

Underpinning Ideas

Insight Exchange draws heavily from the ideas of the Centre for Response Based Practice, in particular their work on social responses, resistance and responses to violence, language, and upholding of dignity. The following section provides an overview of these ideas.

What is Response Based Practice

Response-Based Practice is a set of ideas that can be usefully applied to and in working for people and groups who have experienced violence, injustice and other adversities. The ideas can be used to guide research, face-to-face practice and to analyse and deepen understanding across a wide variety of settings relevant to people who have experienced violence and for those working in their interest.

The set of ideas are consistent with and draw on a wide body of research in what works in working with people and in the biological and the social sciences. Response-Based Practice grew from direct service with people in different places and varied social and cultural backgrounds. The set of ideas has grown and continues to grow in collaboration with people who have or are experiencing violence and adversity and also in collaboration with people working with and for people who have experienced violence.

Historical Context

Allan Wade, Linda Coates, and Nick Todd developed Response-Based Practice in the early 1990's as a model of therapy with victims and perpetrators of violence and their families. Together with a small group of like-minded colleagues they developed the ideas as they worked with diverse and marginalized groups. In particular their work in Canada was informed by local experience of Indigenous families and communities.

The set of ideas was first referred to as 'discursive and interactional' as this reflected the emphasis on language and how meanings were shaped and expressed in social interaction. Over time an important distinction was made between "the language of effects" and "the language of responses" this led to naming the set of ideas "Response-Based Therapy" and, later, as the ideas were applied in different settings "Response-Based Practice".

Theoretical Underpinnings

Response-Based Practice draws on but is also different from earlier 'contextual' models of counselling or social service practice (e.g., brief, systemic, fifth province, feminist, narrative, solution-focused, discursive). Response-Based Practice has a unique focus on the manner in which individuals *respond* to adversity, resist violence, and work to retain dignity. In applying the set of ideas Response-Based Practitioners found that talking with people about their responses to (even extreme) adversity often revealed capacities and skills that other types of conversations did not bring forward. Fostering accurate description, bringing forward and making explicit peoples competencies, skills and capacities challenged ideas of the passive and deficient victim and the 'hopeless and out of control' perpetrator. Conversations guided by this set of ideas proved powerfully reaffirming for people and pointed to the hopes that people held, and the kind of futures they wanted for themselves, their loved ones and their community.

The Response-Based Practice set of ideas are not a new expert theory about the way things are but rather some ideas about how to get more accurate descriptions of experiences without falling back on grand concepts and expert theories. The set of ideas draws on the close study of how people interact and use language and how fully accurate meanings are actually built from the ground up between people in context. That is, the meaning of experience comes largely from what people (in all their complexity) do in particular contexts rather than being handed down or deduced from a preformed but abstract and universal ‘truth’ or idea. The implication and challenge of this set of ideas for thinking about violence, for common myths and misconceptions around violence and for related legal, therapeutic and other expert discourses, is profound.

When working with people with a lived experience of violence the “problem” resides not in the mind or brain of isolated individuals but in mistreatment, abuse and humiliation of those individuals, in the context of violence and injustice, and through negative social responses from other people, service providers and institutions.

Major Concepts

Response-Based Practice integrates several key tenets:

- (a) People have agency and alone or with others a sense of agency is a vital aspect of being
- (b) Dignity is central to individual and collective well-being
- (c) People (alone or in groups) always respond to adversity, and resist violence
- (d) Violence is, with rare exceptions, deliberate
- (e) Violence is unilateral (i.e., not mutual) and consists of actions by one person (or group) against the will and well-being of another
- (f) Language can be used in restrictive or liberating ways, to (i) conceal or reveal violence, (ii) obscure or reveal offender responsibility, (iii) conceal or elucidate responses and resistance, and (iv) blame or contest the blaming of victims
- (g) People are understood better as responding agents than as affected objects
- (h) Social and material context is central to human experience and must be taken into account.

Individuals who face adversity often get negative social responses from others, this includes family and social networks and as well as from professionals, authorities and institutions. Often, their experience is misrepresented in ways that fundamentally change, or distort, the events in question. Positive social responses, based on accurate analysis and descriptions, are “therapeutic” or “useful” in the sense that they uphold the dignity of the person, clarify responsibility, provide acknowledgment/social redress, and build safety.

The same set of ideas can also be applied to people who perpetrate violence, who are generally more capable and concerned with their responsibility than is presumed. An accurate description of the strategies used to commit violence shows that, in most cases, individuals who commit violence exercise deliberation and already possess the skill and awareness to behave with care and respect. When using the Response-Based Practice ideas in therapy conversations we are aiming to elucidate and honour the capacities evident in victim responses and resistance and, in a similar way, identifying the pre-existing capacity of offenders to choose more respectful courses of action.

Techniques

Therapists use a number of techniques to clarify context and interactional details, develop accurate descriptions of violent actions (and other adversities), explore the forms and “situational logic” of responses and resistance to those actions, review social responses, and discuss individuals’ responses to those social responses. Response-Based Practice builds safety, defers to individuals’ concerns and aspirations, contests blaming and pathologising, and brings forward peoples agency and capabilities.

Response-Based practitioners ask questions in a way that highlights how people in the face of violence or other forms of adversity respond in both spontaneous and deliberate ways in social interaction. Response-Based practitioners pay careful attention to language use not only to try to develop accurate descriptions but to also gently clarify common misrepresentations. These misrepresentations include violence being portrayed as mutual rather than unilateral, individuals who experience violence portrayed as passive and affected objects, and individuals who use violence portrayed as lacking control and deliberation.

Therapeutic Process

Therapeutic conversation is a specialized part of the larger process of providing a positive, socially just response to a person and their loved ones. The immediate goal is to uphold dignity (which encompasses safety) and to establish a context in which necessary information can be exchanged in a way that furthers positive change. The conversation is jargon-free, equitable, and respectful. While the therapist exerts influence through the content of questions and other actions, the approach is not instructional or psycho-educational: every effort is made to position the client as competent and as capable of discerning both good process and best outcome.

See also post-colonial therapy, collaborative therapy, indigenous resistance, feminist therapy, brief and systemic (Milan) therapy, discursive therapy, dignity.

Further Readings

Coates, L. & Wade, A. (2007). Language and Violence; Analysis of Four Discursive Operations. *Journal of family Violence*. Vol, 22, (7), pp. 511-522.

Todd, N., & Wade, A. (2003). Coming to terms with violence and resistance: From a language of effects to a language of responses. In T. Strong & D. Pare (Eds.), *Furthering talk: Advances in the discursive therapies*. (pp. 145-161). New York: Kluwer

Wade, A. (2007). Hope, Despair, Resistance: Response-Based Therapy with Victims of Violence, in Flaska C, McCarthy I and Sheehan J (eds) *Hope and Despair in Narrative and Family Therapy: Adversity, Forgiveness and Reconciliation*, Hove: Brunner-Routledge.

Wade, A. (1997). *Small acts of living: Everyday resistance to violence and other forms of oppression. Contemporary Family*

NOTE: This work has been taken and in small parts only adapted from Allan Wade’s Definition of Response-Based Practice as appears in:

Neukrug, E. (2015). *The SAGE encyclopaedia of theory in counseling and psychotherapy*. Thousand Oak: Sage. Volume 2, 894-896.