

The Calgary Participator



A Family Therapy Newsletter
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Improv in the Family



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Editorial

Carol Liske
Editor

Do you believe it? Another, *The Calgary Participator*! Finally. This edition titled, *Improv in the Family* has been patiently waiting to emerge—for the time to be created. The

ness of and even the joy in the process of living. Otherwise, what is happening to people might go by unnoticed or be vaguely identified as random, ongoing and, perhaps, even unimportant “mind-spam.”



provocations within are worth the wait. The contributors who also have been patient, extremely, deserve to be appreciated for their intellectual merit and their graciousness.

This is my last planned edition of *The Calgary Participator* as I am about to set out upon an adventure—talk about improv! Adventures I think are best with the mystique of the unknown and the awareness that, to survive well, innovation and invention can become great sustainers and even augmenters of vital and memorable experiences. There is something about limited access to lifestyle improvisation which broods—well, you name it.

Vishnu, The Maintainer, can be an awesome foe. *Improv in the Family* attends to how families naturally improvise to create and destroy patterns in their lives—to capture some conscious aware-

ness of and even the joy in the process of living. Otherwise, what is happening to people might go by unnoticed or be vaguely identified as random, ongoing and, perhaps, even unimportant “mind-spam.”

Have you ever considered that improvisation could be a form of “Shock Therapy”? That improvisation provides a jolt (or inhibition) to apathy or fear or boredom or etc.? It certainly keeps one from getting “stuck in a rut.”

It's weird though the lengths we'll go to to stay out of a rut. We might be willing to get angry. Or we might pretend we're something we're not. We might try out a new skill or activity. We might get confused. We might think about what others think about what we think and do. We might imagine any number of realities or adventures we could create. And, so on. What *is* that rut anyway?

So, on with the adventure! And Joy! And Laughter!

We wish to express our sincere appreciation and gratitude to Carol for her dedication and enthusiasm in the role of Editor of the Calgary Participator. May her future journals and journees be as filled with life and laughter.

*The Family Therapy
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Improv in the Family (Theatre)

A Conversation With Alan Parry and Terry MacCormack
June 3, 1996

Moderator and Editor: Carol Liske

Carol: I thought we could talk in terms of a major interest of yours Alan—"improvisational theatre." I am particularly interested in the process of improvisation, particularly in relation to the concept of "audience." I am also interested in how therapy transforms as a result of the appearance of improvisational creativity and imagination. My sense is that there is a lot of embellishment of basic plot, in theatre. I would like to talk about that tendency of embellishment and where it leads people, if that is okay with you? These are the general guidelines for the focus of this conversation. I would like to make opportunity for your specific interests Alan and Terry, as much as I possibly can.

Alan: One of the hallmarks of the kind of theatre that we are interested in is where the division between performers and audience is broken down.

Carol: Could you say more about that?

Alan: Well, it seems to be a product of the performance theatre or what they call "performance-group" as Richard Schechner does. Richard has been doing performance-group since about the 60's. He is an avant-garde director, I think, largely operating out of California and Los Angeles. He developed the idea of breaking-down the artificial barrier created in the modern western-world between the performers and the audience, such that members of the audience could actively perform, as could the performers. As such, the actors are their

own audience. I think that the work of Schechner and other people like him, in living theatre, overlapped with improvisational theatre. Although improvisational theatre has many sources, perhaps the one that is best known in this part of the world is the work of Keith Johnson who came to Calgary from England where he already had a celebrated stage and academic career. Keith organized and started up the "Loose Moose

a script [of their lives and the therapy situation] as it were. All of which is to come back and say that the theatre of improvisation—the performance theatre, where there is a blurring between the audience and the performance, is what I am interested in when considering ideas for the relevancy of a theatre metaphor for therapy.

Terry: My idea is that the therapist has a loose script to operate out of. It is like somebody who is learning how to

Improvised theatre is more like life in that we are continually interacting with each other in a drama, [about] the ending of which we don't have too many ideas.

Alan

Theatre," which is still a going-concern in Calgary, and the field of improvisational theatre. I think this is where it gets really interesting and has implications for therapy. In the standard western-theatre the players are for the most part following a script and they are in a peculiar position, in a way, where they know how the story is going to turn out because they have memorized the script. The actors act like they don't know, but they do know. In improvised theatre, the actors don't know either [the script or how the story is going to turn out). Improvised theatre is more like life in that we are continually interacting with each other in a drama, [about] the ending of which we don't have too many ideas. On the other hand, as therapists, we tend to work with a certain realization that people once they enter into therapy are a kind of actor who [appear to not] know what's going on but really, at some level, do because they've memorized

play "Summertime" on the saxophone. They follow the melody line and then they begin to deviate from that melody line, and every now and then they come back to it. So, as a therapist, you are working with a family and you have a loose framework that you operate out of. If you are not improvisational it is going to seem kind of rigid. You have an agenda and you know where you are going to go with your agenda. If you are working in an improvisational sense, you can deviate away from your framework. At the same time, when the family comes in it seems they have been acting-out [their] definition of the problem. As the therapist asks questions the story begins to change. It's improvised through a loose script. It is the two dynamics [that of the therapist and that of the family], together, creating some kind of theatrical encounter.

Carol: What I was wondering is what the term "family theatre" might mean to

Carol Liske, Ph.D.
Alan Parry, Ph.D.
Terry MacCormack, M.S.W.
Calgary, Canada

you? It could mean a drama within the family-system itself, or a drama with the family in therapy.

Alan: For starters, I would prefer the term, personally, "family drama."

Carol: I am also thinking of theatre as "a place" and not just a drama. Somehow drama seems limited in regards to what I am trying to express.

Alan: [Are you] sure there isn't a lot of staging in it?

Carol: [Misses Alan's humour.] Yes, the whole stage, the place, the context and what goes on.

Alan: There is this whole interesting thing. Therapy itself is very theatrical. There is something very theatrical about it in the sense that here is a family at a crisis point in their lives wrestling with issues that are for the most part universal, more or less, but the session itself is dramatic. The family drama goes on constantly but when the family comes in for [therapy] theatre, there is staging involved..

Carol: Do you see staging involved in the drama for the family out in everyday life?

Alan: I was only thinking of the therapy room as "a place." Maybe staging isn't the best word, there is some ritualized aspect about the therapy interview in the place of therapy.

Carol: What I was trying to do look at was the drama "outside" of therapy and the drama "within" the context of therapy to get a contrast between the two arenas. Do family members behave differently in each context?

Alan: That is a good point. If you go to the theatre to see a play, the stage or the lights dim and the curtain rises. You join some kind of a drama, some kind of performance, in the middle of things. You don't know anything about these people, you see a dramatic slice of their lives. Now, in a sense,

been in the process of being enacted years before the participants came to therapy and will continue for years afterwards. These stories are the ones enacted and worked-out, in therapy.

Terry: My sense is there is "the play within the play." In other words, you've got a drama and the drama supposedly

fectly obvious?" And of course, if we fall into that kind of common-sense trap, then there becomes an invitation to impatience and advice-giving, both of which are usually pretty useless. What we try to do in working with people that are struggling with similar trauma when we might think, "Why is

I would prefer the term, "family drama."

Alan

represents life. If you want to connect the therapy world with the outside world, they're both dramatic. They're both theatrical. This is like the play within the play, and it's special.

Carol: Does what the family brings to the therapy room relate to their everyday lives? How many enactments are they undertaking in their everyday lives? Would it make any difference to therapy if the family members had a variety of enactments versus a few. How would knowing that help us in the therapy room?

Alan: I think this is where therapy and narrative interact with each other, not that there's a division in the first place. Theatre doesn't have to [tell] a story, although most theatre does have a narrative dimension to it. Even ballet is a form of the enactment of a story, however symbolic. In therapy is we tend to find out a little bit more about [people's] stories—of where they came from, what is behind this [presentation]. We can get a sense of

this such a problem for them?"—is say, "What's the story behind that?" or "Tell me more!" or "What was growing up in your family like?"—because we believe we learn from experience. Lo, and behold, [we find that] there's frequently considerable similarity between the ingredients of the early family-of-origin drama [and the current family drama]. These theatrics work themselves out over a long period of time, perhaps not even stopping at lifetimes. They can go back into previous generations no matter how far back we might trace.

Carol: I was thinking that there must be inherent differences in dramas. Some may occur from experience, others from one's efforts or knowledge, etc.

Terry: I guess what's always struck me was that when people come in and you say, "What brings you here?" or "What's the problem?" Whatever your question might be, family members inevitably talk in terms of scenes. They talk about something having happened which is drama. They come in describing scenes in which something has happened. There's [usually] been a breach in the social order: a breach in expectations or a breach in hope. A contravention of an agreed-upon rule around social behaviour, around a relationship, around connection or engagement within the family [has occurred]. A theme will emerge, eventually.

Carol: How is the scene in the therapy room different from everyday lives? Intuitively, I know there is a difference.

Terry: Yeah.

Alan: We can follow Victor Turner's conceptualization of the distinction between the public or stage drama—a very powerful social convention [that occurs] in pretty much all societies worldwide leading to various characteristic breeches in the social order.

*Whatever your question might be,
family members inevitably talk
in terms of scenes.*

Terry

something like that happens in therapy. When family members come to therapy you see a slice of their lives. You don't see what went on before or what is going to go on after, but you do know for sure that the people that come in with the drama that they are struggling with: they have a biography; they have a story; and they have many stories. Those many stories have

the intricacies of the plot and a better understanding of what has brought the situation to this point. Why are these people in this family struggling with this issue to the extent and with the intensity that they are? We might be sitting there as they're struggling with this, thinking to ourselves, "My goodness, why is this such a problem for these people? Isn't the answer per-

Often we observe how people deal with these breeches. Turner also talks about the social drama, as Terry was saying. First there's a family or a society or community that leads to the breach in the social order. Within the family, for instance, an adolescent child in the family suddenly starts saying, "This is a free country!. You can't tell me what to do!" It's a major breach in the social order of the family where the parents, for 12 years, have been basically "calling the shots." Suddenly, the young adolescent is saying, "I can do as I please!" The fact that he's prepared to make enough trouble over the whole issue can wind up [in him] virtually being the dominant person in the family. So, the family tries to deal with this. Usually, they try to deal with it in ways they've dealt with it before, but because the ways they have dealt with it before, presuppose the old social order, it usually just goes from bad to worse. Then, they're into what Turner calls the crisis stage in which the problem intensifies and worsens. Then, Turner concludes, as an anthropologist, that the world over the community or the family enters and undertakes what he calls a redressive stage. [The transgressor(s)] either go before the elders of the community or they go before the grandparents of the family or they go before the shaman or a counsellor. They used to go —and still in many case do—to their priest or clergyman. It seems that the drama of therapy is what happens during the redressive stage to deal with dramatic family crises.

Terry: Turner talks about a liminal space where it's betwixt and between, where you're neither in the real world and you're not in the world of complete fantasy either, but you cross a threshold and you're in a special sort of place. It's a place where everything is suspended. It's a special place that people come for redressive action. That's the place, I think, that theatre can serve. You go into a theatre and you are held aloft.

Carol: What are we suspending—holding aloft—when family members enter therapy?

Terry: We suspend our sense of everyday reality.

Alan: Earlier, in Freud's time, there was a free-association ritual in therapy where the client was encouraged to give an unedited version of his story. Since the concern about authenticity in the '70s there has been more of the



Multiple Experiences

Photo by Joanne Schultz Hall

belief that whatever goes on in therapy ought to go on in life. Turner wrote about the redressive stage in mending the social breach as a social ritual. He thought that this "ritual" went on outside the social order of things where enactments not socially sanctioned (i.e., a child criticizing a parent) could go on. If you apply Turner's theatrical notion of ritual,

a place where a standard of love prevails. That's what allows the boundaries to subside. It's the ritual space that allows a means of [more effective] interaction to take place. When the family leaves the therapy-room threshold, they're no longer in the liminal world. They go back to their regular life where parents are in charge, generally. Yet, the beauty and love within the ritual space goes with them. It serves to leaven their lives. And then, that [uplift] starts to wear off and it's, "Oh god, when's our next session?" and so forth. "We need another shot of communitas." So, they come back [to therapy] and they experience this special place where openness, caring, honesty, and feelings are right-out-there to a degree that's virtually impossible as an everyday performance.

Carol: How does even the therapist know, let alone the family members, that they're in a liminal space. It's not been my experience that that's been clear to people.

Alan: No, [it hasn't been clear]. I think that there would be benefit in making [that distinction] very clear. I've played in my mind with the idea of

I've played in my mind with the idea of using the talking stick while coming in like a chieftain or a sage

Alan

then one might look upon therapy as a place in ritual space where the normal conventions between people are dissolved. What I find powerful about Turner's ideas is what he calls communitas. He uses the Latin word communitas to separate from mere secularism. It has a sacred aspect to it. It's

using the talking stick while coming in like a chieftain or a sage and sitting down and saying, "Well, okay, this is the way it goes; this is a special place; and you speak when you have the talking stick. So, if you've got something to say, you just reach for it!" Certainly, that's a formal part of an

intervention that I and some others have given families to regulate interaction. Another way would be [to offer], perhaps, a more specific set of instructions as to what the guidelines are, the rules for, "the suspension of ordinary rules" that characterize the liminal world of therapy.

Terry: I think by the fact that you phone somebody and you make an appointment to come in and see somebody that you're already sort of creating the context for yourself where you're going to do something different than you might normally do.

Carol: I'm not sure that everyone recognizes that.

Terry: Except that you do know that. You have a sense that you're coming for something that's different from what you normally go for. In coming into a room that's set aside where there's a one-way mirror, cameras, an intercom-telephone on the wall, and a table with a microphone [you know you are in an unusual situation].

Alan: There might be people who believe that doing family therapy, particularly family therapy, in the home is really the only way to do it. Even there you usually make an appointment. One thing, I think, that certainly needs to be paid much more attention to is the probable nervousness of people when they come in to therapy.

Carol: How would therapy be different if you were going to help the family honour that [their experience of unusualness or nervousness] was a [part of being in a] ritual or liminal space? I have wondered if families understand enough about how therapy could work.

Alan: Yes, and [they could also know that the therapy space] is a place where we as therapists don't play "the expert" who tells people what to do or who gives them the answers [to resolve their challenges].

