued that modern power consists of ultra-local and micro-level discursive operations and social practices that are "individualized throughout the . . . social body" (p. 119). Critical analysis must therefore focus on the details of specific practices.

Foucault used a variety of evocative terms to denote the level of detail he had identified: techniques, mechanisms, points, singularities, particulars, minor instrumentalities, micro-physics, and micro-practices. In keeping with his focus on details, Foucault also wanted to retain what he called the "singularity" of events. That is, he wanted to examine particular events as much as possible on their own terms, without placing them in a series of events according to a unifying principle, which always implies a theory of history and tends to emphasize sameness, continuity, and homogeneity. As a result, Foucault's historical analyses contained many references to instances, intensities, heterogenous temporalities, multivocality, discontinuities, breaches, and ruptures. Although this terminology is unnecessarily abstruse, in my view, Foucault's point was to stress the importance of examining the details of particular instances as much as possible on their own terms, with a minimum of theory. In moving from abstractions to details, both Foucault and Lefebvre proposed critical methodologies that can be seen as philosophical counterparts to the observational and inductive approach to communication research outlined in Chapter 3. It is interesting to note in this respect that both Lefebvre and

Foucault ultimately characterized their work not as philosophical but as sociological and historical, respectively.

The Ubiquity of Resistance and the Relational View of Power

Foucault is generally credited with re-defining power in terms of discourse and providing, if not a complete methodology, then certainly a critical orientation to social discourse that is extremely influential in the field of discourse analysis. Equally important, I believe, though less widely acknowledged, is that Foucault also re-defined resistance as a ubiquitous and immediate response to power. Specifically, he argued that modern power is "relational [in] character" and "depends on a multiplicity of points of resistance" (1978, p. 95). According to Foucault, resistance is not external to power but interwoven with in. Resistance, like power, is "mobile and transitory" (1978, p. 96). It comprises "points, knots, or focuses" that are "spread over time" and combined into a "dense web . . . a swarm of points of resistance" (1978, p. 96). Resistance consists of micro-practices that counter and contest operations of power at each and every point. Thus, he concluded:

There are no relations of power without resistances; the latter are all the more real and effective because they are formed right at the point where relations of power are exercised; resistance . . . exists all the more by being in the same place as power. (1980; p. 142)

But what could Foucault have meant by the phrases "more real and effective" and "exists all the more"? More real, effective, and extant than what? Here, I think, Foucault was pointing to a distinction between two forms of resistance: One is an immediate response that occurs "right at the

point" and "in the same place" as power; the second occurs later and elsewhere, at a temporal and physical distance from the points where power is exercised. Resistance that occurs right at the point where relations of power are exercised is more real in the sense that it is a direct, spontaneous, and immediate response that of necessity takes into account the complex social circumstances of each situation. It is an unmediated response, so to speak, rather than a post-hoc response that may be influenced by later characterizations of the event and that can never fully reflect its complexity or its meaning for the victim. It is more effective not because it stops the injustice (though it sometimes does) but because, in immediately counteracting that injustice, it forces some modification in the strategies comprising the operations of power. (As described in Chapter 6, because perpetrators anticipate and encounter resistance, they must take specific steps to conceal and suppress it.)

The significance of Foucault's statement concerning the ubiquity of resistance is apparent when applied to cases of interpersonal violence, although Foucault did not discuss such forms of violence. A child who was subjected to sexualized abuse by her father might resist by avoiding him, saying "No", expressing reluctance, wearing extra clothes to bed, becoming despondent, refusing to kiss him good night, and so on. It is easy to grasp the sense in which these forms of resistance are more real than forms of resistance that others might initiate later, once the abuse is exposed, such as criminal charges, prosecuting in court, removing the father from the home, public outrage, or collective political action against the conditions that make

such abuses possible. I do not want to downplay the importance of these latter forms of resistance in comprising a total societal response or to suggest that they are not real or effective. But the problems faced by the victim in her resistance to the abuse itself, as it occurs, are of a different order than the problems faced later, once some measure of safety and social support has been established.

The child's immediate resistance to the abuse is more real in the sense that it demonstrates something profoundly important about her (and about the nature of the abuse) that cannot be demonstrated as forcefully by any other means. At the very least, it demonstrates that she did not in any way invite the abuse or cooperate with the perpetrator. This, in turn, demonstrates that she always knew the abuse was wrong (even when she could not at the time articulate that knowledge in terms of abstract principles), and she was convinced enough of her own worth as a human being that she refused to knuckle under. Furthermore, the precise nature of her resistance demonstrates that she possesses certain faculties and abilities, such as sound judgment, prudence, opportunism, strength of character, presence of mind, courage, resourcefulness, and so on. From a therapeutic standpoint, the existence and precise nature of this immediate resistance provides the most secure foundation from which to contest attributions of passivity and various other forms of deficiency.

The Origins of Resistance

Foucault is often criticized for failing to account for the origins of resistance (Eagleton, 1991; Young, 1990). This criticism is valid, in my view,

in that the origins of resistance cannot be explained from within the theory of modern power because that theory presupposes a view of the individual and the individual's relationship to the social world that essentially precludes the possibility of resistance. (This problem is discussed in detail in Chapter 12.) Nevertheless, Foucault made several poignant statements on the origins and location of resistance. In the following passage, Foucault stressed that resistance originates in those individuals subjected most directly to oppression.

We must open our eyes . . . to what enables people there, on the spot, to resist the Gulag, what makes it intolerable for them, and what can give the people of the anti-Gulag the courage to stand up and die in order to be able to utter a word or a poem. . . . We should listen to these people, not to our century-old little love song for 'socialism'. What is it that sustains them, what gives them their energy, what is the force at work in their resistance, what makes them stand and fight? And above all let us not ask them if they are really, still and despite everything, 'communists', as if that were the condition for our consenting to listen to them. The leverage against the Gulag is not in our heads, but in their bodies, their energy, what they say, think and do. (1980, p. 136)

Like Lefebvre, Foucault explicitly rejected the view that resistance must be mobilized by political theorists or interpreted through the lens of political theory. And Foucault would no doubt have agreed with Lefebvre that:

the critique of everyday life involves a critique of political life, in that everyday life already contains and constitutes such a critique: in that it is that critique. (1947/1991, p. 92, emphasis in original)

Michel de Certeau: The Oppositional Tactics of Everyday Life

Although Lefebvre (1947/1991) postulated the existence of a political critique embodied in everyday conduct and Foucault postulated the existence of a ubiquitous micro-physics of resistance dispersed throughout the social

body, these philosophers did not study resistance in any detail. The sociolinguist Michel de Certeau (1984) picked up where Lefebvre and Foucault left off. Following Foucault, de Certeau argued that individuals in industrialized societies (whom he called "consumers") are subjected to a pervasive disciplinary technology that exerts pressure to comply with myriad social practices. Contrary to the common assumption that individuals subjected to this disciplinary technology are "passive and guided by established rules" (p. xi), de Certeau observed a diverse network of oppositional practices in the taken-for-granted activities of daily life. His goal was to elucidate

the clandestine forms taken by the dispersed, tactical, and make-shift creativity of groups or individuals already caught in the nets of "discipline". Pushed to their ideal limits, these procedures and ruses . . . compose the network of an antidiscipline. (1984, p. xv)

de Certeau examined how consumers used products and took part in social life in unprescribed ways through various ways of "making do" (p. 29), how workers' obtained unauthorized goods and services from their workplace, how pedestrians wandered along their own paths rather than those laid down by planners, and how readers sampled texts rather than reading them in the prescribed fashion from beginning to end, to name just a few examples.

The family resemblances between the plight of individuals subjected to the kind of social discipline examined by de Certeau and that of individuals subjected to interpersonal violence are indirect and limited to the obvious fact that members of both groups are concerned with the practical aspects of realizing freedom and dignity in social circumstances characterized by strict

restrictions on and rigid prescriptions for individual conduct. And yet, while the circumstances faced by these two groups are not directly comparable, de Certeau's analysis of oppositional practices raises interesting questions and provides fresh ways to think about the resistance of individuals subjected to abuse. What, if any, are the specific similarities and differences in the ways that individuals subjected to interpersonal violence and those not subjected to such violence oppose the disciplinary techniques discussed by de Certeau and Foucault? Are there structural similarities in the ways that individuals oppose disciplinary techniques directed at them as consumers and the ways that individuals resist interpersonal violence?

Although interesting and important, these questions are not my focus here. Instead, I will focus on a number of questions that de Certeau raised about the nature of oppositional practices and how they might be characterized. To what are such oppositional practices analogous? Are they forms of intelligence, types of know-how, or forms of art? What faculties do they demonstrate? Have they more to do with judgment, logic, or imagination?

According to de Certeau, oppositional practices are analogous to both music and everyday conversation. Conversation consists of remarkably diverse combinations of actions that are spontaneously (and quite beautifully) improvised in the midst of complex and rapidly shifting contingencies and in relation to larger, contextual factors. At the same time, vocal and non-vocal conversational actions are coded in the sense that certain actions are conventionally more expectable and understandable at

certain points in sequences of on-going interaction than are other actions (although not strictly determined by those conventions). For example, "Allan" is a more conventionally appropriate reply to the question "What is your name?" than is "Great Britain". Furthermore, conversation is both intentional and unselfconscious. Although we do it with stunning fluency, and frequently with a clear sense of purpose, few of us would be able to fully describe exactly what it is we do (Bavelas & Coates, 1992). Because social interaction is so much a part of everyday life, we take the complexity of our own and others' communicative behaviour for granted. In this sense, interactional fluency represents a kind of "cleverness that does not recognize itself as such" (de Certeau, 1984, p. 56). Music is also composed of orchestral combinations of simultaneously conventional and improvised elements. Like hand gestures and utterances in an on-going sequence of interaction, the function and meaning of individual notes, as well as the silences between them, can be appreciated only by taking into account their place in relation to other notes in a musical score.

Similarly, particular actions become intelligible as oppositional acts only if we consider the precise manner in which they are fitted to the immediate circumstances and broader social conditions faced by the individual. From this point of view, elucidating the intelligibility of acts of resistance is not unlike translating the meaning of hand gestures (e.g., Bavelas, Chovil, Coates, & Roe, 1995) or interpreting musical phrases. And like the vast majority of people who have developed communicational fluency, individuals subjected to abuse do not generally take the time to reflect upon the

prudence apparent in their own actions. Where the analogy with conversation and music breaks down is that oppositional practices and acts of resistance become intelligible as such only if we take into account unequal influence, imbalances of power, and the reality of violence.

To acknowledge and stress the different social positions occupied by the privileged and the oppressed, and the starkly different possibilities for action afforded by these positions, de Certeau drew a distinction between strategies and tactics (a distinction I have maintained in this dissertation). Because they operate from a position of relative safety and security, the privileged (and perpetrators of abuse) are able to influence if not determine the conditions of their engagement with the oppressed. They have the time and security necessary to devise and implement a strategy as well as tactics. The oppressed must find ways of responding to conditions imposed unpredictably upon them, often with the strategy of surprise, with little or no ability to alter those conditions. In contrast to strategies, the oppressed must resort to tactics. According to de Certeau (1984):

Tactics are a calculus which cannot count on a "proper" [place] . . . nor thus on a borderline distinguishing the other as a visible totality. . . . A tactic insinuates itself into the other's place, fragmentarily, without taking it over in its entirety. . . . Because it does not have a place, a tactic depends on time--it is always on the watch for opportunities that must be seized "on the wing". Whatever it wins, it does not keep. It must constantly manipulate events in order to turn them into "opportunities". The weak must continually turn to their own ends forces alien to them. . . . This takes the form . . . not of a discourse, but of the decision itself. (p. xix)

This passage captures in a quite poetic way the creative, make-shift, and fragmentary nature of tactics, as well as the attitude of vigilant opportunism

that individuals subjected to oppression are frequently forced to adopt. Thus, if there is an identifiable logic of oppositional tactics, it is "a logic of the operation of actions relative to types of situations . . . a logic which turns on circumstances" (p. 21). For de Certeau, oppositional tactics relate more to the faculties of judgment and imagination than the faculty of understanding. Finally, echoing Lefebvre (1947/1991), de Certeau stressed that the act itself (the act and manner in which the opportunity is "seized") is its own best explanation.

Summary

In this chapter, I have added Lefebvre, Foucault, and de Certeau to Scott and Goffman, all of whom applied a politically and socially critical approach to power to the details of everyday life. The small acts of living they described can also be found in the resistance of victims of personal violence.

CHAPTER 9

FEMINIST AND NARRATIVE ACCOUNTS OF RESISTANCE

An appropriate introduction to feminist and narrative accounts of resistance is Detienne and Vernant's (1974/1978) discussion of the quality of Metis, which is both the name of a female deity and a name for the diverse tactics used by the weak in overcoming the strong. In Greek mythology, Metis is a deity. She is the daughter of Ocean and the first wife of Zeus. As the goddess of tactics, Metis embodies the qualities of informed prudence, wily intelligence, and intuitive foresight. She is ambiguous, supple, shifting, swift, opportunistic, alert, and precise. Her tactics are inexhaustively diverse and absolutely specific. She is portrayed in various mythology texts as the master of trickery, duplicity, vigilant premeditation, and the sudden reversal; in short, the tactics associated with turning disadvantage into advantage.

According to Detienne and Vernant (1974/1978), Metis is often accorded a relatively minor place in Greek mythology, yet her powers figure prominently in the ordering of the world:

She is . . . the wife [Zeus] takes to bed as soon as the war against the Titans is brought to an end and as soon as he is proclaimed king of the gods, and thus this marriage crowns his victory and consecrates his sovereignty as monarch. There would, in effect, be no sovereignty without Metis. Without . . . the assistance of the weapons of cunning which she controls through her magic knowledge, supreme power could neither be won nor exercised nor maintained. (p. 57-58)

Almost immediately after Metis conceives Athena, Zeus swallows her (Metis) and becomes the possessor of her powers. It is subsequently impossible for anyone to devise any trickery against Zeus without his obtaining prior knowledge and thus the pre-emptive advantage. The powers represented by

Metis are indispensable to Zeus' authority and to the exercise of sovereignty more generally.

Through this myth, metis came to refer to the tactics used by the weak to overcome the strong. In its most general sense, metis is a special kind of intelligence, a wily and informed prudence, combined with practical effectiveness. It is

a way of knowing; it implies a complex but very coherent body of mental attitudes and intellectual behaviour which combine flair, wisdom, forethought, subtlety of mind, deception, resourcefulness, vigilance, opportunism, various skills, and experience acquired over the years. (Detienne & Vernant, 1974/78, p. 3)

It is applied to situations which are transient, shifting, disconcerting and ambiguous, situations which do not lend themselves to precise measurement, exact calculation, or rigorous logic. (Detienne & Vernant, 1974/78, pp. 3-4)

While there is no text that straightforwardly reveals the fundamental characteristics and origins of metis, according to Detienne and Vernant (1974/1978) it is everywhere apparent in the Greek mental world in the interplay of customs and social processes.

The qualities of metis contrast with those relating to physical strength and brute force. Metis is more precious than strength. In shifting and ambiguous situations

metis gives one a hold. . . . During the struggle, the man of metis--compared with his opponent--displays at the same time a greater grip of the present, where nothing escapes him, more awareness of the future, several aspects of which he has already manipulated, and richer experience accumulated from the past. This state of vigilant premeditation, of continuous concentration . . . is expressed by the Greeks in images of watchfulness, of lying in wait. (p. 14)

Moreover, metis is the opposite of impulsiveness. Even when it arises

suddenly, "it involves thought that is dense, rich and compressed" (Detienne & Vernant, 1974/1978, p. 34). Finally, Metis is shifting, multiple, and diverse. Even when over-powered, the person who possesses metis is never without resources.

From a feminist perspective, the tale of Metis is portentous and instructive. The French Canadian literary critic Marie Maclean (1987) suggested that the qualities represented by Metis--the "polymorphous art of adaptability, of survival, and of manoeuvre"--are characteristic of "women's art" (p. 40). The swallowing of Metis by Zeus and her relegation to a comparatively minor role in mythology symbolizes the "constant reterritorialization of popular culture and especially women's culture by the ideologically dominant" (p. 41). According to MacLean, many folktales that were once an important part of women's culture and were "passed very specifically from mother to daughter, or sometimes from foster mother to foster daughter, from nurse to nursling" (p. 37) are also tales that have been either scorned, ignored, or appropriated by men (e.g., the Brothers Grimm) to "reinforce conservative social structures and patriarchal values" (p. 37). She proposed that the reappropriation of such tales, by means of a "gendered telling and gendered reading" (p. 40), represents an important aspect of women's oppositional practice.

As a political parable, the tale of Metis is especially relevant for the following discussion of feminist and narrative accounts of resistance. Zeus devoured Metis because of the practical value of the extraordinary abilities she possessed, not because she was dependent or subservient. In this

sense, the tale subverts the usual view of male violence against women. It counters the stereotype of the female as weak or passive victim, as well as the complementary stereotype of the male who commits violence without purpose or premeditation during occasional fits of uncontrollable rage. It illustrates instead a strategic assault by a man of superior physical strength against a woman possessed of considerable tactical acumen, agility, and determination--a woman who could be counted on to provide formidable resistance if given the chance. Zeus' actions were deliberate; his treachery was strategically designed precisely to pre-empt Metis' powers of resistance.

The discussion of feminist accounts of resistance that follows centres primarily on three texts: Surviving Sexual Violence by Liz Kelly (1988), Women, Girls, and Psychotherapy: Reframing Resistance, a volume of collected papers co-edited by Gilligan, Rogers, and Tolman (1991), and Radical Feminist Therapy, by Bonnie Burstow (1992). I have chosen to discuss these three texts because, in my view, each contains unique and especially lucid treatments of resistance. Each also provides information that should be of immediate practical value to therapists. With exceptions that will be noted, each in its own way proposes positive, non-pathologizing perspectives on resistance. This brief discussion should not be construed as a comprehensive review of feminist accounts of resistance, which is beyond the scope of this dissertation and can be obtained to varying degrees in the texts just cited.

Kelly's Identification of Resistance

Liz Kelly (1988), an English feminist sociologist, studied women's first-

person accounts of their responses to rape, flashing, and sexualized harassment, "domestic violence" (i.e., wife-assault), and childhood sexual abuse. Kelly's research can be regarded as an intervention in feminist and sociological treatments of violence against women in the sense that the rationale behind her method was based on a critical review of existing work in the field. I will briefly summarize only part of this critique before describing the research itself.

Kelly noted that a great deal of effort has been expended on identifying the short and long term effects of sexual assault and abuse on the victim. In most of this research, these effects have been conceptualized as physiological or psychological variables that could be measured, for example, with psychological tests. If not altogether ignored, the first-person accounts of women victims have been treated as less reliable sources of information. When women's responses to violence are reduced to psychological variables and examined out of context, they lose their meaning and are easily misunderstood. Research that has focussed narrowly on identifying the effects of violence has tended to portray women as passive victims without consideration of the possibility that many women may, over the long term, forge positive outcomes from the experience of abuse.

In addition, most researchers, including feminists, have characterized women's immediate responses to violence as limited to coping or survival, with little or no attention to how the women resisted. As Kelly pointed out,

Most research on sexual violence has neglected, or indeed at times misread, the acts of resistance and challenge that women and girls take which display strength and determination. Much feminist theory

has centred on men's all too frequent use (abuse) of power and control and, in so doing, has paid insufficient attention to analysing and documenting women's persistent and consistent resistance to it. (p. 185)

The lack of attention to resistance has reinforced the predominant stereotype of the passive and powerless female victim. In addition, it has enabled widespread misinterpretation of women's methods of coping and resisting, frequently in such a way that the woman has been blamed or viewed as complicit with the violence.

Kelly conducted interviews with 60 women who she recruited as volunteers from various women's groups. There were three groups of 10 women each who reported rape, incest, or domestic violence. The fourth group of 30 women initially reported no such experiences. Kelly asked each participant to identify what forms of violence she had been subjected to. Of the 60 women interviewed, 100% reported receiving threats of violence, 93% had experienced sexual harassment, 83% had been pressured to have sex, 70% had been sexually assaulted (without being raped), 68% had received obscene phone calls, 63% reported being subjected to coercive sex, 53% had experienced domestic violence (battering), 50% had been sexually abused, 50% had been flashed, 50% had been raped, and 22% had experienced incest. In addition, many of the women reported feeling vulnerable a great deal of the time, in particular, feeling afraid of being raped.

Like Scott (1990) and Goffman (1961), Kelly's approach to the interviews can best be described as inductive, in the sense that she attempted to avoid

pre-set categories of responses. She also tried to avoid the "objective aloofness" (p. 11) characteristic of previous research because many of the women had never before talked in depth about their experiences, and many of those who had found their previous interviews distressing. Kelly also spent considerable time with the women outside the formal interviews, discussing issues and answering questions. After the initial interviews, she gave each woman a copy of the transcribed version of her interview. These formed the basis of a follow-up interview in which the woman was asked to comment on the initial interview.

As a basis for analyzing women's accounts, Kelly distinguished between coping, survival, and resistance. Coping was defined as "the actions taken to avoid or control distress" (p. 160). Survival was defined as "continued existence after, or in spite of, a life-threatening experience . . . that is a part of many instances of sexual violence" (p. 162). She defined resistance as the attempt to

oppose actively, to fight, to refuse to co-operate with or submit. It implies a sense of force, a power or a person which is actively opposed. Resistance is a particular form of coping strategy. It has obvious relevance to instances of sexual violence in which overt force is used and women physically resist. It is not, however, limited to these actions and covers a range of other responses. (p. 162)

This passage emphasizes the more traditional view of resistance as active and forceful opposition, though it alludes to a range of other responses.

In the following two passages, Kelly broadened the scope and suggested the possibility of many different forms of resistance.

Women resist in [some] situations by refusing to be frightened or to let the fear they do feel be apparent to the abusive man. When men are

violent to women [whom] they are close to, they are invariably attempting to control their behaviour in specific ways. Women resist by refusing to be controlled, although they may not physically resist during an actual assault. (p. 161)

The extent and form of women's resistance to particular assault(s) is dependent on the circumstances of the events(s) and on the resources that they feel that they can draw on at the time. To resist requires feeling strong enough to take the risk that the incident might escalate; in some situations resistance may prevent or limit violence, whilst in others it may result in greater levels of violence. Women are seldom able to assess accurately which of these outcomes is more likely. (p. 162)

Kelly provided many poignant and informative first-person accounts of women's resistance to sexual harassment, rape, incest, sexual abuse, and battering. Following are some examples.

Resistance to Sexualized Harassment

One woman used humour and social humiliation to stop sexualized harassment.

I was working as a cleaner and the supervisor was always making jokes and insinuations about me. I said something when there was a whole group of women there like "Oh, you're a big stud!" and he was really embarrassed and that stopped it. (p. 168)

Other women resisted harassment by refusing to have pornography in their houses or by leaving social gatherings where pornography was about to be shown.

Resistance to Rape

It is important to note that all of the women who had been raped reported that they had resisted the rape as it occurred: 60% of the women resisted physically, the remaining 40% resisted verbally. For example:

He knocked, I opened the door and he was in. He assaulted me, pulled my nightie up, sort of got me on the bed and pushed me

around. I managed to scream and he ran off. (p. 165)

He tried to put it in my mouth and that was the wrongest thing he ever did, because I bit it. That stopped him. I bit him that hard that he poured blood. (p. 170)

I resisted at first, then I just cried, I kind of lost the will to resist. In the end, he just said "I'm not going to do this if you are going to cry", and I said, "Why didn't you think of that before?". (p. 170; emphasis in original)

I used to struggle before, but then I just stopped, I became totally passive. I kind of didn't see it as sex somehow, I cut off, completely cut off. (p. 171)

As can be seen, resistance did not necessarily stop the rape. Even women who may have appeared to be acting passively reported doing something to control the course of the event, such as crying or dissociating. After the rape, many women tried to limit its impact by forgetting or minimizing it.

Resistance to Incest and Sexualized Abuse

Each of the women who had been subjected to incest and sexualized abuse reported that they began to resist in small and often symbolic ways first. For example, recall from Chapter 8, Kelly's example of the girl who stuck her tongue out behind the back of the man who had been abusing her. When he caught her but did nothing about it, she began to resist more openly. A number of women reported becoming disruptive in school after the incest or sexualized abuse began. Kelly interpreted their disruptiveness as an attempt to let someone know that something was wrong.

It just made me so disruptive in school. It does amaze me when I think about it now, how nobody detected it. People don't really know how it affects you. . . . I'm going to have to go back and do all that learning again. (p. 176)

Virtually all of the women reported attempting to avoid or evade the

perpetrator:

I had a very unconscious mechanism of letting it not happen. I used to faint on the station platform and I used to get very bad migraine. So I unconsciously had ways of not actually going to see him. (p. 173)

Resistance to Battering

Women reported resisting battering in a number of ways, and the tactics used by the women changed over time and across situations, depending on the likelihood of further violence and what the woman wanted to achieve at the time. For instance, Kelly noted that some women tended to resist physically more often near the end of the relationship. Most women resisted by refusing to be controlled or silenced:

I think because I was sticking up for myself the hidings got harder. I think that's what it was, he wanted to show that he was still my governor. (p. 178; emphasis removed)

I used to think to myself, perhaps me saying "I'm going to" used to rile him, but then I used to think he doesn't ask me if he can do so and so, so why can't I. (p. 179; emphasis removed)

Many of the accounts show that the man's violence was intended specifically to suppress the woman's resistance.

As often happens with good research, one of Kelly's most important findings, in my view, was also one of the least expected. Kelly reported that 85% of the women described their participation in the study in "very positive terms" (p. 12), and none of the women described it as a negative experience. For example, one woman remarked,

Actually I'm quite surprised, I've found it really helpful. I can't think about it so talking is the only way of admitting it ever happened. . . . I have never talked in that concentrated way before. . . . I think I like myself a lot more, I feel quite brave really. (p. 13)

This remark could be construed simply as proof that talking about such experiences is helpful. While this may be true, I believe it attests more specifically to the importance of speaking about and honouring resistance. As Kelly noted, the study "enabled recognition of their strength in survival and a documenting of the positive changes they had made in their lives" (p. 13). This unanticipated result has obvious implications for the practice of therapeutic interviewing.

