

From victimisation to re-kindling the caring dialogue: constructing narratives of strength, care, compassion and connection in nonviolent therapy

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Introduction

People who suffer from the effects of abuse or neglect are often diagnosed as 'having' – somehow incorporating in their selves – so-called 'disorders', such as PTSD, depression, borderline personality disorder, reactive attachment disorder... The diagnosis can form a large part of the identity and self-concept of the person, which in turn become part of the story that is told by significant others, by professionals, and which they tell about themselves. In its apparent objectivity, this story becomes the official 'truth' about, and often of the person. As we will see, a certain kind of narrative structure underlies this 'truth', which frames the story in a very specific way: the individual has been done to, the order of their individual psyche has been disturbed, and they may require 'treatment' by others, if the order of their psyche is to be restored in any significant way – they must be 'done to' again, albeit in a more benign way.

An alternative to a specific diagnosis is the concept of the 'survivor'. Survivorhood lends itself to a somewhat different narrative structure, in which the individual, who has been done too, can be told to be coping or having coped, well enough or better. Survival conjures images in my mind of swimming in the icy northern waters after the sinking of the Titanic, summoning all of one's strength to clamber onto an overturned lifeboat, awaiting rescue. It brings to mind the memory of a client who has availed herself of therapy and self-help groups and can now lead a meaningful and more fulfilled life, after much healing from the psychological wounds of the abuse she has suffered. Survivorhood enables storytelling of resilience, both individual and collective. However, even survivorhood, with its frame that allows pictures of resilience and recovery to be seen, makes it difficult to tell a story of the person as the protagonist with *agency*, a story in which she or he turns from being done to, to becoming *the doer*. I do not wish to imply that the diagnostic narratives, or the narratives of survivorhood, are in some way intrinsically wrong. But as any narrative structures, the structures which underlie these stories determine, and thereby limit, the frames of reference within which we can observe, think, experience and imagine.

One frame of reference alone may be insufficient for instigating change. Imagine if you will, for a moment, that you have experienced domestic abuse in the not so distant past. Now please imagine that your child acts with violence against his brother, against peers, against you. Individual therapy of the child has not been helpful. You have taken part in parenting classes, and have followed the instructions as best you have been able to, but to no avail. Please hold the lens of psychopathological categorization, diagnosis, to this situation: what can you see that will encourage you to feel you will be able to act with agency, challenge the violence, protect your other children from victimization, protect yourself from physical and psychological harm, protect the child who is instigating this violence from serious rupture of her significant relationships and from the social exclusion that will be the inevitable outcome? Now, please hold the lens of survivorhood, which does capture vistas of your own resilience, to the situation: what will you see through this lens, that can inform how you will plan action? What will you see through this lens, that will help you feel you have agency in dealing with your child's deleterious behaviour?

In 2001, Haim Omer published an article in 'Family Process' on non-violent resistance in helping parents deal with disciplinary problems. Non Violent Resistance or NVR has helped shift from narratives of pathology or survivorhood to narratives which enable us to perceive the person who experiences interpersonal abuse as the main protagonist of their own story, developing, showing and experiencing agency in the face of the central antagonist: interpersonal harm. Under the old paradigms of survivorhood or individual psychopathology, the parent could at best be seen to cope with the aftereffects of harm; at worst they were perceived to contribute to it. Non Violent Resistance has not only offered a coherent methodology which can help parents organise their responses to abuse by young people in new and different ways – it allows us to see *any* person who has experienced interpersonal harm in a way that transcends victimhood and psychopathology, or survivorhood. The significance of Omer's narrative shift seems to go far beyond just working with parents of young people who are acting in harmful ways – it is in my view of great relevance for the entire endeavour of psychotherapy and psychological intervention: beyond survivorhood, our clients can now see themselves as the central protagonists of their stories, as can the family, the wider system the family is part of, as can we as therapists. This difference in experience can organise how all of us respond in new ways, embodying Lyotard's *différance*.

I would like to demonstrate the relevance of the kind of narrative that NVR psychology enables – the heroic narrative. First, I will contrast a few of the structural elements of victim narratives with the corresponding ones in heroic narratives, and discuss some practical ways in which we can move from constructing one kind of story to constructing the other. I will then highlight some of the themes of the heroic narrative, which seem to be relevant to the process of NVR, but beyond that to the process of psychotherapy in general.

