Splitting and Stupidity in Child Sexual Abuse (1988†)

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One of the functions of "the taboo against incest" is to prevent discussion of the subject – an ancient cover up. The discovery that sexual abuse is occurring on a far wider scale than was previously believed has divided society in two. In particular cases where abuse is known or suspected there is a similar partition of opinion, both within the minds of the individuals involved and between them, inducing a kind of stupidity which undermines the capacity for honesty and judgement, and all but the most authentic professional skills.

Why now?

In the past five years or so, more and more children, and rather more girls than boys, are known to have been sexually abused by their caretakers, mainly fathers and stepfathers. In spite of the prevailing view that we are experiencing an epidemic of something totally new, like AIDS, de Mause points out emphatically that we are not. "There is evidence enough in the sources so far available to us to indicate that the sexual abuse of children was far more common in the past than today" (1976). It may actually be in slow decline while the incidence of reported cases is rising. Though the prevalence of child sexual abuse is therefore not new, it is for the first time news, and its publication at this point in history must have something to do with the raising of women's voices in modern society. In former times (and still even now in some families) women and children were the property of their masters, to do with as they pleased, and protests against abuse of this power would not have been heard. Although the reasons for it are not entirely clear, what is happening now is an uncovering of something that has always gone on, but which it is at last possible to acknowledge.

It may not be an accident that the taboo against thinking about actual nuclear war is also being breached at the same time. Both child sexual abuse and the proliferation of nuclear weapons can be seen as abuses of male power which, once begun, become addictive and are hard to stop. The acknowledgement of child sexual abuse is far from straightforward, however, and my main practical point is that dealing with child sexual abuse causes disturbing and very painful divisions which, if they are not anticipated and attended to, may lead to serious errors of judgement by professional workers.

† edited extracts from Sebastian Kraemer (1988) Splitting and Stupidity in Child Sexual Abuse. Psychoanalytic Psychotherapy 3: 247-257. In the original paper there is a longer case presentation illustrating collective professional mindlessness
The partition of opinion

In most districts in Britain the statutory procedure for dealing with sexual abuse of children is in principle much the same as that required in any other kind of child abuse or neglect, but in practice what happens is almost always very different. Colleagues who usually get on well find that when working on a case of sexual abuse familiar and predictable clinical disagreements turn into quite unpleasant struggles, which seem unexpectedly personal. This kind of division reflects the basic nature of incest and of sexual abuse in society, which is that it can only take place by splitting, or partition. Summit (1986) says

"Child sexual abuse is an intensely controversial, deeply divisive subject. It splits children from parents, mothers from fathers, and families from their friends, neighbours and relatives. It divides social workers against psychiatrists, therapists against investigators against prosecutors against judges against jurors, and every player against society itself. Any traditional or potential alliance is threatened, and every nascent distrust is exaggerated. Each question becomes a dispute and every answer an insult. Here in the midst of the flowering of twentieth-century reason and scientific enlightenment is a neglected relic of mythic and superstitious issues almost untouched by mainstream adult consciousness."

Summit might have added that the experience of assault by a trusted adult splits the victim from his or herself. The principal antecedent of 'multiple personality disorder' (Kluft, 1985) is sadistic child abuse. Incest and child sexual abuse have the ability to excite compulsive interest, yet somehow this is rarely directed precisely at the sexual acts themselves. What is usually referred to as the taboo against incest is a more powerful censor of thoughts about it than of the deed itself, which as we now know is happening in many more places than we care to imagine. Arens (1986) has noted the same effect amongst his colleagues in anthropology and social science - "the massive amount of attention paid to the subject of the incest taboo has meant a denial of incest. Thought has been controlled by discourse."
Disconnection of a similar kind occurs in the minds of the participants in sexual abuse. A man who regularly abuses a girl (his child or stepchild) may be disgusted with himself but can also function as a citizen some of the time and virtually forget his secret crimes. Likewise, the child knows that she has been involved in something quite wrong but can still imagine that it did not really happen, and that she is wicked to have dreamt of such a thing. In addition she is likely to have been warned that if she does not keep quiet about it, she will destroy her family, and that no-one would believe her anyway - a contradictory injunction which can only add further layers to the mental partition. Her mother may meanwhile have suspected something, but can

