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COUNTERTRANSFERENCE REACTIONS TO FAMILIES WHERE CHILD ABUSE HAS OCCURRED

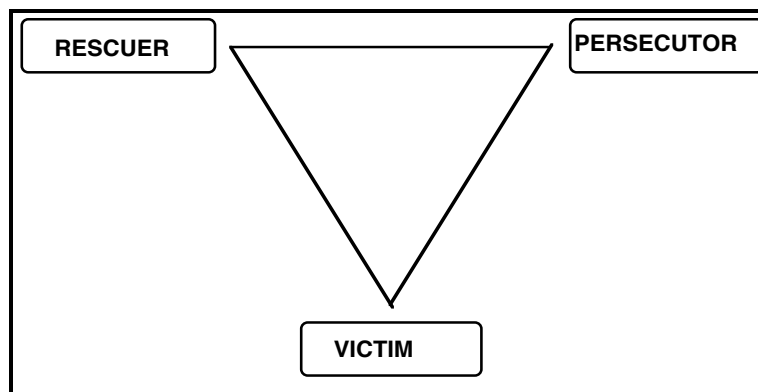
ABSTRACT

In this paper five countertransference reactions, which may be experienced by workers on child abuse management teams, are described. Karpman's Drama Triangle is used as a framework within which to define these reactions. The reactions are: (1) rescuing the child; (2) rescuing the parents; (3) rescuing the mother and child while persecuting the father, (4) rescuing the father; and (5) persecuting the family.

INTRODUCTION

Even well-seasoned clinical teams are challenged by the assessment and treatment of families where physical or sexual child abuse has occurred (e.g. Dale et al, 1986a; Furniss, 1983; Giarretto, 1982; Irving et al., 1988; Sgroi, 1982). Some of the difficulties which occur in the management of these cases stem from the strong personal emotional responses which these families evoke in team members. In particular, these emotional reactions may interfere with the capacity for collective balanced decision-making about child protection. Throughout this paper such reactions shall be referred to as CTRs, an abbreviation for countertransference reaction (Freud, 1955). In this paper I am using the term CTR to refer to a process, which occurs outside a clinician's awareness, where an intense emotional reaction is elicited by certain characteristics of a family being treated but is fuelled by significant prior experiences.

Figure 4.1. Karpman's triangle



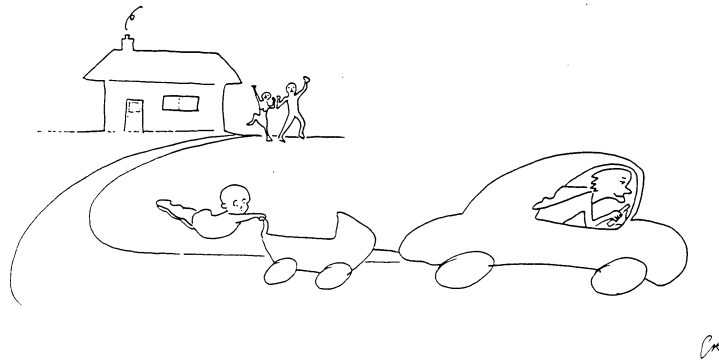
The destructive impact of these personal emotional reactions upon team functioning may be neutralized. This may be achieved by first accepting that such CTRs are inevitable. An important second step is to develop a conceptual framework within which to comprehend these strong emotional reactions. Once team members have acknowledged and come to terms with their CTR's, they often view them as an important source of information about the family being treated (Box et al., 1981; Skynner, 1981).

In the next section a classification of CTRs based on Karpman's (1968) Drama Triangle will be presented. The Drama Triangle is set out in Figure 4.1. The Victim role is characterized by helplessness; the Persecutor role, by aggressiveness; and the Rescuer role, by help fullness. In the basic drama a rescuer assists a victim to escape from a persecutor. In more complex dramas individuals switch roles at critical points. For example, a helpful rescuer may become an aggressive persecutor if the victim does not capitalize upon the rescuer's help to escape the aggression of the original persecutor.

FIVE COUNTERTRANSFERENCE REACTIONS

Five CTRs which occur in clinical teams who work with families where child abuse has occurred will be described below. the victim role is seen to be occupied by the child in the first CTR, the parents in the second, the mother and child in the third, the father in the fourth and the family in the fifth.

Figure 4.2. Rescuing the child



The details of these CTR's are based on observations made while working with the Child Abuse Team at Thurlow House and informal discussions with members of similar teams.