Motion: from victim narrative to heroic narrative

In a victim narrative, quintessentially, the person is done to. They survive, for better or worse, depending on the nature and strength of external forces, and the structure of self upon which these external forces impact. In a heroic narrative, the person impacts on the external, thus contributing to the shaping of the world through which they move in time, and which they are part of. By impacting on the world which the hero is part of, their action impacts not only on the environment, but recursively, on the self. Thus, the hero becomes an ever-changing person-in-action.

Static language and change-process language. Let's look at a conversation I had with Bill. Bill came after his second 'break-down' with the aim of overcoming depression – and worried he may break down again and again for the rest of his life. The story began to change, as we identified a background feeling of anxiety throughout his life, and Bill traced this back to the physical and emotional abuse he had experienced at the hands of teachers in his Irish primary school in the 1970ies, before physical chastisement in school was outlawed. Working with EMDR in one session, a strong desire emerged in Bill to challenge one of his teachers, which he subsequently did. Clients often appear to be triggered traumatically by perceptions or internal experiences that are associated with the persistent imbalance in power within the relationship between the client and the person who has instigated the abuse. Often, when abuse has been instigated but not acknowledged by the instigator, or the person who experienced the abuse has not yet taken a course of action that gives them a sense of agency, the abusive situation prevails in this way – it is not a matter of the past, but occurring in the here and now due to the extant power differential. By challenging his one-time teacher, Bill felt he re-balanced the power relationship, thereby setting in motion a change process which contributed to the rapid 'lifting of (his) depression', such as re-engaging with his daughters and making gestures of reconciliation to his wife, the relationship with whom had been seriously ruptured in the course of his inward-looking low state of mind. In spite of this improvement, there was deep uncertainty – both he and his wife had been reading up on 'the depressive man', fearing he and the family may be doomed to a life of his deteriorating mental states. I told him that I'd never met 'the depressive man', where would I find him? He didn't get the joke – at first. 'The depressive man' is a two-dimensional cartoon character, whose features remain static, unchanging over time. 'The depressive man' *is*; Bill is *becoming*, and in becoming, we see that he is, has been and can be in the future so much more than the reductive image that has superimposed itself on him. The shared humour over my rather feeble joke opened conversational space to explore, how his resistance *today* - bringing the abusive situation to an end by challenging the abuser of yesteryear - is strengthening his emotional wellbeing and helping him reconnect with significant other people in his life. Methodologically, the shift from static language to change process language can be brought about by simple means, such as gradually shifting the tense from the present tense to the past tense or the present perfect, inviting the protagonist to become the hero of his story, shifting from '*I've had another breakdown, it's happening again*' to: '*So at first you were unable to identify what started the anxiety in the past. Is this a good time to explore what you would like to do about the abuse, so you feel more in charge of your own life?*'

From focus on obedience and control of the other to focus on self-control. *I must, I can't do, she won't let me, he makes me, someone needs to make him understand...* signify obedience and control of the other. The inherent relational logic is that of a null-sum game, in which there is a winner and a loser. I must obey, or if I

do not wish to succumb to helplessness seek to control the controlling other, or else delegate the control of the other to a third party I hope may be able to control the controlling agent.

The ancient Indian concept of Anasakti encapsulates the non-attachment of the individual to the desired outcome of their action: When I can bear not attaining my goal in the moment, I begin to measure success not by what the other does, but by what I myself can do. My own self-control becomes the domain of interest, whether it is self-regulation so I do not escalate, persisting so I do not give in, recognising and counteracting my tendency to avoid, or standing up to my fear and taking action. Pandey and Naidu (1992) were able to operationalise and link Anasakti to low scores on aggression and better mental health. A foster carer followed a teenage girl who was looked after by her, and was at risk of child sexual exploitation, to school every morning, much to the girl's consternation. When confronted by the girl, who said "*You can't make me go to school*", the foster carer replied "*No, I can't make you go to school. But this is what I **can** do for you.*" The major shift here is from second person language – *she makes me, he has to* – to first person language: *I may be able to, we can, let's try to*. First person language becomes the language of self-efficacy. Self-efficacy raises hope and an inner sense of strength – an experience of self desperately needed by those who have been subjected to abuse and experience trauma.

Facilitating narrative shift: compassionate witnessing and appreciative witnessing

Observing structural differences between victim narrative and heroic narrative, of which there are many, can be therapeutically useful, but what can help the traumatised person feel ready to take the plunge into a story of which they become the hero or heroine?