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1 Incest is sexual intercourse between primary relatives, including siblings, though legal prohibitions vary from country to country. Abuse is not part of the definition. Any sexual activity with boys or girls who are unable to give informed consent is child sexual abuse, a far wider category. It is with sexual abuse of children and adolescents by male caretakers, whether incestuous or not, that I am principally concerned here.
just as often dismiss the idea as impossible. These are defensive reactions to something intolerable or unimaginable, but the price paid for this protection is a kind of stupidity in which only half of the mind is able to work at a time. Sinason (1986) has written of the stupefying effects of sexual abuse on child victims, who then appear to be mentally handicapped. Bion (1967) described a loss of curiosity as a consequence of splitting.

The effects of the uncovering of sexual abuse on professional workers as individuals and in groups, and on the public in general, is profound and so shocking that it leads to widespread stupidity. The symptoms of this are sometimes apparently quite innocent, such as a worker forgetting to pass on to a colleague an important piece of information, but other consequences are more obviously destructive. These effects have to be anticipated in case conferences by allowing more time than is usual, and by expecting the participants to be upset, both by the material being discussed and by their own and others’ reactions to it. For example, people may be very surprised to find themselves not only identifying in sympathy with the victim, but also with the abuser. The stress is of quite a different order from that encountered in other kinds of problem and cannot be contained by our usual professional attitudes. (One statistic alone makes this so: that in any sizeable gathering such as a case conference it is quite possible that there will be at least one victim of sexual abuse). Our tendency to identify with people’s distress is one of the conditions for therapeutic help, but we should therefore not be surprised if we employ the same sorts of mental mechanisms to deal with it.

Following the crisis in Cleveland (UK), in 1987, where more than two hundred children suspected of having been sexually abused were taken into care in a matter of months, there has been fierce public debate about the prevalence, diagnosis and management of child sexual abuse. Though not quite simply two-sided, the main battlefront is between those who think that the figures we have are still a gross underestimate and those who say that they are already greatly exaggerated. Much depends on definition, of course, but the emotional force behind these opinions is more than you find in a philosophical seminar. Both groups are horrified by what they have heard: the former because they see the current crisis as the tip of an iceberg; the latter because it already represents a malignant threat to ordered society that must be disqualified. The horror arises in either case because the definition of our civilization depends on the outcome of the argument - if it is true that incest is a widespread occurrence and not merely a bizarre habit of weird people in isolated communities, then we have to revise our view of society, in particular the role of men in it. So there is an urgent need to make up our minds about this and to be sure where we stand. The trouble is, the facts are not easily available. In each individual case the disclosure of child sexual abuse involves a painful unravelling of secrets and lies, sometimes over a period of several years. It is actually impossible, quite apart from the problems of definition, to find out the real incidence of incest and sexual abuse; so we are left with estimates over which to argue and take our positions. It is very hard not to take a position, and also very
hard to find anywhere near the centre. There is no neutrality on an issue as important as this.

The most confident proposition is that grey areas exist and that mistakes will be made in the identification of child sexual abuse. Some children who have been abused will withdraw allegations (Summit, 1983) and some, perhaps as few as two per cent, will make allegations that are not true - principally when a parent's own past sexual abuse remains undisclosed and unresolved or when the parents' relationship is breaking down and the child is set up by one against the other, but even in these circumstances most of the allegations (ninety per cent has been quoted by Helm, 1988) turn out to be true. In clinical assessment it is helpful to aim for one of several levels of probability (Bentovim, 1987) but this means admitting that certainty is rarely possible. Whatever the reasons, it is profoundly uncomfortable not being sure of the facts of sexual abuse, but that is usually just how it is. The facts, when we have them, are even more uncomfortable and unpalatable.