RESCUING THE CHILD

Here the worker in the position of rescuer, views the abused child as a victim of the persecuting parents and all who advocate on their behalf. This CTR is common in cases where a non-accidental injury has occurred. It is characterized by an intense emotional desire to protect the child. It may be accompanied by an additional desire to persecute the parents. The child is experienced as someone who would gladly be forever separated from the parents. The parents are experienced as 'sick' or 'bad' and therefore undeserving of the child. Evidence which points to parental competence and the child's desire to be with the parents is minimized, denied or discounted. The worker finds it difficult to empathize with the parents or members of the extended family who wish to see the reunification of the family. Workers with this CTR become involved in angry disagreements with team members who point to factors which suggest that family rehabilitation is possible.

This CTR is most likely to occur in workers who have, in the past, erroneously assessed a family as safe, and where a child in that family has been subsequently abused. In such instances the family currently being assessed is identified with the family where a failure in child protection has occurred. Guilt and anger associated with the previous failure is the primary source of the CTR.

Young workers who are struggling to achieve a personal sense of autonomy from their families of origin are also likely to experience this. CTR. In older workers too, where the issue of differentiation from the family of origin remains unresolved or has been reactivated by a personal crisis or involvement in personal therapy, this CTR may occur. In each of these cases, the worker identifies with the abused child, and much of the emotion felt about the parent's of the family being assessed has its roots in the worker's feelings about his or her own parents. Finally this CTR may occur in workers who have themselves been victims of child abuse.

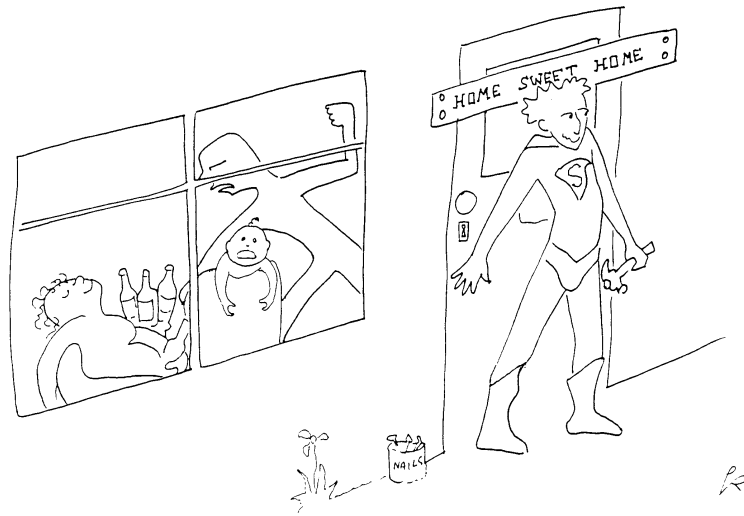
RESCUING THE PARENTS.

When this CTR occurs, the worker, in the position of rescuer, construes the parents as victims of a hostile social environment and a punitive child protection system. This CTR is common in cases where a non-accidental injury has occurred. The worker experiences a strong desire to support the parents and ensure that they retain custody of the abused child. An intense sense of outrage at social circumstances such as unemployment, poor housing or social isolation which places stress upon the parents is felt. Anger towards extended family members and help-giving agencies who are unsympathetic to the parents plight is also experienced. Evidence which points to parental incompetence, and factors which suggest that the child is at risk when living with the parents is minimized, denied or discounted. Within the team, the worker may accuse colleagues of 'playing it safe'. That is, they may be seen as taking children into care inappropriately, so as to avoid the possibility of censure from senior management, should child abuse occur within a family on their caseload. Workers with this CTR may become engaged in heated arguments where they define current child protection laws and practices as an intrusive involvement of the state in family life. In a team, when one or more workers experience a strong desire to rescue the parents, a polarization occurs and at least one other team member experiences a desire to rescue the child.

Workers who have insecurities about their adequacy as parents and their capacity to meet their own children's need for nurturance and safety may be prone to experiencing this CTR. The CTR arises partly through identifying closely with the parents of the abused child. Workers may unconsciously believe that if they can demonstrate the

competence of the parents in the family being assessed, in a magical way their own competence as parents will be vindicated.