To sum up, Kelly recognized resistance in its most subtle and disguised forms as well as its most overt and defiant forms. Equally important, Kelly did not in any way underestimate the significance of disguised or small acts of resistance. Like many of the women in her study, Kelly stressed that these forms of resistance are important in their own right and may be the foundation of more open and direct forms of protest. There are two aspects of Kelly's work that I will return to later, in Part Three. One is her cogent critique of feminist theories of male violence that portray the victim as passive or internally oppressed. The other is her discussion of the problems associated with conceptualizing the effects of violence as individual, psychological variables.

Gilligan, Rogers, and Tolman: Reframing Resistance

The 16 essays collected and edited by Gilligan, Rogers, and Tolman (1991) approached the subject of womens' and girls' resistance from several different angles. The essays were written by women (and one man) of "different races, classes and sexual orientations" (p. 2) and together concern resistance to many different forms of violence and oppression. The main

purpose of the volume, as suggested by its title, is to facilitate a kind of a comprehensive reframing in order to restore to girls and women a discourse of healthy resistance. Accordingly, for Gilligan, Rogers, and Tolman:

The word "resistance" takes on new resonances . . . the notion of healthy resistance, the capacity of the psyche to resist disease processes, and also the concept of political resistance, the willingness to act on one's own knowledge when such action creates trouble. In reframing resistance as a psychological strength, as potentially healthy and a mark of courage, we draw on the data of our research which show that girls' psychological health in adolescence, like the psychological health of women, depends on their resistance to inauthentic or false relationships. (p. 2)

Inauthentic relationships are those in which girls are forced to "disavow" themselves, to pretend, to conceal their real thoughts and feelings, to set aside their own interests and goals. In her chapter, Brown (1991) proposed that girls are encouraged to disavow themselves from a very young age. Traditional stories of "female becoming" are based on the image of the "good girl" or "good woman" and teach girls the importance of "making nice" (p. 72). The good girl is "calm, controlled, quiet . . . never cause[s] a ruckus . . . [is] never noisy, bossy, or aggressive . . . not anxious . . . and [does] not cause trouble" (p. 81). Speaking directly or expressing anger is equated with badness. Girls and women can resist the traditional model of the good girl and enter into authentic relationships to the extent that they speak openly and honestly about their own experience.

Problems as Forms of Resistance

Traditionally, problems such as depression, anorexia, or multiple personality disorder, to name only a few examples, have been treated as mental disorders or, at best, as the negative effects of mistreatment. In

contrast, the contributors to this volume argued that many of the behavioural and emotional problems experienced by adolescent girls can be understood as forms of explicit, implicit, or symbolic resistance. For example, Brown (1991) noted that the symptoms of depression often reflect "buried protest" and "unhappy submission". Pre-menstrual syndrome ("PMS") provides an opportunity for women to "vent their anger", protected by the idea that this is normal for women at one point in the menstrual cycle. Many of the characters created by people with so-called multiple personality disorder are, unlike the victim herself (so to speak), able to express anger "without barriers" (p. 221). Steiner-Adair (1991) argued that so-called eating disorders can be understood as a form of symbolic speech, signifying resistance to the expectations surrounding the "rounded woman's body" (p. 253).

Labelling as the Suppression of Resistance

If it is reasonable to interpret problems arising from experiences of abuse and oppression as forms of resistance, we are left with quite a different perspective on the practice of pathology-focussed labelling. According to Bernardez (1991),

This habit of labelling as illness the discomfort which results from women's efforts to fit this crippling mould contributes to the oppression of women. The diagnosis of women who are resisting conformity as "ill" invites and substantiates more efforts to subdue these women into conforming through "treatment" of [a] biological or psychological bent. Diagnosis and treatment in the cases of women who are unconsciously resisting conformity represent an acceptance of the status quo and indicate a blindness to the potential strength in the woman who is acknowledging and challenging a state of oppression. (pp. 219-220)

Honouring Resistance in Clinical Practice

The reinterpretation of problems as forms of resistance necessitates a radically different approach to the practice of therapy. Bernardez (1991), Steiner-Adair (1991), Zemsky (1991), Smith (1991), and others in the volume proposed an approach to therapy centred on the importance of recognizing and "validating" adolescent girls' and women's resistance to various forms of oppression. Following is an example from Bernardez (1991) concerning her work with Marita, a girl who had been referred for serious behavioural difficulties.

Contrary to Marita's expectations, I revealed Marita's courage to her mother and helped her sympathize with Marita's struggles to have a life of her own, full of adventure and richness. In my attempt to make a different sense of her behaviour to her mother, Marita was astonished to hear, for the first time, a different version of her story. She could not quite believe, but was struck, by my defence of the authentic pieces of valour and frankness that I saw in her behaviour. I praised her intelligence and her humour. (p. 217)

For therapists who have been trained in a traditional model of therapy, the shift to a model that is concerned with elucidating the health and strength contained within acts of resistance is not an easy one to make. It requires a radical shift in both theory and practice. In this respect, one of the most compelling and important aspects of the volume is the manner in which the therapists themselves documented their resistance to the strictures of their psychodynamic training. Therapists' accounts of their own resistance are brought alongside, and woven into, accounts of adolescent girls' resistance to various forms of injustice. For example, the following passages are excerpted from Steiner-Adair's (1991) account of therapy with

Ariel, a girl suffering from anorexia:

In order to respond to Ariel, I must challenge the order and mold of psychodynamic psychotherapy, and in so doing, model to her a way of resistance through which she could potentially "free herself". (p. 258)

The only solution I have found to function as a woman therapist working with teenagers with eating disorders is to uncover and dismantle the false facades of therapy at the same time as helping girls with eating disorders uncover and dismantle the false facades of the world they are unable to inhabit. (p. 264-265)

Ariel and I are deeply connected to each other as we work very hard, together and separately, to hold on to the healthy voice of resistance in each of us, and to find people in our lives who will "go that hard way with us". (p. 265; citing Rich, 1979)

Rogers (1991) also provided an especially poetic account of how, in the context of her relationship with a young hospitalized girl, she steadfastly resisted adopting the detached, expert style of relating that had been prescribed in her training as a therapist.

Resistance to Racism

The volume also contains two particularly vivid and inspiring accounts of resistance to racism. Smith (1991) attributed her ability to resist racism and other forms of aggression to being raised in "healthy and healing ways" (p. 138). She recalled lessons, such as the following, that stressed the importance of immediate and open resistance:

You betta learn to open up your mouth and speak for yourself. Stand up for yourself. Don't go around here poutin'. Say somethin' to somebody. We can't help if we don't know. Don't let nobody mistreat you. (p. 147)

These lessons enabled her to confront various forms of unfairness and abuse.

For example, she was able to tell a boyfriend:

Bein' with somebody don't mean you own 'em. Don't make the

mistake of actin' like you own me cuz we gave up slavery a long time ago. Havin' babies is easy, raisin' them is hard. (p. 148)

For Smith, the necessity of resistance was an integral part of her upbringing as a black girl and young woman.

Hyo-Jung Kim (1991) described how she responded to the ridicule, racism, humiliation, exclusion, and other forms of disrespect she experienced as a Korean child growing up in the United States.

As a child, I listened to the stories of my mother's childhood. We were drawn together in our common experience of oppression. I learned defiance and determination from my mother, my role model, my mother was a pillar of strength and hope. She had survived genocide and devastation [the Korean war], and I, her daughter, was convinced that I too could overcome all adversity. (p. 205)

Silenced by the dominant white culture, silenced by the white people, I was told who I was, what I was, and who I should be. Silenced by my school teachers who taught in a school that was eurocentric, monolingual and neo-colonialistic, I learned to live with the silences. I closed my mind to their thinking. I learned to regurgitate their words and their worldview. I learned to be a good student, reciting what my teachers wanted to hear. I chose to ignore white people when I heard condescension in their voices. School became a place where I learned the lessons of survival in a white racist culture. (p. 207)

Kim's story illustrates that, even with considerable support at home, open defiance of racism and exclusion is extremely difficult. In order to survive the daily affronts to her self and her culture, Kim was forced to employ more disguised and indirect forms of resistance, which are reminiscent, in part, of those employed by the wise peasant (Chapter 7).

Healthy and Unhealthy Resistance

One purpose of the volume, according to Gilligan (1991), was to identify healthy and unhealthy forms of resistance in order to promote healthy life styles for adolescent girls and women. Gilligan proposed a kind of continuum

of resistance that ranged from comparatively unhealthy forms of resistance characterized by "not knowing" and relational "disconnections" to healthier resistance characterized by "resistance to disconnections" and "immunity to psychological illness" (p. 27). The goal of distinguishing between unhealthy and healthy forms of resistance is laudable, but the task of identifying healthy and unhealthy forms of resistance is deceptively complex because there is no straightforward way of determining which forms of resistance are healthy and which are not. Like the distinctions between good and bad or normal and abnormal, the distinction between healthy and unhealthy forms of resistance can only be made on the basis of some sort of criteria.

Robinson and Ward (1991) claimed the ability to make a "clear demarcation" between resistance that is "short-sighted" and manifested in "quick-fixes" and resistance that is oriented toward "self-validation" and "liberation" (pp. 95-96). They contended that, for young black women, resistance that would lead to self-validation and liberation must be conducted on the basis of an "Afrocentric world view" (p. 96), which they described in some detail. Acts of resistance that do not appear to conform to, or promote, this world view (such as when an adolescent girl leaves school in order to avoid racism) are defined as short-sighted, self-destructive, and abetting of oppression. While I have no quarrel with the Afrocentric world view promoted by Robinson and Ward, per se, the act of equating healthy resistance with this world view (and no other) sets up an ideal model of conduct and consciousness. It also presumes the existence of an expert position from which all acts can be evaluated for the extent to which they

conform to the model, without regard to situational factors or the meaning of those acts from the victim's point of view.

The closest the authors come as a group to delineating criteria that might be used in distinguishing healthy from unhealthy resistance is the concept of authenticity. In this volume, the authors equated authenticity with health and unauthenticity with ill health. However, the concept of authenticity is abstract and elusive, so it is not surprising that the various authors defined and used the concept differently. For most of them, authenticity means communicating openly and honestly and pursuing one's own interests and ideals. However, for Gilligan, authenticity denotes a style of relationship in which there is open and honest communication. For others, the terms authenticity and unauthenticity denote properties of individuals or individual actions. According to the latter view, it is possible to determine whether individual actions or individuals themselves are authentic or unauthentic without consideration of the social circumstances in which those individual actions occur.

But is this possible? Where the victim can expect retribution for any act of open defiance or self-assertion, as is typically the case where there is violence or oppression, she may find it necessary to employ various forms of deceit, ambiguity, feigned deference, and concealment that could certainly be defined as unauthentic. Nevertheless, there can be no question that such tactics are authentic forms of resistance. The tactics employed by Kim in her resistance to racism are a good example. Recall that she "regurgitated [her teachers'] words and worldview", recited what they wanted, kept white

people comfortable, and took advantage of her invisibility. These actions are unauthentic according to the definition proposed in this volume, but such a characterization would, I believe, be misleading and unjust.

Furthermore, the healthiness attributable to a particular act of resistance has as much to do with the consequences that follow from the act as it does with the precise nature of the act itself. An apparently healthy act of resistance may lead to unhealthy consequences, and an apparently unhealthy act may lead to quite healthy consequences. For example, a child may resist sexual abuse by her parent by acting out at school rather than telling someone about the abuse directly. If the teacher or counsellor is sensitive and alert, she may become curious and ask the child the sorts of questions that make it possible for her to disclose the abuse. But a different counsellor may decide that the girl's behaviour is symptomatic of attention deficit disorder, perform a psychoeducational assessment, and recommend Ritalin.

Examples of precisely this kind of expert judgment are scattered throughout the volume (e.g., Zimmerman, 1991). Stern (1991) interpreted a girl's efforts to conceal her true feelings in a situation where she knew she would be ridiculed if she expressed them openly as "interacting artificially", "disavowing" herself, and behaving in a "self-defeating" and "purposeless" fashion (p. 111). Stern wrote:

By disavowing the self . . . denying any views that might cause conflict, she protects herself from the criticism or attack that she feels would surely follow her revelation of these views. However, this solution leads to further problems. The underlying logic is untenable: When one holds one's true feelings outside of a relationship, the

relationship becomes unauthentic. (p. 113)

Here, the victim is attributed several forms of deficiency (i.e., self-disavowal, denial, untenable logic) and held responsible for the so-called unauthenticity of the relationship.

In closing the discussion on Gilligan et al.'s (1991) collection, I want to highlight the chapter by Brown, who took issue with the commonly held view (frequently expressed elsewhere in this volume) that it is only later in life that women become more authentic and critically conscious. Brown studied the narratives of young girls, "the stories they told about themselves and their relationships" (p. 73), at one-year intervals as they moved from childhood into adolescence (see also Brown, 1989; Brown & Gilligan, 1990). Brown charted the development of a girl called Jesse, for example, who became less willing to risk conflict as she grew older. Jesse learned that her strong feelings could be disruptive and came to recognize the dangers in speaking directly or expressing anger. As she grew, she became willing to "make nice" in order to keep things calm. She became terrified of conflict and aware that she was not saying what she really meant or thought. In short, Brown described how Jesse's initial, early tendency to speak honestly or authentically was gradually suppressed. On the basis of these observations, she proposed a very different view of resistance and critical consciousness than is usually proposed in feminist literature and political theory more generally:

Jesse's voice at eight and nine and ten, and the voices of other young girls I have talked with, raise questions about whether the lucidity women find or gain or develop in later life is not in

fact a lucidity they once had, then lost, and have since refound or recovered; whether women in later life create entirely "new experiences of seeing and saying" or "require new attitudes and new courage", or whether they recall earlier, older, familiar experiences, attitudes, and courage--experiences that, for a time, for safety's sake, they forgot, denied or repressed. Was there a time when we, as women, once saw clearly what we were looking at and named, in the face of conflict, our strong feelings about the complicated and rich world of relationships we engaged? If so, when and how was this clarity of vision lost? At what cost? (p. 83)

As can be seen, Brown noted that Jesse possessed lucidity and the courage to resist from an early point in her life. While I do not agree with Brown's suggestion that girls later repress their courage or lose their lucidity, I believe this passage raises some questions about the nature and origins of resistance that differ radically from those usually posed. Rather than asking how women acquire critical consciousness and the capacity to resist, we might ask how the spontaneous, already existing resistance of girls and young women is suppressed and ignored. These two questions imply very different sets of assumptions about resistance and individuals subjected to abuse.

Burstow's Radical Feminist Therapy

Bonnie Burstow is a Canadian radical feminist therapist and anti-psychiatry activist, the author of Radical Feminist Therapy (1990), among other works, and co-editor, with Don Weitz, of Shrink Resistant (Burstow & Weitz, 1988). Both of these books are concerned with the subject of resistance to psychiatric treatment. Radical Feminist Therapy, which I discuss below, is also concerned with women's resistance to many different forms of oppression and violence.

Burstow's view of resistance is tied in closely with her view of violence and oppression against girls and women, as well as her views on the inherent differences between men and women. According to Burstow, "violence is absolutely integral to [the] experience [of] women" (p. xv). That is, in the context of Western society, where sexism and violence are pervasive, even relationships that appear relatively healthy in fact entail violence against the girl or woman. The lies and myths used by perpetrators to conceal or justify specific acts of violence, such as rape, sexualized harassment and abuse, and so on, are simply more explicit and specialized extensions of the patriarchal ideology used to conceal and justify the everyday exploitation of girls and women.

Burstow contended that, as a result of being raised in a social context pervaded by sexism (as well as racism, ableism, classism, and ageism), all girls and women suffer internalized oppression. For example, girls learn from the beginning that they are valued less than boys, and they are coerced into taking up subservient, stereotypically female roles by parents, teachers and others who invariably pass on some form of sexism. Girls are initiated into romantic love, "an ideology that glorifies men and both glamorizes and enforces heterosexuality--all at the expense of women" (p. 10). Patriarchal ideology encourages girls and women to accommodate exploitation and willingly submit themselves to abuse.

Furthermore, for Burstow, men are inherently and universally violent, though some may not mean to be. All heterosexual relationships entail the slavery of the woman, and all father-daughter relationships exist on an

incest-continuum: "even the best [fathers] generally sexualize in some way" (p. 13). Accordingly, Burstow argued, female ways of relating are inherently superior to those of men. For most girls, she asserted, their mother is their first love and "quite likely their sexual preference" (p. 12). Lesbian relationships are defined as the only possible non-exploitive sexual relationships.

Resistance

With this view of violence and oppression of women, Burstow suggested that virtually any opposition, no matter how small or apparently inconsequential, to the pervasive sexism, violence, pressure to adopt subservient roles, or internalized oppression can be understood as a form of resistance, as can any step in the direction of developing bonds with, and promoting the rights of, other women. One of the most valuable aspects of Burstow's work, in my view, is that she recognized the presence of women's resistance in its most subtle and desperate forms, as the following passage attests:

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 is fundamentally exhausted, worn out, bored; she "cannot take it anymore", and her being is rebelling. Her exhaustion is not phony but absolutely genuine. At the same time, as the contradiction inherent in linking cannot with rebelling implies, "cannot take it anymore" to some degree means "is not and 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. (p. 16)

Here, Burstow highlighted the crucial distinction between cannot take it any more, which is implied by the diagnosis of depression, and will not take it anymore, which suggests that the only disorder suffered by the woman is in the way that she is treated.

Continua of Awareness and Action

Burstow suggested that the many different forms of women's resistance could be contrasted and compared when placed on two continua: a continuum of awareness and a continuum of action. On one end of the awareness continuum, resistance begins with "nascent understanding", "anger", and "disrespect" for "the ego, the posturing, and the self-deception that underlie male creation". On this end of the continuum, resistance is "sporadic" and in no way alters the "systemic oppression". Nevertheless, it is "the ground on which to build". Toward the middle of the continuum, resistance is "progressive" as well as more "consistent" and "meaningful". At this point, there is "analysis"; the woman is "en route". Finally, on the other end of the continuum, the woman becomes a "visionary". She is portrayed as truly "becoming" and "proclaiming" and as engaged in defining "pivotal values" such as "nurture, cooperation, adaptation, respect for aging, environmental connectedness, process foci, and power sharing". Resistance here is characterized by "imagination, synthesis, renaming, and action" (pp. 16-18).

On one end of the continuum of action, according to Burstow, resistance

is "limited, individual, and borders on resignation" (p. 18). Toward the middle of the continuum there is "blatant resistance"; although "sporadic" and "tentative", it is the way in which the woman "prepares for more decisive stands in the future" (p. 18). Toward the farther end, resistance is "consistent, deliberate and systematic"; it consists of "decisive action", "demystifying", "renaming", and "battling". It is "more complex". At this end, women become involved in "forming collectives"; they "create/re-create a women's movement" and engage in "woman-woman relating". And since, according to Burstow, all women exist on "a lesbian continuum . . . [and] have always been drawn to each other", the "ultimate act of treason is choosing a female partner" (p. 19). As can be seen in these continua, Burstow envisioned a progression of resistance and associated forms of awareness. I disagree with these imposed standards, just as I did with the standards for health and authenticity and will examine Burstow's continua more closely in Chapter 12.

As mentioned, Burstow is both a radical feminist therapist and a prominent anti-psychiatry activist (e.g., Burstow & Weitz, 1988). Burstow argued that psychiatrists, who are mostly male and comparatively privileged, play an important part in enforcing women's subordination and suppressing women's resistance to violence and oppression. She wrote:

When psychiatrist as elite male looks on woman, he is looking at someone who "appears" problematic right from the start. The more completely and successfully she functions as a body-for-others, the saner she looks. Correspondingly the less successfully she functions as a body-for-men and/or the more untraditional, resistant, and indeed intelligent she is, the less normal she will seem to him and the more in need of extreme psychiatric intervention. (1992, p. 35)

The purpose of therapy for Burstow, in contrast, is to support and encourage women's resistance to violence and oppression by, primarily, men. Simply put, Burstow's goal is to move women as far as possible along the continua of awareness and action to the point that they are engaged in open, direct, and critically conscious resistance. Ultimately, for Burstow, this means adopting a radical feminist political stance and lesbian sexual identity. This is accomplished by naming violence, discovering and dispelling the lies and myths imposed on victims during specific acts of violence, and by helping women "explore their multi-faceted attractions to women" (p. 60).

Resistance in Narrative Therapy

The language of resistance, protest, and counter-action is an important part of the narrative approach to therapy developed by Michael White with the help of David Epston (Epston, 1986; Epston & White, 1989; Epston, White, & Murray, 1992; Maisel, 1996; White, 1984, 1989, 1992). Narrative therapists use the language of resistance liberally to maximize the extent to which individuals are construed as active agents possessed of substantial personal resources that can be brought to bear against their problems. For individuals troubled by persistent and severe problems, who have often come to suspect that they must have some chronic personal deficiency, the experience of being construed as an active and resourceful person engaged in determined resistance to the problem is both refreshing and therapeutic. Beyond illustration in case examples, White and other narrative therapists do not discuss exactly what they mean by resistance. However, I believe they

use the term in at least four different ways: (a) resistance to the problem, (b) resistance to the effects of the problem, (c) resistance to the effects of abuse, and (d) resistance to abuse itself. I will illustrate each of these uses and discuss how they influence the treatment of resistance in the narrative approach to therapy.

Resistance to the Problem

As mentioned in Chapter 4, White's process of externalizing the problem creates a linguistic distinction between the individual(s) with the problem, and the problem itself (White, 1986, 1989). Once the problem is externalized, it is no longer a part or property of the individual, and it may even be personified, for example, as an "evil tyrant" who wants to rule the individual's life and turn others against him. It then becomes possible for the individual to oppose the problem and take more aggressive action against it. One of the earliest and perhaps best examples of this approach is White's (1986) account of family therapy with children troubled by soiling (encopresis). In at least one case, White named the problem "sneaky-poo". He then asked family members to detail how "sneaky-poo" had affected their lives and relationships. On the basis of these details, he built a persona of "sneaky-poo" as a "treacherous character" who sneaks up and "catches you unaware", who "has its way with you and pops out against your will" (p. 118). By this technique, the child and family were engaged in a "contest" with the "oppressive" sneaky-poo (p. 118). White asked family members if they wanted to "be the boss" and "stand up to" sneaky poo. If so, what kinds of "reinforcements" did they think the child might need to "bolster his

defensive capability" (p. 119). The problem (in this case, sneaky-poo) is constructed as an oppressor and the individuals afflicted with the problem are engaged in a discourse of resistance and opposition to that oppression.

White constructed a metaphorical resistance to a metaphorical oppressor.

Resistance to the Effects of the Problem

In the early stages of the first interview, White asks a series of questions to elicit a detailed account of how the problem has affected individuals' lives and relationships (White, 1989, 1992). These questions presuppose a second and more subtle distinction between the problem and its effects. The effects of the problem are both behavioural and mental (i.e., "beliefs about themselves, others, and their relationships that are reinforced and confirmed by the presence of the problem"; White, 1989, p. 33). The assumption underlying this approach, which White (1989) adopted from Bateson's (1972, 1980) account of cybernetic explanation (discussed briefly in Chapter 4), is that problems persist because of mental restraints that compel individuals to behave in ways that inadvertently perpetuate the problem while simultaneously preventing them from perceiving new information that could compel them to behave in new and more helpful ways. What White (1984) referred to as the effects of the problem are these mental restraints that compel problem-maintaining and self-defeating behaviour. In the therapeutic interview, White (1984) would refer to these effects in characteristically playful language as the problem's "life-support system" or as ways in which individuals had been "recruited" into complying with the "dictates of the problem". As the effects of the problem are identified, they

too are externalized. The therapist can then engage individuals in a discussion of occasions when they have managed to evade, counteract, or resist these effects.

White's (1992) account of his work with Elizabeth clearly illustrated this process. Elizabeth consulted White because she was concerned about her two daughters' antagonism toward her, their tantrums, their abuse of her, and their unhappiness (p. 110). One effect of these difficulties was that Elizabeth had concluded that she was a failure as a mother. The effect of this conclusion, in turn, was that Elizabeth felt a sense of guilt. Failure and guilt affected Elizabeth by "compelling" (p. 110) her to interact with her daughters in highly tenuous and apologetic ways. The fact that Elizabeth had been subjected to "inequitable social structures that reinforce . . . mother-blaming" (p. 111) also inspired feelings of blame and guilt. However, White informed Elizabeth that many women had "escaped the effects of this view of failure" (p. 112). In response, Elizabeth recalled several instances in which she had been able to "resist this tyranny" (p. 112). In subsequent conversations, Elizabeth and White discussed other occasions when Elizabeth had refused to submit to guilt and failure. Finally, in response to White's questions about the history of her ability to resist tyranny, Elizabeth identified occasions at earlier points in her life when she had "protest[ed] certain injustices" (p. 112).

Here, the problem that occasioned therapy (Elizabeth's concerns regarding her daughters) was recast as a cause of certain mental effects (failure and guilt), which in turn caused ineffective (tenuous and apologetic)

parenting. White attributed maximum agency and resourcefulness to Elizabeth by constituting her efforts to overcome the problem and its effects as instances of protest, counter-action, and resistance. Used in this broad way, resistance is any mental or behavioural act through which a person refuses to perpetuate the problem.

Resistance to the Effects of Abuse

On a theoretical level, narrative therapists are as a rule more specific about the effects of abuse than they are about the effects of other problems. And the nature of the presumed effects varies to some extent with the nature of the abuse. Although White did not go into detail about it, Elizabeth had been subjected to abuse from her former husband. This affected her by reinforcing a sense of failure and guilt, which in turn compelled her to behave tenuously and apologetically with her daughters. Elizabeth resisted these effects by refusing to submit to guilt and failure and establishing the sort of mother-daughter relationships she truly desired.

