

On learning from the patience

Helga Hanks

Consultant Clinical Psychologist, Dept of Community Paediatrics,
St James's University Hospital, Leeds

Peter Stratton

Professor of Family Therapy, LFTRC, University of Leeds.

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Abstract

Working with families, especially in areas such as child abuse, throws up many situations that can be viewed as crises requiring urgent action. The sense of urgency can increase when attempts to protect children are met with denial and obstruction. In reviewing our experiences over more than 30 years we have come to recognise that being organised by this sense of crisis can be counterproductive. An alternative has been the counterintuitive reaction of slowing down the process and valuing the chance to consider alternatives while maintaining a steady perseverance. In other words, of patience. We consider the influences, especially from systemic therapy and attachment research that have helped us deal patiently with denial and the potentially frustrating behaviour of abused children that is an outcome of their adaptations to prolonged maltreatment. The article concludes by proposing the value of patience as a useful stance in relation to current developments in family therapy.

Keywords: child abuse; family therapy; attachment;

As we responded to the invitation to choose for this Issue a pivotal experience, what became most interesting was a realisation of a process of learning from experience that has taken place over a long period. We are writing here about the value of patience, even in the face of crisis, but of how to maintain energy and enthusiasm while capitalising on this value. We are not aware of patience being theorised in family therapy but we might have got useful clues from dictionary definitions:

Definition: patience; calm and uncomplaining endurance, as under pain, provocation, etc. calmness in waiting; have patience a little longer, quiet perseverance; to labour with patience.

Synonyms; patience, endurance, fortitude, stoicism imply qualities of calmness, stability, and persistent courage in trying circumstances. Patience may denote calm, self possessed

and unrepining bearing of pain, misfortune, annoyance, or delay; or painstaking and untiring industry. (Collins Dictionary).

Looking back over 30 or so years of working in the areas of child abuse, maltreatment and protection as well as what goes on in families and family therapy, we were discussing what kept us there so long. Why did we not quit? Particularly when situations, for instance surrounding the Cleveland Inquiry, made working at the time very hard even unbearable. Hope for children did at times disappear in the face of concerted denial (which still continues in society and the media) that these children were being abused. There was a sense though that 'labouring with patience' would be fruitful, particularly when the Cleveland Inquiry under Judge, Dame Elizabeth Butler-Sloss (1988) concluded in her summing up that;

'... sexual abuse occurs in children of all ages, including the very young, [*that it happens*] to boys as well as girls, [*occurs*] in all classes of society and frequently within the privacy of the family'.

Each stage of the recognition of the forms and extent of child abuse has encountered consistent attempts to deny the problem. What made this so difficult to bear was our sense of urgency, of the need to do something to rescue the children that was commensurate with the scale and awfulness of the problem. We want here to describe some experiences that persuaded us of the value of a position of greater patience.

Patience with the denial of child abuse

"In every eye there is a spot that is incapable of sight. The optic disc exists as a black hole right next to the central point of clearest vision. Yet anyone who has not learned the trick of finding it would swear that there is no such void." (Summit 1988, p 51)

Our story could start with experiences during our initial work in child abuse. When we first began to realize the extent of abuse, and the extent of denial of abuse. Confusingly it seemed on the one hand that we should be working with a sense of urgency to conclude cases while on the other experiencing that if we proceeded more slowly we would often be able to realise what obstacles, and by whom, were put in the way of protecting children.

It seemed important to help stop the abuse by being well aware which position in the jigsaw we occupied, and to open professionals' eyes to the fact that the problem existed. The idea and realisation that children were (and still are) so shockingly maltreated and abused was and still is painful and undeniable. Impatience seemed to be the proper way forward. Our intentions were carried by what we might now see as a rather linear way of thinking and acting. That if a child was found to be abused they therefore had to be removed from the danger. However this urgency must also have activated further denial. What seemed at the time to be evidence of existing denial may sometimes have been a response to our unidirectional way of working.

