

# Resistance to violence: a key symptom of chronic mental wellness

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Ordinary social acts are *mutual* in that individuals coordinate their actions to accomplish them, for example greetings, jokes, hand-shakes and even arguments. In contrast, violent acts are *unilateral* in that they consist of actions by one person against the will and well-being of another (Coates, 2000; Coates, Todd & Wade, 2000). There is, of course, unilateral behaviour that is non violent (e.g. parenting) as well as cases of mutual violence (e.g. boxing matches). However, when Mike Tyson bit off a piece of Evander Holyfield's ear, he shifted from the *mutual* act of boxing to the *unilateral* act of assault. Consequently it would be wrong to call the assault a "conflict", a "fight" or even a "boxing match that got out of hand". These terms define the assault as mutual and divide responsibility between Tyson, the perpetrator, and Holyfield, the victim. The same applies to the other forms of interpersonal violence. Rape is not unwanted intercourse or sex; forced mouth-to-mouth contact is not a kiss; unwanted rubbing of body parts is not fondling; wife-assault is not an abusive relationship or a domestic dispute. This distinction between mutual and unilateral acts has been developed by Linda Coates (2000) and Susan Ehrlich (2001).

Violent acts are also social in the limited sense that they involve at least two people, a perpetrator and a victim, words we use as situated-action terms, not as identity-terms. Their actions are not mutual, however. On close analysis it is apparent that victims invariably resist violence, overtly or covertly, as it occurs and sometimes long after (Burstow, 1990; Kelly, 1988; Scott, 1990). The precise forms of the victim's resistance depends on several factors: the dangers and opportunities present in the immediate setting, the broader social-historical context of power relations, the relationship between the perpetrator and victim, and the strategies used by the perpetrator. Where the victim faces increased danger for any act of defiance, resistance may be realised solely in the privacy afforded by the mind. Moreover, perpetrators anticipate resistance from victims and take specific steps to conceal and suppress it. In fact, virtually all forms of violence and oppression entail strategies designed specifically to suppress resistance.

It follows that accounts of violence cannot be considered accurate unless they convey the unilateral nature of the perpetrator's actions and include a description of the victim's resistance. To demonstrate this point we present two contrasting accounts of the same sexualised assault. Note that the Canadian Criminal Code refers to rape as "sexual assault", an oxymoron. Sex is mutual while assault is unilateral. We use the term "sexualised assault" to stress that rape is an assault, not violent sex. The first excerpt is adapted from reports by police and a clinical psychologist, the second excerpt is from the account developed in a therapeutic interview (AW).

## **account 1**

He followed her down the sidewalk. He ran and caught up to her. He grabbed her by the shoulders and threw her to the ground. He grabbed her by the ankles and dragged her toward the bushes. He held a rock over her head and

threatened to kill her if she screamed. He tried to unsnap her pants. He pulled at the bottoms of her pant legs to pull them off. He pulled off her pants. He tried to force his mouth onto hers. He held her down, called her degrading names, and vaginally raped her.

In this account the perpetrator is the subject and agent of the verbs. The verbs are active or transitive in that they convey the force of the perpetrator's actions upon the victim, who is the direct object. Nick Todd first pointed out the parallel between the social and grammatical positioning of the victim as object (Todd & Wade, 2003). The picture that emerges is reasonably clear, yet incomplete in that it omits any mention of the victim's responses to the perpetrator's actions. The victim is present but only to the extent that she is *acted upon*. We are given no reason to believe that she resisted the assault and could easily infer that she was passive, in line with the stereotype that prevails in popular media, legal settings and the literature of the helping professions (Ridley & Coates, 2003; Maddeaux-Young, 2005; Coates & Wade, 2007).

The second account includes the victim's responses. Note that the words used to describe the perpetrator's actions are the same.

## **account 2**

He followed her down the sidewalk. She saw him and sped up. He ran and caught up to her. She dodged to the side to get out of the way. He grabbed her by the shoulders and threw her to the ground. She rolled away to escape his grasp. He grabbed her by the ankles and dragged her toward the bushes. She held onto the roots of a shrub to avoid being dragged into the bushes and she started to scream. He held a rock over her head and threatened to kill her if she screamed. She stopped screaming and asked him not to hurt her. He grabbed at the snap of her pants. She pushed out her stomach so that he could not undo the snap. He pulled at the bottom of her pant legs. She crossed her ankles tightly so that he could not take her pants off. He overpowered her and pulled off her pants. She told him she did not want to do this. He tried to force his mouth onto hers. She averted her face. He held her down, called her degrading names, and vaginally raped her. She looked away, went limp to get it over with as quickly as possible and avoid injury, and mentally left the scene.