Terry: The context sets the scene. In the kinds of questions you ask, the way you work and the use of creativity and imagination, that's going to further enhance the sense this is a place where new realities can be created.

Carol: In browsing Keith Johnson's book, "Improvisation in the Theatre," it seems that Johnson says that dramas change with their contextual meanings. The same drama in one context or with one audience, for example "psychosis," could be seen differently

by various audiences. Doesn't that idea implicate the therapist as a drama director?

Alan: A stage manager...

Terry: An actor as well...

Alan: It goes back to an earlier part of this discussion about how better to introduce a "threshold phenomenon" such that when people come into therapy it becomes more a world of community. I think part of the change necessary would be, for me, to make family therapy less establishing of a premium on verbal articulation which I think implicitly maintains the conventional hierarchy of, "parents here and children there," given that parents tend to be a far more persuasive and articulate than their kids. This is where I think that the use of some of the methods of theatre improvisation [can be] promising. In the realm of play and drama children might even have a bit of an advantage over parents once certain inhibitions and understandable mistrust were alleviated. I've written an article on why we

that there's a capacity for going beyond, or again a self-transcendence: that in the ongoing conversations that we have with ourselves, we're continually trying to remake ourselves, reinvent ourselves, and go-beyond ourselves.

Carol: If you think of the tribe as having a story and of that story as conceivably more powerful than the individual's story—one story may not permit the other.

Alan: Well, that's part of the problem for the person. I'm talking more about my speculation as to where it got started and the extent to which, once we establish a rather thickly-narrated identity or self-image: how our actions tend to struggle to perpetuate [our self-concepts]. I guess it's a whole other question as to what happens when a person is...

Carol: Struggling to change that identity?

Alan: Gets free, yes! To change that and to have less fixed identity. Part of the problem will be, of course, what happens when a person tries to persuade

others of the legitimacy and genuineness of the new story they're trying to develop. Then, there could be the efforts of the other than to persuade them to forget this nonsense and what-not and to know one's place. In any event, there's always this kind of mutual effort to

persuade going on.

Carol: How does the therapy process relate with the effort to establish a new story?

Alan: I suspect that when people come to therapy, that what at least one person in the family is trying to do is establish a new story, whether it's a negativistic, hard-to-get-along-with teenager, or whether it's a wife and mother in the family who's trying to escape a story of oppression and taken-for-grantedness. Invariably, the most discontented one in the family is struggling for a new story. The most effective way to build up a new story is to act differently rather than to just talk differently. Therefore, I'm suggesting that we bring back into therapy some of the action methods that were quite popular, particularly in the 1960's and 70's. Many of these methods were, in fact, derived from an interface between performance theatre, living theatre, improvisational theatre, and therapy. The methods of

The context sets the scene. In the kinds of questions you ask, the way you work and the use of creativity and imagination

Terry

tell stories in which I've argued that human beings began telling stories as a part of the process of persuading one another of the truth of a particular event. I think that the stories we tell ourselves as part of the process of persuading the other person (and persuading the other person as part of persuading ourselves) amplifies to the whole world that we construct. It seems to me then that language and storytelling for a person that wants to make some changes in their lives is inherently almost [always] contaminated by a powerful pull-back to protecting one's ongoing self-image or narrated identity.

Carol: Many years ago, I knew the granddaughter of a famous native chief. She became well-educated and, as a result apparently, unmarried because there wasn't a man in her tribe as educated as she. Was that just her problem of protecting her self-identity?

Alan: Well, yeah! I would certainly grant

Gestalt Therapy were born straight-out-of psychodrama. It was a belief that anybody could talk and convince themselves in very self-justifying ways, but if one really wanted to make changes, that doing things differently was the clue to change rather than just saying differently. That's why I think that particularly some of the methods that have been developed in the improv theatre of Keith Johnson and the Loose Moose Theatre tradition have a tremendous amount to offer both by way of equalizing the therapeutic process between parents and children, but also breaking through the [interactional] circularity that I think is all too often locked into language.

Carol: What are the approaches in improv theatre that you think are particularly useful in breaking through the circularity?

Alan: I think that in a lot of family relationships that what's happening is a struggle in the family for dominance. [It's a struggle of] who gets "the say," who gets to "call the shots." Oftentimes, the family impasse is occasioned by a parental sense of entitlement to be calling the shots. It's certainly strongly supported by most elements of society. [The impasse emerges when] a child determines to make a breakthrough in some direction or other, even winding up at times in a very dominant position.

Carol: You mean an impasse between dominance and submission?

Alan: Well, the struggle for dominance. Of course, sometimes what we wind up seeing by the time [a family at an impasse] comes for therapy is that battle has already been lost by one member who is in a very disgruntled, but nonetheless, clearly submissive or subordinate position. And, someone else is in a very dominant position that they're not too keen to relinquish. At any rate, it seems to

me that when there is this kind of struggle for dominance, to stay with that example for the moment, that both parties are extremely frustrated by it, and that neither one is able to pursue their own agenda to any satisfaction. In improv theatre, partici-

Carol: They could do that. That's their choice.

Alan: Yeah, yeah. The other thing they can do is if they just don't like the offer and don't feel it's going to go anywhere, they could block the offer. In [everyday] human life, there's just

countless ways of blocking each other's offers: not listening to the other person; not looking at people; turning your back on people when they're talking; talking over others; uttering an irrelevancy

or a kind of a characteristic criticism; and, of course the universal blocker—the "yes-but" statement. [A couple we worked with] didn't seem to be able to have a conversation without butting the other one's offer out of the picture. So, we proceeded with the very simple expedient of asking them to carry on a conversation in the room using whatever the other person said,

I think that in a lot of family relationships that what's happening is a struggle in the family for dominance.

Alan

pant's talk about "accepting offers" and "blocking offers." The key to making improvisation flow, is for each performer to go with what the other one is offering. The actors don't have [scripted] lines to guide them in improv theatre. They've just got what the other person offers or presents, what the other person does or says.

Carol: And they may not, Keith



Anger

Photo by Joanne Schultz Hall

Johnston points out, even really recognize the offer. It could be to them an unseen offer. Or, they may not understand the offer.

Alan: Nonetheless, they do whatever they can to open themselves to whatever that offer might be.

constructively, [to continue the conversation]. They were to precede their answer with, "Yes!" We noted [that when undertaking this exercise the couple] held together the most prolonged successful conversation that we had seen them have. They

acknowledged the improvement themselves as the best conversation they had had in...

Carol: Years.

Alan: Yeah, yeah!

Carol: If ever.

Alan: Yeah!

Alan: There is the whole realm of accepting offers—of going with what the

created in the [therapy] room, then you can invite people into doing things that they might not otherwise do. That's where the transformation can begin to take place.

Carol: How do you think you could create that context, Terry? Certain scenarios or enactments could call out different things in different people,

therapy room as a rehearsal stage where you get to try out things, you get to pretend, you get to make mistakes, and you get even to make a fool of yourself, but it doesn't matter because we're all in this together. It's defined as rehearsal and people that work in the theatre have said, and I guess I can testify in a very small way

myself from the few plays that I was ever in, that the rehearsal time really is a special time. It's relaxed and a place where you can make mistakes, you will make mistakes, you'll flub your lines, you start over, maybe flub them again and keep going until you get it right. But even in this process one might stumble through one of your mistakes into a new possible [more desirable] way of interacting. So, therapy as rehearsal time might [lead interactional behaviour] into the therapeutic performance.

Carol: At least people would have therapeutic ideas clearer in mind.

Alan: Yes. For me, personally, I used to work

more in that mode many years ago. Now, you can even draw a laugh amongst systemic therapists when you talk about the absurdity of having people turn their chairs towards one another and [improvise] a conversation. I'm thinking that, perhaps, it's time to pull some of those old-discarded methods out-of-the-closet, shake them off, and try them on with some new accompaniments.

Carol: I have heard some criticism of relating the idea of therapy to theatre. I may have misunderstood the criticism, but I think some say that it might be disrespectful to the seriousness of people's lives or the actual pain that people experience—that it may put a false-front to actual experience. Thus, the element of "sacred space" may be missing. How you might respond to such a criticism?

Alan: In a number of ways. We are imprisoned to the extent that we feel that, "this is who I am," in some definitive sense. We imprison ourselves into a reality understood as hard, real and nothing-to-be-laughed-at. To the extent that we lighten up about the whole thing and begin to realize that "the masks" or the faces or the personae that we present to ourselves and to each other are themselves performances which even get



Happiness

Photo by Joanne Schultz Hall

other person offers. There is the potential to elaborate the offers and to practise this behaviour in therapy, in a family "game." [It's best to practise this exercise in the therapy room.] It's an experience [where they find out], "I can do this!" It's empowering. It's fun!

Carol: That that kind of enactment was fundamental to the cultures or many indigenous or native peoples, particularly in North America. If someone struggled with fearful or cowardly behaviour, they would chose a strong animal like an eagle and they would dress like this animal—the whole tribe might dress like this animal. Then, the fearful person and the other members of the tribe would dance the motions of this animal into the four different directions of the earth. This would be the dance of Courage. Dancing in a ritual space of courage, apparently, was very effective in ending the story of fearfulness.

Alan: Yeah, wow!

Carol: It sounds like that's what you're talking about, Alan, to some extent.

Alan: Yes.

Terry: Then, in creating the ritual space there has to be an element of safety—criticisms and judgements need to be suspended. If there's like an atmosphere or a climate of safety that's

some of which could be positive and some of which could be negative. I'm wondering how you, yourself, think that a therapist can ensure the safety aspect.

Terry: The way in which you frame the invitation in saying, "Well, there's something that we might try. Maybe it's something you've never done before, but you know maybe this is a good place to give a it a try and see how it feels. Just the kinds of things that give...

Carol: An element of choice.

Terry: An indication that you're [present for them]. They're looking at you as a director or a mediator. There's an element of choice [that needs to be] involved. I also think that if the therapist sets up the context [well that clients will be better able to accept trying-out new behaviours]. For example, if a couple who aren't getting along with one another come into the room where the therapist immediately invites them into doing some enactment, without creating an atmosphere of safety [and of the value of constructive and improvisation], it might be difficult for them to go along with it.

Alan: I think the context to aim for, particularly using the theatrical theme, is perhaps [to develop] the notion of the

us into trouble, [we can find] more options for making changes.

Carol: And ways of obtaining wished-for responses.

Alan: Right. If this is me who's very shy and withdrawn, I can go out and act like me being friendly and outgoing.

Carol: It's almost like if you had a child on a bike and you've been holding the bike up for awhile and then one day you just simply let go, the child or the role could play out by itself.

Alan: Yes, right.

Terry: There's an episode of Seinfeld where, I think, it's eventually how George gets his job with the New York Yankees..

Alan (laughs): Oh, yeah, right!

Terry: People come [to therapy] because things are suspended, ordinary reality is suspended. As the therapist, you can think about inviting people to do perhaps exactly the opposite of what they might ordinarily do and see what happens.

Carol: What would you say, Terry, to the criticism that theatrical ideas of therapy can lead to a trivializing of people's pain or people's experience?

Terry: I don't understand the criticism.

Carol: Have you heard that criticism?

Terry: No, I haven't actually.

Carol: Maybe I'm misinterpreting what I have heard.

Alan: Oh, I've heard it.

Terry: If theatre is my metaphor and if we agree on what theatre is—that it's a place where alternative realities are created and played-out or enacted, then if you're a social constructivist or if you can say therapy is about the creation and co-construction of alternative realities. Then, I don't see that's a difference. I'm just using "theatre" as my metaphor for framing what happens here as the co-construction of alternative realities. If people are co-constructing or generating an alternative reality together, I just see theatre as a more appropriate metaphor for what's happening than a systems metaphor. Theatre has always been close to human experience. It's there because it represents human experience. It re-presents human experience. Any kind of human experience can be enacted on a stage. You can enact pain on a stage. I go to a movie theatre and I cry. I know it's just a screen up there and it's being enacted by actors but it doesn't make it any less real or any less genuine if you want to use that terminology,

than the pain that is brought forth or enacted [in therapy]. I try to make an attempt to understand the story behind the pain: what scene created the pain. I would much rather go with a metaphor that closer to human experience than an metaphor that is completely [mechanistic] alien to human experience.

Carol: How do you see the systemic metaphor as it relates to the understanding and therapeutics of pain?

Terry: How do I see the systemic metaphor?

Carol: As it relates to the understanding of and the therapeutics of pain.

Terry: Pain is a result of an interaction. There's a social context in which the pain has arisen. Somebody has done something that has brought forth pain

I don't see feedback-loops on a stage. I see people interacting with one another.

Terry

in a person. The pain is not a result of some personality disorder or some kind of character disorder in the person. It has a social context. It's embedded in a social context of some sort. The systems metaphor takes a look at interactions among people in a so-called system and tries to understand how the pain is embedded in the interactions that have taken place—let's say within a family, so in a family system. That's my understanding of how the systems metaphor would apply to pain and suffering.

Carol: And how now would that systems metaphor contrast with your understanding of a theatre metaphor of pain?

Terry: Theatre is by its nature reflexive, so it invites us to look upon something that's happening and it reenacts it on the stage so that we can see that the pain and suffering is embedded in its context. It's not just the person(s) themselves, it's something that's happened as a result of [eventful] experience. Seeing it in that context makes sense to me. That's closer to life than seeing it from a systems perspective where you're talking about feedback-loops and things like that. I don't see

feedback-loops on a stage. I see people interacting with one another. That helps me when a person comes in and [shows] pain and suffering. It invites me to wonder what brought this about. What's the situation that this occurred in? Who were the players in the scene that the pain and suffering is connected to? It helps me to understand what was happening [for a suffering person] when [the injury] was taking place. To understand, I would ask the kinds of questions so that I get a picture in my mind of what actually happened. It's an event. And when you're talking about an event, then it's by nature dramatic. You're talking about theatrics or drama. Not theatrics in the sense that we're all just acting, although to a certain extent we are, but theatrics in the sense of who did what to whom, when, where, and why—that's drama.

Carol: A theatre metaphor is a more enlarged metaphor, perhaps, for pain, than a systems metaphor.