At an International conference in Belgium (some 20 years ago) to raise awareness of the need to protect children, two participants stood up and said there could be no child abuse in their country, an Eastern European country. The first said there would be no abuse because this was a Catholic country and so placed the highest value on the family. The second said there could be no abuse because this country, their homeland, was a Communist country and so placed the highest value on the family. Later we learned that some children in these countries were in fact being protected but because it was believed that child abuse was carried out by men while drunk, all of the cases were being classified under 'alcohol related offences'. This is of course only one example of denial and we are not saying that these people are the only ones who had this kind of belief. Many countries, throughout the world made strong statements of their denials. More locally, was a reaction to a presentation by Peter in the early eighties, just as we were recognising the extent of sexual abuse for the first time. The context was an extremely deprived estate in Edinburgh, and the presentation provoked a GP to tell the audience that he had worked in the estate for more than 20 years and to his certain knowledge no child had ever been abused within its family during that time, and certainly there was no sexual abuse. He concluded that local workers needed to be protected from people coming in from outside and stirring up trouble.

The position of denial about child abuse is an all pervasive one. De Mause (1980) pointed out that; 'whilst anthropologists have theorised about the universality of the incest taboo, suggesting the rarity of actual incest, the real cultural universal has been the presence of widespread incest and child molestation in most places at most times'

It was a frustration with the slow pace of research into child abuse that made working with families in family therapy an attractive option in 1979, even if we did not know much about it at the time. What we learned could maybe be described as the need to apply the systemic thinking that we were slowly acquiring during this time to all the different contexts of our work. One aspect of which was to take a wider systems conceptualisation in areas like child abuse and child protection and apply this understanding to families and the relationships within families. It lead us to look at the intergenerational patterns and forms of parenting, to considerations relating to institutions like children's homes and even hospitals. Understanding that working with families and not rushing to rescue a child from an abusive family situation before establishing that the alternative is better, was a more constructive way forward. Another aspect was to be able to see abuse as one aspect of family difficulty rather than a bizarre and extreme phenomenon. Oddly, it was the very recognition of the high prevalence of abuse that forced us to incorporate it within our understanding of the spectrum of family problems.

The phase of denial has not been overcome, though throughout the world there has been progress about the recognition of the maltreatment of children.

Patience with the children and adults who disclose and then retract

It is possible to become impatient with children who retract their disclosure while people are trying to protect them. We were helped by working with Summit's model of the 'Accommodation Syndrome'. It was his thinking which led us to understand how children feel helpless, maintain the secret, adapt and take the responsibility, feel the guilt, begin very reluctantly and slowly to tell of their experiences, and then retract particularly if put under any pressure or if the child's story is not believed. (Summit 1989). The thinking about retraction as part of an accommodation syndrome has allowed us to recognise how it can protect the child, and also how the version of accommodation that is about societal denial enables us to work with other professionals.

The haste, and pressure, fuelled by the political and cultural need to keep the economics of change and therapy cheap, or what might euphemistically be called 'cost-effective' has hindered progress in this area. And it does not only apply to the subject matter of child abuse. The wish for a quick fix (a three appointment treatment plan for instance) to people's suffering is understandable from an economic perspective but not what is needed leave alone appropriate. When problems have been embedded in the adaptations of family and societal systems over generations, precipitate action is inappropriate. Perhaps we can allow ourselves the time necessary to see our attempted solutions in relation to their effects on as many systemic contexts as we can manage.

Professional issues

However, as we have discovered, effective patience takes 'persistent courage in trying circumstances' (dictionary definition), clear thinking, the examination or even abandonment of one's denial, and perseverance. Being able to stay with what so often appears to be the cruel abuse of children and the unthinkable acts committed against them. Making this state of affairs public seemed to us the one sensible way forward. We were not so well prepared in realising that powerful forces of denial were working against the protection of children and particularly against those who were involved in child protection work. Bringing the facts to public attention provoked both a wish to stop the practices but also hostility and attack specifically directed at those working at the forefront of protecting children from abuse.