Compassionate witnessing. First, the *clients' own* victim story must be heard. By making space for the victim story, we honour the person. De-humanized, their dignity undermined by years or decades of abuse, full of self-blame and a belief in their own inadequacy, a person's sense of self-worth, their sense of entitlement to protect themselves and others, and to resist, will have been diminished. Kaethe Weingarten (2003) illustrates how, by witnessing compassionately, those around the person can help them weave a more coherent and benign story of themselves. At an NVR supporters' meeting, the person tells their future supporters how they have been subjected to abuse. Seeing herself, compassionately, through the eyes of a community of supporters on that evening, she can begin to find her dignity restored and a sense of entitlement to resist grow.

Maya is a young woman of 23 years. The rapist of her teenage years, her so-called 'boyfriend', had come back to live in her home town, sending her texts such as "*I know where you live.*" "*I just walked under your window.*" Experiencing traumatic stress, she became extremely anxious, at times angry and agitated, hardly slept and had nightmares, suicidal thoughts and self-harmed again as in the past. Talking about self-protection, Maya became intensely angry at me. I needed to understand the relational logic to her anger. She told me of 'benign' neglect in her middle-class

birth family – a story of not feeling, not being worthy of protection. After apologising for my insensitivity, I invited her father, her mother via Skype from abroad, and a group of her woman friends to a supporters' meeting, in which she was able to share her account of victimization. In witnessing her suffering, becoming compassionate witnesses, the supporters found an alternative explanation for many of her behaviours over the years. We had 'undiagnosed' Maya from 'borderline personality disorder' – a practice I have adopted from Sami Timimi (2002), and shared this at the meeting. This gave the message that there was nothing 'wrong with Maya', but everything wrong with the abuse. Together, we were constructing a story of her as a human being who is worthy of protection, for whom protection from sexual violence and any other kind of abuse is a birth right. Towards the end of the meeting, we planned action, and her father later confronted the man, telling him that all legal action would be taken should he attempt to communicate with her in any manner ever again, directly or through shared acquaintances. After one week, Maya slept again, her symptoms of trauma subsided.

The psychopathological story had become harmful to Maya – others, such as the mental health professionals were the narrators of that story, of her story, and she did not feel heard as a witness to her own experience of abuse. Family members had reiterated this harmful narrative, and Maya herself had internalised it. The supporters' meeting enabled a shift to a survivor narrative, in which she became humanized and acquired a sense of entitlement to protection.

Appreciative witnessing. However, if we remain lodged within a victim narrative, or even a survivor story, the person will remain seen as being done to – and will be done to. A next step is to create conversational space in which the person who has experienced abuse relates how they are resisting, however small their acts of resistance may seem to be. We can invite the person to give a specific account of concrete action they have carried out, who has supported them to do this and how, what the person who is resisting has learned, how it is transformative for them. In answering the therapist's questions, supporters at a meeting can feed back how the account of resistance has affected them and resonated with them, and how it relates to their own lives. The person who has taken harm begins at this point to shift dramatically from being done to, to being the doer – becoming the protagonist of the story of the world through which he moves, which he is part of, which he impacts upon, and who changes in the process.

Compassionate witnessing and appreciative witnessing can thus facilitate the shift from a *regressive* victim narrative to a *progressive* heroic narrative, and facilitate the development of a network of emotionally safe supporters. A parent of a child acting with violence becomes a protagonist in her own story; she has a voice; as the central agent with a voice, it is *she* who articulates what her support needs are, what she requires of the community of supporters around her, if she is to act with agency. This enables the nuclear family to become an environment, in which family members can begin to recover from trauma (Jakob, 2016)

The heroic narrative: some themes of and for resistance – the quest, getting lost, heroic rectitude

The quest. In fairy tales, adventure stories and other narratives of heroism, and in many ethnic traditions, heroes or heroines approach their destiny by embarking on a quest. Tradesmen used to go on the waltz, walking from town to town and working for many different masters, in their own countries and abroad, before they could become master tradesmen. As an initiation right into adulthood, Native Americans of certain tribes went on a vision quest, travelling far from home into the wilderness, where they would fast and wait for visions that gave them important information which would shape their identity and future lives. Thomas Hardy's tragic heroine Tess walks many miles from county to county, far from her original home, for her family's and her own material survival against all odds. She, of course, always losing control of her life to male dominance on this quest, acquires control by murdering her abuser. The quest promises material or spiritual gains, and it is often full of hazards, pain, suffering and hardship – but it can also hold the promise of an entire new world opening itself to the protagonist. In it, the protagonist may achieve self-actualization, liberation, control over life and control over self. The quest is always a journey into the unknown, fraught with risk and discovery – these elements of the heroic story give it such power. Without the confrontation with the unknown, remaining behind where everything and everyone is familiar, the person will not grow and learn in the same way as if they were exposed to challenges as yet unknown. It is the mastery of these challenges – or the failure to master some of them – from which the individual takes deep-seated learning which is cognitive-intellectual, social and at the same time embodied.