Alan: I think theatre and systemic thinking have this in common; namely, that both address the subject of the irreducibly social dimension of human interaction in any

predicament, and that there's something in the sociality of human life that easily falls into a sort of "cock-eyedness." I think personally that this skewing arises out of our efforts to always trying to influence each other—to persuade each other. We want to persuade ourselves in order to be able to persuade the other with credibility. The mechanized systems metaphor takes us right out of context.

Carol: Out of context.

Alan: Any kind of scientific metaphor tends to below on context and high on instruction. It tries to get at the abstract patterns of the interaction, whereas, I think the beauty and strength of narrative and its extension into the theatrical domain is that they are both richly, by definition, contextual.

Carol: There was one other issue that I was interested in and that was the issue of embellishment as it related to therapeutic outcomes. In the context of improv theatre, when a scenario is given to somebody to portray, some people I've watched improvise with a lot of embellishment. Some people take the creative limits of what they

could come up with to great charm and humour, or even to great tragedy, and from there once again to the point of humour. My sense is that the family members we are working with would have various talents or inclinations for embellishment. Also, it seems that embellishment must be a heck-of-a-lot-of fun in its actual enactment. I wonder how differently people would live their lives, the ones who could get into a joyful spirit-of-things, and the ones we could train to get into a joyful spirit-of-things—through training their capacities for embellishment. I've been interested in the idea of embellishment, myself, and wanted to know what your ideas, Alan and Terry, would be on this topic.

Alan: One aspect of the notion of accepting the improv exercise for accepting offers and advancing stories is, I think, to maximize the possibility of embellishment.

Carol: Because Keith Johnston talks about over-accepting, I was wondering if he was mainly meaning the idea that we might take people's offers without embellishment or without enrichment or without elaboration—so that maybe the elaboration is a crucial component?

Alan: In ordinary speech it's known as, "running-with-it"—taking somebody's idea and just running with it. In improv, which is primarily a theatre of comedy, it tends to allow an interaction to just go wildly and gorgeously over the top. In the kind of interaction that therapy tries to promote or permit or open-space for between people, one thing that struck me was the problematic way that embellishment could operate in stuck interactions in which emotions are used as part of the rhetoric of persuasion. Ted Sarbin, a social psychologist, has contributed to ongoing conversations about what he has called, "the emplotment of emotions."

Terry: Emotion of narrative emplotment.

Alan: Yes, that's right. So, he suggested the extent to which modern psychology has been an expression of the man and the machine metaphor, going back to the late 18th century. He suggests that the way we think of emotion tends to have become part of that

mechanistic metaphor, in that emotion is invariably described as something that has a quasi-autonomous operation within ourselves. Its as-if there's machinery somewhere in the pit of our stomachs or someplace like that, that in the face of certain problems, this machinery just goes into motion in a kind of a hydrodynamic way and pumps us up to intense activity or down into great withdrawal. At any rate, we're kind of buffeted back-and-forth by this quasi-autonomous operation of emotion and Sarbin asked us

Alan: Of enthusiastically accepting offers...

Carol: A constructive or empowering or enriching or joyful process. It sounds like a lot more fun!

Alan: Oh, yeah.

Carol: Do you have anything to add to that?

Terry: Sometimes sitting behind the one-way mirror and watching an interview taking place, I find myself sitting there wondering, "Where's the drama?" Nothing seems to be happening. Everything seems flat, I guess



Surprise

Photo by Joanne Schultz Hall

to think of emotion in a completely different way as part of the rhetoric, by which we try to convince each other of the legitimacy and the seriousness of our position on a particular subject.

Terry: The authenticity of it.

Alan: Right. If I tried to convince someone that I've been treated badly, I might react with great indignation and make a very dramatic display of my indignation. The intensity of the effort to persuade the other person and myself at the very same time, and all the dramatics of [this effort] are what Sarbin suggests as the emplotting nature of the narrative. We might simply say, "the dramatics of the narrative." It's an act of persuasion and it pertains to the intensity with which we involve ourselves in our efforts to persuade the other and to persuade ourselves. [Embellishment would likely play a role in these dramatic acts of persuasion. There could also be the exciting possibilities of the embellishment of enthusiasm.]

Carol: I agree.

what I find myself interested in is [situations] where there doesn't seem to be any emotion taking place; there's no sense of drama there; there's no "theatrics." I'm not understanding the performance unless there's a sense of drama. The sense of drama comes out of wondering where the emotion is, and going fishing for it. When I [find] the emotion, then the sense of drama begins to emerge and then I feel like I have something that can be worked with.

Carol: So, for you Terry, the emotion is the most life-bearing or the life-holding element in the therapeutic situation?

Terry: Yeah, because emotions are the acts of persuasion. I want to know what is it that the person is attempting to persuade in the other and what's closest to their heart.

Alan: I think one of the roles that therapy has is to give voice to the hitherto voiceless, particularly in those areas where their protests have only come across as barely a whimper. To enable a person to really give voice to their

protest—that would really be a place where the embellishment of an emotion hardly dares...

Carol: Speak it's name.

Alan: To paraphrase Oscar Wilde. That would be really something that we would want to see encouraged.

Carol: How do we prepare people if they want a new enactment to have the strength to perform or to continue that behaviour in the face of a treacherous audience?

Alan: The use of audience, I think, is crucial to all of this. I think it's the area that first attracted me to the possibilities of the theatric metaphor. [The possibilities seemed to lie in the situation that a protagonist in a relationship] is both performer and audience, simultaneously and consecutively. What I delight in pointing out to people, oftentimes, is that most of us perform best for an appreciative audience and that most [people] don't perform terribly well for a critical audience. In fact, we tend to stumble and get self-conscious. If the audience continues to criticize, we tend to get resentful or else withdrawn. Another option that people have when they play to a critical audience is to play to that audience as "the villain" At least, if you're the villain, then there's a congruity and you can really get pumped-up and play the role to the hilt. If you're going to get booed for your performance, you might as well play the role that you [will] get booed for. Therefore, particularly as parents or as a partner, if you are dissatisfied with your child's or your partner's performance, you probably [need] to applaud what you find as worth applauding. You would be wise to try by as many means as possible to draw forth an enthusiastic performance. If you don't like the performance and you keep criticizing it usually works to close down the play. Or, criticism can turn people into villains. I'm quite interested in the ways that the audience plays a defining role in how the performance is going to come out.

Terry: I think the idea of audience is implied in a lot of what happens, at least in stuff that I've read in family therapy—like the kinds of questions where therapists' ask, "Who's noticed that you've been doing this?". As soon as a therapist begins to invite people to wonder about who's

noticing what they're doing, they're invited into the idea that there's an audience to their behaviour (even if the audience is oneself). The [focus on who's noticing so-called positive change efforts—to recruit an audience into supporting constructive changes becomes a reflexive element in the endurance of these therapeutic changes].

Alan: One of the historic aims in all forms of therapy since Freud, whether individual, couple, or family, has been to help people get to the point where they can become simultaneously able to collapse subject and object so that one becomes the audience to oneself. Thus, there is rounds of discrepancy that gives rise to circularity between internal and external audiences.

Carol: Interesting. Would the two of you have any summations that you think are important right now—areas of consideration that we didn't cover that you think are important?

Alan: I have my little pet theme at the moment: dominance and deference, the clue to which I first got when I

One of the historic aims in all forms of therapy since Freud ... has been to help people get to the point where they can become simultaneously able to collapse subject and object so that one becomes the audience to oneself.

Alan

read an illuminating chapter in Keith Johnston's book

Carol: The seesaw?

Alan: The whole status thing. And I thought, my goodness. This is one of the great sort of forgottens in contemporary social thinking. Johnston had observed a very stately performance of one of Chekov's great plays presented in London, I think by the Moscow Art Theatre. He said it was stately, wonderful and brilliantly acted, but he said there was something missing. He pondered and pondered about it and then went back to his improv theatre. Suddenly, it hit him what was missing. Then, he started asking his performers to take turns playing higher status and lower status.

Everything became dynamic, and so then he then pursued the argument that in human interaction there's this constant struggle for status. How come we don't recognize this in therapy or if we do recognize it, we see it as just...

Carol: Incidental.

Alan: Yes, incidental, or a disposable problem. I suspect it's the ideology of democracy, part of which is that we're all equal and that we pooh-pooh any notions that we're hierarchical beings as just part of a bad patriarchal construction of reality and that hierarchy or status differentials play no essential part of human interaction. I'm not sure they play an essential part, but they play at least—I'm convinced—a vestigial role in human interaction where we continually do a kind of a dance of who's up and who's down in our relationships with each other, but that it gets set-off to the side. Transactional Analysis (TA) addressed that subject very creatively. They saw the struggle for status and they defined it as invariably going on at the expressive level outside of

awareness. This struggle was believed to determine where things go in an interaction and as the struggle for dominance. In TA, this struggle tended to be identified with parent-child stuff. Thus, it had an almost exclusively familial cast, but I suspect it goes on constantly in

human interaction. I think almost all problematic interaction, consists of a constant struggle for dominance without the reprieve offered by the willingness of each "other" to defer back-and-forth to "the other" [and by the possibility that the audience could be both mutual and appreciative].

Carol: I think we're going to end. We're a little bit past time here. It's an interesting area of thought, isn't it?

Terry: There's a lot more to say.

Carol: It seems like there could be a lot more to say about theatre as a metaphor for family therapy. Hopefully, what has been said here can become therapeutically useful.

Alan: Yes. It was enjoyable.

Onstage and Backstage: Family Therapy with a Reflecting Team

A Dialogue Amongst Sharon Fehr, Carol Liske,
Terry MacCormack, Alan Parry and Adele Wolk

Edited by Carol Liske

Carol: Basically what I wanted to do, was to discuss the ideas you might have about the influence or the role of the reflecting team in relation to the drama that takes place, within the therapy room/the family therapy, and outside of the therapy room as a result of the reflecting team. How does the reflecting team as audience influence the therapy process?

Alan: We have been talking about our understanding of therapy as a kind of dramatic context. We thought that the inherent drama of the therapeutic interview comes to a peak with the reflecting team. In our tradition here at the Family Therapy program, we even call such a meeting, a "screening," as if it were kind of a private performance. In that context, we have all the ingredients of therapy as drama. There are performers and an audience of several.

Anton: It was interesting when you were saying that, because when I think of a screening, I

think of a premiere. I wonder if you not only have an audience but potentially a very specific kind of audience. The family may not just think of the people behind the mirror as an [neutral] audience, but potentially as an audience of critics.

Alan: Yeah, I wouldn't be surprised if that happens. The initial nervousness about the very idea of a reflecting team oftentimes where families are concerned is going to be a screening where the critics get invited from "the local press," as it were, and that it will be an evaluation of that nature, even

critical audience, although that's not always the case.

Sharon: I was picking up on the neutrality of being behind the glass because I imagine that's one of the main things that contributes to the [nature of the] experience for the families, of having the reflecting team. In theatre you don't have glass separating the audience from the stage and so if there are catcalls or things like that, then the actors will hear that. Whereas the glass provides kind of a sense of neutrality and separates the family from low-level discussion that happens

behind glass [at times]. I think in some ways the glass also makes the experience far less threatening. I just keep thinking of the connection between the old idea of the analyst's couch and never seeing the face of the analyst as you're lying on the couch talking. That distance was supposed to facilitate self-discovery.

Anton: The issue of neutrality is what was in mind when I asked Alan why he really

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hopes that the family members would see the reflecting team as "fans." I was thinking that, in terms of neutrality, the family would see the reflecting team as fans (when that would be appropriate), but also as capable of being quite forthright about problems they see or things that they're concerned about when it's justified.

Carol: Perhaps a coaching kind of



Reflections

though we may make big efforts to encourage people to believe that the observers are not critics: "These are fans! They'll be applauding at the end!"

Anton: Why would you want them to think of the team as fans?

Alan: I guess it goes to my belief that people tend to respond best to an appreciative audience rather than to a

Sharon Fehr
Carol Liske
Terry MacCormack
Alan Parry
Adele Wolk
Calgary, Canada

metaphor would be useful here. A coach can cheer the protege on, but the coach also could be quite observant about what needs to take place for a better performance or a better situation.

Anton: I wonder if something gets lost if you hope that a family will see the reflecting team as fans, because I think then there may be constraint in some ways on speaking clearly.

Alan: I say that, you know, a little bit "tongue in cheek" because for a long time, I think we were moving away from seeing the reflecting team as fans. For a long time there was a pretty strong direction that the reflecting team essentially only made positive observations.

Sharon: "What a nice family!"

Alan: Right, yeah. "I'm so impressed by this family." Obviously, the universal opening line. And I think we're moving away from that toward being more discerning.

Sharon: That connects often with some families' comments. If there has been a particularly positive reflection, there's almost a suspicion in the family that they haven't gotten the therapeutic service. I think, the families like an appreciative audience, and

also it seems that they put more stock in the comments if they have a sense of having been seen in a balanced way. .

Carol: Or, that the comments have been grounded in the behaviour of the family during the session.

Adele: We've spoken about this being like "improvisation theatre" before, too, so that when they think of a

members' stage, as people who do improvisation, and who take comments from "the audience." We never know what's going to happen and the audience is one with us in a way, too. They're almost supporting us. What the clients don't see is that we are trying to be supportive too, so it almost makes the connection with the family greater because we shift to being on the stage and then we shift to being the audience. We're using comments made by the clients, as well, we reframe them. My sense is that they almost get a more positive connection, just like people who are doing improvisation do with their own audiences than someone who is simply acting at the audience. It's

more of a connection with the audience.

Terry: Well, I think the family. . . the people in the family become an audience for the reflecting team.

Adele: That's right, because then we're on the stage. They can decide to take

*We shift to being on the stage
and then we shift to being
the audience.*

Adele

screening, they might think that we're critics. What they don't realize is that we're the ones who are actually part of the act on the stage, too, because we have to shift and we're the audience for awhile and then we have to become the people on the the family



Effort

Photo by Joanne Schultz Hall

what we offer or not. They have a choice of self-evaluating and criticizing if they want to—a very different situation from a typical audience.

Anton: Do you think when the reflecting team is “on stage” that, that concern about how the family views them influences the team? How do you think the reflecting team is affected by knowing they are “on stage” to the family?

Adele: I think part of what we are taught as a reflecting team, is that we aren’t to be critical of the family. If anybody’s doing improvisation it could be that you take comments from the audience that can be directed back to them so they can feel a positive connection with us. We try to heighten our awareness of how we can look at situations so that they can be reframed for them, but in a way that allows us to keep that desired connection, too.