According to Kamsler (1990), some of the effects of child sexual abuse are that victims adopt "habits such as self-blame and self-hate" (p. 17), believe the perpetrator's justification of the abuse, such as "all fathers do this" (p. 17), learn to put "others' needs first and her own last" (p. 18), develop "habitual responses of fear and panic in intimate relationships when she [or he] becomes an adult" (p. 18), and comply with the perpetrator's "prescriptions for how to feel, be, and think" (p. 18). These effects compel victims to participate in "repeating interaction patterns which prevent [them] from having certain information about their own resources which may be

useful in solving the problems they are struggling with" (p. 20). According to Durrant and Kowalski (1990):

Abuse promotes an abuse-dominated self-perception. Behaviour and interactions reflect this view. Further life-events are experienced within the context of this abuse-dominated view. (p. 82)

The main effect of abuse, to state the general assumption underlying these accounts, is that victims come to actively cooperate in their own subjugation. Victims could learn to resist these effects by holding the perpetrator responsible instead of themselves, refusing to believe the perpetrator's justifications for the abuse, putting their own needs first, developing appropriate trust and security in intimate adult relationships, developing positive self-perceptions, and by engaging in new forms of behaviour that reflect this more positive orientation to themselves.

Resistance to the Abuse Itself

With the important exceptions of Epston (e.g., Epston, 1986; Epston, White, & Murray, 1992) and Maisel (1996), narrative therapists do not draw a distinction between resistance to the effects of the abuse and resistance to the abuse itself. Some narrative therapists do not even mention the possibility of spontaneous resistance to abuse (e.g., Durrant & Kowalski, 1990; Kamsler, 1990). Others, including White (e.g., 1992) appear to focus primarily on resistance to the effects of abuse and pay little attention to resistance to the abuse itself. A good example can be found in the case of Elizabeth, cited above. Recall that, in response to White's questions about her resistance to the effects of abuse and other forms of oppression, Elizabeth identified occasions when she had "protested certain injustices" (p.

112). Apparently Elizabeth was referring to resistance to these injustices themselves, not to their effects upon her. However, White did not expand on this point. Neither did he examine how Elizabeth had resisted the abuse by her former husband. The overall effect of this approach is that resistance to the effects of abuse is conflated with resistance to the abuse itself. This leaves intact the assumption that victims respond passively to the abuse itself.

However, David Epston (e.g., Epston, 1986; Epston, White, and Murray, 1992) and Richard Maisel (1996) do recognize the importance of focussing on resistance to the abuse itself. This is illustrated in the following excerpt from a letter written by David Epston to a woman named Rose, who had been abused by her father:

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)

It is clear from Epston's letter that Rose resisted the abuse itself, rather than its effects, although her specific actions are not described.

Through his work with victims of abuse, Maisel (1996) recognized the therapeutic value of eliciting accounts of resistance to the abuse itself. And, like Scott (1990), Maisel (1996) recognized that resistance must often be concealed:

Perhaps the questions that are most effective in helping survivors separate from narratives of culpability, responsibility, and guilt are

those that bring forth the secret and unacknowledged histories of resistance to the abuse. Because any overt resistance was typically severely punished, any resistance the client engaged in could be expected to be expressed in a way that could not be identifiable to the perpetrators as resistance. (p. 26)

It is preferable to ask about the particularities of the survivor's experience and behaviour during the abuse. What was she thinking? What did she do just prior to, during, or after the abusive episode? What was her intention in doing these things? The client must, of course, have the last word on whether an action constituted an act of resistance to the abuse or its effects. (p. 26)

The second passage highlights the fact that particular mental and behavioural acts can be made intelligible as acts of resistance only by examining their place in the interactions in which they occur, and even then, only with the informed consent of the client.

Summary

Although they are definitely in the minority, some authors have identified and valued resistance to mistreatment and oppression. Kelly and Burstow have put resistance in a feminist framework, as have several of the contributors to Gilligan et al.'s book. Many of the latter not only addressed sexism, but resistance to racism and other forms of oppression. The narrative therapists incorporate some of these ideas but focus primarily on resistance to problems and their effects. Of all the authors considered, my view of resistance are most similar to those of Kelly, Epston, and Maisel.

PART THREE
SUPPRESSION BY REPRESENTATION

CHAPTER 10

HOW LANGUAGE CONCEALS VIOLENCE AND RESISTANCE

If resistance is as ubiquitous as I have proposed, then the fact that it has seldom been discussed in clinical, scholarly, or public discourse (including, often, victims' first-hand accounts) requires some explanation. How could such ever-present resistance appear to be so absent? I proposed several partial answers to this question in previous chapters. In Chapter 2, I suggested that the assumption of personal deficiency, which lies at the heart of conventional psychiatric and psychotherapeutic approaches, subverts recognition of judicious resistance by proffering a view of the client as disordered or dysfunctional. Psychoanalysts in particular have traditionally linked the word resistance with pathology and thereby greatly diminished the possibility of establishing a discourse of healthy, judicious resistance. In Chapter 6, I illustrated how perpetrators' methods of suppressing resistance (e.g., secrecy, isolation of the victim, threats of retaliation for open defiance) necessitate disguised and indirect forms of resistance that often escape the attention of outside observers because they do not fit with conventional assumptions about what it means to resist. Additionally, the pain resulting from the violence may be so overwhelming for the victims and may require so much thought and energy to cope with that it becomes their dominant memory.

Still, the problem of violence is now widely (if incompletely) discussed, and resistance does take the form of open defiance often enough, so that even these factors should not be sufficient to prevent more widespread

recognition of resistance. To appreciate why accounts of spontaneous resistance have been so absent from public, scholarly, and clinical discourse, we must consider the particular and powerful role of language in concealing both violence and resistance. Language can deny the existence and disregard the significance of violence and resistance; it can recast violence as benign and recast resistance as pathology; and it can portray victims as passive, falsely conscious (internally oppressed), or self-subjugating recipients of abuse. My purpose in Part Three is to examine some of the discursive practices associated with these operations in more detail and to illustrate as specifically as possible how each contributes to the suppression of resistance.

Throughout Part Three, I will deliberately use the word representation in two different senses at the same time: it will refer to the act of portraying (or representing) the actions or attributes of violated people discursively and also the act of promoting (or representing) the interests of those people politically. My purpose in employing this play on the word representation is to draw attention to the inevitable relationship between these two forms of representation. One cannot represent the interests of violated people (or anyone else) politically without also representing their actions, attributes, and entitlements discursively. Conversely, all discursive representations are inherently political; there are no neutral representations. It follows that how effectively the interests of violated people are represented politically, including how respectfully and effectively they are treated in the context of psychotherapy, depends crucially on how they are represented discursively.

The present chapter is concerned with discursive practices that deny the necessity and existence of resistance by concealing and justifying violence, limiting consideration of the harm endured by the victim, and mitigating the responsibility of perpetrators. I first discuss the example of a non-apology for child abuse, then examine several examples of colonialist discourse, and finally review some recent research on judges' use of language in sexual assault trials (Bavelas, Coates & Gibson, 1994; Coates, 1997; Coates & Wade, 1994). In Chapter 11, I illustrate how victims are portrayed as passive, internally oppressed, and self-subjugating. In these representations, victims are portrayed as lacking the will and capacity for meaningful resistance. In Chapter 12, I examine representations that acknowledge the existence of resistance yet minimize its immediacy and ubiquity as well as its significance as a form of spontaneous political action, either by subordinating it to a theory of effects (as in narrative therapy) or by evaluating it against the requirements of a revolutionary political agenda founded on so-called critical consciousness (as in some feminist work). In Chapter 13, I illustrate how the language of effects conceals resistance by representing the behaviour and subjective experience of victims as passive, asocial, and apolitical.

Conventions for Concealment

A Non-Apology for Child Abuse

A colleague recently invited me to sit in on an interview she was about to conduct with an elderly man who was accused of sexually abusing his 8-year-old grandson and suspected of abusing many of his more than 30 grand-

children, nieces, and nephews. Shortly after the grandson disclosed the abuse, the man was interviewed by police and formally charged. He then threatened to commit suicide and was subsequently hospitalized, placed on anti-depressant medication, and referred for therapy. Even before the court proceedings, the man had admitted to my colleague that he "might have touched" his grandson in "the wrong way", but he portrayed any such contact as minor and accidental. With each interview, he admitted to a bit more "inappropriate touching", but he remained vague, probably because he did not yet know the precise details disclosed by his grandson and did not want to admit to any acts that he was not accused of committing. As part of her overall effort to encourage the man to take full responsibility for his behaviour, my colleague suggested that he write a letter of apology to his grandson. The grandfather read the letter out loud in the interview, and I was asked to comment on its contents. It began, "Dear Grandson, I'm so sorry for what happened to you".

This highly conventional statement ("I'm so sorry for what happened to you") is one particularly concise example of the more general problem addressed in the present chapter, namely, how language can be used to conceal violence, limit consideration of the harm endured by victims, and mitigate the responsibility of perpetrators. As can be seen, instead of specifically naming his acts of sexualized assault, the man referred to them euphemistically, as "what happened to you". The phrase "what happened" alludes to an event with no agent, an action that no one is responsible for, and could just as easily describe a random, impersonal event such as being

struck by lightening. In this way, the grandfather avoided any mention of, and thereby concealed, the true nature of the acts in question. Compare "what happened to you" with, for example, "what I did to you". The only action the grandfather did take responsibility for is the admirable act of feeling "so sorry" for his grandson. This statement ("I'm so sorry") resembles but neatly avoids becoming a true apology. By adopting a posture of sympathetic concern, the grandfather put forth a definition of himself that sharply contradicts the reality of a predator whose actions betrayed a complete lack of regard for the boy's welfare. Furthermore, it is important to remember that he employed these discursive strategies in the guise of taking responsibility for his actions. Thus, while reading the letter in the interview he adopted a posture of earnest contrition and only became agitated when I implied that the letter deftly avoided, rather than admitted, responsibility.

The second problem illustrated by this non-apology is how such discursive strategies contribute to the suppression of resistance, precisely by concealing violence. First, the phrasing "what happened to you" constructed the grandson as a passive object to whom (unspecified) events simply happened: No one in this phrasing has any agency (except the grandfather, for being sorry). If something "happened" to the grandson, it might even be that he "let it happen". Had the grandfather used a different phrasing, for example, "I am so sorry for what I did to you, against your wishes and over your protests", the initiative of both parties would have been evident. Instead, the grandfather's non-apology conceals both his violence and the grandson's resistance (e.g., this young child disclosed the abuse and stopped it).

In addition, the grandfather's statement can potentially exert a powerful influence on how others interpret the grandson's subsequent behaviour. If important others view the grandfather's (non-)apology as sincere, they may conclude that he is truly remorseful, especially because he attempted suicide and has been depressed. The grandson may then be exhorted to forgive his grandfather, helped along in the direction of mending their relationship, and encouraged to get over his anger and sadness. To the extent that the grandson refuses or fails to engage in these plans, he may be cast as stubborn, troubled, or unforgiving. Once again, resistance would be represented as pathology.

Conventional (Mis-)Representations

Conventional language can be used in a manner that obscures violence and resistance in many different ways, as we shall see in what follows, but it is perhaps most evident and immediately understandable (not to say acceptable) in the way that perpetrators describe their conduct. Parents who beat their children often describe it as "discipline" or "teaching them respect". Adults who sexually torture children sometimes describe themselves as providing tutelage in the arts of sex or love. Men who batter their wives employ language that transforms their violence into mutual acts; it was "an argument" or "disagreement" that "got out of hand". Or they use misdirecting euphemisms such as "I just lost it", "I've got a real temper", or "I didn't know what I was doing" to portray themselves as out of control while avoiding any description of their actual behaviour. Church and government authorities who humiliated and brutalized aboriginal children

while confining them to "residential schools" described it (and describe it still, as we shall see) as "education" (York, 1990). And, as we saw recently in the Gulf War the murder of untold numbers of civilian children, women, and men was referred to as "collateral damage".

What is striking about these representations is not their aberrance but their familiarity. Individuals who commit violent and oppressive acts, even those defined as most aberrant, use highly conventional and widely accepted discursive repertoires to represent or depict their actions. Everyone can understand that children need "discipline" and adult "tutelage". Of course arguments do "get out of hand" and people do "lose their tempers" from time to time. It seems obvious that the "education" of aboriginal children in "residential schools" at the time seemed necessary for them to succeed in North American society. And, although regrettable, everyone can understand that "collateral damage", like other accidents, does happen. It is precisely the conventionality of these representations--the fact that they employ familiar vocabulary and figures of speech, taken-for-granted truths, and conventional understandings--that makes them such effective resources for perpetrators of violence and oppression.

These discursive resources can be used by anyone who has a stake in concealing violence or minimizing discussion about it, not only perpetrators; for example, officials in charge of institutions where perpetrators freely committed long-term violence, or school district personnel who refuse to examine misleading information in textbooks. Even people who want to expose violence may inadvertently conceal it by drawing upon particular

interpretive repertoires, as we shall see in the case of judges who described sexualized violence in erotic terms. For these reasons, it is important to compare perpetrators' discursive strategies to those representations found in other public, and especially authoritative, discourse.

Discursive Resources

In my view, there is some truth to the suggestion that language itself hampers our efforts to talk plainly and accurately about violence. For example, many of the terms normally used to describe violence contain the bias that physical forms of violence are more harmful than social and emotional forms (such as humiliation, racism, restrictions on freedom, and so on). But the biases inherent in language can explain only so much. Language is organic in the sense that it is continually evolving and also democratic in the sense that it belongs to all of us and is therefore open to change if we change the way we use it (Bavelas, personal communication; 1995). As well, despite the presence of complex rhetorical and textual methods of concealing violence, we do in fact possess the discursive resources for plain and accurate talk. Therefore, it is all the more striking and important to notice whenever plain and accurate talk is systematically rejected in favour of terms that obscure violence or enable misrepresentation of perpetrators and victims.

Recall that Scott (1990) examined the structural similarities or "family resemblances" between acts of oppression and resistance in a wide variety of historical, social, and political contexts. I propose here that there are also family resemblances in the discourses used to conceal violence and

resistance. The two major examples in this chapter are colonialist and legal discourse which, I believe, illustrate the variety of rhetorical and textual strategies that operate to conceal violence and oppression and to mitigate the responsibility of perpetrators. These texts also show how certain well publicized representations of violent and oppressive acts, of perpetrators, and of victims, contribute to the suppression of spontaneous resistance.

Colonialist Discourse

I agree with Young (1990) that

colonial discourse analysis is not merely a marginal adjunct to more mainstream studies, a specialized activity only for minorities or for historians of imperialism and colonialism, but itself forms the point of questioning of Western knowledge's categories and assumptions. (p. 11)

Colonialist discourse can be defined as a network of discursive repertoires (terms, tropes, metaphors, and accounts) that conceal or obscure the atrocities and displacements perpetrated against indigenous peoples and that also limit consideration of the real (and documented) harm done to individuals, families, communities, and cultures while portraying Europeans, their actions, values, institutions, and aspirations as inherently good and progressive, or at least as superior to the corresponding aspects of aboriginal culture. Colonialist discourse naturalizes the domination of indigenous peoples by portraying it as the inevitable or necessary--if regrettable--result of social or biological forces (Bhabba, 1990; Said, 1993).

The extent to which colonialist discourse can be said to have concealed violence and other forms of domination can be determined only against the backdrop of a balanced account of what transpired between European and

aboriginal peoples. Although what might constitute a balanced account would obviously be a matter of heated debate, some facts seem to be beyond reasoned dispute. One of the immediate consequences of initial contact was the mass death of millions of aboriginal people from European diseases. Europeans also purposely spread fatal illnesses among the indigenous population. (For a detailed discussion of these acts, see Churchill, 1993, 1994). Most Europeans assumed unquestioningly that it was their right to assume dominion over the lands occupied and used by aboriginal people. As Bodley (1990), Chalk and Jonassohn (1990), Churchill (1993), Wright (1992), Wolf (1982), and many others have shown, the process of dispossession included the outright murder of untold thousands of aboriginal people. Although murder was against European law and the highest authorities knew about it, they refused to take action to stop (and sometimes participated directly in) the murders, calling them "wars" or "pacification" (Bodley, 1992; Churchill, 1993). (We should note, as did Bodley, 1990, that even during the height of colonization, there were significant minority protests against these practices.)

After conquest, colonial practices continued. For example, the Canadian government, in cooperation with the churches, required aboriginal children to live in "residential schools" (York, 1990). Many children were kidnapped by the authorities and prevented from seeing their families again. About one million aboriginal children were forced to attend these schools during the approximately 100 years they were in operation (Erasmus, 1991). Leaders of the Assembly of First Nations and researchers estimate that as many as

70% of the children who attended the schools suffered physical and sexual abuse (Chrisjohn & Young, 1993; Chrisjohn & Belleau, 1991; York, 1990).

A great deal has already been written about the role of colonialist discourse in justifying and concealing European imperialism and the unimaginable atrocities it has, from the very beginning, entailed. For hundreds of years, aboriginal peoples have been portrayed as lazy, primitive, and heathen--and often at the same time as dark, mysterious, magical, dangerous, and sexually potent (Barker et al., 1984; Said, 1978, 1993; Taussig, 1987). The complementary vision of the spiritually, intellectually, and culturally superior European is in fact made possible by the creation of the deficient native. Here, I will focus partly on the language used to describe the colonizers and the colonized, but primarily on the language used to describe colonialism itself: the invasion and occupation of Aboriginal lands and the inevitable direct and indirect violence that ensued. As we will see, this language is highly conventional. I selected the following examples of colonialist discourse not because they obviously misrepresent the truth but because they often appear at first blush to so reasonably express it.

Examples of Colonialist Discourse

In the first example we can see the discursive device of an empty, unpeopled land--a maiden territory, so to speak--ripe for penetration and progress:

By 1886 a road had been cut through the wilderness opening the new territory. With the road open, and stories of the beautiful lake, rich lands and forests, echoes of abundant wildlife for the trapping and of course tales of gold, the once serene solitude of Kaatza [the area from Cowichan Lake west on Vancouver Island] began to dwindle. The

road to a bright and prosperous future was laid but the early visionaries soon found that what they had imagined was going to take time, patience, hard work and technology.

The rich forests were the real wealth of the area, but the logging industry needed more than a ten foot wide rugged path to succeed. Marshall's road opened the gates but the true and strong future belong to the long ribbons of steel rails and steaming engines. ("Chain and Choker" community newsletter, Cowichan Lake.)

Colonialism took "time, patience, hard work and technology", the very antithesis of violence. Moreover, the "serene solitude" did not, apparently, include any indigenous inhabitants. If they did not exist, there could be no violence against them, much less any resistance by them.

The next example was transcribed verbatim from a museum-like display located on the forward walkway of the promenade deck of the B.C. provincial government ferry, Queen of the North.

Missionaries on the Coast

The establishment of Colonial rule and early settlement on the coast, together with the change in traditional settlement patterns among the native population, paved the way for missionaries who came to live with the Indians. The first mission, founded by William Duncan of the Church Missionary Society of London, England, was set up at Port Simpson in 1857. Soon other missionaries were established at Greenville (1864) and Aiyansh (1878) on the Nass river and on the central coast at Fort Rupert (1877), Kitimat and Bella Bella (1890).

In May 1862, William Duncan moved his mission to Metlakatla at the northern entrance to Prince Rupert harbour where he soon developed the largest and most successful mission on the coast. By 1879, Metlakatla boasted 1,100 residents, a church capable of seating 800, a large school, store, market, sawmill, court house and an impressive row of houses for its inhabitants. A few years later, after a long dispute with the church hierarchy, Duncan moved his entire settlement to Annette Island, Alaska.

This text illustrates several aspects of colonialist discourse and accomplishes the effect of truth and authority in several ways. Most obviously, it is located on a government ship and therefore has a quasi-

official status. It is also authorless and thereby, like the Bible, assumes the status of received truth rather than the lesser status of personal opinion. It resembles authoritative, academic histories in its considerable use of dates matched with place names. The narrative style combines the mention of very specific events and one individual (presumed to be highlights according to unspecified highlight-selection criteria) with a prose that glides over and subordinates other, unnamed people and events.

The only named figure, William Duncan, is portrayed as a successful pioneer-missionary and, moreover, one who is committed and self-assured enough to take on the church hierarchy. His mission is portrayed unreservedly as successful, and rapidly so, as illustrated by use of the word "soon", which also energizes the narrative. The phrase "largest and most successful" and references to Metlakatla as a town that "boasted", a church that was "capable", a "large" school, and an "impressive" row of houses all emphatically affirm the positive value and progressive outcome of the missionary's activities.

The passage also omits a great deal. In addition to whatever else he may have done, the Reverend Duncan instituted tax collection from the Indians and prevented them from performing traditional rites and ceremonies.

Elsewhere, he described the Indians as follows:

The dark mantle of degrading superstition enveloped them all, and their savage spirits, swayed by pride, jealousy and revenge, were ever hurrying them to deeds of blood. Thus their history was little else than a chapter of crime and misery. (William Duncan, quoted in York, 1989, p. 30)

The attitude contained in this statement is hardly what would be expected of

a missionary who simply “came to live with” the Indians. Thus, the plaque conceals Duncan’s actions and obvious intentions. Furthermore, the Indians are not mentioned after the first sentence. For all the emphasis on the positive value of missionary activities, there is no mention of how the life of the Indians was improved. Finally, “the establishment of Colonial rule and early settlement” and “the change in traditional settlement patterns among the native population” are presented in such a way that they appear to be completely unrelated processes. In truth, Colonial rule and early settlement were established through conquest, entailing both the systematic displacement of aboriginal people and their massive depopulation by death due to illnesses brought by Europeans. The Reverend Duncan, whose activities form a crucial part of that history, is portrayed as operating benevolently and, by implication, quite outside the imperialist project.

The next example is taken from a conversation that took place February 27, 1993, on the CBC radio program, *Almanac*. The program host interviewed Bishop Weisner, who was new to central British Columbia. Bishop Weisner was sent to replace Bishop O’Connor, who had left his post after being charged with several counts of sexual assault allegedly committed while he was in charge of a residential school in Northern B.C. (He was subsequently convicted of two counts of sexual assault and appealed the verdict.)

The interviewer asked Bishop Weisner, “Can you just address for a moment the legacy of the residential schools and the concerns of native people leaving the church.” Bishop Weisner replied,

No, I can't. I don't really know that much about the history of the residential schools up here . . . ummm . . . or what the situation of the native people. The umm. . . like a general comment I would make on the residential schools is . . . I think it's one of those things where...where we're dealing with some positives and some negatives. I . . . I wouldn't want to deny that . . . that in some ways language and culture of native peoples and maybe some other aspects of their lives have somehow been stifled or hurt by the residential schools. At the same time I really believe that the people who were involved in the residential schools at the time were really committed people, really dedicated people. And in the circumstances that they seriously discerned that to be about the best way they could serve the needs of these people. And I know a lot of people who gave their lives in the residential schools and gave their lives literally, like they really served. And . . . and so like I say, I think there is both positive and negative with respect to the schools.

Despite the fact that he had been sent by the Catholic Church to replace a Bishop charged with sexual assaults allegedly committed while he was in a position of trust and authority at a residential school, Bishop Weisner asserted that he had not been briefed on the history of residential schools or "the situation of the native people". However, it becomes clear in the rest of the account that he knew enough to "really believe" (not an insignificant phrase for a Bishop) in the good intentions and hard work of the "committed people" who worked in the schools. It is noteworthy that the positive comments are mostly about the people who worked in the schools rather than about anything that actually happened, like sexual assault. Bishop Weisner thus proffered the stereotype of the pioneer-missionary: "really committed people, really dedicated people" who "seriously discerned" the best way to "serve" and who, moreover, "gave their lives, literally".

This passage is also interesting for its use of qualifiers and emphasis. All

of the potentially negative comments are qualified, whereas all positive comments are emphasized. For example, the highly mitigated phrase, "I wouldn't want to deny that . . ." precedes and frames his description of the "negatives", each of which is also qualified or vague:

we're dealing with some positives and some negatives. I . . . I wouldn't want to deny that . . . that in some ways language and culture of native peoples and maybe some other aspects of their lives have somehow been stified or hurt by the residential schools.

In contrast, the unequivocal phrase, "I really believe that . . ." frames his description of the "positives", each of which is emphasized by phrases such as "really" and "seriously":

At the same time I really believe that the people who were involved in the residential schools at the time were really committed people, really dedicated people. And in the circumstances that they seriously discerned that to be about the best way they could serve the needs of these people. And I know a lot of people who gave their lives in the residential schools and gave their lives literally, like they really served. And . . . and so like I say, I think there is both positive and negative with respect to the schools.

The rhetorical devices used to qualify or emphasize are themselves content-free, in the sense that they could have been used anywhere in the text, for example, to emphasize the "negatives" and qualify the "positives". This alternative possibility (emphasizing negatives and qualifying positives) provides a basis for arguing that Bishop Weisner was strategically or purposely down-playing the "negatives" and high-lighting the "positives", in contradiction both to the statement that he did not "really know that much" and also to his suggestion that there were (equally) "some positives and some negatives".

Finally, note that the sentence that comes closest to acknowledging the

"negatives" is in passive voice and the indirect agent is not an individual but an institution: "have somehow been stifled or hurt by the residential schools". In contrast, all of the "positives" are in clear active voice, describing the good acts of individuals.

Passive voice and other constructions that avoid agency are highly conventional and almost unnoticeable as a means of concealing the acts of perpetrators and shifting the focus to the victim. Lamb (1991) and Henley, Miller, and Beazley (1995) showed that the authors of journal articles and newspaper stories about violence against women tended to use passive voice more frequently than active voice. According to Lamb (1991), articles in family therapy journals showed the most diffusion of responsibility. In a more recent study, Lamb (1995) showed that subjects who read different versions of male violence against women were much more lenient toward the male perpetrator after reading a version of the assault that portrayed shared responsibility. Henley et al. (1995) found that males who read accounts of male violence against women written in passive voice attributed less harm to the victim and less responsibility to the perpetrator than males who read accounts written in active voice.

The next example is taken from a commonly used high school social studies text, Towards tomorrow: Canada in a changing world (Morton, 1988). The following passage is the only extended commentary on the relations between Euro-Canadians and aboriginal peoples. For ease of analysis, I have divided the passage into three parts by double spacing (it is contiguous in the original), and I have underlined all of the main verb phrases.