Here, the victim emerges as an active social agent, a person who rightly anticipated and steadfastly resisted a brutal attack. Her resistance proves that she did not consent. It also reveals certain personal resources or "emergent capacities" (Varela, 1991) – presence of mind, determination, tactical awareness and strength of spirit – that can be acknowledged and put to work in achieving her goals. For brevity, we have omitted a full account of the victim's thoughts and feelings, which are also understandable as forms of resistance.

The second account also more completely reveals the unilateral, deliberate and serious nature of the attack. With a full account, we see that the rape was a sequence of acts and counter acts, not a single act. At each point, the victim resisted and at each point the perpetrator opted to suppress that resistance and

continue the assault. Because the victim's resistance was omitted in the first account, the question of how the perpetrator acted to suppress that resistance could not come up for consideration. Consequently, the strategic quality of the perpetrator's actions – how he anticipated and responded selectively to each of the victim's acts of resistance – was somewhat obscured. Defense counsel for the perpetrator could then more readily frame the rape as an isolated incident in which the perpetrator lost control or mistook the victim's passivity for consent. Accounts of violence that omit a detailed account of the victim's resistance are at least incomplete and often highly misleading. To conceal resistance is to conceal violence.

### from effects to responses

Much of our work as therapists is with victims of violence and other forms of oppression. Like others, we have noted that victims resist mistreatment, from minor affronts to dignity to extreme and prolonged forms of abuse (Burstow, 1990; Epston, 1989; Kelly, 1988; Scott, 1990). We have also found that the practice of engaging clients in conversation about the precise nature of that resistance can be quite helpful. However, this has required a significant shift in perspective. Therapy with victims of violence is typically conceptualised as a process of identifying and treating its effects or impacts. But resistance is a *response to violence* and cannot be encoded in a language of effects. The most direct method of elucidating resistance is to ask victims how they *responded* to the violence, as it occurred. Ultimately, the shift to a focus on resistance, while important in its own right, is underpinned by a more basic shift in theory and practice, from a “language of effects” to a “language of responses” (Todd & Wade, 2003; Wade, 2000, 2007).

The language of causes and effects is well suited to describing the motion of objects, but misleading when applied to the activities of sentient beings. For example, as pointed out by Watzlawick (Watzlawick et al. 1967), if a person kicks a football, the movement of the ball can properly be called an effect since its momentum is *caused by* the kick. But it is a quite another story if the kicker kicks another person. The recipient of the kick might grimace in pain, kick back in anger, or run away. Later, he might avoid the kicker and warn others about this behaviour. These thoughts, feelings and actions are not caused by the kick and so cannot be called effects. Rather, the energy that fuels these actions, the perception that goes into assigning meaning to the kick, and the social awareness in opting for one course of action over another, are latent in the recipient of the kick: that is, they pre-exist the kick. Consequently, the relationship between the kick and the kick-recipient's actions is not that of cause and effect but that of stimulus and response (though not in the behaviourist sense of those words).

We are not suggesting that there are no ill effects of violence and injustice. Humans are embodied beings and therefore subject to physical forces and conditions. A man who is robbed at gunpoint no longer has his money. A boy who is raped by his uncle is physically injured and left with a terrible secret. But the abuse of a person cannot be compared to the abuse of an object. Humans are not mechanisms that are pre-set to act in a single fashion when struck by external force. We know that a person is distressed, and can try to grasp the very personal quality of that distress, by paying close attention to how the person responds. The problem with the language of effects arises when we confuse the effects of material events upon individuals with individuals' responses to those events.