Terry: I sometimes wonder, about what we say behind the one-way mirror when we’re not on stage. We don’t repeat these things when we are on stage. I wonder if the comments that we make behind the mirror were tape-recorded and given to the family along with a recording of the comments we make when we are on stage, which comments would the family most appreciate in terms of helpfulness? Maybe they want to hear what we whisper amongst ourselves when we’re not on stage more than what we say when we are on stage. I don’t know. But the fact is that often we don’t say the same thing when the lights are on than when the lights are off. Our comments in the two situations are quite different.

Anton: You chase the worries away

Stephanie: I’m keeping quiet because I’m really having a hard time grasping the metaphor of the reflecting team setting as a theatre and that we are part of an act, or a play. I think what I’m finding most difficult in terms of integrating this metaphor into my own language, is that when I think of a play, a drama, a theatre I think of actors as portraying a different self. I think of this room as a theatre and that the actors within it are acting their parts, I lose the sense of, how could the person be best represented if they’re playing a (fictitious) role? I’m having a hard time grasping what is genuine.

Carol: Do you think that most persons are capable of presenting themselves

in various ways under different circumstances?

Stephanie: I think there are different selves to a person..

Carol: Do you think people adjust their presentation based on their situation?

Stephanie: Absolutely. I think people come in to present themselves in a certain way, and we’re just perpetuating the presentation of a self. How do they really see themselves? How do they integrate their different selves?

Carol: Do you think there’s anything to be gained by ignoring the fact that our context places a constraint upon the family? They may need to meet us with a particular presentation dependent on how they experience our situation.

Stephanie: I don’t know. I think it’s okay if the family members are coming in here to a theatre, even if they improvise.

Alan: That’s what it would be hoped for. From the point of view of a theatrical metaphor, the goal of therapy would be to facilitate situations whereby people could improvise their lives rather than having them follow stereotyped repetitive patterns or scripts of old stories. My reaction to what you’re saying, Stephanie, is that you seem to be suggesting that there’s some kind of “real self” somewhere and that while there might be shades of difference and different presentations, it all revolves back ultimately to what the person’s really seeing or what the person’s really experiencing. It seems that the whole of postmodern

tain situations, and another aspect or persona, another mask on for another scenario, another scene,

Sharon: How is that statement any different from saying, there’s an ego? The idea that there’s a director or a stage manager sounds like just another way of saying that in the psyche, there’s this, and that, and the other.

Alan: Maybe, maybe.

Sharon: Which is the modernist kind of language.

Carol: You’re just saying the “specifics” of the language has changed and perhaps nothing else—in using these theatre metaphors.

Sharon: Yeah

Alan: Is there a decider or are we just a kind of ever-revolving kaleidoscope? We just keep happening and one character jumps out in one situation and another jumps out in another situation, and what determines or influences which characters jump out is simply circumstance or fate. I guess I just say that since I experience myself as deciding this or that, that might be an illusion, but (a useful one nevertheless).

Sharon: When it comes down to it, that’s all that any one of us has—our own experience.

Alan: You see, what I think, is behind it all is: Is there a wizard in Oz?

Sharon: Behind the screen?

Alan: Yeah. Who is sending up all the big puffs of smoke and declaring all the power and so forth. It turns out that the wizard’s only talent is to trick you into thinking that you’re going there to get something that’s already a part of you. What human beings do seem to have is the capacity or the fate—I’m not sure which it is - to be conscious of our consciousness, reflexively, and the fate or the capacity is what drives the whole process.

Terry: What if somebody who completely uses all memory of themselves, like, they have total amnesia and they can remember abso-

lutely nothing about who they’re are. They don’t even know what their name is. They can’t recognize anybody in their life whatsoever. Does that person, within them somewhere, have a real or true self or is the task at hand for them to go about reconstructing who they are. Interestingly enough, probably the thing that they would do to go about reconstructing who they are, if you asked them, well, within the files of his psychologist are

I think it’s okay if the family members are coming in here to a theatre, even if they improvise.

Stephanie

issues questions that notion of a real self in the first place.

Stephanie: Are we always in search of a different self or creating “selves” then? Like a chameleon and we just change our selves, our roles, how we present ourselves depending on the context or situation?

Alan: There’s always probably perhaps a director or stage manager operating in there that sends one persona, one aspect of the person on stage for cer-

all sorts of personality measures, assessment measures that were taken when you did have your memory, and your choice is, you could go and go through that psychologist's files and get all the test questionnaires, etc., etc., to rediscover yourself and find out who you were and who you may chose to continue to be, or would you prefer to go and ask, we can identify people who did know you in the past, and what direction would you like to go in in terms of finding out who you really are? My preference would be to go and talk to the people who knew me and find out what their stories are about me. That way I can begin to refabricate my story of myself and I set about constructing who I am all over again. I probably will not end up being the "same person" that I was before amnesia came along.

Adele: It depends on the reason you lost your member, and sometimes loss of memory can be a way of leaving those stories that may have been too constraining and to have a chance to reconstruct an identity for oneself.

Terry: So, if that's what you have to do to reconstruct who you think you are or your sense of self, then for me the self is a construction, it's an invention, it's a fiction that happens to be useful for us and it's very secure sense of who we are out of that, but my idea, anyway, of, maybe it's a heuristic, if you want to call it that, is I'm reinventing myself all the time, and sometimes I choose to reinvent the wheel, so I reinvent myself each day as I go along, but I may be reinventing the same self all the way along or I may be bringing in little bits and pieces that help me to reinvent myself differently as I go and have different experiences, as I get older, as I lose my hair, as I turn grey, - I begin to fabricate a different sense of who I am and what's important to me in the world.

Anton: In terms of, sort of, the notion of reinventing, I'd like to go back to that idea of the reflecting team being on stage, and the reason I'd like to go back to that is because the point you made, Terry, was an interesting one, I thought, is that we say very different things at certain times, depending on whether we're on stage or not.

Terry: right.

Anton: And, I guess, I think, what would be useful for us to think about, is why is that? What are we trying to accom-

plish in that? What is motivating us to make those different statements? Is that useful? Or should we just stick with what we originally came up with?

Sharon: Well, that sort of bring us something that I was thinking about before,

We say very different things at certain times, depending on whether we're on stage or not.

Anton

which is the idea that the reflecting team, depending on who it's constructed, is probably on more than one stage and because as an intern I'm on a stage in front of the family, I'm on stage in front of my supervisor, I'm on stage in front of my peers, I'm on stage in front of whoever may be visiting the program to see how things are done, - there are innumerable stages that influence how I choose to say things, whether or not I'm consciously aware of how I speak, so there are always multiple stages, and then there are all my own internal stages, too.

Alan: Well, ?? Goffman, the sociologist, who was one of the very first people to describe human interaction in theatrical vein, also distinguishes between what he calls backstage behaviour and I think that's also one of the features of the reflecting team. If the reflecting team is acting simultaneously as audience and that while we're cut off and no-one can hear us, we're able to be engaged in backstage behaviour. Backstage behaviour is where there's a bit of kibitzing, joking, saying things that you wouldn't say in public

Carol: A little more irreverence

Alan: Quite a lot more irreverence. And sometimes we'll be behind the mirror, really going to town on backstage kind of behaviour, joking, making irreverent comments about the interviewer, the family, or whatever, or . . . And then, suddenly the time for reflection . . . and we compose ourselves

Stephanie: I was thinking of the same thing in terms of

Alan: And

Sharon: and put the Timbits' box down

on the floor

Alan: and best profile shows, and so forth, and

Sharon: move the props around

Alan: and go back on stage

Carol: I guess I'm just a little interested to refocus you a bit on the influence on the family itself, on the family behaviour, what modifications do you think families make as a result of having a reflecting team?

Sharon: Are you speaking about when the reflecting team is actually speaking or the fact of their presence?

Carol: I think in both parts; the fact of their presence, perhaps, while they're listening to the reflecting team and then following having listened. Their

would be three stages, I would assume, in the family's modification of their own behaviour. I'm just wondering what thoughts you might have of how family members would alter their behaviour ??

Alan: Or how we hope they would alter. .

Carol: Or how we hope they would alter. While you're musing on that, I would just like to add a comment that I have a feeling that backstage behaviour brought to frontstage would be like stampeding the elephants if you were wishing to, say, manage them in some way to have a purpose with them, get them going in a direction, stampeding the elephants works kind of as a, is a counterproductive thing to do and I have a feeling that backstage behaviour would end up

Alan: stampeding the elephants. Oh yeah.

Carol: Backstage behaviour brought forward.

Alan: It's equivalent to what the Milan team used to call the linear orgy where you just sort of, you know, compose yourself and say, with the, kind of be effective in the family, if they knew that we actually thought these kinds of things, and all of that, it's what you . . . it's a freeing up kind of process...

Sharon: Kind of primary process . . .stuff

Alan: yeah, it's what enables you in many ways to compose yourself and speak with reflectiveness and consideration of all and precisely the effect of your words and your conversation which, and I guess the goal, hope of a reflective team is that here's a family, they come in, - and we went over this with that one family that's on your research - the therapist tells the story of their contact with the family, the team takes it in, starts already playing

around with that and the questions; you go behind the mirror, the family tells the story again to a new person, namely the consultant, who tells somewhat of a different story, a different slant. The team back there hears what we all hear; we all pitch in out of our own stories, filters their own stories provide, what we each select out and hear the family thing, feed it back to the family in a multiplicity of voices, most of them affirming, some of them perhaps hopefully challenging and so the family gets this whole sense that they come in here with one story, a problem-saturated story, and are fed back an example that, gee, there's many takes on one series of events and so it loosens the hold that the one sad tale is having on them and they're able then to go forward and leave and consider all sorts of other possibilities for themselves. So it's kind of a freeing/loosening

Terry: To follow that through, like in the postsession, then the therapist as a result of what he or she has had from the reflecting team begins to alter a little bit their story that the therapist, his or her story, of the family's story or the couple's story or whatever and it goes on from there.

Adele: It also disseminates the idea, I think, that a family . . . that the therapist is the expert, but then here is the whole crew of experts who are going to give me bottom line, to give me the direction but that in fact they come out with possibilities rather than directions.

Alan: Yeah, just a bunch of different stories.

Terry: I guess one thing that's always struck me is - I'm thinking like, where in our lives would we ever have the opportunity to come to a place to sit down and talk among ourselves with somebody and have 5-6-7-8, sometimes 12 people watch us and listen to what it is we have to say, we're the centre of their attention and then the lights go off in here and the lights go in there and now they talk about us and about what we were talking about and what our struggle is. I mean, that just doesn't happen in your normal everyday life. It's like, I think Andy Warhol had it right when he said everybody gets their 15 minutes of fame. This is kind of like a mini-15 minutes, I mean, it's an hour and a half of certain kind of fame. Fame in the sense that attention is focused on you; the camera of the world is focused on you for a little while. I mean here you've got three cameras focused on you. It doesn't feed out to the television world, but nonetheless the experience

is probably somewhat similar and that's quite amazing when you think about it and it must be quite overpowering and powerful at the same time. And I've talked to families where they have said: "It felt like we were on T.V., but we got to hear what the audience had to say about what they thought after seeing us on television", so the experience of being here and of being observed; it must be quite something. It must certainly have its effect; I'm not quite sure what that effect is, but it must be quite something that you come in and there you are and there's all these people focused on you and what's happening.

Alan: And you feed out your story, your current version of it and what then comes back to you is 5,6,7,8, 10 new takes that story so that. . . I think, for me, what's really quite refreshing about the reflecting team and really comes to the crux of things is that I believe that the big crunch, the big problematic feature of human life is this business of we all have our own stories but in order to convince others, we convince ourselves of the truth of that story and then once that story is truth - like I was saying this morning - anybody who disagrees with it becomes, in our mind, out of step with reality itself. Like it's not just this is my story, this is reality, and so I guess the whole sort of enterprise of the postmodern is to challenge that notion of the truth of anyone's story to see if it's possible that human life can go forward just with our stories, they don't have to have kind of a universal truth seal affixed to them such

do your thing, if perchance we meet, it's beautiful, if not, it can't be helped. I think it starts out: I am I and You are You, I do my thing and You do your thing, if perchance we meet, it's beautiful, if not, it can't be helped. For a long time it was really recited as if it was a prayer and then after awhile people began to look at it a little more closely and say "What gives here. What garbage. I mean, if not it can't be helped. So, anyway, I was reflecting on a lot of these things in light of a paper I'm currently working on and it occurred to me that a narrative update of that old statement would be "I have my story. You have your story. If perchance our stories connect, it's beautiful; if not, I will not impose my story on your story".

Terry: Or if you could substitute 'drama' for 'story' there. "I have my drama, You have your drama. If perhaps our dramas happen to coincide. . ."

Alan: Well, you see, what I think the drama is, where the drama is is in all the histrionics, all the display that goes with my efforts to convince both myself and the other person of what is the truth of my . . .

Sharon: Or, in the absolute agreement of someone else with the truth of your story. The same drama happens.

Adele: And convincing the reflecting team of the truth so that, I mean, I would imagine on the outside that people are very used to either someone affirming them or giving them advice, and so it's almost a different experience when someone says 'this is who I am. This is the truth and you can't convince me of anything different. You can't change me'. Then, in fact, they're hearing some very different stories, and it must be an incredibly different experience for them to listen and hear simply a different story.

Alan: I think there would

be a lot gained if we really emphasized that, because I think this hold of their being one truth is so powerful in this part of the Western experience for thousands of years that what happens is when you get several takes on the story, lots of people will still say: "Oh, no, they haven't got it right" or "No, that's not the way it is. It's this way". And "They don't understand".

Our stories don't have to have Kind of a universal truth seal affixed to them

Alan

that you feel almost obligated, almost honour-bound to impose our stories on other people.

Carol: Could you finish up with your little four-line algorithm that you've been developing.

Alan: My new take on the old Gestalt prayer. I don't know how many here would go back that far to remember the Gestalt prayer: I do my thing, you

Fortunately, lots do say "Um, gee, I never thought of it that way before", or "Oh, that's wonderful" or "Gee, that's very helpful".