Our Home and Native Land

Since the beginning of European settlement, Canada's original citizens had little place in the mainstream of Canadian life. Even during this century, Native people did not share in Canada's growing prosperity.

Most continued to live in rural areas; over 60% were employed in such occupations as trapping, fishing, logging, and unskilled labour, which traditionally were seasonal and paid lower wages than the urban jobs held by most Canadians.

Native people also had limited access to education to improve their chance of getting better-paying jobs. When formal education was available, it often seemed of little use to people coming from a tradition where learning through participation and from oral teaching was highly valued. Worst of all, those who ran the schools frequently used education to undermine Native traditions. The superiority of every aspect of "white" society was emphasized. For example, Native children were forbidden to speak their own language among themselves at school, and if caught, were punished for doing so. Native groups saw education as being imposed from outside; they felt they had little control over the curriculum or teaching methods. As a result, few of the children who did attend school went past the elementary level. (pp. 206-207)

Notice that the "Native people" are the subject of most of the sentences; they are implicitly the authors of their own misfortunes. In contrast, imagine these alternative phrasings of the first part:

Since the beginning, European settlers gave Canada's original citizens little place in the mainstream of Canadian life. Even during this century, they did not share Canada's growing prosperity with the Native people.

I propose that these alternative phrasings clearly convey a more accurate picture of who did what to whom.

In the second part, the original passage goes on to support its general theme with details, all of which focus on (apparent) choices by "Native people"; for example, "Most continued to live in rural areas". Moreover,

traditional occupations such as trapping and fishing are grouped with unskilled, seasonal labour, in contrast to urban jobs.

The third part of the passage focusses on education and begins by blaming the native traditions of participation and oral teaching for the fact that “formal education . . . seemed of little use”. There is no acknowledgment that “when formal education was available” was when children were taken from their homes at young ages to residential schools, often against the wishes of their families, and made to stay in an institution far from home. Only one sentence (“Worst of all, those who ran the schools . . .”) focusses on the perpetrators in clear active voice. Yet even in this sentence, “those who ran the schools” and those they worked for are not named. The remaining sentences, describing the details of abuse, return to passive voice or to using the Native groups or children as the subject of the sentence. If the reader saw only this text, which is very likely for many children attending school, he or she would be hard pressed to say who did what to whom. Misdirection and the omission of crucial information are highly effective strategies.

The next example is from the 1991 special issue of Newsweek magazine commemorating the 500th anniversary of the arrival of Columbus on the shores of what is now North America:

The problem is that those who denounce Columbus today, like those who used to glorify him, are looking at history through contemporary glasses. For all sorts of reasons, minority populations, non-European cultures and tropical forests enjoy a lot of sympathy these days. If these are your primary concerns, it's fairly easy to paint Columbus and the other early explorers as people who oppressed the local residents, smashed alien

civilizations and chopped down a lot of trees. It's a damning portrait. But it also leaves a lot out.

Today, it's fashionable to see early exploration as hateful. It is linked with imperialism, colonialism and racism--the great pejoratives of our time. But this intrusive habit is also linked with some qualities that we find more attractive: a fascination with new ideas, a knack for scientific discovery, an ability to adapt and change. The impulses that lay behind the voyage to the New World were by no means so uniformly nasty as they are sometimes portrayed. (Fall/Winter 1991, pp. 12-13)

The first part of this passage is a veritable goldmine of the rhetorical strategy known as prolepsis, that is, the debating technique of rebutting your opponent's argument before he or she has a chance to present it. Anyone critical of Columbus--and by implication, colonialism--is portrayed as morally and intellectually equivalent to those who originally glorified him. They are guilty of historicizing, that is, "looking at history through contemporary glasses". They also operate out of "sympathy" rather than rationality or logic. They are called merely "fashionable" and, by implication, accused of mindless conformity or political correctness. Their "primary concerns" are trees, minorities, and non-Europeans. These narrow concerns lead to simplistic and extreme positions; they "denounce" and "paint" others in "pejorative" terms such as "hateful" and "uniformly nasty".

The second paragraph also promotes the positive stereotype of the pioneer/missionary/explorer. Even the term "exploration" has entirely positive connotations (unless we stop to notice how absurd it is to suggest that this continent was previously unexplored by its aboriginal inhabitants). "Imperialism, colonialism and racism", which directly entailed, and indirectly resulted in, the deaths of an estimated 150 million aboriginal people

worldwide, become simply "the great pejoratives of our time". Their link to exploration is implicitly questioned, but "this intrusive habit [exploration] is also linked with some qualities that we find more attractive". All of the listed qualities happen to be highly abstracted and generalized psychological or mental attributes, rather than actions: "a fascination with new ideas, a knack for scientific discovery, an ability to adapt and change". Note that "new ideas", "scientific discovery", and the ability to "adapt and change" are not easily located in the actual practices of conquest and colonialism. Instead, these admirable qualities of renaissance Europe are subtly invoked as the essential nature of conquest and colonialism.

Thus, each of the above excerpts ignores or minimizes the destructive actions of colonialism while strongly endorsing its abstracted motivations and contributions. As with the non-apology used as the first example, it is striking how conventional and familiar is the language that accomplishes this suppression of violence and any resistance to it. It is my contention that such conventional and superficially inoffensive practices enable and support more blatant and widely accepted racist discourse, such as the following statement by a lead editorialist on "the most listened to" radio station in British Columbia:

Every Native Indian alive today has got everything to do with the tragedy of Native peoples, the fact that they have got the highest rates of incest in Canada, the highest rates of alcoholism in Canada, the highest rates of crime, misery and poverty and failure, you name it. Where is their responsibility for themselves? It's far too easy, so easy, to say, that's because we were screwed by history. Absolute nonsense. They have privileges that the average Canadian doesn't have. Endless privileges, whether it comes to fisheries, handouts, meetings, grants. And what do they do with them? The brother has a

child with his sister, is what they do with them. (Gary Bannerman, quoted in Ridington, 1990, p. 245)

Thus, in the guise of hard-hitting and provocative journalism, a prominent broadcaster can transform tragedy into privilege, blame the victims for their own misfortunes, and impede any recognition of lives full of resistance to oppression.

If respected authority figures, textbooks, and magazine articles consistently conceal evidence of violence against aboriginal peoples, downplay the harm resulting from the violence that is recognized, or mitigate the responsibility of perpetrators, they establish highly misleading social mythologies ("white mythologies", to use Young's, 1990, apt phrase) that in turn create a context in which acts of resistance can be completely overlooked or radically misinterpreted. If the violence did not exist or was not as bad as claimed by "those who denounce Columbus", then resistance was--and still is--unnecessary. Subsequently, resistance that takes the form of open defiance (as in the Oka "uprising" and the Gustafson Lake "stand-off") is cast as angry, war-like, militant, irrational, strident, radical, and as evidence of violent and intractable attitudes (Wright, 1992). These racist and inflammatory characterizations of indigenous resistance provide a justification for violent state intervention. More subtly, they become part of the rationale for the Canadian and Provincial governments' highly oppositional strategies in land-claims negotiations, such as withholding federal payments to individual bands if they refuse to comply with government negotiators' decisions about what will and will not be discussed

at the negotiating table (W. Edwards, personal communication, August, 1998; J. Harris, personal communication, September, 1999). On the other hand, when resistance takes the form of quiet non-compliance, for example, when the Takla and Tsey Key Dene of north central British Columbia refused to participate in a process of so-called consultation because they recognized that the process was designed to facilitate the expropriation of their traditional lands for mining interests, it is treated as equivalent to consent and used as a justification for allowing dispossession of land to continue.

Language in Sexual Assault Trial Judgments

Just as the violence and domination entailed in European imperialism is concealed by abstractions such as civilization and progress, so rape, sexualized assault, and other violent acts are often represented in a conventional language that denies and dissolves their true nature. Bavelas (1996) noted several commonplace examples: Young women who were abducted by government authorities during World War II and subsequently raped by untold numbers of soldiers are referred to as "comfort women", a phrase that grotesquely conceals and belies what they were forced to endure (Chang, 1997). A priest who had been convicted of sexual assaults against young men in his care was asked by a radio talk show host what his parishoners must think; he responded, "Everybody knows a priest needs love", thus denying the violent, coercive nature of his conduct as well as its impact on his victims. A newspaper story about a teacher convicted of multiple sexual assaults against his students described the incidents as "liaisons", as though they were sexual encounters between consenting

adults.

Coates, Bavelas, and Gibson (1994) examined judges' use of language in a randomly selected group of 12 sexual assault trial judgments from the province of British Columbia and the Yukon territory between 1986 and 1992. Because guilt had been established or admitted in 10 of the 12 cases they examined, it was reasonable to expect that most descriptions would portray the assaults as the violent acts of criminals. However, in summarizing the five anomalous themes they identified in the judgments, Coates et al. (1994) remarked:

We found acts that had been legally established as sexual assaults were often described as erotic, non-violent acts; they involved (but were not necessarily the responsibility of) persons of good character; and they had been insufficiently resisted by the victim. (p. 197)

First, they found that judges frequently used erotic, affectionate, or romantic language to describe the assaults. Coates et al. (1994) argued that the terms normally used to denote sexual acts (e.g., kissing, sexual intercourse, fondling, fellatio, cunnilingus) presume and connote both mutuality and consent. Consequently, such terms are inappropriate for describing acts of violence, such as rape, because it is neither mutual nor consensual. Rather, rape is one person acting unilaterally upon and against the will of another person. As Boyle (1985) pointed out, the term sexual assault is an oxymoron: if the act is sexual, it cannot by definition entail assault; if it is assault, it cannot by definition be sexual. Yet, in the legal judgments, acts of forced vaginal penetration (rape) were described as "sexual intercourse", "brief intercourse", "bouts of intercourse", and "the

sexual act" (p. 192). Acts of non-consensual manual-genital contact were about half of the time described in sexual terms, for example, as "fondling", "acts of a sexual nature" or an "act of masturbation" (p. 192). Forced oral-genital contact was referred to in all instances as sexual, for example, as "acts of oral sex", "act of fellation", "acts of a sexual nature" and "sexual acts of fellation" (p. 192). Some of the judges' remarks clearly described the perpetrator's actions as motivated by sex rather than violence, for example, "an assault for the purpose of sexual gratification" (p. 191).

Second, despite a Canadian law requiring that sexual assault be treated as inherently violent, judges frequently made a distinction between sexual assaults and violence. For example, one judge commented that "the indecent assault against the young girl is less serious because it involved no violence" (p. 194). Another judge applied a very narrow definition of violence:

in mitigation, certainly, is the fact that there was no external violence committed upon her; that is, there [were] no physical blows struck, she was not hit, she was not bruised. (p. 194)

The accused was convicted of two sexualized assaults. Later in the same case, the judge remarked of the accused, "there was no violence attributable to you" (p. 194). The judge's language negated the violence inherent in the assaults and made the assaults indistinguishable from sexual activity.

Third, the judgments implicitly or explicitly defined resistance only as continued physical struggling. That is, a complainant who "did not seize the opportunity to push the accused off her" or one who "stopped struggling" was said to have "acquiesced". Coates et al. (1994) commented that

This language of appropriate resistance seemed to us to be drawn from male-to-male combat between equals, where continued fighting is appropriate, rather than from asymmetrical situations (e.g., prisoners of war or victims of school-yard bullies) where physical resistance would lead to little chance of success and a high probability of further harm. (p. 195)

It may at first seem contradictory that the judgments would describe the assault itself as nonviolent but expect a persistent physical struggle by the complainant. However, the two complement each other: If resistance is defined solely as overt physical struggle, then its absence can be taken to mean there was no violence; if there was no violence, there would not have been any resistance.

A fourth interesting feature of many of the judgments was the widespread use of agentless grammatical constructions, such as passive voice. (Recall that these were also found in colonialist discourse and in the non-apology described at the beginning of this chapter.) Instead of active sentences such as, "He assaulted her", judges used constructions such as "She was assaulted" (p. 196). There is no agent or perpetrator in the latter construction. Judges also nominalised the acts, that is, the acts simply existed, without agents or victims: "there was an abuse of this trust", "they were both forced acts of buggery", "there was advantage taken of a situation which presented itself" (p. 196). It is not at all clear who abused whose trust, who committed forced buggery on whom, or who took advantage of whom and how.

In stark contrast, judges used clear and active constructions when describing the good character of the perpetrators. Even when the

perpetrator had been convicted of at least one violent crime, judges consistently made attributions of good character. For example, one judge described a man convicted of raping a woman twice as having "impeccable character". A man convicted of sexually assaulting his grandson was described as having "exceptional character" (p. 196). The basis of such descriptions was apparently the offender's standing in the community, the fact that he held a job.

This fifth and final anomaly, the good character of the offender, led to further investigations of the attributions made about offenders. If the offender is so good, what caused the assault? Coates and Wade (1994) examined all 64 B.C. trial judgments from 1986 to 1992 in which the accused pleaded or was found guilty. Independent analysts reliably identified and distinguished between the various attributions regarding the cause of the assault. These causes were predominantly what Coates and Wade (1994) called "psychologizing", that is, psychological causes over which the offender was deemed to have little or no control: alcohol abuse, biological or sexual drives, psychopathology, lack of control, character deficits, dysfunctional family upbringing, stress or trauma, or other emotional state. Note that these attributions reduce the offender's responsibility for his violent conduct and thereby preserve his "good character". Not incidentally, they also shift the emphasis away from the violence done to the victim.

Coates (1997) further refined this analysis of causal attributions and found that the judgements discursively created the psychological cause as external to the perpetrator (e.g., an "impulse" that drove him) as opposed to

internal and within his control ("He chose to . . ."). Moreover, these externalized causes were rarely described as a motive to be violent but rather, for example, as motivated by sexual or affectionate urges. Moreover, these attributions were specifically related to sentencing.

Summary

In this chapter, we have seen many similarities in the language used to conceal very different kinds of violence (child abuse, colonialism, and sexualized assault). The descriptions minimized, ignored, or even denied the violence. They valorized or sympathized with the perpetrators while ignoring the victims' resistance. There are many subtle ways of accomplishing these descriptions, but what is perhaps most striking is the highly conventional nature of the language. Unlike the language of extreme racism or misogyny, the language used in these examples seems, at least initially, measured and balanced rather than aberrant. Only on close reading by microanalysis does its systemic effect become obvious.

CHAPTER 11

PASSIVITY, FALSE CONSCIOUSNESS, AND INTERNALIZED OPPRESSION

In one sense, the theme of resistance is an important locus of interest in political, cultural, and historical studies. However, scholars have traditionally focussed almost exclusively on large scale, open insurrections (Scott, 1985, 1990; P. Stephenson, personal communication, March, 1996), such as the Bolshevik and American revolutions, for at least two reasons. By virtue of their sheer size and openly defiant character, insurrectionist movements are considerably more noticeable than individual acts of resistance, which are often disguised, performed behind the scenes, and realized in conditions of extreme isolation. As well, many critics insist that open and collective resistance is the only effective means of achieving large scale social change against the imposing forces engaged directly and indirectly in sociopolitical repression (e.g., Burstow, 1990; Foucault, 1980; Friere, 1968/1973; Said, 1993; Scott, 1990; Young, 1990). Resistance on the part of individuals acting more or less alone, outside of collective movements, is explicitly downplayed by these critics or overlooked entirely because it poses no obvious threat to the existing social order.

One result of the preoccupation with revolutionary movements is that the term resistance has become virtually synonymous with open and collective insurrection. This definition, in turn, has had a profound influence on the way that victims of diverse forms of violence and oppression are represented in scholarly, professional, and public discourse. For example, on reviewing the literature concerned with peasant insurgency, Scott (1985) remarked:

The historical and archival records were richest at precisely those moments when the peasantry came to pose a threat to the state and to the existing international order. At other times, which is to say most of the time, the peasantry [appear] in the historical record not so much as historical actors but as more or less anonymous contributors to statistics on conscription, taxes, labor migration, land holdings, and crop production. (p. 28-29)

That is, unless the oppressed are engaged in open and collective insurrection, which is visible to the distant analyst, they are represented as passive and, in Scott's words, "anonymous contributors" to their own domination. The myriad small acts of living, those individual acts of resistance that occur ubiquitously between (and during) periods of open insurrection, are simply ignored because they have been omitted from the historical record.

The misperception of oppressed people as passive whenever they do not rebel openly has led to a particular theoretical representation of them that will be the focus of this chapter. Faced with the apparent absence of resistance, many theorists have sought an explanation for such passivity. The explanation now widely accepted is that oppressed people become internally oppressed, that is, they themselves accept their oppression as deserved or natural. This presumed acceptance of the oppressor's view is often called false consciousness. These characterizations of the victims of oppression have subsequently been applied to victims of personal violence, particularly battered and abused women and girls. In brief, failing to see their resistance has crucial effects on how victims are represented, even to the point of blaming them for their own abuse.

False Consciousness and Internalized Oppression

Theories of false consciousness and internalized oppression essentially propose that the victims of oppression do not resist because they accept their oppression as legitimate or become resigned to it as inevitable. Simplifying greatly, these theories can be thought of as attempts to answer questions of the following type, put rather pithily in this instance by Scott (1990): "Why do people knuckle under when they appear to have other options?" (p. 71).

Traditionally, theories of false consciousness have been concerned almost exclusively with class relations. The focus of attention has been on problems such as why the oppressed do not participate more actively in the political process or why the working classes have accommodated to capitalism despite the unequal distribution of wealth and privilege that it inevitably produces. It should be noted, however, that such questions are formally identical to questions frequently asked about battered women ("Why doesn't she just leave him?"), sexually assaulted children ("Why didn't she tell someone right away?"), and employees harrassed at work ("Why didn't he just quit?"), to name but three examples.

It is important to note that there is no consensus on the meaning of the key terms that comprise theories of false consciousness and internalized oppression. The meaning of terms such as *hegemony*, *ideology*, *internalized oppression*, and *false consciousness* is constantly at issue (Eagleton, 1991). My purpose in the discussion that follows is to examine closely the meaning of false consciousness and internalized oppression. At this point, I want to stipulate what I mean by the terms *hegemony* and *ideology* because I will

use them later without further clarification. According to the Shorter Oxford English Dictionary (1991), hegemony refers to a "ruling part", a "master-principle" or a state of "predominance" (p. 946). In political theory, the term is used somewhat more specifically. According to Fairclough (1992), hegemony refers to "the power over society as a whole of one of the fundamental economically-defined classes in alliance with other social forces" (p. 92). Ideology, according to Fairclough (1992) once again, refers to:

significations/constructions of reality (the physical world, social relations, social identities), which are built into various dimensions of the forms/meanings of discursive practices, and which contribute to the production, reproduction or transformation of relations of domination. (p. 87)

I assume that what Fairclough refers to as "significations/constructions" is roughly equivalent to what I mean by representations. These definitions suit my present purposes because they highlight the importance of representation and stress the role of ideology in the exercise of domination.

Virtually all theories of false consciousness assert that relations of power and domination are sustained through dissemination of an ideology that conceals, naturalizes, and ultimately reproduces the existing social order. An ideology is said to be dominant or hegemonic to the extent that it brings the consciousness of the oppressed into line with the ideology of the oppressor. The oppressed do not resist because they accept the dominant ideology and act in accordance with its terms, even if unconsciously. Thus, the argument goes, women accept patriarchal ideology and willingly perform the traditional roles that support male authority and privilege; members of the working class accept their subordinate position and lack of access to influence and

privilege because they believe that the wealthy are more deserving; First Nations people accept the reality of their inherent inferiority relative to Europeans and willingly comply with practices and policies founded upon this ideology; individuals with disabilities accept and behave in accordance with the view that their disability makes them deserving of diminished access to buildings, occupations, and political influence; and so forth. The social critics proposing this theory do not believe that the hegemonic ideology represents social reality. Therefore, insofar as the ideology conceals or naturalizes relations of domination, people who appear to accept, positively identify with, or internalize its terms are presumed to possess a false consciousness. Because oppressed people internalize the ideology promulgated by the oppressor and conduct themselves according to its terms, they are cast as actively complicit in their own domination and in the domination of others. Their conduct is symptomatic of internalized oppression.

The precise extent to which the oppressed are presumed to have adopted a hegemonic ideology is a question of crucial importance. Scott (1990) suggested that there are both "thick" and "thin" theories of false consciousness. Thick theories assert that the subordinated person is persuaded to actively believe in the dominant ideology; the endpoint of indoctrination is his "spontaneous consent" and "allegiance", his "positive self-identification" with the dominant ideology (Cocks, 1989, p. 44). Thin theories of false consciousness claim only that the subordinated person becomes resigned to the existing order, that he accepts it as "natural and inevitable" (Scott, 1990, p. 72). The distinction between thick and thin

theories of false consciousness is useful, I believe, because it highlights the fact that different versions of false consciousness theory suggest sharply contrasting theories of the person and equally contrasting theories concerning the operations of power and domination. I return to this distinction in Chapter 12 when re-examining the work of Foucault.

Representing the Oppressed

I now turn to some passages that illustrate some of the linguistic devices comprising false consciousness theory. The first is by Paulo Freire, a well-known activist, educator, and philosopher (Freire, 1968/1970); the second is by Antonio Gramsci, a Marxist philosopher (Gramsci, 1971, 1995); the third is by Pierre Bourdieu (Bourdieu, 1977), a French ethnographer and social critic. I do not claim that the passages examined below are representative of false consciousness theory as a whole. Nor do I claim that they represent the full range of ideas associated with their respective authors. I selected them simply because they illustrate certain prominent and readily identifiable methods of representing the actions and subjective experience of individuals subjected to oppression--methods of representation that feature prominently in the literature of the helping professions, as we shall see.

Paulo Freire's Pedagogy of the Oppressed (1968/1970) is a classic, widely cited examination of the plight of oppressed people and a highly influential treatise on social activism. My purpose in the discussion that follows is not to evaluate the text as a whole nor to question the value of Freire's scholarly or political work. I am interested only in how he represented the actions and attributes of oppressed people. The following is a series of relatively short

passages, presented in order of their appearance in the text:

Because of their identification with the oppressor, they [the oppressed] have no consciousness of themselves as persons or as members of an oppressed class. (p. 30)

It [the desire of the oppressed for change] is not because they want agrarian reform, but in order to acquire land and thus become landowners—or, more precisely, bosses over other workers. (p. 30)

The oppressed, having internalized the image of the oppressor and adopted his guidelines, are fearful of freedom. (p. 31)

The oppressed, who have adapted to the structure of domination in which they are immersed, and have become resigned to it, are inhibited from waging the struggle for freedom so long as they feel incapable of running the risks it requires. (p. 32)

The oppressed suffer from the duality which has established itself in their innermost being. They discover that without freedom they cannot exist authentically. Yet, although they desire authentic existence, they fear it. They are at one and the same time themselves and the oppressor whose consciousness they have internalized. (p. 32)

The central problem is this: How can the oppressed, as divided, unauthentic beings, participate in developing the pedagogy of their liberation? Only as they discover themselves to be "hosts" of the oppressor can they contribute to the midwifery of their liberating pedagogy. As long as they live in the duality in which to be is to be like, and to be like is to be like the oppressor, this contribution is impossible. The pedagogy of the oppressed is an instrument for their critical discovery that both they and their oppressors are manifestations of dehumanization. (p. 33)

As long as the oppressed remain unaware of the causes of their condition, they fatalistically "accept" their exploitations. (p. 51)

Freire also stated that the oppressed are possessed of a "subjectivist immobility" (p. 35), an "oppressor consciousness" (p. 44), an "irresistible attraction towards the oppressor" (p. 49), and a habit of "self-depreciation" (p. 49).

The next passage is by Antonio Gramsci. Gramsci was a neo-Marxist

philosopher (Scott, 1990) who is well known for his views on ideology and hegemony, and more specifically for his work on the question of how "governing power wins consent to its rule from those it subjugates" (Eagleton, 1991, p. 112).

The active man-in-the-mass has a practical activity, but has no clear theoretical consciousness of his practical activity. . . . His theoretical consciousness can indeed be historically in opposition to his activity. One might almost say that he has two theoretical consciousnesses (or one contradictory consciousness): one which is implicit in his activity and which in reality unites him with all his fellow-workers in the practical transformation of the real world; and one, superficially explicit or verbal, which he has inherited from the past and uncritically absorbed. But this verbal conception is not without consequences . . . the contradictory state of consciousness [often] does not permit of any action, any decision, or any choice, and produces a condition of moral and political passivity. (Gramsci, 1971, p. 333)

There are many aspects of these passages that warrant careful examination. In what follows I focus primarily on the writers' methods of portraying the oppressed as passive and internally oppressed, with special attention to their use of psychological attributions.

Psychological Attributions

As can be seen, both Freire and Gramsci portrayed the oppressed as utterly passive, but they did not stop there. To explain this passivity, they proffered a series of psychological inferences. According to Freire, "the oppressed have adapted to the structure of domination. . . [and] have become resigned to it"; they "fatalistically accept their exploitations". According to Gramsci, the oppressed are incapable of "any action, any decision, or. . . choice". Further, Freire and Gramsci used a number of specific psychological attributions to place the putative cause of this passivity

at the deepest and most private levels of psychological life. For instance, they attributed the passivity to that which the oppressed fear, desire, and believe; they argued that the oppressed are divided at the level of their innermost being, and they have described what transpires in the unconscious minds of the oppressed.

Once passivity is explained in psychological terms, it becomes a simple matter to portray the oppressed as self-subjugating accomplices in the process of their own oppression. In the preceding passages, this claim is made largely on the basis of the implications entailed in the verbs absorb (Gramsci, 1971, p. 333), adopt (Freire, 1968/1970, p. 31), and accept (Freire, 1968/1970, p. 51). These verbs suggest that the oppressed passively receive (absorb), thoughtfully or unwittingly embrace (adopt), and positively identify with (accept) the oppressor's "guidelines" and "consciousness", as well as the "past" (i.e., history, in the Marxist sense). These terms are an important part of theories of internalized oppression because they suggest that the oppressed are both penetrated by and ultimately committed to the hegemonic ideology imposed by the oppressor. Obviously, these representations give the reader no reason whatsoever to suspect that the oppressed might oppose the oppression they are subject to.