Professor Sir David Hall said;

"Child protection work is the most difficult challenge facing our specialty. Attacks on this work are a world-wide phenomenon..... Child Protection systems are far from perfect and we could protect children (and ourselves) more effectively by improving them"
Though this comes from a paediatric perspective it could have been said about anyone working in this field

The Children Act (HMSO,1989) led to a more child orientated way of working both between professionals and most importantly with parents. It recognised that social relationships, particularly within families provide the cornerstone to future generations. Despite the 'Children Act 1989' and more up to date inclusions in the Act over the years, we have seen an increase rather than a decrease in reported abusive behaviour. Child

abuse has not been diminished and some new forms have appeared mainly from the internet and paedophile network abuse of children across the world. Child protection practice has become clearer but we are not at a stage where we can say that denial of child abuse has stopped. Patience, patience, patience – how many generations will it take? But perhaps it has to take several generations to reverse patterns that may have become established over many thousands of years.

As we recognise the need for patience we also know how important it is to be persistent. Our position was and still is that the roles of parents and authorities demand of them an adult position which includes taking full responsibility towards the children. Adults and authorities have to take the responsibility or even the blame and put right what had gone wrong for the children. There is not enough recognition in society which acknowledges that how adults behave and act will have a profound impact on the children and on future generations. When children have been abused physically, emotionally, sexually (and in other forms) and then behave in unacceptable ways adults will have to change their behaviour too. This is not a view shared by all people. Many are much more involved in the protection of adults than of children. Remembering discussions with religious leaders (to use just one specific group of people) on the matter of child sexual abuse particularly, the way we knew that priests, nuns, vicars, preachers who abused were protected by their institutions. Keeping this conversation alive, staying patient and determined eventually contributed to the Christian Churches and the Vatican condemning this treatment of innocent children in their care. Of course this patience does not refer to me or any one person working in the field of protecting children alone; it was and still is a joint effort by those bringing pressure to bear to change these practices.

A more positive aspect relates to Police activities in this and other countries where they are working against the insidious activities related to the internet and child pornography, the grooming of children through mobile phones etc. We have to respect the patience and endurance police officers have to apply in order to view the endless tapes of sordid abuse of children.

The resource of attachment theory

Attachment theory had for both of us been a focal point in our understanding about children, their development and relationships. One aspect of Bowlby's theory that has underpinned our practice throughout relates to his concept of the secure base (Bowlby, 1988). The formulation is of a general sequence in which an infant whose immediate needs are met is freed from attachment demands and can then play and explore without anxiety (Stratton, 1992). Extended to later years, our focus becomes the capacity of the person to use their own resources to reduce anxiety and so be freed to explore alternatives. Therapy is then a combination of mobilising the client's resources in combination with practical moves to reduce the sources of anxiety to manageable levels. Long before the language of reflexiveness became fundamental to family therapy we were inspired by supervision from Peter Bruggen (O'Brien & Bruggen, 1985) to apply our concept of the attachment process, as well as our systemic thinking, to ourselves. It

contributed to the process by which we became less driven by our urgency, were able to place our concerns about abuse in the contexts of wider systems, and could have the patience to tolerate the intolerable. One marker of this process was the ability to use humour to be able to stay engaged with the sequence of horrendous cases. The abuse team, with Paediatrician Dr C. Hobbs, in which Helga worked became so adept at this that visitors to the team were shocked that professionals could see some humorous sides to some of the behaviours by both family and professionals.