Terry: I don't know if it's also an answer to your question, but, like, I guess the thing that's always struck me too is being behind the one-way mirror, I never know what's going to happen when a family comes into the room and the therapist sits down and they begin a conversation, you have no idea where it's going to go and so you watch it all unfold and to me there's a sense of drama about that. Like, not knowing. You have a sense of the family from the prescreening. You have a sense of the therapist from either watching his or her work or getting a sense of what they might be looking for. The reflecting team has a sense of maybe what's required, but who knows what's going to happen. I have no idea.

Carol: There's an atmosphere of mystery.

Terry: Yeah.

Alan: And interestingly enough, it's in the context of the history of the psychiatric or psychological interview in

the 20th century which is that the expert is going to go in and have this family here and is going to find out what the real truth is about this family and if you go in with that belief, then that will be the construal and the twist that's put on anything and everyone

Being behind the one-way mirror, I never know what's going to happen when a family comes into the room and the therapist sits down and they begin a conversation

Terry

will go away confirmed with that idea which we tend to regard as rather useless and even problematic. Whereas when you go in without the assistance provided by that view, the security provided by that view, then you hear what the team presents or what the therapist presents and a bunch of ideas are presented, you go and meet this family that you've never met before and suddenly begin to find

that, gee, there's only certain things I can follow here and these are people who are going to be responding in various ways and I can only do so much and I'm going to have to choose which network of trails I follow and leave out a whole lot else, and so fortunately the reflecting team come in and say, well, gees, the consultant didn't follow this trail or that trail and like I've often done a consultation where it turns over to the reflecting team and the team brings in a whole bunch of other things and I think "Ah, thank God for the team. I forgot all about that issue." or "Gee that would have been good to follow" and here, there it is also coming out in this very dramatic context because of the climactic nature of the reflecting team.

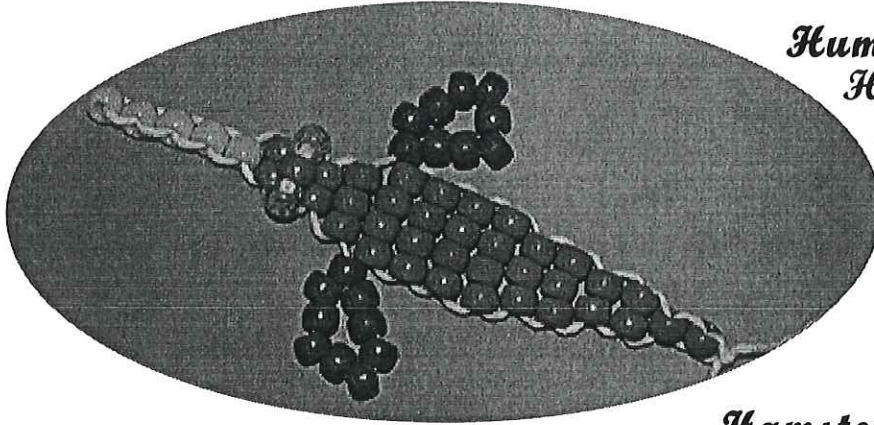
Adele: It's like the pocketbook my daughter enjoys where you don't have the beginning and the end but you make those choices along way, so you choose this or that way. She likes them because she's never sure of the ending. And she has choices.

Terry: There's computer things like that, too, I think.

Carol: Well, I really, really would like to thank you all, not only for coming

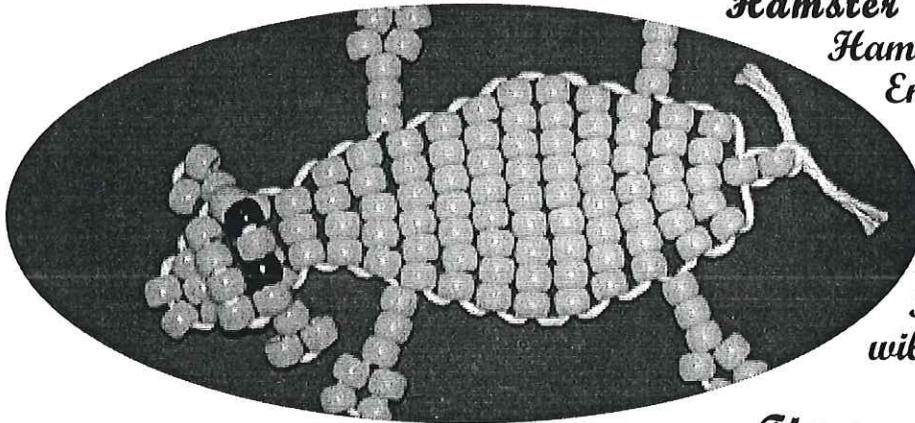


Discovering Emotional Complexity
Christine's Animals



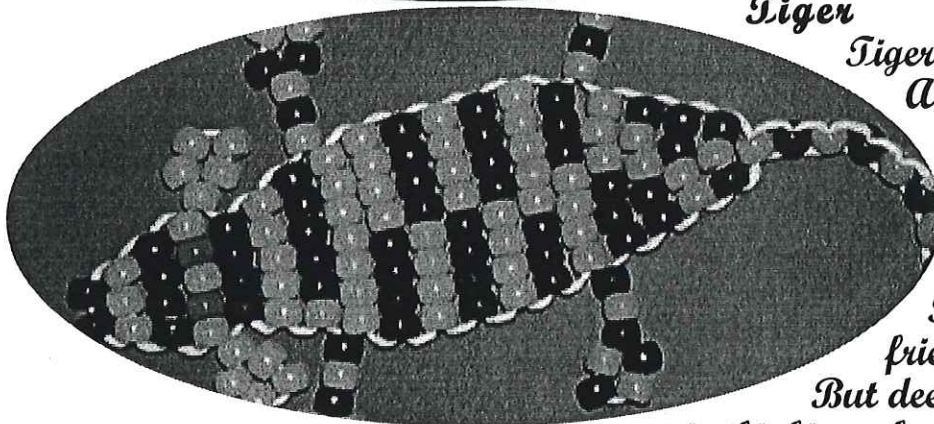
Hummingbird

*Hummingbird is for Love:
Loving, caring and kind
the Hummingbird is fine!
But, she is missing you
in her heart all the time.*



Hamster

*Hamster is for "Middle"
Emotions:
A Hamster can be mean
and nice.
It will be nice if you
will be nice.
It will be mean if you
will be mean.*



Tiger

*Tiger is for Hate:
A tiger is mean and has
no friends.
He is scaring and
eats all the other ani-
mals.
That is why he has no
friends.
But deep down in his heart he
is thinking about you.*

By Christine Armstrong Walsh

Saying Goodbye
Helen Paulette Fortch

*Saying Good bye
is never easy.
Meeting someone,
Getting to know them,
And them getting to know you
Is never easy.
You don't want to get close
But you do and it hurts.
When it comes to saying, "Good
bye."*

*You never want them to leave.
You feel like you're losing a friend.
You feel you're not going to get close
again.*

*You know deep down you're going to
see that person again
But then you know life has to go on.*

*Saying Good bye,
Is never easy.
So, here goes,*

Good bye for now.



Resistance to Violence and Other Forms of Oppression: From Treating Effects to Honouring Responses

Alan Wade & Nick Todd

The prevalence of violence and other forms of abuse and oppression in people's lives has become a central concern for psychotherapists. Over the past two decades our appreciation of the import and impact of such problems has grown to the point where it could be said that much of therapy involves conversations with people who have been subjected to forms of violence such as sexualized assault or abuse, physical or verbal assault, harassment, incessant criticism, humiliation, economic exploitation, poverty, exclusion on the basis of disability or illness, discrimination based on gender, race, sexual preference and so forth. One way in which therapy has attempted to help such people is by documenting the harm done by these experiences of violation. It has been proposed that experiences of violence affect people in various ways, causing such psychological sequelae as depression, low self-esteem, post-traumatic stress syndrome, bipolar affective disorder, multiple personality disorder, eating disorders, relationship or communication problems, problem drinking, anxiety attacks, anger issues, shame issues, and so on. Following the logic of this language of effects, most approaches to therapy have attempted to assist victims of violence by helping them overcome these supposed consequences of violence. In this paper we will argue that this approach of treating effects has its own deleterious effects, and has blinded therapists to a valuable resource, the spontaneous resistance efforts of people subjected to violence. We will

describe an alternate approach to therapy with victims of violence that is based on the observation that whenever people are badly treated, they resist. We will discuss the relationship of such resistance to personalized violence and oppression, examine the suppression of such resistance, and describe practices we have developed for eliciting and honoring accounts of resistance in the practice of therapeutic interviewing. Several case studies are also provided.

of her, the representative of the Department of Indian affairs—the "Indian Agent"—decided that Fran and her two brothers were orphans. They were sent to Port Alberni residential school, where Fran spent the next twelve school years. One day Fran and I got into a conversation about the idea of resistance to violence, and she told me this story which, with her permission, I recount here.



Rhizomes

Photo by Joanne Schullz-Hall

Alan Wade
Nick Todd

The Qualities of Personal Resistance

Several years ago, I (AW) had a chance to speak with Fran, a Tsimshian woman who came from near the mouth of British Columbia's Skeena River, about some of her experiences during twelve years of internment in a government-run residential school on the west coast of Vancouver Island. Fran's parents died when she was six years old. Although Fran had many relatives living in the community who were willing to take care

There were some fruit trees that hung over the fence surrounding the grounds of the school. The fruit that fell into the yard, apart from being delicious, was valuable currency in the underground economy the children had established. The school supervisors had instituted strict rules against picking or keeping the fruit. The standard response to breaches of discipline in the school was physical punishment,

including physical and mental torture (e.g., there are reports that some students had needles pushed through their tongues for speaking their own language—see Haig-Brown, (1988); one woman I spoke to was made to spend two days and

The supervisor then turned around and strapped each of the girls until their hand bled onto the floor, but they did not cry

nights on a urine soaked mattress that had been set into the permafrost in the basement of a school before being cleaned up one hour before being presented to Prime Minister John Diefenbaker as the model student of the school). Typically, beatings would end in a ritual of submission; that is, when the victim wept, agreed that she had been bad, and promised not to repeat the offence. Fran and her friends would sometimes bury some of the fruit to avoid getting caught or to prevent other children from getting it first.

One day Fran and four of her friends were gathering fruit when they were noticed by one of the women supervisors, who came thundering across the grounds and caught the girls in the act. She took the girls into the office of the school and lined them up from tallest to shortest, in preparation for strapping. Usually children were strapped alone. 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 into her ear, don't cry. Fran then whispered the same thing to the next tallest girl, and so on up the line. The supervisor then turned around and strapped each of the girls until their hand bled onto the floor, but they did not cry. A second supervisor appeared and made them scrub the floor to remove the blood. They still refused to cry.

The actions of these girls exemplify a number of the qualities that are common to many forms of personal resistance. First, the girls' actions were spontaneous and opportunistic. In a context of virtually total domination, knowing full well that they would be brutally punished for any overt act of defiance, they nevertheless

found a way to protest their mistreatment as it occurred. Second, their actions reflect a tactical cunning in that they took advantage of the fact they were being punished together to initiate a collective response. Third, the girls protested in a way that conveyed their strength and determination yet minimized the possibility of even more extreme violence; that is, their refusal to cry demonstrated an intense and unmistakable defiance but was enacted with prudence and sound judgment. Fourth, the girls knew that their refusal to cry would not stop or even lessen the beating, yet they persisted in their defiance. In other words, their decision to resist was not based on an expectation of immediate success. Finally, collecting the fruit was itself a defiant act.

After hearing Fran's story I (AW) began to notice that resistance to personal

They nevertheless found a way to protest their mistreatment as it occurred.

oppression was a frequent though often overlooked feature of the stories that people who had been badly treated brought to therapy. Furthermore, as in the case of Evelyn that follows, bringing these aspects of the therapeutic story into prominence and exploring their implications for the person's view of themselves and their lives often seemed of substantial benefit.

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 reserve in the lower mainland of British Columbia. She was the second oldest of eight children born to parents of Coast Salish ancestry.

Evelyn said she 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 (AW) 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, she said, Gord suddenly changed; he began yelling and criticizing her, 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 leave with the children. Evelyn had responded to this behavior in a number of ways; she had become less available to Gord 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 so-called 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 she had experienced at the hands of her father, uncles and brothers. Evelyn said these experiences left her feeling dirty, different from other children, as if everyone could tell what was going on just from the way she

smelled. She felt lonely, sad and frightened. For a while, she drank dangerous amounts of alcohol and acted out recklessly.

Working from the assumption that these effects of abuse were the beginnings of an active resistance to her mistreatment, I asked Evelyn further 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 to.) Based on how your father treat-

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 more often. Evelyn was pleased with all of these developments.

After a total of fifteen meetings, Evelyn and I decided to end therapy. A year later, she said she was doing well and continued to resist any form of con-

got home.

I remember sleeping with my clothes on, it was my security for a while when I was approached. By the time they would get my pants undone and down and undo theirs, I would have my pants back up again.

I would sleep on my stomach and 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.

Every time they had parties I slept in my clothes and sometimes [I had] 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 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 story 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 with-

ed 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 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.)

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 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 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 affect 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?" "Great". "How do you feel about how this first meeting has gone?" "I feel like I could lift up my fucking car."

Evelyn and I met again three weeks later. Evelyn began the meeting by telling me how she had given Gord an ultimatum. She told him she would no by allow him to treat her badly, and she assured me that she meant it. She was sleeping better, eating better, her energy

trol, criticism and intimidation from Gord, though this was far less necessary than before. She said that in the face of her renewed strength and determination, Gord's behavior had improved dramatically. He was no longer verbally or physically abusive, but could still act unpredictable from time to time. Evelyn said she was quick to reassert herself at such times. Evelyn said she was quite prepared to leave Gord if necessary, and had made plans for that possibility.

Following our last meeting, I asked Evelyn if she would write down some of her story so that I might include it in this paper. After writing her story, Evelyn told me that as she wrote she continued to remember not only the abuse she experienced but also her resistance to it. A number of examples of Evelyn's resistance to childhood sexual abuse, and a chaotic and frightening home environ-

Evelyn told me that as she wrote she continued to remember not only the abuse she experienced but also her resistance to it.

ment, are provided below:

I would be crying and pushing [my father's] hand away, asking him to stop . . . it got to the point where I would not go home if the car was parked outside or I'd play outside until my Mom or older sister

out feeling guilty. I will always continue to go forward.