The third and final passage is by Pierre Bourdieu (1977), whom Abu-Lughod (1986) described as the "most sophisticated theorist working on the ethnography of the Middle East" (p. 256). I will not summarize Bourdieu's work here, except to note that he is particularly well known for his work on the question of how ideology takes hold in everyday life (Eagleton, 1991).

According to Bourdieu:

Official language, particularly the system of concepts by means of which the members of a given group provide themselves with a representation of their social relations . . . [both] sanctions and imposes what it states, tacitly laying down the dividing line between the thinkable and the unthinkable. (1977, p. 21; emphasis added)

This passage differs from those by Freire and Gramsci in that it contains no explicit references to passivity, self-subjugation, internalized oppression, or false consciousness. Nevertheless, Bourdieu presumes the same linear, deterministic relationship between (official) language and thought as Freire and Gramsci presumed between oppression and consciousness. As Abu-Lughod (1986) put it: Bourdieu “grants official ideology a totalitarian role in structuring experience” (p. 256). Like Freire and Gramsci, Bourdieu presumed that conditions prevailing in the social world (i.e., official language) set the limits of subjective experience (i.e., thought). Just as, for Freire and Gramsci, there is no space for consciousness outside of history and the hegemonic ideology of the oppressor, for Bourdieu, thought outside the strictures of official language is “unthinkable”. Bourdieu’s depiction of the person as the passive recipient of what is thinkable is all the more interesting because it is proffered so innocently, without recourse to an overtly political terminology. The absence of this terminology highlights how subtly such powerful and inherently political claims can be made.

Mis-representing the Oppressed

A General Criticism of False Consciousness Theory

All theories of false consciousness and internalized oppression rest on the assumption that public appearances can be taken as a reliable index of what

goes on behind the scenes (Scott, 1990). According to this assumption, the absence of open insurrection can be taken as proof that the victim did not resist. But this assumption ignores the fact that wherever there are imbalances of power, and particularly where there is violence, public appearances are highly misleading. Because open defiance may be met with brutal retaliation, individuals engaged in stubborn resistance may at the same time produce a

stream of performances of deference, respect, reverence, admiration, esteem, and even adoration that serve to convince elites that their claims are in fact validated by the social evidence they see before their very eyes. (Scott, 1990, p. 93)

As discussed in Chapter 5, far from proving the victim's passivity, deferential conduct may be an important tactic of on-going resistance. Yet anyone relying strictly on a reading of the public transcript, to use Scott's term, would conclude that the oppressed are indeed submissive and self-subjugating. Moreover, academics and professionals may be particularly prone to drawing erroneous conclusions on the basis of public appearances because subordinated informants are likely to deny them access to the private transcript, precisely because of the threat represented by their elite status.

Misconceptions Concerning the Nature of Resistance

The need for theories of false consciousness arises only if we accept the premise that individuals respond to violence and oppression in a passive and self-subjugating manner. The criticisms delineated by Scott (1990) certainly call the validity of this premise into question. However, the apparent truth

and widespread acceptance of this false premise cannot be explained strictly by the fact that resistance is usually disguised. Any assessment of the frequency of resistance depends crucially on how it is defined by those who discuss (represent) it. If resistance is equated with open and collective insurrection, it will certainly appear that the oppressed are for the most part passive and self-subjugating. If we define resistance more comprehensively, on the other hand, as I proposed in Part Two, it will appear that resistance is ubiquitous. Equating resistance with open and collective insurrection both presumes and promulgates a number of closely related misconceptions concerning the nature of resistance. These can be examined individually; however, I will examine them in three groups, for brevity and ease of exposition.

The first set of misconceptions is primarily concerned with the question of when and under what conditions resistance occurs. According to the model of resistance as open and collective insurrection, resistance is (a) sporadic, (b) collective, (c) open and therefore visible, and (d) incited only when conditions are so dangerous, desperate, or chronic that the oppressed either lose control of, or no longer wish to contain, their outrage and desire for change. I refer to these as misconceptions because I have already shown that resistance to both sociopolitical and personalized forms of violence and oppression only rarely conforms to this model. Resistance to personal forms of violence such as battering, sexualized abuse and assault, and so on, is typically (a) not sporadic but continuous and pervasive, (b) not collective but carried out by individuals in extreme isolation, (c) not open but disguised or

indirect, and (d) incited even by apparently minor affronts to individual dignity, autonomy, or physical integrity (as well as by more serious assaults).

The second set of misconceptions characterizes the acts of resistance themselves. According to the criterion of open and collective insurrection, resistance is (e) explosive, (f) comprised of actions that match or exceed the level of aggression entailed in the original assault, according to the principle of "an eye for an eye", and (g) strictly oppositional. That resistance is presumed to be explosive, aggressive, and oppositional is reflected in the fact that it is usually characterized in one of three vocabularies: (a) Psycho-hydraulic and cathartic metaphors call upon the image of long-repressed outrage or hostility which, having accumulated intense energy during long confinement in the depths of the psyche, finally vents itself, uncontrollably and irrationally, in a fit of rage. (b) Militaristic metaphors describe fighting, attacks and counterattacks, offensives and counter-offensives, skirmishes, battles, and altercations. (c) Terms such as argument, strife, feud, challenge, defeat, victory, and forth, draw on an oppositional or adversarial metaphor. (It is interesting to note how terms that suggest the confrontation of opposing forces, such as those above, also tend to mutualize the interaction in a way that can be used to ignore the existence of asymmetrical power relations.)

The problem, in my view, is not that these vocabularies wholly misrepresent resistance. On the contrary, they can and do represent an important part of the picture in particular instances. Victims of violence do sometimes erupt (so to speak), counterattack, or and challenge the

perpetrator. However, these vocabularies do not capture the informed prudence, patience, respect, caution, thoughtfulness, compassion, tactical acumen, subtlety, and other qualities that generally feature prominently in spontaneous resistance to interpersonal violence. Actions or thoughts that exemplify these qualities are systematically excluded from consideration as forms of resistance.

The last misconception is the assumption that resistance is aimed at large-scale, revolutionary change, that is, at radically altering or overthrowing the existing social order. This misconception operates somewhat differently than the other misconceptions and deserves special attention. While it is true that resistance is sometimes aimed at radically altering or overthrowing an existing social order, it is just as often concerned simply with securing safety or avoiding the violence as much as possible, preserving or reasserting dignity, and establishing respectful living conditions. Most harassed employees do not respond by initiating a campaign to bring about the destruction of late industrial capitalism. And women who are abused by their husbands typically cannot afford to wait for the overthrow of the patriarchy, as important as that goal may be. Of necessity, victims' efforts are normally at least initially directed toward more immediate and considerably more modest--though no less important--goals.

I do not mean to suggest that revolutionary change through open and collective insurrection is never necessary or that it is not desired by some victims. But I believe the assumption that, to be significant, resistance must be aimed at revolutionary change reveals more about critics' agendas than it

does about the nature of resistance or the intentions of individual victims. In particular, it reflects critics' beliefs that resistance ought to be concerned with revolutionary change because that is the most effective means of achieving large-scale social reform. Precisely this agenda is a prominent feature of many critical texts, from Freire (1968) to Burstow (1990). Forms of resistance that do not appear to serve this agenda, including indirect and disguised actions and those carried out by individuals in isolation (i.e., not as part of a political movement or group), are excluded from consideration as significant forms of resistance. For these authors, while victims of personal violence may, in the best cases, be granted the identity of "resilient" individuals or "survivors", they are simultaneously denied the identity of individuals engaged in meaningful resistance.

Critical Self-Fashioning

Any act of representing another person or group is simultaneously an act of representing one's self and one's relationship to the other (Bhabba, 1990, Clifford, 1986, 1988; Cocks, 1989; Crapanzano, 1980, 1986; Rabinow, 1986; Said, 1978, 1993). The stereotypical image of the passive, self-subjugating, and internally oppressed victim is itself produced within relations of power and is subject to being used in support of diverse interests. Consequently, while it is important to examine how justly and accurately oppressed people are represented in various discourses, it is equally important to go further and consider the intimately related questions of how particular writers represent and position themselves, socially and politically, in and through their representations of the oppressed and how critics' self-representations

influence the treatment of individuals subjected to violence.

As illustrated by their unrestrained use of psychological attributions, Freire and Gramsci claim nothing less than the ability to read the conscious and unconscious minds of literally millions of oppressed people. Bourdieu's claim is slightly more modest. Still, in claiming to know both the limits of thought and how those limits are set (by official language), Bourdieu claims to know enough about what individuals think to know that it fails to exceed the externally imposed, linguistically defined limits. Moreover, these knowledge claims are in each case proffered with utter certainty, as facts rather than hypotheses, inferences, or assumptions. But how did Freire, Gramsci, and Bourdieu acquire the ability to read the minds of so many oppressed people in such depth, and with such acuity? How did they obtain the authority to offer their inferences as facts? And, further, how do such remarkable knowledge claims acquire an air of plausibility? To answer these questions, we must look more closely at what attributions of false consciousness and internalized oppression actually entail.

True and False Consciousness

The concept of false consciousness makes sense only as it is counterposed to the complementary concept of a true or, as it is called, critical consciousness (Scott, 1990). So critical consciousness can be understood as an historically and sociologically informed understanding of power relations, including diverse forms of domination and exploitation; and it is often viewed as a necessary precursor to resistance. Thus, any attribution of false consciousness or internalized oppression entails as a

corollary the claim that others, at the very least the individual making the attribution, possess a true or critical consciousness. From this perspective, we can see that the act of attributing internalized oppression, which simultaneously stakes one's claim to a critical consciousness, is inherently divisive: It divides the critically conscious from the falsely conscious, the observer from the observed, the knower from the known, the active from the passive, those who see the truth from those who are seduced by lies, those who can speak about and on behalf of others from those who cannot speak about or on behalf of themselves, those engaged in meaningful resistance from those engaged in unwitting compliance, the beneficent from the needy, the proficient from the deficient, the intellectual from the novice, the professional from the client. The attribution of false consciousness inevitably creates two classes of people and establishes a hierarchical relationship between them, one that privileges the critically conscious.

The Role of Elites

If the oppressed are as passive, self-subjugating, and internally oppressed as Freire and Gramsci proposed, it follows that meaningful resistance must be mobilized by the elites, namely, professionals and intellectuals who possess the requisite critical consciousness. This defines professional work and high intellectual culture as the primary sources of dissent (Cocks, 1989). I will propose that it also conceals and suppresses resistance in at least two ways.

First, it immediately elevates the political (and therapeutic) agendas advanced by professionals and intellectuals. While these agendas may be

appropriate for the intellectuals and professionals themselves, they are too easily elevated to the status of universally valid ideals and thereafter treated as standards against which the significance of all resistance can be measured and compared. For example, against the ideal of widespread social change achieved through open and collective political action based on critical consciousness, the act of a child pulling his dresser in front of his bedroom door at night to prevent his abusive father from entering the room or the act of a woman refusing to supply the affection demanded by her abusive husband will certainly appear small and insignificant. This is only because the standard (i.e., the ideal of revolutionary change achieved through open and collective insurrection) is inappropriate for the circumstances; it wrongly assumes that individuals living in conditions of extreme fear and deprivation possess the same range of opportunities for political activism as those living in safer and more secure circumstances. Only rarely will individuals' spontaneous resistance conform to the agendas advanced by professionals and intellectuals, at least initially. When these agendas are used as standards, spontaneous resistance is inevitably devalued or overlooked entirely. The stereotypical image of the passive, self-subjugating, and internally oppressed victim is then reproduced, and the false premise underlying theories of false consciousness is reconfirmed.

Second, the idea that resistance must be mobilized by elites suggests that professionals and intellectuals should take on the task of educating and empowering the oppressed, for example, by naming violence and oppression, criticizing associated ideologies and social structures, and suggesting

appropriate courses of political action. Recall that Freire proposed, precisely, a pedagogy of the oppressed. Even where professionals recognize spontaneous resistance, they too frequently assume it must be modified to conform to certain models of healthy or correct political action. (e.g., Burstow, 1990; Freire, 1968/1970; Moreau, 1990; Robinson & Ward, 1991).

From this perspective, it is not really surprising that the twin concepts of false consciousness and internalized oppression, plus the stereotypic image of the passive and self-subjugating victim on which they depend, appeal to some professionals and intellectuals. As Eagleton (1991) points out, few of us, least of all professionals and intellectuals, want to consider ourselves passive, self-subjugating, internally oppressed, or falsely conscious. These attributes are all rather like halitosis, to borrow Eagleton's (1991) vivid analogy, in that they always seem to be possessed by someone else. By ascribing these attributes to others, professionals and intellectuals are able to create the comforting sensation that they belong neither to the institutional apparatuses of power and domination nor to the ranks of the those who participate blindly in their own subjugation. They are doubly "exterior" (in the jargon of critical theory) and therefore able to claim a position of simultaneously disinterested objectivity and political engagement.

While representations of the passive and internally oppressed victim elevate the critic, in my view they are generally proffered in a manner that conceals or even denies the very possibility of that elevation. This is because representations of the internally oppressed are usually proffered in texts in which the author critically examines some form of violence or exploitation

and simultaneously promotes a social justice oriented ideology. The author fashions a discourse that stresses themes of solidarity with the oppressed, of shared interests, common suffering, and the necessity of communal effort, in essence, themes that call upon the myth of equal status between elites and the oppressed. The attributions that elevate the author, those concerned with false consciousness and internalized oppression, are concealed to the point of virtual invisibility within a larger critique that stresses equality.

But the mere fact of engaging in political criticism and promoting social equality does not absolve professionals and intellectuals of the trappings associated with their social standing. If I begin a workshop presentation by situating myself (as the expression goes) as a professional, middle-class, educated, married, white, male, parent, heterosexual, therapist, and researcher, for example, I do not in that act shed the authority or prestige often associated with (some of) those positions. I do not magically acquire awareness of my own socially and culturally constituted, institutionally sanctioned intellectual and ethical blind-spots and prejudicial opinions. I do not relinquish the comparatively good wages, access to public platforms, social influence, the ability to blame clients for my professional shortcomings or accept credit for their successes, or other privileges generally accorded individuals in my situation. And I do not acquire the kind of benign neutrality that would allow me to proffer psychological inferences about others without claiming at the same time an elevated perspective that would allow me to do so with impunity. However, by preemptively emphasizing the possible significance of my own situation, by appearing to recognize and allow for the

complex ways in which it influences my presentation, I may, in the earnest and ostensibly responsible act of situating myself, effectively prevent members of the audience from pressing the point. That is, the audience may feel less able to challenge the perspectives I put forth, rather than more. The act of situating one's self socially and politically may function quite effectively, if inadvertently, as a silencing strategy. The claim to critical consciousness and to the station of social critic, no less than the station of psychiatrist, priest, or CEO, exudes authority.

Internalized Oppression in Feminist and Therapeutic Discourse

The main features of false conscious theory--representations of the passive, self-subjugating, and internally oppressed victim, and complementary representations of the active and critically conscious expert--appear in various guises and combinations throughout the clinical research and therapeutic practice literatures. In the final section of this chapter, I briefly illustrate how these stereotypes appear in some examples of feminist work and in the structural model of social work (Carniol, 1992; Moreau, 1990).

Internalized Oppression in Feminist Representations

The concept of internalized oppression features prominently in feminist work, and I will present only a few illustrative examples. One of the earliest and perhaps most influential examples can be found in Lenore Walker's classic texts, The Battered Woman (1979) and The Battered Woman Syndrome (1984). Using Seligman's (1975) theory of learned helplessness, Walker argued that women subjected to intense and protracted battering

eventually resign themselves to the fact that there is nothing they can do to stop or avoid the violence. Consequently, according to Walker, they learn to respond in a helpless manner. But the accounts of the women in Kelly's (1988) study, reviewed in Chapter 9, clearly contradicted any suggestion of learned helplessness and suggested quite a different interpretation of women's apparently passive responses to battering. Kelly found that women's resistance frequently increased before they finally left their abusive husbands. Thus, she remarked,

What has been defined as "learned helplessness" is in fact a form of coping in a situation where women feel their options are severely limited. (p. 181)

Although the theory of learned helplessness stops short of blaming the woman for the violence against her, it significantly underestimates women's abilities to resist prudently, without engaging in open defiance, when left with no other options.

Some more recent examples come much closer to outright victim-blaming. For instance, Pagelow (1981) suggested that women are more likely to be battered if they hold traditional attitudes concerning women's roles. Again, Kelly's data support a different conclusion. In response to Pagelow, she pointed out that

Whilst women may appear to be accepting of men's demands, this was a conscious coping strategy which they used to try and avoid violence. It was not a desire to be the perfect wife and mother. If traditional attitudes are involved in battering, it was not abused women who held them in this sample but their abusive partners. (1988, p. 181)

Pagelow's (1981) argument illustrates in a particularly clear way how the concept of internalized oppression (i.e., the holding of traditional attitudes)

leads to blaming the victim.

Gilbert and Webster (1982) suggested a stronger (i.e., thicker) and more explicit version of the internalized oppression argument in accounting for violence against women. On the basis of a general theory of the psychology of women, they argued that girls and women are socialized into a form of femininity--characterized by compliance, self-denial, suppression of anger, and dependence on male approval--that encourages them to accept victimization:

Made helpless and vulnerable by femininity, women are easy marks for acts of male aggression and rage; we have internalized the feminine stance in our relations to the world and to men, we both expect and accept our violation as inevitable. (p. 164)

Obviously, such a view both blames the victim and is unable to account for the existence of any resistance on the part of girls and women.

Finally, in The Courage to Heal, one of the most influential texts on therapy with victims of sexualized assault and abuse, Bass and Davis (1988) portrayed victims of sexualized child abuse as passive recipients of "internalized messages" of unworthiness and culpability which rob them of any "personal power" except the ability to self-destruct:

Survivors [are] programmed to self-destruct. You [learn] to put yourself down so effectively that the abusers don't even have to be around any more to do it. They can go off and play golf while you do yourself in. (p. 179)

While this account acknowledged the trauma and deep sense of shame and self-recrimination experienced by many victims, it also portrayed victims as fully compliant and, because they have internalized the abuser's programming, ultimately self-destructive. Bass and Davis (1988) provided

no reason at all to think that victims resist sexualized abuse.

The Structural Model of Social Work Practice

According to the structural model of social work (Carniol, 1992; Moreau, 1990), many of the difficulties experienced by clients are the result of various forms of oppression and inequality--racism, sexism, classism, heterosexism, ableism, economic disadvantage, and so on--that inhere in the structure of western patriarchal capitalism. With this structural critique in mind, the stated purpose of the structural approach is "to shift social work from its preoccupation with pathology to a concern for the impact of disadvantage" (Rossiter, 1993, p. 6). But the preservation of psychopathology is everywhere apparent in the structural model, in the form of internalized oppression and the reproduction of expert proficiency and privilege.

As in thick theories of false consciousness, the structural model treats the individual as an effect of oppressive social processes: "[O]ur personalities are shaped by the family, schools, and other institutions, structured by patriarchal authority" (Carniol, 1992; p. 11). This view of the individual-as-receptacle is then employed as a basic premise to support a series of pathology-oriented representations, beginning with Moreau's (1990) contention that the "[oppressive] social order may seriously impair a client's capacities to accurately construe reality" (p. 54). Blinded by their perceptual impairments, the argument goes, the oppressed develop "magical ideologies . . . [that] rationalize their passive submission to their own situation of suffering" (Moreau, 1990; p. 60).

From here, it is but a small step to suggest that the oppressed are both

self-oppressing and themselves oppressors: “[C]lients develop mechanisms in order to survive the oppression they experience—mechanisms that, in the end, not only support their own oppression but all too often that of others.” (Moreau, 1990, p. 57-58). Finally, echoing both Freire (1970) and Bettelheim (1943), Moreau asserted:

Most inferiorized people . . . [overconform] to dominant norms. They try to pass themselves off for members of the dominant group. In this stage of identification with the oppressors . . . many may be hostile toward members of the inferiorized group to which they belong, because these persons painfully remind them of what they are. (p. 59)

Having initially presumed a passive victim, there is little problem in constructing a deluded, self-oppressing, and oppressive one.

In the structural model, social work is conceived as a form of social activism. The social worker is to assume a posture of solidarity with the client. In this respect, it is interesting to observe how quickly Moreau and Carniol drop the term social worker in favour of the single word, worker. This textual device neatly plays down the social worker’s professional status and position as power-broker and gate-keeper in the state-funded social service apparatus. It implies instead that the social worker is just another working class labourer, like any other, and it calls forth the romantic image of working among the oppressed, as one with them, toward the common goal of social justice.

However, beyond assuming a posture of solidarity, structural workers are instructed to view themselves as an example—a model for the client to emulate. They are to defend clients’ needs for adequate material resources,

but also to help them become aware of their oppression and how it derives from larger social structures. The role of workers is to challenge the clients' "magical ideologies" and help them develop a "critical consciousness", to "redefine [liberal union] struggles to include more radical changes" (p. 57) if need be, and to mobilize collective resistance. As can be seen, structural social workers are encouraged to believe that it is in their clients' best interests to adopt the worker's political perspective concerning patriarchal western capitalism. The worker's claim to activist solidarity barely conceals a posture that can best be described as pedagogical and prescriptive. As Rossiter (1994) pointed out, the structural model "reinvokes paternalism and reinscribes traditional power relations" (p. 81).

Summary

Theories of false consciousness and internalized oppression are, at bottom, psychological theories built upon a highly deterministic, linear view of socialization. The social world (i.e., oppression and its naturalizing ideology) determines the shape of consciousness (and unconsciousness), which in turn determines behaviour. The question of resistance is in this way reduced to a question of consciousness just as, in traditional psychological approaches, actual behaviour is reduced to a function of mental events. The intellectuals who make this case presume to know, with remarkable certainty, the conscious and unconscious minds of oppressed people. Whereas victims are internally oppressed by a false and, by definition, deficient consciousness, intellectuals claim possession of a critical and more proficient consciousness. In each of the examples presented in this chapter,

the concept of internalized oppression was used specifically to account for the victim's passivity and self-subjugation. Each of these theories begins with the assumption that the oppressed do not resist; if that assumption is not true, there is no need for these theories.

CHAPTER 12
CONTRADICTION THEORIES OF RESISTANCE
AND INTERNALIZED OPPRESSION

In this chapter, I continue the critique of theories that propose an internally oppressed victim. The group of theories to be considered here differ from those in the previous chapter in an important respect. The former either did not recognize or minimized the importance of small-scale, individual resistance. In contrast, Burstow (1992), White (1992), and Foucault (1978, 1980) should all be credited with both recognizing and valuing spontaneous resistance, as I pointed out in Chapter 9. However, although they comment on spontaneous resistance by victims of interpersonal violence or oppression, they still attribute internalized oppression to these victims. Here I will address the inherent contradiction between their recognition of resistance and their continued use of the concept of internalized oppression.

Terms and Variations

In Chapter 11, I used the terms false consciousness and internalized oppression interchangeably. However, they are not completely synonymous. While it is true that both concepts are used to explain the apparent passivity of the oppressed, they stem from quite different theoretical frameworks. The concept of false consciousness is rooted in political theory and necessarily tied to specific concepts of ideology (Cocks, 1989; Eagleton, 1991; Scott, 1990). The concept of internalized oppression is rooted in psychoanalytic theory and seems to have two sources: the developmental process of

internalization, referring to a child's acceptance of the standards and values of his parents in the development of the superego (cf. Reber, 1985, p. 369), and the specific notion of identification with the aggressor, developed by Bettelheim (1943) to explain his observation that some prisoners in Nazi concentration camps began to act like their captors. Ultimately, of course, the meaning of these concepts depends on how they are used in particular instances. In practice, political theorists (e.g., Freire, 1968/1970; Gramsci, 1971) and psychotherapists (e.g., Burstow, 1992; Moreau, 1990) frequently combine the two frameworks by presenting a Marxist-style analysis of oppression along with a psychoanalytically based interpretation of the consciousness, unconsciousness, and behaviour of the oppressed. Indeed, the authors to be considered here cite political sources, such as Freire (1968/1970) and Bourdieu (1977) rather than the original psychoanalytic concepts.

The concepts of internalization and internalized oppression now feature prominently in the psychotherapeutic literature concerned with the treatment of individuals subjected to interpersonal violence (e.g., Burstow, 1992; Butler & Wintram, 1991; Kamsler, 1990; Zimmerman, 1991). In this literature, internalization refers to the psychological process through which individuals adopt as their own certain political (e.g., patriarchal) ideologies, social norms, beliefs, attitudes, prescriptions, negative stereotypes, and so forth, including the justifications used by the perpetrator to misrepresent his violent behaviour. Once adopted, the argument goes, these internalized beliefs compel victims to respond passively to interpersonal violence, to resort to

maladaptive or self-destructive coping mechanisms, to willing or unconsciously subjugate themselves, or to mimic the behaviour of the perpetrator even to the point of treating others violently.

Burstow's Theory of Internalized Oppression

According to Burstow, all girls and women are internally oppressed as an unavoidable consequence of their being raised in a social context of pervasive sexism (as well as racism, ableism, classism, and ageism). Girls learn from the beginning that they are less valued than boys, and they are coerced into taking up subservient, stereotypically female roles by parents, teachers, and others who invariably pass on some form of sexism. Girls are indoctrinated into romantic love, "an ideology that glorifies men and both glamorizes and enforces heterosexuality--all at the expense of women" (p. 10). Specific acts of violence, such as rape, sexual abuse, incest, battering, and so on, occur in a context of already existing exploitation and pervasive sexism. The perpetrators of violent acts impose additional lies and myths to conceal or justify their actions, but these are simply more explicit extensions of the same patriarchal ideology. Because these lies and myths are internalized, Burstow proposed, girls and women willingly submit themselves to exploitation and abuse.

As an alternative to patriarchal and capitalist ideology, Burstow proposed a radical feminist ideology. According to this ideology, female ways of relating are inherently superior to those of men, who are inherently violent. All heterosexual relationships entail the slavery of the woman. This means that all women who participate in heterosexual sex, but especially those who

find some enjoyment in it, are internally oppressed and engaged willingly in their own subjugation. It also means that all sex between gay men is inherently exploitive. Lesbian relationships are the only possible non-exploitive, sexually intimate relationships. Critical consciousness is attained to the extent that a woman embraces these alternative beliefs.