### from treating effects to elucidating responses and resistance

The language of effects operates as an encoding device that pre-determines which words will be fitted to which

deeds. It conceals victims' responses and resistance in two ways. First, responses that are not easily encoded as effects are simply ignored: for instance, questions about effects or impacts of sexual abuse cannot reveal that a sexually abused child resisted by wearing two sets of pajamas at night and blocking the bedroom door with the dresser. Second, it recasts responses and resistance *to violence* as effects *of violence* and symptoms of mental disorders. Adults express their resistance to violence by refusing to be content, lying awake at night, withdrawing their interest and affection, becoming unpredictable, refusing to speak openly, becoming intensely vigilant, and acting with extreme caution. Children express their resistance through nightmares, showing fear, refusing to obey abrasive adults, displaying disinterest, dwelling on the danger at home during math class, and worrying themselves sick. These and many other forms of resistance are often recast as negative effects or symptoms of disorders and made the objects of clinical intervention (Burstow, 1990; Kelly, 1988). Indeed, the list of effects and pathologies attributed to victims of violence is staggering.

It is to be expected that victims initially describe their problems and solutions in terms that draw upon the prevailing discourse of victim passivity and pathology. Many victims state that they “let it happen” (because they could not make it stop), that they “lack boundaries” (because the perpetrator did not respect their boundaries), or that they lack “self-esteem” (because they have not been esteemed by others). Quite a number of clients have suggested that they were abused for the very reason that they lacked “self-esteem”. We have found that detailed accounts of victims' responses and resistance elucidate myriad symptoms of flagrant and chronic mental wellness and provide a basis in fact for directly contesting attributions of passivity and pathology. In the following example, the details of the case and the client's comments are printed with her permission.

#### jenny

Jenny (48) saw me (MR) because she found it very hard to deal with her elderly mother's illness. She also had difficulties ‘asserting herself’ with the staff of the care home where her mother lived. In the second session we had the following conversation.

**Jenny:** I think I have low self esteem and I have too little confidence in myself. A few years ago I was married to a man who was very abusive and controlling and I lost all my self esteem back then.

**Therapist:** What makes you say that?

**J:** He used to call me ‘a bitch and a tart’. For example if we went to a party he would say I had purposely gone to talk with another man to wind him up. Once at home, he would hit me across the face and tell me I was stupid and without him I was nothing and that no man would love me like he did, and he knew what was best for me.

**T:** Did you actually talk with other men at the party?

**J:** Yah sure I did; they were my friends from my job.

**T:** So even though you knew your husband would beat you, you still went ahead and talked with male friends. Were there other things that you did and that you knew your husband would not approve?

**J:** Yah, I think so. I remember going ahead and wearing a mini-skirt to that party even though I knew there would be hell to pay.

**T:** So despite the fact that he tried to control what you should wear and whom you should talk to by beating you, you still went ahead and did what you wanted. You refused to let him dictate to you how to be at a party.

**J:** Yes, yes you're right. I never thought of it that way before.

**T:** What other ways did he use to try to control you?

**J:** I remember, there was an old friend of mine (a female) who I use to meet up with sometimes, but my husband hated her and said she was a bad influence on me. Sometimes, I would go off and meet her for a coffee, but I would tell him I had gone window-shopping. I felt it was my little victory, even though I lied. He wanted me to give up my job but I never gave it up. I really loved my job.

**T:** From what you have said it seems to me that in many ways you protected what you loved in your life as much as possible. You kept your job; you kept your old friends and made new friends at work. You did what you wanted at parties and in many ways resisted your husband's attempts to control you. Despite his beatings you insisted on protecting the things which you loved and were important to you. This to me shows that you valued yourself, your autonomy and your freedom and you refused to be controlled whenever possible. These are not the actions of someone with low self-esteem.

Jenny's statement that she lacked self-esteem seemed to be related to her feeling a lack of confidence and assertiveness. When asked to explain, Jenny described her former partner's abusive behaviour, as though this was proof of her deficits. The therapist then asked a series of questions about Jenny's actual responses to her partner's abusive behaviour. These questions gave Jenny a chance to describe her resistance and provided evidence that she did indeed esteem herself, even if her partner did not, and had already asserted herself many times. The therapist carefully used the phrases "try to control you" and "attempts to control you" to emphasise that he was not successful. Had the husband succeeded, Jenny would not have continued doing what she wanted to do. The account of Jenny's resistance reveals her mental wellness, expressed in her demand for respect and autonomy in the face of on-going abuse.