What seemed especially significant about Evelyn's story was that she made it clear that she was not merely resisting the "effects" of the abuse she had experienced (such as "depression", "hypervigilance", "low self-esteem", etc.), but that

she had spontaneously resisted the actual abuse itself, at the time it occurred. Right from the beginning, they nevertheless found a way to protest their mistreatment as it occurred and yet her previous therapy had disregarded this resistance and

Evelyn's led eventually to the recognition that whenever people were badly treated, they resisted. It became apparent that such resistance could take many take many forms; it might be subtle or direct, open or disguised, depending on the dan-

against an abusive adult are severely limited. Consequently, when listening, for example, to accounts of childhood sexual or physical abuse it became important to remain attentive to subtle and indirect forms of resistance. One woman spoke

Acts of resistance can be separated into three groups: Acts of Refusal; Acts of Imagination; Personal and Social Activism. All of the examples that follow originated in therapeutic conversations.

Acts of Refusal

- Refusal to comply with expert opinions; to choose instead to have faith in one's own opinions.
- To transgress. To break rules and to become non-compliant with authorities. To make power show itself through punishment or restriction.
- To refuse to be isolated.
- To refuse to be diagnosed.
- To be sexually inactive; refusing to have your worth based upon your sexual performance or availability.
- Refusing to let the abuser know that he/she has hurt you.
- Rejecting authority; refusing to allow others to tell you what is best for you, or allowing them to diagnose you as dysfunctional rather than address the acts of sexual, emotional or physical abuse to which you have been subjected.
- To refuse to use terms of endearment or respect, such as "Dad" or "Uncle" when those people have treated you abusively.

Acts of Imagination

- Making a decision to parent more positively than one was parented oneself, or to dream of a better couple relationship than one's parents.
- To have "a feeling" that what happened wasn't right, to remember that feeling and wonder about it.
- To dissociate, in order to refuse being captured emotionally and mentally.
- To have imaginary conversations, with the person behaving abusively in which, for example, you put them in their place or say things to them that they cannot respond to. Imaginary conversations are

a great forum for the development of snappy retorts, dazzling rebuttals or firm personal statements.

Daydreaming; fantasizing romantically about the possibilities of alternative relationships.

Personal and Social Activism

- To study other relationships; to take your own survey of "what's normal"; to study the power-plays going on between people around you.
- Liking another person. This is an act of resistance because it is an act of discrimination an judgment, an act of risk, and an act of putting one's weight behind one's judgment.
- Tattooing a small or large area of the body. This can be an act of reclamation of the body, a reinscription of the body in terms of personal values and tastes, an act of self-decoration rather than an act of self-deprecation, a matter involving personal choice and discrimination.
- To walk home slowly after school, in order to avoid the abuse or reduce the time of contact.
- To show reluctance; to be "lazy" or to procrastinate.
- To find reasons to be away from home.
- To find ways to have friends come over.
- Promiscuity. To make what you believe will inevitably happen, happen in a controlled and predictable way, maybe even in an enjoyable way. To take control of the predation and of the act itself.
- To break silence or secrecy. To tell someone, no matter how indirectly.
- To keep secrets. To lie. To have a private story. This is resistance because it can make a person opaque to power and in that way reduce its leverage.
- To protect others; either after the fact in one's later life, or during the assault of another person, such as one's mother.
- To hide.
- To become less noticeable. To hide one's intelligence or other qualities as a method of "disappearing" and becoming less noticeable to the abuser.

To hit back.

- To become so excellent at complying with the dictates of power that it can find no reason to critique, no crevice in which to insert itself, no basis upon which to operate.
- To drink alcohol or use drugs, as a form of self-medication against the anguish created by the abuse, especially when it is on-going. To stay drunk so as to be anesthetized should an assault occur.
- Humorous sarcasm; to communicate the message, "I bite back, so watch yourself!"
- Proving that he/she was wrong about you by excelling, or by failing.
- To close professional distance; by learning the professional's language, by drawing the professional into a personal relationship in which the expert can no longer treat you as an object of detached, "objective" scrutiny.
- To "shop around" for therapists/counsellors, even to have several on the go at the same time. This diversifies power and reduces the risk of an objectifying clinical discourse establishing exclusive sway over the understanding of self.
- To take control of the topic of conversation. To reply to a question with a question.
- To comply defiantly.
- To remain silent; refusing to have your credibility questioned or to be blamed for something that was not your fault.
- To survive oppression.
- To push a dresser in front of your bedroom door at night.
- To stand tall; to refuse to forfeit your dignity. To appear strong in the face of all evil. To maintain an inner strength.
- To wet the bed so as to keep it safe from invasion by the abuser; to enjoy the safety and comfort of urine soaked sheets.
- To practice hitting yourself and other forms of self-abuse in order to develop a stoic indifference in the face of insult and abuse.
- To make a dog food sandwich and feed it to the abuser.

Table One: Resistance Knowledges

had instead directed the therapeutic effort toward the overcoming of the supposed effects of the abuse. By shifting her focus from overcoming effects to appreciating her responses, Evelyn was able to quickly regain a sense of strength and confidence and better pursue her efforts to reclaim her life from the abuse and oppression she continued to receive from Gord.

The Relationship between Violence and Resistance

Listening to stories such as Fran's and

gers and opportunities inherent in any specific situation. Since perpetrators of violence generally seek to establish a context of unequal power relations, it is to be expected that often the victim has comparatively little access to the resources available to the aggressor. Resistance under such conditions must be tempered with prudence and intelligence and its form will be influenced by the idiosyncratic opportunities that the oppressed person can find in their particular situation. In the case of children, for example, the possibilities of direct action

of walking home more slowly after her brother began sexually abusing her when she was seven years old; another remembered bringing home friends every day because her parents would not be violent to one another when someone else was around; another, who was sexually assaulted by an uncle, remembered that she refused to call him Uncle after he began assaulting her; a man remembered pushing his dresser in front of his bedroom door every night to keep his big brother out of the room; a twelve year old girl related how she and her twin sister

built a secret hiding place in the basement of their home for their mother to use when their father came home drunk. These and many other examples (Table One summarises some of the acts of resistance told to the authors during therapy sessions) suggest that resistance may be conceived as any mental or behavioral 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. 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 other, including any effort to redress the harm caused by violence or other forms of oppression, represents a default form of resistance.

An appreciation of the scope of resistance suggests it is advisable to adopt a presumption of spontaneous resistance when working with people subjected to violence; that is, to assume that whenever people are badly treated, they resist. While the presumption of pre-existing ability has been a prominent feature of several other approaches to therapy (e.g., the Palo Alto brief therapy group, Milan Systemic Therapy, solution-focused and narrative approaches, etc.), with a few notable and recent exceptions (e.g., Epston (Epston, White & Murray, 1992), Kelly (1987), Gilligan (1990)), an appreciation of spontaneous resistance to violence is almost completely missing from the therapeutic literature. This raises an important question: If resistance is as ubiquitous as we have proposed, then why has it so seldom been recognized in clinical and research literature? How could such ever-present resistance appear to be so absent? We believe there are several relevant factors, including three which will be discussed in the following sections: the suppression of resistance which is an inevitable accompaniment of virtually all acts of violence, conventional definitions of resistance which blind us to all but its most obvious

manifestations, and the assumption that victims respond passively or not at all to violence.

The Suppression of Resistance

Unlike therapists and researchers, who have tended to overlook resistance, the perpetrators of violence and oppression anticipate resistance from their victims and take specific steps to conceal and suppress it. The physical and discursive strategies used in virtually all forms of violence and oppression (as well as some forms of administrative control) presume the existence of a determined and potentially effective resistance. For example, a rapist 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



Resistance

encountered her resistance. A violent husband would not decide to interrogate and threaten his wife, to restrict her movements and access to money, to hide his violent behavior from others, or to insist that it was all her fault, unless he both encountered her overt resistance and had reason to suspect she was countering his domination in more secretive ways as well. Adults who sexually abuse children employ a combination of threats, favors, and deceit (sometimes known, unfortunately, as grooming) to entrap their victims and ensure secrecy precisely because they know that the natural tendency of children is to resist participating in such acts. And the progression of coercive strategies used in sexual harassment in

the workplace (e.g., favors that build up a sense of trust and obligation, promises of privileges or advancement, inappropriately personal inquiries and disclosures, suggestive remarks, excuses for isolating or creating time alone with the victim, implied or open threats for non-cooperation) are based on the assumption that resistance will inevitably be encountered at some point, and are therefore deliberately ambiguous, so as to leave open avenues of withdrawal and denial for the perpetrator: "I was only kidding", "Don't be so sensitive", "I can't help it if I'm attracted to you", "I didn't mean anything by it", or "That time of the month is it?".

That violent predators and other criminals anticipate resistance is also evident in the fact that they 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 caregivers,

are sexually assaulted and physically abused proportionately far more frequently than are non-disabled people. Bullies do not pick on someone their own size precisely because smaller victims are less able to defend themselves. And we are very unlikely to ever hear of a home-invasion style robbery committed on a biker hang-out. 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 preemptive strategies known as "cooling the mark".

Stock Photo

If resistance was as infrequent and ineffective as has commonly been assumed, the diverse strategies employed to conceal and suppress it, such as those mentioned above, would be both unnecessary and uncommon. Ironically, as Scott (1990) pointed out, one of the most convincing forms of evidence for the existence and vital importance of resistance are perpetrators' determined efforts to conceal and suppress it. But if the ubiquity of such strategies tends to con-

firm the ubiquity of resistance, it also points to a rather chilling fact: namely, in so far as they anticipate resistance, the perpetrators of violence and oppression are operating on a very different—and in some respects at least, more accurate—set of assumptions about human nature than are therapists and social scientists. Though disturbing, this is not particularly surprising, since 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 on the nature and meaning of behavior and experience without risking any immediate negative consequences to

many pages developing, is that public appearances are highly deceiving. Both victims and perpetrators misrepresent themselves, though for very different reasons. Victims, due to realistic fears of retaliation, must of necessity conceal their opposition. Therefore in public, and especially in the presence of the perpetrator, they may produce a stream of apparently deferential or even compliant behavior. Perpetrators of abuse attempt to conceal the real details and meaning of their abusive behavior, so far as that is possible, and simultaneously attempt to justify or avoid responsibility for that which is visible. As a result, any research based on observation of public appearances will tend to support the conclusion that victims passively receive or even actively embrace the abuses they are

thereby tends to conceal or disqualify, disguised and indirect forms of spontaneous resistance. Once psychoanalysts associated the word resistance with pathology the possibility of establishing a discourse of judicious resistance was greatly reduced, at least in the field of psychotherapy. In the Combat-Between-Equals model, anything less than strenuous physical defiance is equivalent to compliance, if not consent. Bavelas, Coates & Gibson (1994) found that this model of resistance was frequently employed by judges in sexual assault trials. According to the academic, intellectual model, individual resistance and resistance that is not overtly consistent with a revolutionary social agenda is discounted as less significant and treated as evidence of a deficiency in the consciousness of the victim. Furthermore, because resistance is presumed to arise from a “critical consciousness”, children and uneducated people are by definition unable to engage in significant resistance. It is assumed that true resistance must be mobilized by elites (i.e., those with the requisite critical consciousness).

Psychoanalytic and Orthodox Therapies

- 1) Resistance is defined as the tendency in people to erect psychological defenses against “unconsciously threatening material.”
- 2) Resistance is defined as the tendency in people to ignore or reject the advice, diagnoses, prescriptions, or insight offered by the professional/expert; i.e., the “resistant” or non-compliant client.

Combat Between Equals Model:

- 1) People are not seen as resisting unless they fight back physically or verbally against the oppression.
- 2) Assumes roughly equal strength and power between combatants.
- 3) Resistance is implicitly defined as weak or insufficient unless it is successful in stopping the oppression.

Academic, Intellectual Model:

- 1) “True” resistance is perceived to be possible only when people have attained critical consciousness or awareness.
- 2) Resistance is viewed as always as always involving a collective action or political movement.
- 3) Resistance is not valued as genuine or significant unless it aims at a revolutionary social change.

Passivity, False Consciousness and Internalized Oppression

Because resistance is deliberately suppressed and therefore unlikely to take the form of open defiance, any reading of public appearances will tend to support the conclusion that victims are passive or even self-subjugating. This conclusion in turn raises an important question, put rather pithily by Scott (1990): “Why do people knuckle under when they appear to have other options?” Traditionally, this question has been asked primarily in relation to victims of sociopolitical forms of oppression where 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 it inevitably entails, have been the focus of attention. But these questions are formally identical to questions about victims of personalized forms of violence such as wife-assault, sexualized abuse, and so forth: Why doesn’t she just leave? Why didn’t she tell someone? Why doesn’t she call the police?

In the social sciences, answers to the question of why the oppressed are passive often take the form of theories of false consciousness and/or internalized oppression. Such theories assert that relations of power and domination are sustained through dissemination of a dominant or hegemonic ideology that conceals, naturalizes, and ultimately reproduces the existing social order. The most important feature of these theories for our present purposes is the assertion that the process of oppression operates in such a way that

Table Two: Conventional Definitions of Resistance

themselves, even if they are drastically wrong.

The fact that perpetrators attempt to suppress resistance means that victims face not only the violence itself, but the very real and ever-present threat of retaliation for any act of open defiance. In any context of asymmetrical power relations, but especially where there is violence, open defiance may be the least advisable and least common form of

resistance. This ancient wisdom is aptly captured in the Ethiopian proverb which appears as the first line in James Scott’s *Domination and the Arts of Resistance* (1990): “When the great lord passes, the wise peasant bows low and silently farts”. One important implication of this view, and one that Scott spends

made to endure. Though erroneous, in our view, this conclusion has had profound implications for political and clinical theory, especially as regards the way oppressed, violated people are represented in professional and scholarly discourse.

Conventional Models of Resistance

Since public appearances tend to support the assumption that victims are passive, conventional models of resistance tend to overlook or pathologize the ways in which people fight back when badly treated. Three such conventional models of resistance are summarized in Table Two.