Simply put, the goal of therapy is to help women reject the lies and myths comprising patriarchal and capitalist ideologies and accept instead the ideology proposed by Burstow. This is accomplished by "naming" violence and oppression, dispelling the lies imposed on victims during specific acts of violence, and mending what Burstow calls "the woman-woman bond" (p. 60). Thus, for Burstow, therapy is a procedure through which women are encouraged to adopt a radical feminist ideology and lesbian lifestyle, which Burstow elevates to the status of universally valid ideals and essential features of full mental wellness. Less than full commitment to these ideals is presumed to reflect some level of internalized oppression.

The key question here is how Burstow can, on the one hand, postulate such a pervasive and (without radical feminist therapy) lasting condition of internalized oppression and still recognize initial and continuing resistance to oppression, as she certainly does. The answer lies in her continua of awareness and action, which were initially described in Chapter 9. I propose that these are not continua but hierarchies that confound Burstow's ideology with the nature and meaning of the resistance. Recall from Chapter 9 that, according to Burstow (1992), resistance consists of forms of action and corresponding forms of awareness. She argued that different forms of action

and different forms of awareness could be compared by placing them on two continua--a continuum of awareness and a continuum of action.

On one end of the action continuum, resistance is "limited, individual, and borders on resignation" (p. 18). Toward the middle of the continuum there is "blatant resistance"; although "sporadic" and "tentative", it is the way in which the woman "prepares for more decisive stands in the future" (p. 18). Toward the farther end, resistance is "consistent, deliberate and systematic"; it consists of "decisive action", "demystifying", "renaming", and "battling". It is "more complex". At this end, women become involved in "forming collectives"; they "create/re-create a women's movement" and engage in "woman-woman relating". Because, according to Burstow, all women exist on "a lesbian continuum . . . [and] have always been drawn to each other", the "ultimate act of treason [is] choosing a female partner" (p. 19).

Similarly, on one end of the awareness continuum, resistance begins with "nascent understanding", "anger", and "disrespect" for "the ego, the posturing, and the self-deception that underlie male creation". On this end of the continuum, resistance is "sporadic" and in no way alters the "systemic oppression"; it is nevertheless "the ground on which to build". Toward the middle of the continuum, resistance is "progressive", as well as more "consistent" and "meaningful". At this point, there is "analysis". The woman is "en route". Finally, on the other end of the continuum, the woman becomes a "visionary"; she is portrayed as truly "becoming" and "proclaiming", and engaged in defining "pivotal values" such as "nurture, cooperation, adaptation, respect for aging, environmental connectedness,

process foci, and power sharing". Resistance here is characterized by "imagination, synthesis, renaming, and action" (pp. 16- 18).

The idea of contrasting different forms of awareness and action by placing them on continua seems logical enough but on closer examination is problematic in several respects. The very idea of a continuum presumes some sort of criteria that can be used to determine where particular awarenesses or actions ought to be placed relative to one another. Although Burstow did not state her criteria explicitly, they are nevertheless clearly evident. First, Burstow placed the forms of awareness and action that conform to her own ideological position at the extreme right, or "ultimate", ends of the continua. All other forms of awareness and action take their place on the continua depending on how closely they conform to those preferred by Burstow. Second, the language Burstow used to characterize particular forms of awareness and action is clearly evaluative. At the left end of the awareness continuum, resistance is described as "nascent", "sporadic" and ineffective. Toward the middle of the continuum, it is "progressive" and more "meaningful"; the woman is "en-route". At the right end, it is "consistent"; it entails "proclaiming" and the defining of "pivotal values". The woman becomes a "visionary". At the left end of the action continuum, resistance is described as "limited", "individual", "tentative", and "borders on resignation". Toward the middle of the continuum, resistance is "consistent", "decisive" and "more complex". As can be seen, these continua chart the individual's progression from the forms of awareness and action Burstow values least to those she values most, from internalized oppression to her

ideology.

It is a basic tenet of feminist analysis that behaviour and subjective experience must be examined in context (particularly in the context of patriarchal power relations). However, Burstow's continua make sense as a method of comparison only if we presume that particular forms of awareness and action can be compared out of context, without taking into account the nature of the violence, the personal characteristics and social position of the victim and perpetrator, or a host of other situational factors that prevent or enable different forms of violence and resistance. It is impossible to ascertain how "limited", "progressive", "decisive", or "meaningful" particular awarenesses or actions are unless we take situational factors into account.

Like linear and mentalistic theories of behaviour, the continua also presuppose a one-to-one correspondence between awareness (i.e., consciousness) and action (i.e., behaviour). It is presumed that the victim's awareness determines the precise shape of her resistance, and vice versa, that the precise shape of the victim's resistance (or lack of it) can be taken as a reliable index of her awareness. As discussed in Chapters 5 and 6, this kind of one-to-one correspondence is least likely to exist in situations where there is violence or other imbalances of power. When faced with the threat of brutal retaliation for any act of open protest, even a woman possessed of a highly developed critical consciousness may be forced to resist in disguised and indirect ways which, to any outside observer, might appear sporadic, individual, tentative, limited, and close to resignation. On the other hand, a child who cannot be said to have attained a critical consciousness may resist

by taking consistent and decisive action, for example, by proclaiming that his father is wrong to hit his mother or by joining with his siblings to protect his mother and contest his father's abusive behaviour. Furthermore, the same individual (whose consciousness presumably remains more or less constant across situations) may resist abuse in many different ways depending on the combination of dangers and opportunities she encounters in specific situations. In short, there is no reason to believe that the forms of individual awareness delineated by Burstow uniquely determine the shape of an individual's resistance. Nor is there any reason to believe that the shape of an individual's resistance is a direct expression of their awareness.

Finally, Burstow exalts precisely those forms of action and awareness that are most available to mature, educated, and comparatively privileged people living in relatively safe circumstances. The forms of resistance most available to children, disadvantaged people, and individuals living in conditions of extreme violence and deprivation, are explicitly devalued. Women and girls who cannot or do not wish to think and act in the prescribed manner will inevitably appear to be possessed of some kind of mental (i.e., ideological) deficiency. Thus, even though Burstow acknowledges spontaneous resistance, her theory of internalized oppression also devalues it.

Internalized Oppression in Narrative Therapy

White (1995)

Narrative therapists do not subscribe explicitly to a theory of false consciousness or internalized oppression. In fact, White (1995) repudiated the notion that violence could be explained through inferences about

psychological mechanisms in the minds of victims, as can be seen in the following excerpt from an interview in which he was asked to comment on the notion that some women choose to enter relationships with violent men.

Chris [Interviewer]: One . . . specific [notion] . . . is the idea that women who have experienced abuse actively seek further abusive relationships due to some internalized, psychological mechanisms. Could you comment on this?

Michael [White]: This is an interpretation that is based on certain observations. Women who have experienced abuse in childhood and adolescence, and who have, in their adult life, stepped into a relationship in which a man has subjected them to further abuse, often only escape these relationships to wind up in other relationships in which they are again subject to abuse by men. This phenomenon is taken up into the various psychologies, and triggers the fabrication of a whole range of explanations that refer to psychological mechanisms. . . . These interpretations encourage women to take responsibility for the abuse that is being perpetrated by men. These interpretations encourage women to persevere in relationships in which they are being subject to violence by men. Interpretations of this sort are in the service of maintaining the status quo. (1995, p. 92)

White remarked, further, that in the case of individuals subjected to abuse, the "psychologizing of personal experience . . . [is] deeply conservative [and] invariably pathologizing" (1995, p. 92).

However, in the same interview, immediately following the passage cited above, we find the following exchange:

Chris: So, how else might this phenomenon be interpreted--women who have been subject to abuse entering into relationships in which they are further abused by men?

Michael: There is lots of evidence to support the idea that this vulnerability is born of difficulties in the area of discernment--difficulties in distinguishing abuse from nurture, neglect from care, exploitation from love, and so on. This difficulty with discernment renders many women quite vulnerable to being exploited in relationships. If it is not possible for a woman to discern abuse from nurture at the outset of a relationship, then it is not possible for her to attend to the early warning signs and to confront the abuse, and to

seize upon the option of breaking the connection before it becomes more fully established and encompassing of her identity. (p. 93)

In the first passage, White rejected psychological explanations because they blame the victim and preserve the status quo. However, in the second passage, he proposes yet another psychological explanation (i.e., "difficulties in the area of discernment") which, no less than the first, perpetuates a focus on the psychology of the victim. Violence against the woman is attributed to a psychological deficiency in which she cannot distinguish abuse from nurture. Although White states that there is "lots of evidence" to support this idea, none is cited. It is important to recognize that White's explanation is one of internalized oppression in all but name. That is, a woman who would believe that abuse is nurture, that neglect is care, or that "he loves me, he's not exploiting me" would have completely internalized the abuser's version of events.

The idea that women who have been abused by more than one husband or partner lack the ability to distinguish "abuse from nurture, neglect from care, [and] exploitation from love" leaves a great deal unexamined. First, the presumed phenomenon itself may be an error of statistical reasoning (J. Bavelas, personal communication, 1997): It assumes that wife assault is relatively rare, so that a woman could not encounter such abuse more than once simply by chance. However, if men's violence to their female partners is as frequent as studies suggest (e.g., Dobash & Dobash, 1979; Final Report of the Canadian Panel on Violence Against Women, 1993), then by sheer bad luck, some women will encounter it more than once.

Moreover, on closer examination, it is apparent that these women are not failing to discern the "early warning signs", nor are they failing to "confront the abuse". Whenever I meet with a woman who suggests that she chose a violent partner, I make a point of asking how her (eventually abusive) husband conducted himself when they first got together. Without exception, these women report that their then-new partners were kind, sensitive, loving, affectionate, helpful, and so on. The first real signs or instances of abuse generally do not appear until after the woman has committed herself in some physical, emotional, financial, practical, or social way to the relationship, such that it would be extremely difficult, even dangerous, to leave. It seems that, before men become abusive, they conduct themselves in a respectful and sensitive manner that would suggest that women do not have difficulty in discerning abuse. I also ask women how they responded to the first instances of unfair or disrespectful treatment. As we discuss their responses in detail, it quickly becomes evident that these women both discerned and resisted mistreatment from its first occurrence. For these reasons, I believe the supposed phenomenon of abused women entering into relationships in which they are further abused by men is best characterized as a process of predatory entrapment by the perpetrator rather than difficulty in discernment on the part of the victim.

The essential element of this entrapment is the building of trust and rapport. During this initial phase, the predatory conduct of the perpetrator may, by design, be virtually indistinguishable from sincere respect, care, and attention. The perpetrator carefully fashions his conduct along these lines

precisely because he knows full well that the victim will likely discern any so-called early warning signs and resist in some way, for example, by refusing to become involved with him. In fact, many women (e.g., Leanne in Chapter 6) have told me that before their new partner became abusive, he was not only kind and sensitive but made a point of expressing his disgust at the violent, disrespectful behaviour of her previous partner(s) and in this way indicated that he would never conduct himself in such a manner. (Essentially the same method of strategic entrapment is used in other forms of violence as well, such as date rape and other forms of sexualized assault, sexualized harassment, and the sexualized abuse of children. As noted in Chapter 6, the perpetrator's actions are predicated on the assumption that the victim is both discerning and capable of formidable resistance.)

Ultimately, the "difficulties in the area of discernment" explanation is no more satisfactory than other psychological explanations. This is not because we do not yet know enough about the psychology of battered women. It is because the phenomenon of women who have been subject to abuse entering into relationships in which they are further abused by men is not a phenomena that needs to be explained. This construction of the phenomenon perpetuates a focus on the psychology of the woman as the object of interest and source of explanation. If we view the process as one of predatory entrapment rather than failed discernment, we must turn our attention to a very different phenomenon and set of questions. What steps do abusive men take to build trust and convince their partners that they are not and never would become violent or abusive? How do abusive men

suppress women's resistance to the first indications and instances of their abuse? What strategies do abusive men use to convince women that they are wrongly discerning the meaning and consequences of the abusive conduct? How do abusive men attempt to prevent women from ending the relationship following the first indications and instances of abuse? These questions take us out of the minds of battered women, so to speak, and direct our attention instead to the strategic aspects of the perpetrator's actual behaviour in specific instances. In my view, when it comes to the very complex task of accounting for violent behaviour, the locus of enquiry and explanation should coincide with the locus of responsibility. That is, if we want to understand violence by a man against a woman, as in the case of wife-assault, we must begin by carefully examining the man's conduct rather than proposing inferences about the woman's mind.

I agree with White that explanations of violence based on inferences about the psychological characteristics of the victim are "conservative" and "invariably pathologizing". The "difficulties in the area of discernment" explanation is pathologizing because it suggests that the perceptions of women subjected to abuse by more than one male partner are faulty and that therapists should be sceptical about them. This, in turn, suggests that her responses to the abuse, including mental and behavioural acts that might be understood as acts of resistance, are also faulty because they are based on false perceptions. This explanation blames the woman for choosing a violent partner. More deeply, it presumes that women who have been previously assaulted subsequently failed then and fail now to resist violence and other

forms of oppression.

Other Narrative Therapists

Although White's "difficulties in the area of discernment" explanation fails as an explanation and also contradicts the main thrust of the narrative approach, it is quite in keeping with the way that victims of abuse are represented by others writing from a narrative point of view, as will be illustrated in the examples that follow. It is true that the theme of resistance, both actual and metaphorical, plays an important part in the narrative approach, as discussed in Chapter 9. It is also true that narrative therapists explicitly reject explanations of problematic behaviour based on inferred psychological mechanisms because these are essentializing, objectifying, and typically negative. However, many narrative therapists also propose a theory of internalized oppression or false consciousness. This theory is not presented explicitly; nevertheless it is clearly evident and, once identified, difficult to overlook.

According to Adams-Westcott, Dafforn, and Sterne (1993),

Persons who have experienced trauma . . . engage in internalized conversations that replicate the traumatizing events to which they have been subjected. These inner dialogues have the effect of (a) disqualifying their experiences, (b) limiting their ability to take a reflexive perspective and consider alternative explanations or actions, and (c) inviting their participation in pathologizing interpersonal patterns that maintain a sense of powerlessness. (p. 258)

The main elements of the narrative version of internalized oppression are contained in this passage. The trauma (in this case sexualized abuse) is presumed to be internalized, in the form of "inner dialogues" and "internalized conversations". These act as restraints, limiting the victim's

perceptual and cognitive capacities. As a result, the victim becomes self-destructive, engaging habitually in pathological and self-defeating behaviour that reinforces a sense of powerlessness. Internal, psychological processes (i.e., "internalized conversations" and "inner dialogues") supplant the violence itself as the source of the victim's problem.

Kamsler (1990) proposed a similar view in her account of how difficulties develop in the life of women who were sexually abused in childhood. According to Kamsler, perpetrators strategically establish conditions for the victim to develop "habits of self-blame and self-hate" (p. 17). Subsequently, the victim lives "under the influence of a number of prescriptions for how to feel, be and think, which were actively promoted by the perpetrator" (p. 18). The victim becomes self-oppressing in the sense that she "begin[s] habitually to apply the perpetrator's prescriptions to herself in numerous situations" (p. 18).

According to Kamsler, this way of viewing the victim

allows the therapist to view the development of problems as occurring in the context of habitual thoughts and feelings and repeating interactional patterns which prevent the person from having certain information about their own resources which may be useful in solving the problems they are struggling with. For example, a woman who was sexually abused in childhood may habitually blame herself for the abuse, and be unable to "notice" the perpetrator's contributions to the situations. She can be described as being blind to other information which might assist her in responding differently to the past and present relationships. (p. 20)

The victim is represented as the passive recipient of both the abuse itself and the perpetrator's "prescriptions" so that her thoughts, feelings, perceptual capacities, and interpersonal conduct are strictly determined by the

perpetrator. The victim is also held solely responsible for so-called "repeating interactional patterns", although these must always involve at least one other individual. This theory of internalized oppression cannot account for the fact that children stubbornly resist sexualized abuse; nowhere in her account of problem formation does Kamsler acknowledge the presence of such resistance.

Durrant and Kowalski (1990) proposed essentially the same view, in the form of a model of the effects of abuse. They stated:

Abuse promotes and/or reinforces an "abuse-dominated" self-perception (the main effect of abuse). Behaviour and interactions reflect this view. Further life events are experienced within the context of this "abuse-dominated" view. [The result is a] vicious cycle between one's self-perception and behaviour. Behaviour is consistent with self-perception. (p. 82)

Accordingly, therapy is to focus on the "effects of abuse rather than abuse itself" (p. 82) and on exceptions to those effects, rather than on any action the victim may have initiated in opposition to the violence itself.

The final passages I want to examine are from a letter written by David Epston (Epston, 1986/1989) to a woman called "Marisa", who sought therapy after enduring many years of abuse. Epston said that the letter to Marisa was really the basis of a letter he wrote much later to a woman called "Rose" (Epston, White, & Murray, 1992), which I reviewed in Chapter 9 (D. Epston, personal communication, 1996). However, I believe that the earlier letter to Marisa differs from the letter to Rose in that it contains two sharply contrasting representations of Marisa's actions and subjective experience, one that stresses themes of passivity, self-subjugation, and internalized

oppression and another that stresses the theme of resistance. I want to stress that the letter to Rose, written more recently, does not contain references to internalized oppression.

I present excerpts from the letter to Marisa as two separate passages for ease of exposition.

You were turned into a cinderella with other people in charge of you. Your mother did deals with your exploiters. She trained you into housework and made sure, as did others, that you did not discover who and what you really were and could be. You were beaten into submission. You probably believed that your family always did the best for you and you should be thankful for their efforts on your behalf. . . . When you were a slave, you no doubt chose a partner who would be your master and you could serve, grateful for crumbs from his table. You further submitted to your exploitation without being fully aware of it. You probably were grateful for what you got because it was without malice. . . . No wonder you sought out older women to dominate you while you tried to please them, much like your mother and older sisters. You tried to prove you were worthy of them by serving them more and more. (pp. 130-131; emphasis added)

On the basis of this passage we could only conclude that Marisa was (a) utterly passive, as suggested by references to her submission, (b) self-subjugating and self-destructive, if not masochistic, as suggested by references to her willing subservience and the implication that she sought domination, and (c) falsely conscious or internally oppressed, as suggested by the idea that she "believed" in, "chose", was "grateful" for, and "sought" domination "without being fully aware of it". This passage does not even hint at the possibility of resistance on Marisa's part.

The second passage represents Marisa in quite a different way:

However, I don't believe you ever totally surrendered yourself to anyone. I believe you always, always, had some sense that evil was being done to you and, for that reason, you were never made into a

real slave. Rather, you were a prisoner of war, degraded, yes, but never broken. I base my assumption on some rather obvious observations: if you had been made into a real slave, you wouldn't or couldn't be the person you are now. You would not have revolted against your oppression and exploitation. You would not have recovered yourself. (p. 131)

The contradiction between these two passages is arresting and, I believe, deliberate. Epston constructed and then emphasized this contradiction as a way of acknowledging and promoting positive change in Marisa's life. Then is contrasted with now, imprisonment and slavery are contrasted with liberty and self-determination, believing in the rightness of the domination is contrasted with always having a sense it was wrong, being a real slave is contrasted with being the person "you are now", submission and not discovering "who and what you really were" are contrasted with resistance and the recovering of one's self. In essence, Epston is contrasting two identities.

I have no doubt that Marisa found this letter uplifting and extremely helpful, as Epston stated (Epston, 1986/1989). However, it must be pointed out that in adopting this method of contrasting representations and identities, Epston first reinforced the view that Marisa submitted willingly to, and even sought out, domination and abuse. I agree with Epston that Marisa never surrendered and was never made into a real slave. But, if so, why portray her in the first place as a submissive slave who was grateful for crumbs from her master's table?

There are also some important differences in the way that the passages are written. The first passage is considerably more detailed than the second

in that Marisa's presumed submission and self-subjugation is put in the context of specific relationships and forms of abuse. Marisa's resistance, in contrast, is described in more general, abstract terms, without reference to any specific actions or relationships. The second passage consists largely of negatives. We are told what Marisa did not do (i.e., that she did not surrender and was not broken) but we are given no details about how she resisted becoming a slave, how she retained a sense that something evil was being done to her, how this sense influenced her behaviour at the time, or how she refused to break. The account of submission and self-subjugation is richly detailed and vivid compared to the account of resistance which, although compelling, is somewhat abstract and obscure.

The preceding passages illustrate that in their representations of victims narrative therapists reiterate the main assumptions of theories of internalized oppression. Like Freire (1968/1970), Gramsci (1971), and Bourdieu (1977), they presume a totalitarian relationship between the social world and the mind of the victim. The victim passively receives the perpetrator's "prescriptions for how to be, feel, and think", to use Kamsler's phrase, which later determine how she behaves in "many situations".

Foucault's Psychology of Self-Subjugation

A third theory that proposes the contradictory image of an individual who is both internally oppressed and engaged in resistance is that of Michel Foucault (1978, 1980). Foucault's work is important in its own right, but also, for the purposes of this dissertation, because White (1989) draws heavily on Foucault in his theory of the narrative approach to therapy. As I

pointed out in Chapter 8, Foucault both elucidates and obscures spontaneous resistance. Here I will focus on those aspects of Foucault's analysis that constitute a theory of internalized oppression and contribute directly to the obscuring of resistance.

Sovereign and modern power, the two forms of power relations proposed by Foucault, imply contradictory conceptions of the subject, which become apparent when understood in light of the distinction between thin and thick theories of false consciousness, proposed by Scott (1990). Recall that sovereign power operates negatively, through repression, prohibition, and restriction. It "extend[s] outward onto the civilian population" (Cocks, p. 40) from a central and elevated locale. Authorities claim the right to use force and other corrective measures in response to breaches of prescribed conduct. Power and domination conceived in this way presume the existence of an individual who resists oppression, who refuses to consent, and whose actions can be presumed to reflect, at most, a "coerced obedience" (Cocks, p. 40). It is in fact the resistance that necessitates the coercion. The individual subjected to sovereign power does not accept the terms of his oppression but, at most, becomes resigned to it. Roughly speaking, then, the theory of sovereign power supports a thin version of false consciousness theory.

The theory of the individual I want to draw attention to is contained within the theory of modern power. Modern power (e.g., as exercised in school systems and psychiatry) operates positively. It establishes regimes of truth; indeed, it constitutes the very rules that determine which statements will be accorded the status of truth in specific instances. It specifies what is and is

not normal. Through myriad techniques, mechanisms, and minor instrumentalities, it reaches into the very grain of individuals, gaining access to "[their] bodies, their acts, attitudes, and modes of everyday behaviour" (Foucault, 1980, p. 125). It regulates, conditions, and objectifies. The individual exposed to the myriad instrumentalities of modern power develops the subjective sense of being continuously visible and exposed. He thus attempts to bring his own behaviour and subjective experience into line with the dominant specifications for personhood (Foucault, 1980). Thus, modern power presumes the existence of an individual who ultimately consents to domination, a penetrable and malleable individual, who conveniently polices himself. The theory of modern power inevitably supports a thick theory of false consciousness.

The relationship between the discursive operations of modern power and what Foucault called "subjectivity" is no less totalitarian than the relationship between ideology and consciousness proposed by Freire (1968/1970), Gramsci (1971), Moreau (1990), and Burstow (1992). Subjectivity is the strictly determined effect of social discourse. This conception of individuals and their presumed relation to the social world makes Foucault's remarks concerning the ubiquity of resistance all the more puzzling. As Eagleton (1991) put it: "[I]f subjectivity itself [is] just a form of self-incarceration, the question of where political resistance springs from must . . . remain obscure" (p. 146). The mentally colonized individual proposed by Foucault is not the sort of person we would expect to find engaged in continuous resistance. Conversely, we must ask, if "there are no operations of power without

resistances" (1980, p. 142), as Foucault insisted, who and where are the docile bodies?

In fairness, it must be pointed out that, although White (1989) and others have subsequently done so, Foucault never intended that his theory concerning the discursive operations of modern power be used to characterize the behaviour and subjective experience of individuals subjected to interpersonal violence (Eribon, 1991). In fact, interpersonal violence resembles the operations of sovereign power more than it does modern power. Nevertheless, it is striking that Foucault, like Burstow and the narrative therapists, pays more attention to power and domination and its effects on the individual than to actual acts of resistance. I believe there are two reasons for this, beyond the fact that the theory of modern power portrays individuals as internally oppressed. First, Foucault (1978) was sceptical about the practical value of spontaneous resistance by individuals. He suggested that any threat posed by such resistance is ultimately overcome by, and contained within, the operations of modern power (Foucault, 1978). Second, and perhaps more important, although Foucault argued that power and resistance are "relational [in] character" and that power "depends on a multiplicity of points of resistance", he restricted his analyses to the operations of power rather than these points of resistance. Had he examined the corresponding details of spontaneous resistance, he might very well have reached a different conclusion concerning the extent to which power penetrates and shapes the individual.

Summary:

The Inverse Relation between Internalized Oppression and Resistance

In this chapter, I have argued that theories of internalized oppression obscure resistance. The idea that an individual is both internally oppressed and engaged simultaneously in spontaneous resistance presents no obvious contradiction within these theories. The two accounts are concerned with different phenomena: accounts of internalized oppression are based on inferences about the mind whereas accounts of resistance are based primarily on close examination of interpersonal behaviour. However, these accounts are based on contradictory assumptions about the individual and his or her relationship to the social world. The idea that victims suffer from internalized oppression assumes that individuals adopt oppressive ideologies as their own. In contrast, the idea that individuals spontaneously resist assumes, following Goffman (1961), that in extreme circumstances individuals refuse to identify with such ideologies.

In practice, these ways of representing victims tend to displace one another: To borrow a statistical analogy, there is a negative correlation between seeing internalized oppression and seeing resistance. The more that specific behaviours and subjective experiences are interpreted and represented as evidence of internalized oppression, passivity, and self-subjugation, the more difficult it becomes to appreciate how those and other behaviours and subjective experiences might instead represent forms of resistance. Conversely, the more that we attend to and document the small acts of living, that is, the many prudent, determined, and courageous ways

Individuals resist interpersonal violence, the more difficult it becomes to entertain the possibility that the individual is internally oppressed. Focussing on resistance makes internalized oppression disappear.