Sometimes, the quest is less geographic in nature, but represents a journey through time and the social environment that changes the face of the world. Rosa Parks, when she sat in the 'whites only' section of a public bus in Montgomery Alabama in 1956 and triggered the Montgomery bus boycott, can be seen to have been embarking on such a quest. It was a huge leap into the unknown; Rosa Parks took enormous risks in doing so – and indeed was arrested by a deeply racist police force. However, this step into the unknown was carefully planned – the heroine, and her fellow heroines and heroes, had carefully equipped themselves for the challenges that lay ahead.

We can see parents who commit themselves to resisting their child's aggressive behaviour, self-harm or otherwise destructive behaviour as embarking on such a quest, once they make an Announcement to their child. This routine intervention at the start of the NVR process becomes a ritual with great significance, signalling to the child, to the future community of supporters, and to the parents themselves their commitment to facing the unknown, accepting the reality of risk, knowing they do not yet *know*, but will gain knowledge in the process, showing their willingness to undergo a personal transformation which will dramatically (!) challenge and re-shape their attitudes, core beliefs about themselves, others and their child, and allow a personal transformation, the outcome of which is far from certain. Along the way, they can face and overcome their own fear, avoidance, or anger and hostility, challenge in themselves the predilection for dominance, develop an awareness of their resilience, and strengthen their forbearance in light of the many setbacks that lie ahead.

NVR offers clients an assortment of concrete, specific methods for resisting; important though is the de-brief: therapeutic questions on the *how* of using these methods, that open space for an appreciation of parent strength (not dominance):

How were you able to stay in his room in spite of your fear he might strike you? What did your supporter do? How did her calm bearing help you regulate yourself? And then there are questions opening space for generating meaning in the relationship: Even though your son didn't like the sit-in in his room, what message do you feel you gave him about the dignity of women? What did you communicate to your daughter by doing this? Such questions enhance the effect, intensify the client's learning, and contribute to the growth of their personal agency, their felt and embodied strength, and their expectation of future self-efficacy.

By opening this conversational space, we, the therapists, position ourselves differently. Rather than applying 'treatment' to the 'patient', we become the guide, the coach –we are guides into a difficult and dangerous terrain, and it only bears some similarity to territories through which we have guided others. Each intervention, as Jan Olthof (2018) stresses, must be idiosyncratic, tailored to the needs, language and challenges of the individual, their family, and the larger system around them, if it is to be effective. We are not expert knowers of the territory, merely experts at helping our clients face the unknown. As such, we must provide containment, encouragement, ideas and shared imagination of where the route may lie – and again containment, when the client is recovering from having gone in the wrong direction...

Getting lost. As Jim did, when he struck his son across the face. Jim, who had been living with extreme provocation from his now 14 year old son Jamie for many years, had made a commitment in his Announcement to Jamie, that he would abandon shouting, and said he would never hit Jamie again. For many weeks things had been better, but now, having broken this pledge, father and son spiralled into constant, repetitive escalation. Jim found no more time to think, reflect, and find a way out of this impasse; he was no longer in touch with his caring impulses toward Jamie. I asked Jim to remember some key moments, in which he had non-violently resisted Jamie's provocation – the embodied memory of his own action and being at those moments helped him move from the shifting feelings of dismay and anger to a sense of inner strength. We then jointly made a child protection referral; I suggested Jim ask Jamie what kind of reparation would sooth the upset he felt from his father's violent act, and Jamie said that his father never apologises. Jim wrote a formal apology, in which he admitted breaking his pledge to his son, read it out to Jamie, posted it on the WhatsApp group to all of the family's supporters, and copied this in to Jamie himself. The spell was broken, father and son came back on track.