Each of these models neglects, and

the oppressed come to accept (even if unconsciously) the ideology of the oppressor. For example, in the area of class relations, it is argued that members of the working class accept (some version of) the idea that the wealthy are more deserving of privileges and higher social status. As oppressed people become possessed of a false consciousness, the argu-

the paper, virtually all theories of therapy with victims of abuse assume that the victim responded passively to the abuse as it occurred. Even social justice oriented approaches, which include critical analyses of violence and tend to eschew pathologizing constructs, represent victims as passive and internally oppressed. There are a number of examples in

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.

Accounts of the passive, internally oppressed victim are prominent in the narrative therapy literature as well (e.g., Adams-Westcott, Dafforne & Sterne, 1993; Kamsler, 1990; Durrant & Kowalski, 1990; White, 1995). Kamsler argued that victims live "under the influence of a number of prescriptions for how to feel, be and think, which were actively promoted by the perpetrator" (p. 18). As a result, she becomes self-oppressing in that she "begin[s] habitually to apply the perpetrator's prescriptions to herself in numerous situations" (p. 18). Women who were sexually abused in childhood "can be described as being blind to...information which might assist her in responding differently to the past and present relationships" (p. 20). Durrant & Kowalski (1990) proposed essentially the same view, in the form of a model of the effects of abuse. They argued that "abuse promotes and/or reinforces an 'abuse-dominated' self-perception (the main effect of abuse)" (p. 82) that determines subsequent behavior. And White (1995) suggested that those women who end up in a series of relationships where they are abused do so, in part, because they have

difficulties in the area of discernment—difficulties in distinguishing abuse from nurture, neglect from care, exploitation from love, and so on. This difficulty with

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

ment goes, they become actively complicit in their own domination and ultimately in the domination of others.

One of the more influential formulations of false consciousness theory can be found in Paulo Friere's classic text, *The Pedagogy of the Oppressed* (1970). Friere assumed that the oppressed were utterly passive: "...the oppressed...have adapted to the structure of domination in which they are immersed, and have become resigned to it...[They] are inhibited from waging the struggle for freedom" (pp. 32-33). To explain this passive resignation, he argued that the oppressed "identify with" and become "hosts' of the oppressor" (p. 33); they develop an "oppressed consciousness" (p. 40). According to Friere,

One of the basic elements of the relationship between oppressor and oppressed is prescription. Every prescription represents the imposition of one man's choice upon another, transforming the consciousness of the man prescribed to into one that conforms with the prescriber's consciousness. Thus, the behavior of the oppressed is a prescribed behavior, following as it does the guidelines of the oppressor. The oppressed [have] internalized the image of the oppressor and adopted his guidelines.... (p. 31—emphasis in original)

Since the oppressed are passive, self-subjugating, and themselves oppressors, resistance must be mobilized by elites with the requisite "critical consciousness" who can effect "the implementation of a liberating education" (p. 39).

The stereotype of the passive, internally oppressed victim features prominently in clinical discourse as well. With the few exceptions mentioned earlier in

feminist literature. In *The Courage to Heal*, for example, Bass & Davis (1988) suggested that "survivors [are] programmed to self-destruct" (p. 179). In *The Battered Woman*, Lenore Walker (1979) argued that victims of battering learn to be helpless. Pagelow (1981) suggested that women are more likely to be battered if they hold traditional attitudes concerning women's roles. Pagelow's argument illustrates how the concept of internalized oppression (i.e., the holding of traditional attitudes) provides a basis for attributing complicity to, and thereby ultimately blaming, the victim. Gilbert and Webster (1982) suggested an even stronger version of the internalized oppression theory 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—

Theories of internalized oppression assume a highly deterministic relationship between the social world and the individual.

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

discernment renders many women quite vulnerable to being exploited in relationships. (p. 93)

As can be seen in these passages, theories of internalized oppression assume a highly deterministic relationship between the social world and the individual. False consciousness theorists quite unproblematically claim to know what is inside the minds of the oppressed because they

assume that social conditions, in particular the ideology of the oppressor, are simply duplicated in the mind of the victim. In this way, the problem of violence is transformed into a psychological problem—an oppressed consciousness, traditional beliefs, learned helplessness, an oppressive story, a lack of discernment—in the mind of the victim. This is made possible because the behavior and subjective experience of victims of violence is constituted strictly in terms of the language of effects.

The Language of Effects

Because it has been assumed that victims are passive, their behavior and subjective experience have generally been represented within a language of effects; that is, a language comprised of terms, tropes and metaphors which focus on “the result produced by a cause” (Webster’s). Such a language is well suited to certain ends, such as documenting harm or damage, which is likely one reason why it has become widely employed in the area of violence work. For example, if one wanted to convey a sense of the damage done by a major flood, it would be effective to talk about the effects of the flood—how many homes were destroyed, how many people displaced, the extent of human fear and misery, number of acres inundated, and so forth. However, the language of effects would not afford the best means of describing the human responses to the flood: sandbagging; evacuating, rescuing, and housing displaced people; assembling field hospitals; building dikes, etc. This distinction is captured in the observation that it would be sensible to say “Flooding causes human devastation and

harm, the language of effects has occupied a central place in anti-violence work. Even after disturbingly high rates of sexual abuse and assault, harassment, battering, and so forth were generally acknowledged, services for victims were not automatically put in place. The language of effects was needed to establish a credible body of research documenting the harm

and limitations that hinder its utility in conveying the other side of the story of violence; namely, an accounting of the spontaneous resistance efforts of those subjected to violence.

To describe an act or subjective experience as an effect is to describe it as

- (a) an end state,
- (b) as asocial or apolitical, and

Because it has been assumed that victims are passive, their behavior and subjective experience have generally been represented [by] a language comprised of terms, tropes and metaphors which focus on “the result produced by a cause”

caused by such acts of violence in order to demonstrate the necessity of publicly funded social and therapeutic services (Kelly, 1988). In addition, it was assumed that scientific information about the effects of various forms of violence would enable the development of more specialized and effective treatment methods. It was assumed that the treatment of victims would center on the treatment of effects.

In the literature concerned with understanding and treating victims of violence, the word effects connotes damage or injury: it refers specifically to the negative subjective experiences and behaviors thought to be caused by violence and oppression. Virtually all psychological and psychiatric models con-

- (c) as negative.

When talking about sequelae of violence such as “depression”, then, it is important to be clear as to what purpose the discourse is intended to fulfill. If, for example, the purpose is to document the harm done to the emotional lives of children who witness violence in their homes, a statement such as “Child witnesses of domestic violence are x times more likely to be diagnosed with clinical depression” can alert the intended audience to the seriousness and social consequences of violence in the home. However, in therapeutic conversations, framing depression as an effect of violence may strip a person treated badly of the only form of protest they have been able to find. If powerful and prolonged feelings of sadness and despondency arise in response to experiences of violation and degradation, treating the person for depression is like trying to treat the problem of world hunger by engaging starving people in a program designed to eradicate their appetite. The question, “How were you affected by the abuse?”, invites the respondent to answer in terms of damage and negative end states. Therefore, we must be clear as to what our purpose is in extending such an invitation.

The Language of Responses

While the language of effects can be invaluable in developing an understanding of the pain, confusion and anguish associated with violence, the process of identifying some aspects of behavior and experience as the effects of violence and some as responses to violence is itself a social and discursive act that occurs within relations of power. When talking to people subjected to violence, then, it is important to ask ourselves: What is the effect of treating human beings as though they are affected by one another as com-

What is the effect of treating human beings as though they are affected by one another...

misery” but nonsensical to say “Flooding causes dikes”. A language of effects details damage and tends toward descriptions of negative end states. For this reason a language of effects is well suited for documenting the harm done to individuals and society by various forms of violence, but poorly suited to expressing the acts of volition, discernment, and courage with which people respond to violence directed against them.

Because of its utility in documenting

tain an implicit or explicit theory of the effects (impacts, consequences, clinical sequelae) of violence and other forms of abuse, and a massive body of literature has been assembled concerning Multiple Personality Disorder, Post-Traumatic Stress Disorder, and a host of other “effects” of violence. But as effective as the language of effects has been in drawing attention to the intense emotional pain and other injuries suffered by victims of violence, it contains assumptions

pared to the effect of treating human beings as though they are responding to one another? The questions, "How did the violence of your father affect you?" and "How did you respond to your father's violence?" are based on very different assumptions and have very different effects on the subsequent conversation. The first question introduces the assumption of passivity and invites the respondent to describe their experience in terms of negative psychological end states. Where this suits the purposes of both parties (e.g., gathering evidence for court proceedings, documenting the harm done to children by "family violence", etc), such questions can be an important part of anti-violence work. Such questions can also be useful in therapeutic conversations, especially at times when a fuller understanding of the victim's experience might assist in establishing a collaborative relationship and/or provide information about possible areas of inquiry when an account of responses is being developed. However, since the language of effects invites the respondent to constitute themselves as an effected object, we believe that a language of responses offers better prospects for therapeutic conversations with persons subjected to violence.

Introducing a language of responses offers the person seeking therapy an alternative framework for understanding their experience of violence. Since their previous attempts at understanding their experiences will likely have employed a language of effects, particularly if such attempts have involved self-help or professional discourses, simply providing the person with a chance to view their experience from this perspective can afford an opportunity for a reclamation of agency that obviates the "need" to treat supposed effects of past experiences of violence. The story of Yvonne illustrates this translation of effects into responses:

Yvonne

Yvonne initially sought therapy due to feelings of depression, following the breakup of her marriage. One of the things that Yvonne was concerned about was the fact that she would cry whenever she was confronted by family members about her decision to leave her abusive husband. In fact, family members, and even friends, seemed to believe it was their duty to provide Yvonne with instructions about how to live her life. Yvonne wanted this interference to stop, and she felt that crying was less than helpful in trying to get this across to friends and family. Though somewhat unsure, Yvonne suspected that this crying was the result of being so badly treated in her family when she was very young. That is, Yvonne saw her crying problem as an effect of ill treatment, and she believed that crying in such circum-

stances was sign of her inability to stand up for herself.

However, in response to a number of questions, I (AW) learned that Yvonne (who was the youngest of seven children) was criticized and called names by almost all family members on virtually a daily basis. No matter what she tried, she seemed powerless to make them stop. If she got mad, they laughed; if she fought back physically, she was beaten up. However, when she cried they would usually just leave her alone. For some reason, crying made it very difficult for people to continue in their abuse of Yvonne. In fact, Yvonne then remembered, sometimes she began crying so quickly that family members barely had a chance to get started in their criticism of her. Yvonne also remembered how her crying often effectively curtailed her husband's verbal abuse. We noted how crying had been an effective method of resisting put-downs and criticism when little else seemed to work. Yvonne laughed as she described how she had cried so effectively when the owner of her house had tried to evict her shortly following her separation from the husband that he relented and let her stay. Yvonne remarked that she had not thought of her crying in this way before.

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

experience from the perspective offered by a language of responses, she quickly overcame the notions of passivity and terminal damage that had plagued her attempts to understand her present social functioning. Contrary to the notion that victims of violence will often cling adamantly to, or be clung to by, "oppressive, internalized stories," we have found that they will readily abandon such pathologizing accounts of their experience when offered the resources of a language of responses.

The distinction between effects and responses can be further illustrated by the following questions. If a child becomes depressed after being sexually abused by her father, would it be appropriate to view depression as a response (a refusal to be emotional) or an effect? If a woman who was pressured into "sexual" acts subsequently lost interest in sexual activity, should this "lack of desire" be viewed as a response or an effect? If a man who was being harassed at work by a supervisor withdrew socially and produced less work, would this be an effect or a response? If a child who occasionally witnessed his mother being beaten by his father "acted out" at school, would it be more appropriate to view this behavior as an effect or a response? While such questions cannot be answered without more information about the context of the problem, our inclination would be to view such actions, which might automatically be defined as problems or unwanted effects in most therapeutic contexts, as acts of resistance.

The decision as to how such behavior should be interpreted is an important one, as the language of effects differs sharply from the language of responses, or judi-

Introducing a language of responses offers the person seeking therapy an alternative framework for understanding their experience of violence.

I was". Yvonne's sense of mastery over crying, and her ability to engage in confrontation, were gained by appreciating how crying could itself constitute an active resistance to oppression, rather than by treating crying as an unwanted effect.

It is noteworthy in Yvonne's story that she initially understood the problem she brought to therapy, excessive crying, from within the language of effects. When given the opportunity to assess her

cious resistance. These contrasting interpretive repertoires result in starkly different accounts of victims actions and attributes. The magnitude of this contrast can perhaps best be illustrated through some examples. As an effect, the deep sadness experienced in response to violence may be defined as clinical depression, learned helplessness, or some 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 health. As an effect, alcohol abuse 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 self-medicating, a method of escaping terror, a method of dulling the pain of abuse, or as a method of finding occasional relief from feelings of isolation and dependency. As an effect, a sexual abuse victim's decision to have sex with multiple partners may be referred to as promiscuity, self-destructive behavior, or a fear of commitment; as an act of resistance, it may be viewed as the exercising of choice, as an effort to reclaim control of one's body, or 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 or sexual dysfunction; 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 violence may be diagnosed as hyper-vigilance or an anxiety disorder; as a response, it may be viewed as a heightened and educated awareness, an informed attention to detail, or as a natural and necessary method of ensuring safety. As an effect, guilt and self-recrimination may be viewed as unwanted "baggage", expressions of low self-esteem, or as indicators of a lack of assertiveness or internalized oppression; as a response, they may be understood as the victim's attempts to differentiate herself from the abuse by refusing to engage in the denial of responsibility that so often accompanies violence, as an expression of a keen knowledge of the difference between right and wrong, and/or as an indicator of a deep commitment to hold herself to a correspondingly high level of accountability. As an effect, the tendency to drop out of therapy, refuse professional advice, or have several professionals on the go, might be viewed as denial, resistance or manipulation; as acts of resistance, these responses might be viewed as reluctance to submit to authority, a refusal to be diagnosed as deficient, as putting more faith in one's self than in others, or as getting the widest range of ideas possible.

When "responses to oppression" are treated as "effects of oppression," the actor may be effectively stripped of the agency entailed in those responses and all that such agency might imply about the qualities and character of the actor. The net effect of such treatment is to establish accounts of uncontested violence, leaving the person seeking therapy with a legacy of defeat tempered only by the meager

prospect of working to overcome the damage they are supposed to have suffered en route to their impoverished present. The language of responses offers the person instead a chance to examine how from the very first they were active in resisting and opposing any and all violence directed against them. The following section outlines practices we have found helpful in conducting such interviews.