CHAPTER 13

THE LANGUAGE OF EFFECTS VERSUS THE LANGUAGE OF RESPONSES

The alarming frequency of sexualized assault and abuse, wife-assault, physical abuse, and other forms of interpersonal violence did not gain wide recognition among professionals or the general public until the 1970's. Even then, governments did not immediately establish publicly funded programs for the protection, care, and treatment of victims. Furthermore, many therapists and other helping professionals were not sure how best to respond to victims of interpersonal violence because neither the precise nature of the violence nor the manner in which it affects victims was well understood. What was needed, or so it was assumed at the time, was a credible body of empirical research and clinical testimony describing the physical injuries, psychological problems, and interpersonal difficulties caused by specific forms of interpersonal violence.

There is now an extensive clinical and research literature on the short and long term effects of interpersonal violence (e.g., Burstow, 1992; Butler & Wintram, 1991; Caplan, 1987; Courtois, 1988; Dobash & Dobash, 1979; Finkelhor, 1979, 1986; Finkelhor & Browne, 1985; Kendall-Tackett, Williams, & Finkelhor, 1993; Sgroi, 1982). In addition, virtually all established models of psychotherapy now contain an implicit or explicit theory of the effects of interpersonal violence, although the precise manner in which these effects are conceptualized varies considerably across the different models. According to cognitive models, victims internalize dysfunctional cognitions, such as "negative and distorted beliefs about themselves" (Courtois, 1988, p.

181). From a psychodynamic or psychoanalytic perspective, victims develop unconscious defense mechanisms, a traumatic neurosis that impairs object-relations (e.g., attachment) and ego functioning (Green, 1983; Courtois, 1988). According to leaders of the recovery movement, victims become co-dependent, experience shame and guilt, and repeat dysfunctional patterns of behaviour (Bradshaw, 1988, 1990; Middleton-Moz, 1989, 1990). In the narrative approach, victims develop "habits of self-blame and self-hate" (Kamsler, 1990, 304) and acquire an "abuse-dominated self-perception" (Durrant & Kowalski, 1990, p, 82). From a feminist perspective, victims internalize negative self-stereotypes, engage in "habitual avoidance and denial" (Butler & Wintram, 1991, p, 124) and, as a result of their internalized oppression, espouse scripts that deny and further the oppression of women (Burstow, 1992). From a behavioural perspective, victims develop conditioned responses and learn to behave in a passive and helpless manner (Walker, 1979, 1984). Throughout this diverse literature, the term "effects" is used interchangeably with terms like impacts, consequences, indicators, symptoms, and clinical sequelae, all of which refer to the harm or injury caused by interpersonal violence.

The Language of Effects

Because there can be no doubt that interpersonal violence causes harm, it seems to follow without question that manifestations of this harm should be referred to as effects. The language of effects (and the underlying logic that it denotes) is the stock language used everyday by therapists, researchers, and the public to talk about victims of interpersonal violence.

But the language of effects is not an objective or politically neutral language. The process of identifying and representing certain specific behaviours or subjective experiences as effects of interpersonal violence is itself an interpretive and inherently political process, in the sense that occurs in a context of power relations, shapes the nature of the practices used in psychotherapy and other social services, and profoundly influences the lives of individual victims.

The nearly exclusive focus on effects in clinical and research literature is predicated on two important and, I believe, largely unrecognized errors. The first error is implicit in the fact that existing clinical and research work simply ignores the important distinction between effects of violence and responses to violence. Unconscious defence mechanisms, internalized oppression, shame, and an abuse-dominated self-perception are hypothesized effects of interpersonal violence, as mentioned. In contrast, acts of resistance are responses to interpersonal violence. As well, many subjective experiences and behaviours that occur during and after incidents of interpersonal violence, such as sadness, crying, fear, and so on, are ambiguous. That is, it is not clear if they should be represented as effects or as responses. In a review of psychotherapy literature on the treatment of individuals subjected to sexualized assault and abuse, Ridley (1999) found that therapists did not address the distinction between effects and responses. Nevertheless, therapists generally (89.9%) constructed victims as affected by the abuse and infrequently (10.1%) constructed victims as responding to the abuse (p. 19). Victims' resistance to the sexualized assault and abuse was rarely

mentioned. According to Ridley (1999), therapists “effectively constructed a passive, damaged, and deficient victim in need of professional help” (1999, p. 22). Ridley’s (1999) data suggest that many responses to interpersonal violence, including diverse forms of resistance, are being recast as effects of interpersonal violence or altogether ignored because they are not easily encoded as effects.

The second error is the widespread assumption that psychotherapy must centre on the identification and treatment of effects. Kelly (1988) noted that the long-term effects of rape and sexualized child abuse are typically conceptualized as psychological variables. She argued that the “uncritical labelling of women’s responses to victimization as ‘negative effects’” (p. 187) pathologizes women precisely by negating and misinterpreting their resistance and other responses:

Women’s resistance, strength and coping strategies are transformed into an abstract pattern of negative reactions . . . problems to be resolved through expert intervention. (p. 189)

In this chapter, I suggest that the language of effects conceals victims’ spontaneous resistance and represents victims instead as passive recipients of interpersonal violence. I propose that psychotherapy can centre on the elucidation and honouring of victims’ complex responses to interpersonal violence, including both their suffering and their prudent, determined, and courageous resistance.

Effects as Non-volitional Acts

The language of causes and effects presupposes a mechanical, deterministic relationship between events. This way of thinking is reasonably

well-suited to understanding the behaviour of objects but is very misleading when applied to the behaviour of living organisms, as Bateson (1972) pointed out:

When one billiard ball strikes another, there is an energy transfer such that the motion of the second ball is energized by the impact of the first. In communicational systems, on the other hand, the energy of the response is usually provided by the respondent. If I kick a dog, his immediately sequential behaviour is energized by his metabolism, not by my kick. (p. 403)

It is fair to say that the second billiard ball in the above example is passive and affected in the sense that its velocity is determined by the velocity of the first ball. The dog, on the other hand, is responsive to the abuse: He might run away, roll over and whine, jump up and bite his attacker, or respond in any number of other ways that are not mechanically determined by the kick itself (although they are incited by it). To characterize any one of the dog's responses as an effect is to objectify him, that is, to reduce him to the status of a billiard ball, because it denies the existence of his own energy or metabolism, to use Bateson's terms. More important, it denies the dog's initiative.

Responses to abuse are volitional in the sense that they originate in the victim, evince dignity, will, and emotion, and in their precise form are mediated by judgment and inspired by imagination. Representing any specific response as a deterministic effect negates the individual's volition and judgment. It also promotes a misleading interpretation of the response in several ways. Treating the response as a strictly determined effect of interpersonal violence defines it as involuntary, that is, as caused by the

perpetrator, and therefore suggests that it is out of the individual's control. This decontextualizes the response, by suggesting that it is not well-suited (i.e., poorly adapted) to the situation in which it occurs and turns our attention away from the question of how the response might be intelligible as a form of resistance. Negating the individual's volition and judgment inevitably portrays the individual as passive.

Effects as Asocial and Apolitical Acts

An effect is by definition the final link in a causal chain: whereas causes produce effects, effects do not produce causes. But in any instance of ongoing human social interaction, each response is also a stimulus to the next response (Bateson, 1972; Watzlawick, Beavin Bavelas, & Jackson, 1967). In other words, each effect is also a cause. Responses such as sadness, anger, silent withdrawal, non-compliance, and so forth, are complex communicative acts that convey a message, stimulate responses from others, and simultaneously influence the nature of others' responses. Individuals subjected to interpersonal violence are, in my experience, acutely aware of how others respond or are likely to respond to their behaviour. For instance, they know that the perpetrator is likely to respond very differently to open defiance than he is to expressions of despair, the withholding of affection, or thinly-veiled contempt. Thus, victims' responses to interpersonal violence are pragmatically effective and inherently political no matter how unselfconsciously or desperately they are enacted. By "political", I mean that victims are always endeavouring to modify their circumstances, both during incidents of interpersonal violence and sometimes long after. To portray

sadness (for example) as an effect of violence rather than as a refusal to be contented with abuse strips it of its pragmatic significance as a social act and discounts its meaning as an inherently political expression of human dignity.

Effects as Negative Acts

The logic of cause-effect relationships is such that a negative cause (e.g., violence) can only produce a negative effect (e.g., harm). By definition, effects must derive directly from their causes. The language of the effects of violence thus contains an unavoidable and deceptively powerful negative bias. This can be illustrated by comparing two types of statements.

Statements such as "one of the major effects of child sexual abuse is low self-esteem" or "wife-assault is a leading cause of depression in women" seem perfectly reasonable, not only because they are familiar, but because they conform to the rules of cause-effect relationships. In contrast, consider other statements, such as "humiliation causes a profound commitment to social justice", "moral courage is one of the most common effects of abuse", "one of the major effects of sexualized child abuse is highly sensitive and alert parenting", or "violence causes prudent and determined resistance in many people". These statements seem strange because they are illogical and, if taken literally, highly misleading. If violence causes such positive effects, why not subject everyone to abuse?

At the same time, the latter set of statements point to an important truth: people do respond to interpersonal violence by prudently resisting the abuse, committing themselves to principles of social justice, parenting their children well, contesting other abuses of power, and so on. However, it is

illogical to refer to these positive responses as effects; in fact, the phrase "the positive effects of violence" is an oxymoron. The problem is not only that the effects of interpersonal violence are conceptualized as entirely negative: It is that the bias inherent in the language of effects ensures that effects cannot be conceptualized in any other way. The more we identify particular responses as effects, the more difficult it becomes to appreciate how those responses might represent forms of resistance.

How the Language of Effects Conceals Resistance

To this point, I have suggested that to portray any mental or behavioural response to violence as an effect is to portray that response as nonvolitional, asocial, apolitical, and inherently negative. Simultaneously, it is to portray the individual him- or herself as passive. I now turn to the question of how the language of effects conceals resistance and fosters misrepresentations of victims' mental and behavioural responses to violence. Danet (1980) pointed out that:

One cannot separate what happened from the language that is used to describe or explain what happened. When the meaning of the act is ambiguous, the words we choose to talk about it become critical. (p. 189)

The language of effects can be thought of as a kind of encoding device that determines which words will be fitted to which deeds. It encodes mental and behavioural responses to violence, including many forms of resistance, as effects of violence. And it does so at precisely the moment when those responses are first brought into discourse, when they are first represented linguistically and given meaning. In this way, the language of effects

essentially pre-empt the language of responses and judicious resistance. There is never a debate about which language ought to be used to represent the victim's responses (the language of effects or the language of responses) because the language of responses is simply never considered as an option.

But the language of effects is an imperfect device. Even if we were to accept, strictly for the sake of argument, that some mental and behavioural responses to violence could be described appropriately as effects, there would still be many others that obviously could not be described in those terms. For example, responses such as Anna's act of pulling her dresser in front of her bedroom door to keep her abusive brother from entering the room (in Chapter 1), or Joanne's act of getting together with her brothers to hide their mother in the basement so that their abusive father could not find her (in Chapter 1), are not easily encoded as effects. These kinds of responses are simply ignored. From this point of view, it is apparent that the language of effects conceals resistance in essentially two ways: by encoding as effects many responses that might actually represent forms of resistance and by overlooking any responses that are not easily encoded as effects. I will now illustrate these operations in more detail.

Gloria

Let us take as an example the hypothetical case of a 10 year-old girl, Gloria, who was sexually abused by her uncle. Suppose (as is often the case) that Gloria said "No" to her uncle, found ways to avoid him, stayed awake all night when he babysat, attempted to push him away when he grabbed her, and refused to smile at him or call him "uncle", even in the

presence of her parents and other family members. It would be wrong to refer to any of these acts of resistance as effects because they clearly evince volition, are obviously social and micro-political in nature, and are not negative in any sense of the word. Yet, if we only asked Gloria how she was affected by the abuse, she would have no reason to mention these responses.

But what about the so-called psychological effects? Does the language of effects apply more appropriately to emotional injuries than to Gloria's overt behaviour? What if Gloria became sad and was frequently found by her parents crying alone in her room? And suppose her teacher also noticed that she was "not herself" at school. Once they learned of the abuse, would it be fair for these adults to characterize Gloria's sadness and changes in her behaviour as effects? Or would it be more appropriate to characterize Gloria's sadness as a form of silent (though visible) protest?

The answer to these questions becomes apparent as soon as we stop to consider the possible origins of Gloria's sadness and the manner in which she expresses (or conceals) it. Gloria's sadness is a personal response that originates in her own sense of the meaning of the abuse. Her sadness could be due to the loss of trust in her uncle, a sense of betrayal, a feeling of anger that she is not supposed to express, a sense of guilt and self-recrimination (feeling as though she has done something wrong), the physical pain, fear of the abuse continuing, the sense of isolation from her friends and parents, or all of these reasons, and more. The point is that Gloria's sadness would not exist unless she sensed in her own way and knew for her own reasons that

her uncle's actions were wrong. Thus, Gloria's sadness is volitional, not in the sense that she consciously decided to be sad for tactical reasons (although she may well have), but because it arises from her own judgments and feelings.

Gloria's sadness is also social in that it shows others that she is unhappy and puts them in the position of having to respond to her distress (ideally by supporting her and asking the right questions). It is political in the sense that it demonstrates that she will not be contented with or pretend to be happy about the abuse. It is negative in the narrow but important sense that it is painful, perhaps even life-threatening (i.e., there may be a risk of suicide). But in an important way, Gloria's sadness can be understood as a flagrant symptom of mental health: We would expect any normal, healthy human being to become deeply distressed when subjected to such abuse.

Consequently, it is highly misleading to interpret Gloria's sadness as an effect. Or, to put the point more generally, it makes as much sense to say that sexual abuse causes sadness as it does to say that flooding causes dikes. Flooding certainly does cause damage. But the planning and building of dikes is a response to flooding, evincing both volition and judgment, in the same way that sadness is a response to the pain of abuse.

Concealing and Revealing Resistance

The language of effects differs sharply from the language of responses and judicious resistance. The magnitude of this contrast cannot be emphasized too strongly and can best be illustrated with some examples that I frequently encounter or use in the practice of therapy.

As an effect, the deep sadness experienced in response to violence is often defined as depression or other mental disorder. As an act of resistance, sadness can be understood as a refusal to be contented with mistreatment and a definite symptom of mental wellness. As an effect, apparently excessive use of alcohol may be defined as an addiction, as irresponsibility, as a moral failing, or as evidence of denial and unwillingness to face the truth. As an act of resistance, it may be understood as a form of self-medication used in dulling the pain and humiliation of the abuse, as a means of escaping terror (e.g., as a method of forgetting the abuse or ensuring sleep without nightmares), or as a method of having some fun and finding occasional relief from feelings of isolation and despondency.

As an effect, a sexualized abuse victim's decision to have sex with multiple partners may be referred to as promiscuity, self-destructive behaviour, or as an inability to commit to a lasting relationship. As an act of resistance, it may be viewed as the exercising of choice, as an effort to reclaim and exercise control of one's body, or as a decision to experience some sense of intimacy while evading lasting commitments. As an effect, diminished interest in sex may be defined as a lack of desire, sexual dysfunction, or expression of fear. As a form of resistance, it can be viewed as a refusal to respond erotically to less than fully respectful circumstances, as a refusal to have sex out of a sense of obligation, as an example of changing priorities, or as a chosen period of celibacy.

As an effect, a high level of awareness and responsiveness to reminders of the violence may be diagnosed as hyper-vigilance, as an anxiety disorder,

or as evidence of a lack of stress management skills. As a response, it may be viewed as a heightened and educated awareness, as an informed attention to detail, or as a natural and necessary method of ensuring safety. As an effect, guilt and shame may be viewed as unwanted baggage, expressions of low self-esteem, hyper-responsibility, or as expressions of self-blame or self-hatred indicating a condition of internalized oppression. As a response, they may be understood as the victim's attempt to differentiate herself from the perpetrator by ensuring that she accepts whatever share of the responsibility she feels may be hers (not that I would agree that she is in any way responsible), as an effort to hold one's self to a higher level of accountability, or as an expression of her knowledge that (like Anna in Chapter 1) she knows the difference between right and wrong.

As an effect, the tendency to drop out of therapy, refuse professional advice, or have several professionals on the go at once might be viewed as denial, as resistance (in the psychoanalytic sense), as non-compliance, or as lack of insight or readiness for therapy. As acts of resistance, these responses might be viewed as a prudent reluctance to submit to an authority, as a refusal to be diagnosed as deficient, as putting more faith in one's own opinion than in the opinions of others, as shopping around until one finds an effective helper, or as exploring the widest range of ideas possible.

As an effect, actions such as speaking quickly, refusing to answer direct questions, changing the subject frequently, or speaking in riddles or in a circumspect manner can be viewed as evidence of mania, disorganized thought, or post-traumatic stress. As acts of resistance, these responses can

be viewed as ways of refusing to supply direct answers when unsure about how the expert will interpret the information, as exerting some control over the conversation, or as refusing to trust someone before they show they can be trusted.

As effects, the apparent inability of a child who has witnessed or endured abuse to concentrate on school work, to remember academic material, to passively accept criticism or bullying from other students, to stay seated as long as other students may, to comply with instructions that are delivered in a disrespectful or authoritarian manner, and so on, may be understood as symptoms of a childhood behavioural disorder such as attention-deficit (hyperactivity) disorder or conduct disorder. As forms of resistance, these responses can be viewed as sustained concentration on more serious matters (i.e., the violence), unwillingness to focus on the comparatively trivial matter of school subjects when faced with abuse and unpredictability at home, as unwillingness to tolerate or comply with disrespectful treatment, as calling attention to the pain, confusion, and seriousness of the situation, or as symbolically waving a red flag in the hope that someone will ask the right questions.

As an effect, the tendency of some victims of abuse to dissociate, to speak as though they have many different personalities, to retain barriers between these personalities, and to change unpredictably from one personality to another may be viewed as multiple personality disorder, dissociative identity disorder, or disintegration. As acts of resistance, these responses may be viewed as means of building barriers between the victim and

the perpetrator, as means or preserving some subjective space beyond the reach of the perpetrator, as imaginatively constructing a family of individuals who possess unique abilities and ways of behaving that are denied to the victim herself (so to speak), as a form of unpredictability that keeps others at a distance when necessary, as imaginative and life-saving associations that provide the individual with a sense of identity and purpose apart from being a victim of abuse, and as a means of escaping unimaginable terror.

As effects, the tendency to act in a belligerent and socially inappropriate manner, to confront the smallest incursions in one's social space, to adorn and attire one's self in a manner that expresses complete disdain for conventional dress, to dress and carry one's self in an intimidating manner, or to act rudely in a manner that conveys absolute disregard for normal social etiquette can be viewed as personality disorder or anti-social behaviour. As acts of resistance, these forms of conduct can be viewed as means of keeping others at bay, creating safety by looking too difficult to deal with, rejecting the polite and conventional life preferred and prescribed by the perpetrator(s), as a statement that one prefers the company of others who have been "fucked over" or choose to live outside the system, and refusing to submit one's self to so-called normal expectations.

In short, when examined in detail and in context, many of the so-called effects or clinical sequelae of interpersonal violence may be understood in quite a different way, as forms of spontaneous resistance. I want to stress, however, that how any particular response to interpersonal violence is interpreted must always depend on the interests and preferences of the

client.

Professional Discourse and Therapeutic Interviewing

As the standard language used in representing victims of interpersonal violence, the language of effects exerts a profound influence on professional discourse generally and, more specifically, on the discursive practices used in therapeutic interviewing. Professionals use the language of effects so pervasively, as a routine and ubiquitous part of everyday practice--in intake interviews, therapeutic sessions, case conferences, referral-making, public meetings, applications for funding, file narratives, reports, billing, advertisements, professional and popular publications, statements to the press, conference brochures, as well as in more narrowly defined procedures such as assessment, diagnosis, and prescription--that it is rarely even noticed, let alone questioned.

However, it is in the context of therapeutic interviews (including so-called intake and assessment interviews) that the language of effects is brought to bear most directly and powerfully on the lives of individuals. McGee's (1999) analysis of therapeutic questions can be used to illustrate how the language of effects conceals victim's spontaneous resistance. McGee (1999) noted that all questions contain explicit or embedded presuppositions, that is, propositions that are assumed by the question. For example, he cited the following exchange between a therapist (who asks the questions) and a client:

Q: What would you like to discuss?

A: I don't want my best friend to become a therapist too. I think I

have a problem with sharing.

Q: Are you a middle or eldest child? (p. 160)

The embedded presuppositions in the second question are, first, that childhood experience is somehow relevant to the current situation and, second, that birth order influences sharing as a child and later as an adult. By simply answering the question in a straight forward manner the client tacitly accepts these presuppositions and, as McGee (1999) noted, "a 40 year history of trouble with sharing" (p. 160). These propositions become "facts" shared by the interactants as common ground (Clark & Schober, 1992), without ever being explicitly discussed. It is socially difficult for the answerer to take issue with the presuppositions, unless he is certain that they are false, because this may be seen as argumentative. For clients attending therapy, it may be even more difficult to question presuppositions because the client knows that the therapist may interpret such questions as a challenge to his or her competence.

Applying McGee's (1999) analysis, it can be seen that questions about the effects of interpersonal violence, such as "How did the abuse affect you?" or "What effect did the attack have on your life?" presuppose a great deal. First, notice that these questions all concern the aftermath of the violent event(s). They assume that so-called after-effects should be the focus of discussion and, more deeply, that the victim's subjective experience and behaviour during the violent event(s) are not relevant. Second, they presuppose that the victim's behaviour and subjective experience should be encoded as effects, rather than responses. They ask the individual to supply

a description that conforms to the language and logic of cause and effect, more specifically, a description of their subjective experience or behaviour as non-volitional, asocial, apolitical, and negative and of themselves as passive.

In their efforts to respond sensibly to these subtly imposed constraints, individuals are more likely to supply nouns (e.g., sadness, low-self esteem, shame, anxiety) that refer to inferred psychological attributes or abstract summary statements that stress passivity and self-subjugation (e.g., "I just believed him", "I just went along with it", "I got more and more withdrawn"), and accounts of personal failings and deficiencies (e.g., "I can't trust anybody", "Why do I always pick these guys?", "I'm taking it out on my kids", "I'm really no better than him"). Thus, these questions play a subtle but crucial role in constructing individuals as passive, self-subjugating, damaged, and deficient. Simultaneously, they effectively prevent the individual from describing how they responded to and resisted the violence, both as it occurred and later, at other times and in other settings.

Discursive Hardening: Acts of Resistance as Personal Problems

Once responses are encoded as effects, acts of resistance are readily recast as personal problems and made the object of clinical intervention. For example, although intense sadness may represent a form of protest, once it is encoded as an effect (e.g., as clinical depression), it becomes a problem to be treated. As we saw in the case of Gina (Chapter 2), this shifts the problem out of the social world and places it in the mind or brain of the victim. Other, frequently related responses such as sleeplessness, diminished concentration, lack of interest in normally enjoyable activities,

and so on, are also recast as effects and then as symptoms of the same syndrome or disorder. The individual may then be encouraged to begin a course of treatment, including often psychotherapy or medication, designed expressly to eliminate the symptoms of the clinical depression. In fact, however, this treatment is aimed directly at eradicating the very mental and behavioural responses that comprise and most poignantly signify the victim's resistance. It is as if the problem of starvation were treated by engaging hungry people in a program designed to eradicate their appetites.

But mental health is typically--and astonishingly--chronic. Resistance in response to injustice, just like hunger in response to starvation, is not easily eradicated. The individual persists as long as she faces violence, threats, humiliation, or other forms of oppression, as long as the true nature of the violence is concealed or minimized, as long as the responsibility of the perpetrator(s) is mitigated, or as long as she is disbelieved, discredited, or misunderstood. But because her resistance is encoded from the outset as an effect (e.g., as clinical depression), it persists in the eyes of professionals, friends, and family members as a problem. The individual's persistent unwillingness to content herself with disrespect or abuse, a response that signifies a substrate of stubborn mental wellness, then both confirms the diagnosis of clinical depression and suggests the presence of a different, additional, and perhaps more serious disorder. Subsequently, the individual is made into a consumer of pharmaceuticals, chronic therapy, the self-esteem industry, the recovery movement, or various other treatments aimed at managing or eradicating her mental disorder. By virtue of being encoded

as an effect, there is a metamorphosis of the individual's spontaneous resistance to interpersonal violence: obvious symptoms of mental wellness are transformed into their polar opposites.

The language of effects is not an overtly political discourse in the sense that it is not associated with a readily identifiable ideological position. Nevertheless, it both conceals and suppresses spontaneous resistance. I am not suggesting that professionals intentionally conceal or suppress victims' spontaneous resistance because, as already mentioned, the possibility of such resistance is rarely elicited or even considered. However, mental health professionals (and others) can engage earnestly in warm, supportive, ethical, and helpful relationships with victims of violence while deploying a language that both conceals and suppresses their spontaneous resistance. Without recourse to a socially sanctioned discourse of judicious resistance, victims are essentially forced into rebuilding their lives and relationships from within the narrow confines of a professionally sanctioned discourse that assumes, first and foremost, that they submitted to the abuse. Thus, while it is important to respect professionals' good work and good intentions, this should not blind us to the fact that the distress experienced by many victims is magnified by the experience of having their spontaneous resistance ignored or recast as a personal problem. These several influences of the language of effects stem in part from the fact that it is so ubiquitous, so taken for granted in everyday and professional parlance, that it is virtually invisible until we consider an alternative, the language of responses.

Coping, Survival, and Impact

Partly in response to overly negative and pathology oriented representations of victims of interpersonal violence, feminists and other therapists have focussed more recently on elucidating victims' "coping" and "survival skills" (e.g., Burstow, 1992; Kelly 1988). The terms coping and survival draw attention to the strength, resourcefulness, and resiliency of victims without losing sight of the suffering and specific difficulties resulting from the violence. More subtly, I believe, these terms signify and help to facilitate the beginning of a shift from a focus on effects to a focus on responses.