Soon after, Jenny wrote the following:

"After talking with my therapist, I came to realise that fear was not the same as low self-esteem at all. Although at the time it did feel something like that as I suppose my internal dialogue was telling me off, "why can't you do something about this, you are too weak and useless". In a way, I suppose I was giving myself a hard time, in addition to him also giving me a hard time. I see things in a different perspective now. All I did was really out of fear and to protect myself as much as I could. It wasn't low self-esteem at all. Talking with my therapist made a difference to me. I realised that I had protested and resisted being controlled. I had continued to do the things I loved despite my husband's attempts to control me with his violence. I was afraid, I was weary but I never had low self-esteem. It's like I am lighter now. To realise that there was nothing wrong with me and that I had not been beaten because I had low self-esteem was truly freeing. I have felt stronger since, and prouder. I lost the last little bit of shame I had left about having been a battered wife. The past is truly behind me now."

### conclusion

The focus on responses and resistance to violence is not a reframe and does not arise from our desire to be positive or strengths-based. Resistance is as real and concrete as violence itself. Accounts of violence that omit mention of victims' responses and resistance tend to conceal the full extent and deliberate nature of the violence. They also mitigate the responsibility of the perpetrator, and promote prejudicial views of victims. Detailed accounts of victims' responses and resistance are both more accurate and more hope-filled. We have found that the process of elucidating victims' responses and resistance restores dignity to victims and provides a stronger foundation from which to intervene in cases of violence of all kinds.

### References

- Burstow, B. (1992). *Radical Feminist Therapy*. Newbury Park, CA: Sage.
- Coates, L. (2000). *Twice a volunteer: Mutualizing violence*. Paper presented at the Orcas conference: Violence, Language and Responsibility, Duncan B.C. Canada
- Coates, L., Todd, N. & Wade, A. (2000). *The interactional and discursive view of violence and resistance*. Paper presented at the Orcas conference: Violence, Language and Responsibility, Duncan B.C. Canada
- Coates, L. & Wade, A. (2004). Telling It like It Isn't: Obscuring perpetrator responsibility for violence. *Discourse and Society*, Vol 15 (5).
- Coates, L. & Wade, A. (2007). Language and violence: Analysis of four discursive operations. *Journal of Family Violence*, Vol. 22(7), 511-522.
- Ehrlich, S. (2001). *Representing Rape: Language and Sexual Consent*. London and New York: Routledge.
- Epston, D. (1989). *Collected papers*. Adelaide: Dulwich Centre
- Gilligan, C., Rogers, A.G., & Tolman, D.L. (Eds.). *Reframing Resistance: Women, Girls, and Psychotherapy*. New York: The Haworth Press, Inc.
- Jackson, T., Witte, T. & Petretic-Jackson, P. (2001). Intimate partner and acquaintance violence and victim blame: Implications for Professionals. In *Brief Treatment and Crisis Intervention* 2(1): 153-168
- Kelly, L. (1988). *Surviving Sexual Violence*. Minneapolis: University of Minnesota Press.
- Maddeaux-Young, H. (2005). *Therapeutic responses to violence: A detailed analysis of therapy transcripts*. Unpublished Masters Thesis. University of Lethbridge.
- Renoux, M. (2003). *Victim, Not Guilty*. Unpublished manuscript. London.
- Ridley, P. & Coates, L. (2003). *Representing victims of sexualised assault: Deficient or proficient?* Paper presented at the *Coming to Terms with Language and Violence Conference* held in Duncan, British Columbia, August 2003.
- Scott, J. (1990). *Domination and the Arts of Resistance*. New Haven, CT, US: Yale University Press.
- Todd, N., Wade, A. & Renoux, M. (2003). Coming to terms with violence and language: From a language of effects to a language of responses. In T. Strong and D. Pare (Eds.), *Furthering Talk: Advances in the Discursive Therapies*. (145-161). New York: Kluwer.
- Varela, F.J., Thompson, E. & Rosch, E. (1991). *The Embodied Mind*. Cambridge: M.I.T. Press.
- Wade, A. (1997). Small acts of living: Everyday resistance to violence and other forms of oppression. *Contemporary Family Therapy*, 19, 23-39.
- Wade, A. (2000). *Resistance to Interpersonal Violence: Implications for the Practice of Therapy*. Unpublished Doctoral Dissertation. University of Victoria.
- Wade, A. (2007). Despair, resistance, hope: Response-based therapy with victims of violence. In C. Flaskas, I. McCarthy, & J. Sheehan (Eds.), *Hope and despair in narrative and family therapy: Adversity, forgiveness and reconciliation* (63-74). New York: Routledge.
- Watzlawick, P., Beavin, J. & Jackson, D. (1967). *Pragmatics of Human Communication*. New York: Norton.

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