We had the good fortune to work with Dr Dorothy Heard (Heard & Lake 1997) an expert in Attachment theory who with enormous energy and enthusiasm took a creative role in researching attachment patterns in families. Together we worked on this theme for over 10 years and developed a method of analysing attachment patterns within families. Here too patterns of patience and perseverance dominated our work. The learning about children, parents and their families was tremendous. It also led to meeting John Bowlby and an influencing conference in Leeds followed by a social gathering during which I (Helga) had the chance of talking with Dr Bowlby expressing my anxiety about travelling further North and reporting to the Cleveland Inquiry. Our conversation centred around how best to present children's needs and the consequences of attachment relationships throughout their (and therefore everyone's) lives. How neglecting this phenomenon is so detrimental to human beings. The evening was drawing to a close and he took me aside and said something like '... but be patient and not too hopeful that people will understand this very complex attachment field ... and explain it in simple, ordinary language. You can do it'. These were some of the most helpful and supporting words I had to keep me going during this difficult time.

Pat Crittenden was another person who enriched our understanding both about attachment theory, research in the area and the powerful effects this phenomenon has on everyone's life. Pat came for a number of years and taught about families, their relationships and how attachments develop after infancy. She also had a keen interest in the area of child abuse and did important research in this field (Crittenden, 2002). Pat is dynamic, powerful and so energetic with a razor sharp intelligence – nothing escapes her. Pat does not give an impression that patience is her forte but she did show us how determined one had to be and stick to the rigorousness of analyses in order to gain understanding. When we showed her some of our video recordings relating to children's eating she taught us how to recognise attachment patterns from looking at the interactions of parents and young children in the feeding situation. She also helped us to think differently about how to help parents with children (usually under 5 years) who did not thrive and whose food intake was inadequate.

On patience with family therapy

We have chosen to use child abuse as the context in which we came to recognise the value of patience. We now want to extend the thinking to the broader situation of family therapy. We see parallels between the feeling in the 1970s and early 80s about the urgency in doing something about abuse and convincing people of the need for action,

with similar processes in Family Therapy. Sometimes therapists have become so enthusiastic about one approach that they want everyone to adopt it to the exclusion of anything else. This is a difficult line to tread. Often it has been highly productive for people to take a particular approach and push it to its limits. That way we may find that it has more scope than was realized and we also find out (the hard way) what its limits are. What can be unfortunate in any form of psychotherapy is when one position is supported to the exclusion of other approaches and everything that has gone before. We have in mind current suggestions that the only psychological therapy needed is cognitive behavioural therapy; that the only basis for choice of therapy is evidence derived from the inappropriately narrow paradigm of randomised controlled trials; as well as the succession of claims that a new paradigm of family therapy has superseded all others.

The strengths of systemic family therapy that have sustained our work and interest in families including child protection come partly from the range of its applications. Systemic Family Therapy has special expertise in family processes, but the methods also apply readily to maintaining an effective self of the therapist; to multi-professional collaboration; team and organisational functioning; training and supervision. We need to step back patiently to recognise the current situation of family therapy. First, an appreciation of its steady achievement in the face of a societal belief system that does not readily accept a constructionist approach to defining its issues and its solutions. But secondly to accept that systemic family therapy is not a finished product. It is crucial that we find a context for the profession that allows us to develop new and better ways of working with families, supported by new and more comprehensive theories. Current political demands could rush us into premature attempts to define what family therapy is. The position of patience, drawing on the attachment model outlined above, is certainly to do what we practically can to reduce the pressures but also to keep our resources mobilised so that we can continue to explore new alternatives.

How can patience be the answer to recognising the benefit of enthusiasm for a particular approach, while ensuring that a narrow focus does not ignore the consequences for other systemic contexts? We propose using the example of Balinese religion. A process in which each new religion in turn - Buddhism, Christianity, Islam, was accepted as if it replaced the core animist beliefs, but then somehow found itself incorporated into the original observances and practices. We need confidence in the capacity of systemic thinking to incorporate and integrate the best of each new initiative; patience with each new wave of enthusiasm so that it can be developed to its fullest value; and persistence in maintaining the existing strengths of systemic therapy.

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