Therapeutic interviewing: Honoring accounts of resistance

The language of responses is a resource potentially available in any conversation with persons subjected to violence. Therefore it does not depend on having a particular therapeutic approach or model to be effective. Our preference is to work from a foundation informed by brief therapy (e.g., Watzlavick, Weakland & Fish, 1974), Milan systemic (e.g., Boscolo, Cecchin, Hoffman & Penn, 1987), solution-focused (e.g., de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, & Weiner-Davis, 1986), feminist (e.g., Burstow, 1992) and narrative (e.g., White & Epston, 1990) perspectives. These approaches bring an orientation to pre-existing abilities, a close attention to language, respectful and collaborative ways of working, and a spirit of insurgency and irreverence which is well suited to the language of responses. However, the following eight practices could theoretically be situated within a wide variety of therapeutic models and paradigms and, indeed, some of them already feature prominently in other counselling approaches, including those listed above. We have found them helpful in turning conversations regarding experiences of violence away from the language of effects and toward a language of responses.

Contextualize

Ask yourself:

- a) What events or conditions could this difficulty be an understandable, normal, flagrantly healthy response to?
- b) How did the problem get constructed as is, in that particular language?
 - 1) find out when problem started, when and how it occurs, etc.
 - 2) ask if the person has previously attended therapy etc., and what understanding of the problem was provided

Name violence, abuse, humiliation, control

- 1) Use graphic, physical language that conveys the real nature of the acts from the victim's point of view.
- 2) Avoid and contest descriptions of violence which are:
 - mutualizing

- eroticizing
- psychologizing
(see Coates, Bavelas & Gibson, 1994)

3) Discuss relations of power

- inquire as to what resources, including "discursive repertoires" (Potter & Wetherell, 1987), were available to victim and perpetrator

Elicit Accounts of Responses to Abuse/Control

1) How did you respond?

- during specific incidents (micro-level—see Goffman, 1961))
- immediately after specific incidents

How did you change your relationship with the offender once he began treating you badly?

2) Elicit accounts that recast the presenting problem as a response and, if appropriate, as forms of resistance.

3) Challenge abstractions

- seek to situate discussion in a social context
- e.g., What do you mean you withdrew? developed low self-esteem? got depressed? etc. How did you withdraw? Who would have been most concerned? least? etc. (see Boscolo et al., 1987)

Introduce Vocabulary/Framework of Judicious Resistance

- 1) Remark, casually and in an attitude of piqued interest, that the person fought back, opposed, resisted, didn't take it lying down, obviously didn't appreciate being badly treated, etc.
- 2) Remark on your interest in some of the things she/he said, and ask for permission to ask more about them. Read them back from your notes, verbatim. Suggest, tentatively, that these all appear to be different ways of existing abuse, of fighting back. Ask if this makes sense to him/her.

Establish difference, construct meaning/significance and change.

- 1) Ask if she/he had taken stock, noticed, had the opportunity to speak about, the many ways in which she/he had resisted.
 - e.g., Have you ever before had the chance to speak about your own history of resistance to violence?
- 2) Ask about the meaning, significance, helpfulness of noticing her/his own resistance to abuse.
 - e.g., What's it like for you to notice...for the first time... the fact that you resisted this abuse, right from the start? Is this a good thing? (see White and Epston, 1990, on developing and exploring significance; de Shazer et al., 1986 on amplifying change)

Specify and magnify difference and change.

1) e.g., Is it helpful for you to notice this? How? What difference will it make? If you keep this new knowledge of yourself forefront in your mind as you leave here, what difference will it make for you? (Landscapes of meaning and action, see White & Epston, 1990)

2) e.g., Who will be the first to notice these changes? What exactly is it that they will notice? (Reflexive questioning, see Boscolo et al., 1987)

Contest Accounts of Passivity or Deficiency

- 1) situate attributions of passivity
 - Who called this a “breakdown”?
 - Who told you you were depressed rather than oppressed?
 - How did you get this idea that you are codependent?
- 2) situate inattention to resistance
 - Did any of these people talk with you about how you resisted this abuse?
 - Do you have any idea why not? Doesn't that seem a bit odd? Were you trying to keep it a secret?
 - Do family members know about all the way in which you resisted these abuses?
- 3) contradict specific attributions of deficiency
 - Are these the actions of a person who doesn't esteem herself?
 - I don't see how someone could suggest you're depressed. You've certainly been oppressed. And being sad about that is exactly what I'd expect from a healthy, normal human being.
 - Instead of following patterns, it's clear to me that you've been breaking them and establishing new ones.
 - If you had been badly treated and weren't very, very upset about it, that would be cause for concern.
 - If your best friend told you the things you just told me, would you tell her that she went along with it?

Acknowledge Differentness of Honoring Resistance

- 1) State that you know that this view is pretty different than some of the other ideas that person has been invited to consider.
- 2) Remark that it is only one view . . . not the correct one...and the person may need some time to think it over, and to see if it fits.
- 3) Emphasize that you just can't quite go along with previous definitions of the problem/person, given what they have told you.

Since, in our view, persons will always resist abuse, these practices simply represent ways to recognize and honor what has already taken place and

continues to take place. In this sense, resistance is no more a construction than is violence. If we are to take seriously the experiences of violence people bring to therapy, then we must also accord the utmost significance to their spontaneous and ongoing resistance efforts. The story of violence is not complete until we hear the story of resistance. The stories of Roberta and Charles offer two attempts to bring forth what perpetrators of violence seek to suppress.

Roberta

Roberta was a 27 year old native woman seeking refuge in a women's emergency shelter. She sought consultation regarding her partner's violence and how it had affected her. Initially, Roberta seemed at a loss as to what she wanted to talk about, but soon entered into an account of how she had realized that there was not a lot of hope for her relationship and that she would have to leave. She said her partner, Roy, was bossy, demanding, pushy, had a bad temper, and an alcohol and cocaine problem. She said he was also quick to blame her for “making him” mad and “making him” take drugs and alcohol. He had also abused her verbally, emotionally, and physically, the first time when she was pregnant and he sat on her stomach because he wanted to kill the baby even though it had been his idea to have a child.

Despite this abuse, Roberta said she had been able to hang on to a belief in herself and a certainty that she could make a better life for herself. I (NT) asked Roberta how she had been able to do this. She was able to identify a number of ways in which she had fought back against Roy's attempts to diminish and dominate her. These included:

- resisting his abusive tirades by blanking out her mind and silently watching his mouth move so that he looked ridiculous
- waiting until after he had left the house to do her crying if she was hurt
- continually reminding herself of her own competence by reviewing how well she had done when on her own for four years before meeting Roy
- arguing her own point of view silently in her head
- always using a low voice no matter how loud Roy got
- pretending to be asleep when she knew Roy would be coming home drunk
- studying his behavior so closely that he became entirely predictable to her
- refusing to take the blame for his problems
- seeking asylum in the emergency shelter
- recruiting the support of shelter staff members

I asked Roberta if she had noticed she had been doing all these things to resist Roy's attempts to diminish and dominate her. She said she hadn't. I asked her if it made any difference for her now that she was becoming more aware of these efforts she had been making all along? She said yes, it made a big difference. She said it made her realize that she had some determination and self-respect and gave her confidence that she could make a better life for herself. She said that for a long time, she had been blaming herself for her situation. This made her feel worse about herself and discouraged about ever being able to take charge of her life. By coming to the shelter she had been more able to see that she is not to blame for another person's behavior. She also said she was now better able to appreciate her own efforts in making her life more her own and that that made it more likely she would be able to persist in these efforts.

Charles

Charles (21) sought help for his “temp” and verbal and physical abuse after his partner sought refuge in a women's emergency shelter. After two sessions were spent establishing safety and Charles' taking responsibility for the violence as priorities, and while parallel work continued with his partner to enhance her safety and assist her in evaluating Charles' progress, Charles began to explore some of the influences and restraints which had contributed to his abusive behavior (see Jenkins, 1990).

As part of this work, Charles talked about the influence of his father whom he said had “controlled my life for eighteen years.” Charles said that his father held the view that a man should be the boss in his family and that women and children should behave accordingly, a view that he would enforce with verbal and physical violence. Charles said his father would not tolerate any debate or expression of alternative views and would attempt to limit outside influences by “shying us away from people” and keeping his children in the background of family life. In particular, Charles remembered that his father would insist that he return home immediately from school and not associate with any friends he might make there. With a smile, though, Charles also recounted that he loved school, was “close to” many of his teachers and classmates, and would sometimes “purposely get in trouble” in order to be able to stay at school longer. Intrigued by the smile and his ingenious means of escaping his father's influence, I (NT) asked Charles if he could remember any other times he had been able to evade his father's attempts to control his life. In response to this question Charles recalled once running away to stay with a friend, though his father's retribution made him

realize such overt displays of independence were not the best means of gaining access to outside influences. Instead, Charles began to counter his father's domination by developing an interest in other people and places, an interest he nourished and sustained both through his schoolwork and his social contacts at school. In order to maximize his contact with these outside influence, Charles managed to get himself enrolled in a high school that was several miles away so that he could spend a longer time on the bus with his classmates and less time at home. He also got a paper route near the school and was able to spend time there with his boss whom he greatly admired. When his father questioned him on having a paper route so far away, Charles would simply say that he like the route. Eventually, Charles' father forbade him to do the route any more, but Charles said "that year was the best of my life." Charles said that when he turned eighteen he celebrated his love of other people and places by going to work in the Canadian arctic for a year.

In response to these responses I asked Charles a series of questions intended to help him explore the significance of his actions (see White & Epston, 1990). Had he realized he was doing all these things to resist his father's influence? No, he hadn't. How does it affect you now that you're looking at it? "Now that I look at it—I knew what I was doing!" What does that tell you about yourself?" "That I can control my own life." How could that knowledge help you? "It makes me feel better. It makes me laugh! It reminds me that it feels good to be your own boss." Is there a difference between the feeling of being your own boss and the feeling of bossing someone else? "Yes, being my own boss is making my own decisions, deciding what's right for me. Being the other kind of boss is showing anger, trying to intimidate people." Does discussing this difference help you decide what kind of life you want for yourself? "Yes, it helps me clarify which direction I want to go in." Which feeling do you prefer? "Being my own boss—I want to steer away from bossing other people, it doesn't make me feel good." If you were able to get away from wanting to control others, how would that help you? "I'd feel more in control of myself—making better judgments, staying out of situations that aren't good for me." How would this affect your anger and abuse of others? "It would go down. The more I'm the

boss of myself, the less I need to boss others."

At the conclusion of our session I asked Charles if this conversation had been useful. He said that in addition to "helping get my life on track" and "giving me some self-esteem", the session helped him deal with a sense of loss he had often experienced over not having had some of the opportunities for exploration and adventure that he had seen others being able to enjoy. Looking at the efforts he had made to carve out some freedom for himself helped Charles appreciate his own unique and personal adventure.

Conclusion

The language of effects has enabled a better understanding of the impact of violence on individuals and society. In illuminating a story of harm, however, the language of effects has simultaneously obscured an appreciation of the spontaneous resistance efforts of those subjected to violence and encouraged a focus on the treatment of effects. The observation that people resist whenever they are badly treated offers a starting point for the development of an alternative repertoire for those seeking to understand their experiences of being treated violently and how such experiences might be relevant to their present social functioning. By inviting persons to investigate and honor how they resisted bad treatment from the moment it first occurred, we can challenge the assumptions of passivity and deficiency contained in the language of effects and position ourselves to elucidate stories of resilience and resourcefulness eclipsed by the shadow of violence.

References

- Adams-Westcott, J., Dafforn, T. & Stern, P. (1993). Escaping victim life stories and co-constructing personal agency. In Stephen Gilligan & Reese price (Eds.) *Therapeutic conversations*. New York: Norton.
- Boscolo, L., Cecchin, G., Hoffman, L., & Penn, P. (1987). *Milan systemic family therapy*. New York: Basic.
- Burstow, B. (1992). *Radical feminist therapy*. Newbury Park, CA: Sage.
- Coates, L., Bavelas, J., & Gibson, J. (1994). Anomalous language in sexual assault trial judgments. *Discourse and Society*, 5, 189-206.
- de Shazer, S., Berg, I.K., Lipchik, E., Nunally, E., Molnar, A., Gingerich, W. & Weiner-Davis, M. (1986). Brief therapy: Focused solution development. *Family Process*, 25, 207-222.
- Epston, D., White, M. & Murray, K. (1992). A proposal for a re-authoring therapy: Rose's revisioning of her life and a commentary. In S. McNamee & K.J. Gergen (eds.), *Therapy as social construction*. Sage: London (pp. 96-115)
- Friere, P. (1970). *Pedagogy of the oppressed*. New York: Continuum.
- Gilligan, C., Rogers, A. & Tolman, D. (Eds.) (1991). *Reframing resistance: Women, girls and psychotherapy*. New York: The Haworth Press.
- Gilbert, I. & Webster, P. (1982). *Bound by love*. Boston: Beacon Press.
- Goffman, I. (1961). *Asylums*. New York: Anchor.
- Haig-Brown, C. (1988). *Resistance and renewal: Surviving the Indian Residential School*. Vancouver: Tillicum.
- Jenkins, A. (1990). *Invitations to responsibility*. Adelaide: Dulwich Centre Press.
- Kamsler, A. (1990). *Her-story in the making: Therapy with women sexually abused in childhood*. In M. Durrant & C. White (Eds.), *Ideas for therapy with sexual abuse*. Adelaide: Dulwich Centre Press.
- Kelly, L. (1988). *Surviving sexual violence*. Oxford: Polity Press.
- Pagelow, M. (1981). *Women battering*. Beverly Hills: Sage.
- Potter, J. & Whetherell, M. (1987). *Discourse and Social Psychology: Beyond attitudes and behaviour*. London: Sage.
- Scott, J. (1990). *Domination and the arts of resistance*. New Haven: Yale University Press.
- Watzlavick, P., Weakland, J. & Fish, R. (1974). *Change*. New York: Norton.
- White, M. & Epston, D. (1990). *Literary means to therapeutic ends*. New York: Norton.
- White, M. (1995). *Reauthoring lives*. Adelaide: Dulwich Centre Press.