Figure 4.3. Rescuing the parents

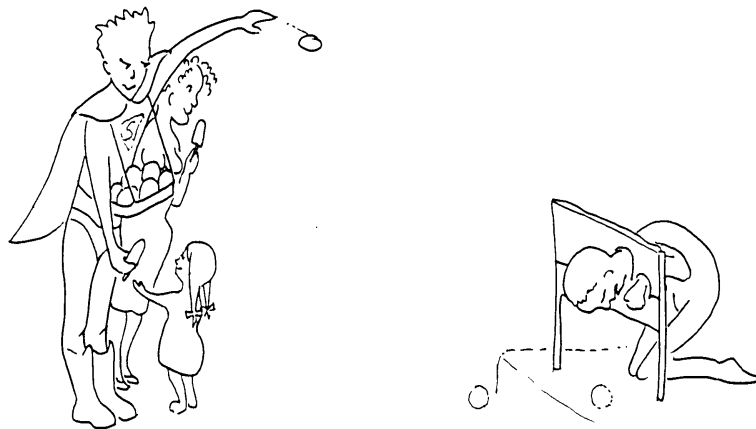


RESCUING THE MOTHER AND CHILD AND PERSECUTING THE FATHER

Here, the worker in the position of rescuer, sees the mother and child as helpless victims of a persecuting father. The main way the mother and child can be rescued, from the worker's viewpoint, is by persecuting the father. The worker experiences extreme anger towards the father and a strong sense of sympathy for the mother and child. This type of reaction is common in teams working with families where sexual abuse has occurred (e.g. Dale et al., 1986b). The worker experiencing the CTR denies or discounts evidence which points to the collusive role of the mother in failing to protect the abused child from the father. Feelings of loyalty (albeit mixed with anger) of the mother, child or siblings for the father are also discounted. Anger is felt towards team members who bring such evidence to the attention of the worker. Anger is also felt towards team members who sympathize with the father or advocate rehabilitating the family as a unit. The parallel between child sexual

abuse and rape, and the necessity for treating the child abuser as a rapist, are points frequently made by workers experiencing this CTR.

Figure 4.4. Rescuing the mother and child and persecuting the father



Male workers who have difficulty accepting their own sexual or aggressive desires and fantasies may experience this CTR. Unacceptable aspects of themselves are projected onto the father of the abused child. The legitimate anger felt towards the father becomes mixed with anger that the worker harbours towards himself for having unacceptable desires. Female workers may identify with the mother as another woman who has been oppressed by a man. Through this identification the worker brings emotional energy associated with her own experiences of male oppression to bear on the father of the abused child.

Figure 4.5. Rescuing the father



RESCUING THE FATHER.

I have only come across this CTR in cases of sexual abuse and will therefore describe the reaction as it relates to this type of child abuse alone. When this CTR occurs the worker in the role of rescuer sees the father as a victim of a cold and distant wife and a seductive daughter. The worker feels a strong sympathy for the father, who is seen as lonely and unloved. Anger towards the wife is felt for not meeting the father's needs. Anger is also felt towards the child for being seductive. The child protection system, which is perceived as being unsympathetic to the father's lonely and painful position, is also a focus for the worker's anger. The defenceless position of the child, the duty of the father to protect his child, the father's abuse of parental power and the father's responsibility for his own sexual desires and the quality of his marriage are denied, distorted or discounted. Team members who point to these issues and oppose reunification of the family are met with anger from the worker experiencing this CTR. In a team where one or more workers have a strong desire to rescue the father, a polarization usually occurs between them and other team members who wish to rescue the mother and child and persecute the father.

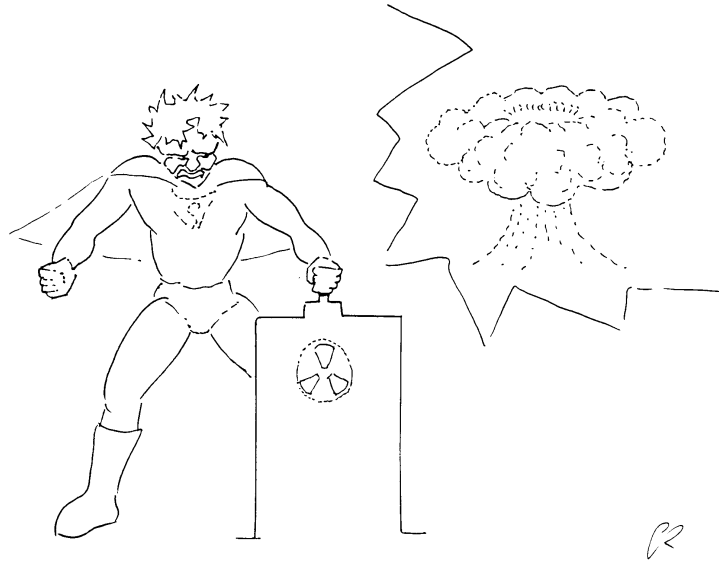
Male workers, who themselves feel isolated and misunderstood are prone to identify with abusing fathers and so experience this CTR. This CTR appears to be rare in women.