However, the terms survival and coping do not suggest or even imply that the victim resisted the abuse. They leave intact and therefore indirectly endorse the stereotype of the passive victim. I believe this partly explains why these terms have been so readily incorporated into the prevailing discourses of psychopathology and personal deficiency. For example, the term coping frequently appears in phrases such as coping mechanisms, habitual coping strategies, or maladaptive coping responses (Butler & Wintram, 1991; Robinson & Ward, 1991), which retain much of the mechanistic and negative bias contained in the term effects. In addition, the term survivor has now been co-opted to some extent and is frequently used as a label denoting someone whose individual identity is fully encompassed by the fact that she was subjected to abuse.

In describing the long-term harm caused by sexualized assault, Kelly (1988) opted to use the terms consequences and impacts rather than effects,

because the latter typically refers strictly to psychological variables. She argued that the former allowed her to consider a wider range of possible impacts of abuse, "some . . . physical, some emotional [or] psychological, some behavioural and some material" (p. 186) and broadened the focus beyond changes in individual psychology to take into account "subsequent events and circumstances which are precipitated by, or attributable to, assaults" (p. 186). Although I certainly agree with Kelly's reservations about the term effects, and while the terms "consequences" and "impacts" seem to be somewhat less mechanistic, they still imply a deterministic, cause-and-effect relationship between events. These terms and the underlying logic they denote can also contribute to the concealing of a victim's spontaneous resistance. A good illustration can be found in Kelly's interpretation of the following account from a woman who was sexually abused as an adolescent by her optician:

I was 17 and being fitted with contact lenses. The optician was touching me up and it was very uncomfortable and embarrassing and it's meant that I've never actually worn my contact lenses. (p. 186; emphasis added)

The highlighted segment of the passage is ambiguous: It is not clear whether the woman could not wear her contact lenses or if she would not wear them. In treating this as an example of the long-term impact of sexualized assault, Kelly implied that the woman could not wear her contact lenses. This view negates any volition or judgment on the woman's part and defines her not wearing contact lenses as a negative effect, notwithstanding Kelly's preference for the term impact.

If we consider her behaviour as a response, there is no reason to believe that the woman was physically incapable of putting the contact lenses on her eyes. On the contrary, it seems evident that she refused to wear them. Given the optician's abusive behaviour, it is not at all surprising that this woman would strenuously avoid giving the false impression that he had been helpful to her in any way. For her to have worn the contact lenses after the optician abused her would have meant defining him as a helpful and worthwhile individual and would therefore have concealed what for this woman was his true identity, that of a predatory child abuser. Far from being an impact, consequence, or effect, her refusal to comply with the optician's prescription evinces volition and judgment and can best be understood, in my view, as a most poignant and fitting way of preserving her dignity and asserting control of her body.

Yvonne

Because we do not have all of the details of the experience of the woman just described, I will offer a fuller example from my own practice. Yvonne came to therapy several months after leaving her husband of 25 years, who had been verbally abusive to Yvonne for a number of years and carried on an affair with another woman for about a year before Yvonne found out and ended the marriage. Yvonne said she was depressed and, when I asked for more information, described a number of related difficulties including sleeplessness, lethargy, feelings of hopelessness and loneliness, and so on. After getting some information about Yvonne's family and friends, I asked her a number of questions about how she had responded to the verbal abuse

and betrayal by her husband. Yvonne described how she rarely spoke with him, how she sometimes got angry and yelled, how she refused to have sex, how she stopped cooking and cleaning, how she spent a lot of time at her friends' houses, how she started to drink at night to numb her feelings, how she refused to take the blame for his abusive behaviour and his extra-marital affair, and how she refused to take him back despite the strongly stated preferences of her family and several of her friends, who quite liked her husband.

After repeating verbatim several of Yvonne's descriptions of these responses, I told Yvonne that I was interested in knowing more about the many ways that she had resisted the abuse. Yvonne was surprised and intrigued by the fact that I referred to her responses as forms of resistance. She said that she had not looked at it that way before but then agreed that she certainly had resisted the abuse. I then asked Yvonne a number of questions about the origins of her resistance. Yvonne was not really sure where she had acquired the strength and determination to resist her husband's abuse, but she thought it might have something to do with the fact that she was the youngest of seven children and frequently the brunt of teasing and physical abuse. She was not sure where she got the crazy idea that she had the right to be treated with dignity and respect and could not really explain how she had managed to hang onto this idea despite being treated as worthless. I asked Yvonne if she thought that recognizing some of the many ways in which she had resisted the abuse would be helpful to her. She stated emphatically that it would because it showed her that she was a

lot stronger than she thought she was and also made her feel as though she would be okay on her own.

At our next meeting, two weeks later, Yvonne reported a number of significant improvements. Her mood was much better, she was drinking less, getting out more, and sleeping better. However, she was quite worried about the fact that she was still crying "all the time", as she put it. Yvonne was especially distressed and humiliated by the fact that she cried during conversations with her mother and two older sisters, whom she saw frequently for tea, when they insisted on giving her advice about how best to live her life. Instead of arguing or standing up for herself, Yvonne said that she usually just broke down in tears. Yvonne felt that her crying was out of control. She said she recognized, with the help of some books, that she had a number of "grief issues" that she had yet to "deal with".

I asked Yvonne to tell me exactly what her mother and sisters did when she started crying during conversations with them. At first she did not reply, but I gently persisted by asking, "You know, when they're talking to you about things, or giving you advice, and you start crying, what do they do?" Yvonne said that they usually try to console her by being nice. I then asked Yvonne if I could change the subject and get some more information about how she had responded to the teasing and physical abuse by her siblings, which she had mentioned in the first interview. Yvonne said that there was nothing she could do. She tried telling her parents, but her siblings just did it behind their backs. She tried yelling, but they ignored her. It seemed that, no matter what she did, they kept teasing and bullying her. I then asked

Yvonne what they did when she cried. She thought about this for a while and finally said that this usually made them back off. She remembered that they would sometimes try to get her to stop crying because it bothered their parents. In fact, as I inquired further, it became clear that crying was by the far the most effective method of forcing her siblings to stop teasing and bullying her.

This led quite naturally to a conversation about other occasions when Yvonne's crying had essentially forced others to back off and treat her more respectfully. Yvonne described how she had cried bitterly in the presence of her landlord when he tried to raise the rent just after her husband left, until he finally agreed to wait a few months. She also said that her husband hated it when she cried and frequently stormed out of the room, leaving her alone, when she could not, or would not, stop. Yvonne recalled that, although her husband never seemed to listen when she told him not to yell, he could not continue when she cried. We joked about Yvonne's "crying skills" and agreed that it was a bit strange to see crying as a form of resistance.

Two weeks later, Yvonne reported that she had cried only twice and both times to good effect. Rather than crying when her sisters implied that she should never have left her husband, she told them that they did not understand her situation, especially how abusive her husband was. She was delighted with her assertiveness and assured me that it was permanent. Yvonne was pleased that she was not crying any longer but promised, on my request, that she would not give it up entirely.

Summary

In many ways, the distinctions made here between the language of effects and the language of responses summarize the major themes of this dissertation, as set out in the eight pairs of alternative assumptions in Chapter 1. The language of effects focuses on individuals' personal deficiencies, whereas the language of responses focusses on their pre-existing abilities. Experts impose the language of effects, whereas the individuals themselves generate descriptions of their responses. The language of effects is primarily a language of mental life, whereas responses exist in and affect the social environment. The language of effects is essentialist, naming mental conditions that are assumed to really exist; I propose that these conditions are socially (usually professionally) constructed and that more helpful interpretations are equally valid. A hallmark of the lexicon of effects is its abstract and global nature, whereas asking about responses involves close attention to the details of specific behaviours and situations. The language of effects is purportedly neutral and apolitical; I have proposed that it is not and have offered an explicitly critical language of responses. Finally, as emphasized here, the language of effects assumes and constructs a passive victim, whereas the language of responses reveals an active, resisting individual.

CHAPTER 14

SUMMARY

The examples of Joanne, Fran, and Anna presented in Chapter 1 illustrate that individuals resist interpersonal violence by avoiding and directly opposing it and by re-asserting their dignity in myriad ways, despite the risk of further abuse. The compelling accounts of these women and the positive changes they achieved forced me to identify and reconsider a number of taken-for-granted assumptions about victims of abuse and the practice of therapy with these individuals. On a practical level, I began formulating questions that I hoped would elicit individuals' accounts of their responses to violence and oppression, in contrast to my previous practice, which was to focus first on identifying the effects of violence and abuse. In a surprisingly simple and direct way, these questions elicited accounts of a wide range of mental and behavioural acts that, once seen in context, could be readily understood as forms of resistance. After a number of these interviews, I tentatively began to assume that whenever individuals are badly treated, they resist. This eventually led to questioning several assumptions of traditional therapies, which are outlined in Chapter 1 and reappear throughout the dissertation.

But this assumption raises important questions. If resistance to interpersonal violence is ubiquitous, why has it received so little attention in the clinical and research literature? I proposed in Chapter 2 that conventional approaches to psychotherapy are based on the assumption of personal deficiency, that is, the view that personal problems signify personal

deficiencies. As other critics have pointed out, this view minimizes the significance of social factors (including violence and other forms of adversity) in the development of personal problems. It also places primary emphasis on the mind of the individual as the primary locus of investigation, explanation, and treatment. Less recognized but equally important is that this asocial view conceals resistance. If the violence is ignored, then behaviours and subjective experiences that might well be understood as forms of resistance to it are easily interpreted as symptoms signifying dysfunction and disorder rather than as signifying chronic and flagrant mental wellness. For example, individuals who are deeply troubled by and refuse to be contented with abuse are recast as individuals with clinical depression. (Indeed, within the traditional approach, "resistance" refers not to justified opposition to mistreatment but rather to unjustified and pathological non-compliance with expert treatment.)

In Chapter 3, I proposed a link between an alternative assumption--the assumption of pre-existing ability--and the micro-analytic approach to human communication research that originated in large part in the Natural History of an Interview (NHI) project. Using an inductive and observational approach, the NHI researchers focused on the fine details of face-to-face communication and abandoned traditional psychological abstractions (e.g., goals, attitudes) as explanations of communicative behaviour. They realized that these abstractions distract us from the extremely rich and patterned complexity of communicative behaviour itself, which is its own best explanation. It is only by focussing on the details that resistance is revealed.

NHI illustrated the social significance (i.e., pragmatic effect) of even the smallest and apparently most inconsequential communicative behaviours and revealed unexpected levels of interpersonal fluency and skillfulness.

In Chapter 4, I examined how the micro-analytic approach to communication, along with the assumption of pre-existing ability (and other assumptions set out in Chapter 1), were developed further in the Bateson project and in a small but influential group of communication-based therapies that are the basis of the approach to therapy outlined in this dissertation. The Brief Therapy approach of the Palo Alto Group specifically rejected the idea that personal problems were caused by psychopathology, advocating instead a situational focus. In my view, the Milan team have played a particularly important role in accelerating the development of therapeutic questions and other practices that contest (i.e., deconstruct) pathology-focused explanations and stimulate positive change by elucidating the agentic and adaptive dimensions of ostensibly problematic behaviour. Solution-focused and narrative therapists have taken the assumption of pre-existing ability one step further by making the details of already existing partial or potential solutions the focus of their therapeutic conversations. While there is an implicit critical dimension to all of these therapies, in that they directly contradict the assumption of personal deficiency, narrative therapists in particular have incorporated a broad critique of power relations.

In Chapter 5, I examined the nature and scope of resistance in greater detail and presented a preliminary theory of resistance. I also identified types of acts that should not, in my view, be interpreted as resistance.

extent that they mutualize or downplay the violence, mitigate the perpetrator's responsibility, or portray the victim as passive. Perpetrators can and do exploit these material and social conditions. A great deal of the pain and disillusionment reported by many victims stems in large part from the intensely disheartening experience of having their prudent and determined resistance ignored or misrepresented by those whom they rely upon for help.

In Chapter 7, I examined some of the structural similarities between sociopolitical and interpersonal violence and resistance. According to Scott (1990), in cases of sociopolitical oppression, domination and resistance exist in a "dialectic of surveillance and disguise" (p. 3). The oppressed face the threat of brutal retaliation for any form of open defiance and must therefore conceal their resistance. This means that wherever there are imbalances of power, public appearances may be highly misleading: Acts that apparently signify deference and respect may in fact be acts of disguised resistance. Essentially the same relation between oppression and resistance can be observed in cases of interpersonal violence, except that victims of sexualized assault and abuse, wife-assault, and physical abuse are usually more isolated than victims of sociopolitical oppression and consequently less able to derive strength through identification with an oppressed group or a sense of purpose from knowing that their suffering and resistance contributes to a greater social good. Still, the pronounced structural similarities between sociopolitical and interpersonal oppression and resistance suggests that a categorical distinction between them is not tenable. In fact, the two cases

often come together in practice. Rape and other interpersonal abuses can be used as instruments of sociopolitical oppression. In addition, oppressive social policies, such as the isolation of aboriginal children in so-called residential schools and disabled individuals in ostensibly educational institutions, directly enable the individuals in charge to engage in interpersonal violence and humiliation.

Also in Chapter 7, I discussed Goffman's (1961) study of mental patients' resistance to various indignities and forms of institutional control in a state mental hospital. The patients devised many ways of "making do" and "working the system" to their advantage. They also dodged the identities imposed by the authorities by refusing to exhibit the obligatory level of "engrossment" in prescribed activities and by exploiting their diagnosis, for example, by representing their expressions of contempt for certain staff as the effect of their presumed psychopathology. Largely on the basis of these observations, Goffman (1961) proposed a social and activist conception of the self that directly contradicts social and psychological theories of identification. Where the individual is subjected to oppressive social conditions, Goffman argued, the self or individual identity is forged through opposition rather than identification. This view is supported by first-person accounts of political dissidents such as Rigoberta Menchu, Vaclav Havel, and Malcolm X, who began resisting violence and humiliation very early in their lives, long before they embraced particular political or moral ideologies.

In extreme situations, the smallest and apparently most inconsequential acts may, from the victim's point of view, represent profoundly important

"acts of living" (Goffman, 1961, p. 181). But these small acts are frequently overlooked or discounted, either because the observer did not examine particular interactions in sufficient detail or because those acts did not demonstrably alter the situations in which they occur. In Chapter 8, I argued that resistance, particularly the small acts of living, can be elucidated most effectively by combining a micro-analytic approach to social interaction with a critical political orientation to power relations. As examples, I reviewed the work of two French philosophers, Henri Lefebvre (1947/1991) and Michel Foucault (1978, 1980), and one French sociolinguist, Michel de Certeau (1984). Lefebvre argued that intellectuals devalued everyday life by restricting their focus to abstract theoretical concepts. He suggested that philosophers should adopt a sociological approach and should elucidate the manner in which everyday activities comprise a political critique. Similarly, Foucault argued that the conventional analysis of power relations, which typically focussed on the relationship between superstructural apparatuses (e.g., the state, religion, business) and social-psychological abstractions (e.g., consciousness, class, ideology) failed to capture the actual operations of power in specific instances. Foucault focused instead on the "micro-practices" and "minor instrumentalities" used to align individuals with normative specifications for individual conduct and subjective experience. It was precisely because he focused on the details of specific practices, I believe, that Foucault recognized the ubiquity of resistance. Michel de Certeau (1984) examined the tactics with which individuals resist the normalizing and objectifying practices prevailing in modern, industrialized

societies.

A number of feminist researchers and therapists, and some narrative therapists, have also recognized resistance. Liz Kelly (1988) noted that feminists typically portray women's responses to interpersonal violence as coping or survival, with little attention to how the women resisted. She examined how 60 women responded to sexualized assault and abuse, sexualized harassment, wife-assault, and threats of physical violence. Kelly found that all of the women resisted sexualized assault in some way, and most women resisted other forms of interpersonal violence as well. Gilligan, Rogers, and Tolman (1991) collected 16 essays on the subject of girls' and women's resistance. Bernardez (1991), Brown (1991), and Steiner-Adair (1991) suggested that many so-called psychological problems experienced by girls and women in fact reflect forms of resistance. Bernardez (1991) and Steiner-Adair (1991) found that, before they could begin to elucidate and support girls' resistance to oppression, they first had to reject the traditional expert stance prescribed for therapists. However, Robinson and Ward (1991) and Stern (1991) argued that girls' resistance should conform to certain ideological standards and reflect so-called authentic ways of being. Burstow (1990) recognized women's resistance in its smallest, most desperate, and apparently most inconsequential forms. She argued that traditional, male-dominated psychiatry suppresses women's resistance by labelling it as psychopathology. According to Burstow, all men and all heterosexual relationships are inherently violent. The ultimate expression of women's resistance (and the goal Burstow proposes for all women entering therapy)

is the pursuit of intimate and critically conscious relationships with other women.

Narrative therapists use the term resistance in several different ways, without distinguishing between them. White (1984, 1989, 1992) constructs the diagnosed problem as an oppressive entity or influence that is external to the person and then invites the person into a discussion of his or her resistance to the problem and its effects. The language of resistance is used somewhat differently in cases of abuse. For example, according to Kamsler (1990), one of the effects of sexual abuse is that it encourages victims to blame and hate themselves, to put others' needs first, to comply with perpetrators' prescriptions for how to feel and think, and to respond habitually with panic and fear in intimate relationships. Victims are engaged in resistance to the extent that they overcome or oppose these effects. Although narrative therapists recognize resistance to some extent, they tend to subordinate resistance to a theory of the effects of interpersonal violence and oppression. Unlike other narrative therapists, Epston (1986; Epston, White, & Murray, 1992) and Maisel (1996) have focused on resistance to the abuse itself. The latter approach most closely resembles my own.

If resistance to interpersonal violence is as ubiquitous as I have proposed, then the fact that it is so seldom discussed in professional, scholarly, and public discourse requires further explanation. The assumption of personal deficiency and the equating of resistance with psychopathology, discussed in Chapter 2, explains only so much. In Part Three, I proposed that language can be used to conceal and ultimately suppress resistance by concealing or

justifying violence, mitigating the responsibility of perpetrators, or (mis)representing victims as passive, falsely conscious, internally oppressed, self-subjugating, or deficient.

The perpetrators of violence conceal the nature and impact of their actions through the use of euphemisms, and they avoid responsibility by portraying themselves as out of control. In colonial discourse, Europeans concealed the atrocities and displacements they committed against aboriginal peoples by proffering stereotypical images of the vacant frontier and the well-intentioned pioneer missionary, as well as accounts that valorized European images of civilization and progress while simply omitting mention of the violence enabled by racist government, church, and business practices. When this violence is concealed, aboriginal resistance seems unnecessary and is therefore easily pathologized as strident or unnecessarily confrontational. In a different setting, Coates, Bavelas, and Gibson (1994) found that judges frequently used erotic, romantic, or affectionate language to describe sexualized assaults. For example, acts of forced vaginal penetration were described as "sexual intercourse" and "bouts of intercourse", which presume both mutuality and consent. This language concealed the violence inherent in the assaults. The judges recognized resistance only when it took the form of continued physical struggle.

Scholars and professionals such as Freire (1970), Gramsci (1971), and Moreau (1990) equated resistance with open and collective insurrection--the least common form of resistance to interpersonal violence. The absence of open and collective insurrection was interpreted as proof of passivity on the

part of the oppressed. To explain this apparent passivity, these theorists proposed that the oppressed become "falsely conscious" or "internally oppressed", that is, they adopt the ideology of the oppressor as their own and thus accept their own oppression as legitimate or at least become resigned to it as inevitable. The end point of this indoctrination is that the oppressed become complicit in their own oppression and even the oppression of others. However, the concept of false consciousness makes sense only as it is counterposed to the complementary concept of a true or critical consciousness (Scott, 1990). Thus, in representing the oppressed as falsely conscious and internally oppressed, Freire (1970), Gramsci (1971), Bourdieu (1977), and other false consciousness theorists represent themselves as critically conscious. It follows that meaningful resistance must be mobilized and shaped by elites. For example, in the structural model of social work practice (Carniol, 1992; Moreau, 1990), the social worker is to hold him- or herself up as an example and educate the oppressed, who are unable to construe reality accurately. Here we can see that the concepts of false consciousness and internalized oppression, based as they are on the erroneous assumption that the oppressed are passive, inevitably reinscribe power relations (Rossiter, 1994).

In Chapter 12, I examined how the concept of internalized oppression was used by Burstow (1992), White (1992), and Foucault (1978, 1980), theorists who, to different degrees, recognized spontaneous resistance. Burstow argued that, although women resist patriarchal domination, all women are internally oppressed. She proposed that women attending therapy must

therefore be encouraged to adopt a radical feminist ideology, which entails the rejection of all intimate relationships with men. Burstow exalted precisely those forms of resistance that are most available to mature, educated, and comparatively privileged women living in relatively safe circumstances. The forms of resistance most available to children, disadvantaged people, and individuals living in conditions of extreme violence and deprivation are explicitly devalued because, in her view, they do not reflect critical consciousness. White (1995) repudiated the idea that violence can be explained through inferences about psychological mechanisms in the minds of victims. Yet he suggested that women enter relationships in which they are abused by their male partners because they lack the ability to discern "abuse from nurture, neglect from care, exploitation from love" (p. 93). Other narrative therapists (e.g., Adams-Westcott, Dafforn, & Sterne, 1993; Durrant & Kowalski, 1990; Kamsler, 1990) also proposed that victims of abuse suffer from internalized oppression that compels them behave in a self-destructive fashion. Although Foucault (1978, 1980) stressed the ubiquity of resistance, he also proposed a totalitarian relationship between the individual and the social world: Subjectivity is little more than a form of self-incarceration (Eagleton, 1991). Thus, the origins of resistance remain obscure in his theory. Ultimately, in each of these three theories, the image of an individual engaged in resistance to interpersonal violence was subordinated to the image of an individual whose actions and subjective experience are determined by an internalized oppression.

Finally, clinical research and virtually all models of psychotherapy have

focused on the identification and treatment of the effects of sexualized assault and abuse, wife-assault, physical abuse, and other forms of oppression. However, the language of causes and effects suggests a mechanical and deterministic relationship between events. While that language is appropriate for describing the movements of objects, it is highly misleading when applied human beings. Resistance is one of many responses to violence. The language of effects conceals resistance by encoding responses to violence as reified effects of violence. To portray any mental or behavioural act as an effect of interpersonal violence is to portray that act as non-volitional, asocial and apolitical, and inherently negative. Further, it is to portray the individual as passive. Thus, the language of effects is a highly political language in that it subtly imposes a pre-existing interpretation of any mental or behavioural act it describes. The language of effects and the language of responses produce sharply contrasting representations of individuals and their actions. For example, when construed as an effect, the deep sadness many victims experience in response to violence is recast as a symptom of depression or other mental disorder and made the object of clinical intervention, to be eradicated even though the violence may continue. In contrast, when construed as a response, the same sadness can be understood as a flagrant symptom of mental wellness because it represents the individual's refusal to be contented with mistreatment.

Limitations and Future Directions

I have proposed in this dissertation that resistance is a ubiquitous

response to interpersonal violence. However, I have provided no empirical proof in support of this claim. Rather, I have presented a small number of illustrative cases, mostly from my practice as a therapist. The reader is right to remember that I have inevitably interpreted the examples and could have misrepresented the individuals and their circumstances to support my claims. The paucity of research on the subject of resistance to interpersonal violence is troubling, in my view, because it shows that even the possibility of such resistance has been overlooked. Kelly's (1988) study is an important exception. However, a great deal more research is needed before the claim that individuals always resist interpersonal violence can be treated as more than an assumption.

Although this dissertation is concerned with the implications of resistance for the practice of therapy generally, I have not spelled out these implications in a separate section or chapter, primarily for reasons of space. Instead, the reader must rely on the examples to provide indirect illustration of the kind of therapeutic interviewing that will elicit accounts of resistance. There is a need to specify new therapeutic practices because of the central role that therapists play in revealing or concealing resistance. A full description of these practices is beyond the scope of this dissertation, however, in conclusion, I want to briefly outline some of the key features of this approach. I proposed in this dissertation that, beyond the violence itself, victims are routinely subjected to a number of discursive operations that conceal and suppress their resistance. These can be divided into three groups: (a) those that conceal or justify violence, for example, by

mutualizing or eroticizing assaults, (b) those that mitigate the responsibility of the perpetrators, for example, by portraying them as the unwitting victims of forces beyond their control, and (c) those that represent victims as passive, internally oppressed, falsely conscious, or disordered. Although each of these operations is obviously problematic, the most egregious in my view is the stereotype of the passive victim, because of the particularly ugly brand of social contempt reserved for individuals who, faced with adversity, appear to take no action on their own behalf.

Therapists are in an ideal position to contest and subvert these operations and to propose contrasting accounts. This can be done by using language that accurately conveys the violence and its meaning for the victim. For example, it is often helpful to stress the simple fact that sexualized assault and abuse is not "sex", beating is not "discipline", and wife-assault is not a "relationship issue" or an "anger problem". But naming the violence is not enough. The most direct method of contesting all three operations is by eliciting detailed accounts of individuals' responses to interpersonal violence and elucidating the intelligibility of some of those responses as forms of resistance. It has been my experience that the very existence and precise nature of the resistance will demonstrate clearly that the victim recognized the abuse even though it had been concealed or justified in obfuscatory language, understood who was responsible even though the violence was mutualized and the perpetrator was portrayed as out of control, and asserted her worth as a person even though she was blamed and could not articulate what she knew and felt at the time. Accounts of resistance, based strictly on

the individual's own descriptions of their responses to interpersonal violence, are the most poignant, accurate, and legitimate foundation for contesting attributions of passivity and deficiency. These accounts restore dignity to the individual and bring to light various capacities and personal convictions in a manner that enhances the individual's ability to resolve whatever difficulties they face, not only those that occasioned therapy. The following passage from Pam, a social activist who began consulting therapists after recovering terrifying memories of being sexually abused as a child, attests to the importance of elucidating and honouring individuals' spontaneous resistance.

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.

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