Olthoff (as above) names 'losing one's way' as one of the basic principles for developing a therapeutic framework. Getting lost is a key theme in many heroic narratives. When on a quest, traversing unknown territory, there are no accurate maps to guide the seeker. It is this very act of committing oneself to the unknown, that gets the hero or heroine lost. This view *normalises* the person resisting harm; their confusion, despair, rage and anxiety become an understandable response to losing their way in the complex process of navigating unknown and new interaction with the other who is instigating harm, and with the larger social environment the nuclear family is part of – their aberrant behaviour does not need to be attributed to a deep-seated psychopathology, as in the diagnostic victim narrative, which could leave them feeling discouraged and privilege negative core beliefs about themselves. Solution-focused therapy has normalised the recurrence of serious 'symptoms' and interpersonal interaction which accompanies them, as an ordinary

phenomenon which may be expected in any therapeutic process, calling it a 'setback', and has devised a methodology for helping clients re-connect with their inner and interpersonal resources, so they can recover, or 'get back on track' quickly (O'Connell, 2012). This protects professionals from seeing clients who are resisting aggression – and learning how to resist aggression in the process, as psychologically disabled and believing their 'therapy has failed'. It protects clients from being seen as having failed, and being communicated to that they fail because they are unable – thus being communicated a fixed mindset (Dweck, 2012), the strong core belief that a certain trait or set of traits of the person is unlikely to change – which of course in turn would render those very traits less likely to change.

Another feature of 'getting lost' is the need to get lost, in order to make new discoveries which enrich one's life. E.g., research on post-traumatic growth (Joseph, 2011) tells us that almost half of all people who have experienced serious trauma experience personal growth in the wake of such trauma, once their symptoms have been reduced to an at least moderate level. They report, among other things, a re-prioritizing of key facets of life, such as valuing relationships and interpersonal connectedness over material gain. While not feeling they are glad to have experienced the traumatic events in their lives, these respondents indicate that they would *not wish not* to have grown as a person in this way. Jim explained that he had learned more about acknowledging, experiencing and moving through his own shame and guilt, the appreciation of the relationship with his son, and the value of relational repair, as he was finding his way after having gone astray.

Rectitude. In Jim, we see the growth of rectitude. There are traits in heroes and heroines we can admire. Heroic rectitude is not a fixed trait, it is work in progress, it develops in response to the travails of the quest. Frodo Baggins first succumbed to the lure of the ring – but it was his love for his friend Sam that ultimately prevailed. Jesus resisted temptation for 40 days and 40 nights in the wilderness. Not only can we see rectitude as a process – the nature of rectitude changes. Our metaphors do not emerge in a socio-cultural vacuum, they shift, change, disappear and re-appear in different forms in the flow of dominant and originally peripheral discourses in wider society. As a boy, I identified with the great, very 'male' polar explorers: Amundsen, the powerful, resilient, clever and successful conqueror of the South Pole; Scott, the tragic British hero who walked out into the cold, never to return, brave and dignified. Only in recent years have there been more publications and programmes telling us the story of Ernest Shackleton. Unlike Amundsen or Scott, Shackleton did not reach the South Pole. The expedition's ship, the *Endurance*, was crushed by pack ice off the Antarctic continent. Shackleton's heroic feat was the rescue of each of his men to safety at the whaling station on the remote island of South Georgia, thousands of miles from where the *Endurance* had sunk. It appears that over the decades, our perspectives on the values we cherish in our heroes and heroines have been shifting. I see in this form of heroic story a focus on strong, caring leadership. This, more female-orientated leadership is the kind that well behoves parents of young people who act in harmful, anti-social or self-destructive ways.

Sensitising oneself for the 'unheard voice of need in the child' (Wilson, 1998) can help promote strong, caring leadership in parents, initiate the strengthening of attachment, promoting trust. I use work around the reconciliation gesture (Omer, 2004), a key method of the nonviolent approach, to stimulate the re-kindling of the 'caring dialogue' between parent and child, a dialogue in which the parent is attuned

to the child, can sensitively 'read' the child's needs, and respond compassionately and with strength (Jakob, 2017). In the caring dialogue, the child signals distress to communicate unmet need and accepts parental acts of care, thereby validating the parent, a large part of whose identity is constructed as being someone who cares, nurtures, guides and protects. In relationships ruptured by aggression, escalation or withdrawal, rejection or avoidance, it is difficult for the child to signal distress, and it is difficult for the parent to attune. The therapist can promote this process by co-imagining, with the parent, what it would be like if the child signalled distress: What would the parent hear the child say, see in the posture or facial expression of the child? How would the parent read the child's distress signal? What would the parent feel? How would the parent respond? What would the child tell the parent, how their parent might signal their empathy and compassion in a gesture of reconciliation; and then, the parent actually carries out the previously imagined gesture of reconciliation. It becomes a symbolic, ritual act – a first step on the road to re-connection, out of the wilderness of the heroic quest, a first step on the way home.

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