PERSECUTING THE FAMILY

This is a more complex CTR. It usually evolves through three stages before an endpoint is reached where the whole family is experienced as a victim which is being rescued by other team members. The worker experiencing this CTR feels an intense emotional desire to punish the family by withdrawing from the team or sabotaging their work. In the first stage, the worker develops one of the four CTR's described above, while working with the family or one of its subsystems. The family or the subsystem of the family fails to respond to the worker's attempt to rehabilitate them. In the second stage, the ineffectiveness of the worker's interventions give rise to a sense of impotence. The family is experienced as a persecutor who threatens the identity of the worker as a helping professional. Thus the worker experiences him or herself as a victim. The other team members may be viewed as potential rescuers for the worker. The third stage usually occurs when the worker does not receive support from the team. An intense desire to punish the family by withdrawing from the case or sabotaging the work of the other team members occurs. This CTR is a hallmark of professional burn-out (Armstrong, 1981). When workers persecute families, predisposing factors associated with at least one of the four CTR's outlined in previous sections of this paper are usually present. However, these must be coupled with a low level of team support (or professional supervision) for the CTR described in this section to occur.

Low levels of team support arise for both organizational and personal reasons. At an organizational level, high case loads and a model of professional practice which encourages workers to manage families single handed contribute to feelings of isolation. Personal factors may also keep workers stuck in unsupported and isolated positions. For example, workers may need to give abundant care and attention to their clients so that the clients will repay them with gratitude and so meet the workers' unfulfilled desire for (parental) approval. A reluctance to ask for team support may also stem from workers' fears that requests for team work, or team work itself, may lead to colleagues viewing them as weak or incompetent. Workers may fantasize that such views will culminate in painful rejection or criticism.

Figure 4.6. Persecuting the family



DISCUSSION

CTR's are patterns of emotions and behaviour which have their roots in previous significant relationships. CTRs initially occur outside awareness. If they go undetected they may influence, in a dramatic way, assessment and decision making about families where child abuse has occurred. Within child abuse teams, when one member experiences a CTR, another member usually experiences a complementary CTR. For example, if one worker begins to rescue a child, another will try to rescue the parents. A similar process holds true for inter-agency working. If CTR's remain outside awareness, such polarization will continue until inter-worker or inter-agency cooperation becomes impossible. Divisions within families come to be mirrored in teams and agency groups. Poor problem solving and decision making about child safety and growth, which are the defining characteristics of our clients, become attributes of our child protection and family rehabilitation system. Ultimately it is the families we serve who suffer.

CTR's, in my view, cannot be avoided. However, extreme polarization can be curtailed if teams and agency groups devise

strategies for bringing CTRs to their awareness. Once in awareness, valid information contained in various team members' CTRs may be distinguished from workers' personal contributions to CTR processes. This valid information may be usefully incorporated into the team's evaluation of the family being treated. Electing a team member for each case who agrees to take a consultant role and monitor team dynamics is one strategy for facilitating this process.

For team members to trust each other enough to allow team dynamics to become a focus in case management, a high level of team cohesiveness is necessary. One way to foster team cohesiveness is for a team to spend whole days together on a quarterly or biannual basis to review difficulties and develop ways of overcoming these in the future. This process may be greatly facilitated by an external group consultant. An attempt has been made within this paper to address both intrapsychic and interpersonal processes which occur when teams work with families where child abuse has occurred.

The primary intrapsychic process used to account for CTR's here has been identification. The concept of triangulation, as set out by Karpman (1966), has been employed to explain the patterns of interaction which emerge when workers develop differing CTR's in their management of these cases. Within the structural, strategic and systemic family therapy literature, analyses of the problems addressed in this paper have focused largely on the interpersonal domain, with little reference being made to intrapsychic processes.

Haley's (1967) seminal paper on the perverse triad has had a marked influence on the way in which many family therapists conceptualize countertransference phenomena. In Haley's 'perverse triad' a covert coalition exists between a parent and child against the other parent. Many theorists have recognized that this pattern of relationships between two parents and a child may be mirrored in the relationships which develop between two workers (or agencies) and the family. The Milan Group have described a triangular process involving the family, the team and the referring agent (Selvini Palazzoli, 1980). More recently this analysis has been extended to cover multiagency families, e.g. Imber Coopersmith (1985). Within the child abuse literature, Furniss (1983) has described the patterns of triangulation which occur in cases when the primary intervention is to remove and prosecute the father or alternatively remove and protect the child. In all of these analyses, which build on Haley's notion of the 'perverse triad', the feelings which bind one worker into a covert coalition with the family and the other worker into a complementary polarized position are the countertransference reactions described in this paper.

CTRs within child abuse teams and their effects on assessment and decision-making have not been systematically studied. This paper offers a framework for much needed empirical research in this area.

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