In every arena there is a partition of opponents, making space in the middle for the insults and accusations to fly. Amongst clinical experts there has been the most vicious conflict. Workers who get children to demonstrate with anatomically correct dolls what is supposed to have happened to them, encouraging them with leading questions, have themselves been accused of child abuse by their opponents, who maintain that all children are suggestible and will give any answer they think the examiner wants. Not surprisingly, this row is most shrill in the courts, where disagreement is expected. Well-known experts giving evidence confirming abuse are regularly challenged by others, well-known for their opposition to such evidence. Because of the catastrophic consequences of making a mistake, tension is bound to be high, but I think the extreme polarisation of opinions has more to do with the thought of incest itself than with the pressing obligation of courts and social services to reach correct conclusions. The split takes place in society but also in each person's own mind (Bowlby, 1988). "It did happen ... it can't have happened ... it did ..." and so on.

This dilemma is not unique to sexual abuse. There are similar taboos around parental intercourse and around death, which reflect our wish not to know about them. The likely circumstances of one's conception, or of one's death, are not quite tolerable scenes. The 'facts of life' (and death) which have been known since the beginning of civilization, are not so easily applied to oneself. The fact of incest and sexual abuse, a relatively recent discovery, may be the most unacceptable of all. The aversion to mating with familiar kin, though it is usually assumed to be an invention of the human race, is in fact quite common amongst other primates. To overcome this by committing incest is therefore as much against our animal nature, as against the culture of the species. "Incest...is more prevalent among humans than among any other primate species." (Arens, 1986, p.89).
No Space for uncertainty: An Example

In some cases it is impossible to remain undecided in spite of (or perhaps because of) limited evidence. Recently the clinical team to which I belong was asked to see a girl because of tantrums and learning difficulties. During the assessment she said to the psychologist that she did not like it when her father came into her bedroom at night, and interpreted a test picture of two monkeys as "this monkey has a finger in the other one's bottom" which is not what the picture showed at all. In the presence of the child the psychologist, who had been a schoolteacher for many years before this, experienced unfamiliar and indefinable sexual feelings. There was great anxiety in the team when she reported this and while most (including me) thought that this made sexual abuse virtually a certainty, a minority were quite against the idea, because the evidence was insufficient, and because of the drastic consequences for the family if we were to report the case to social services. This division of the team was painful, as if individuals holding opposite opinions could not trust each other any more or look each other in the eye. Not only were familiar differences between us exaggerated but even ordinary words became touched with sexual nuance, so that our very means of communication were undermined and contaminated.

Not long afterwards, I saw the child and was unable to establish any confirmatory evidence for sexual abuse, despite some quite determined questioning about her father’s visits to her room. After that, the team and I began to see the whole case differently, as if the previous judgement had been an aberration. Significantly, the psychologist, a senior trainee, had by now left the clinic. Either way, the assessment of sexual abuse seemed here to depend not so much on evidence, as on some kind of conviction which has an infectious, almost delusory, effect on all the observations about it made by members of the team. It was not until we had been able to satisfy ourselves (rightly or wrongly) that there had been no abuse that there was any possibility of doing what the parents had asked us to, and the rest of the story is unremarkable. The imperative to protect children, once it has been thrust upon you, puts any clinical ambitions firmly into second place. As well as the constant danger of being blind to the possibility of sexual abuse in children, we are also blinded to therapeutic possibilities when we suspect it.

It is almost impossible to combine these two tasks, protection and therapy, in one role at the same time. This has something to do with the part played by risk-taking in each process. In aiming to protect a child, risk must be reduced, while in therapy there is a need to take leaps into the dark if real discoveries are to be made. Further, therapists have the privilege of inactivity when in doubt, yet action is just what is required when a child is in danger. Here is a partition that is necessary; yet it is particularly tempting for clinicians to ignore this boundary and keep information 'confidential' (Tranter & Vizard, 1988) because the alternative course of reporting a suspected case to the social services is so overwhelming, taking the case on a slippery slope away out of our control.
Managing the unmanageable

My impression is that in most cases of child sexual abuse, professional work by quite competent individuals is hindered by splitting and stupidity, and that the greater responsibility the worker has, the more vulnerable to the process he or she becomes. The thought of child sexual abuse and incest arouses the most primitive anxieties. One effect of this is oversimplification and polarization (for/against, us/them, possible/impossible, either/or etc) so that only half of the opposing ideas can be considered at a time. This split is reflected and repeated in groups and in society as a whole and makes for inflexible half-headed thinking at all levels. Interference of thinking by group process is universal². But sexual abuse of children creates a disturbance which is similar but much more destructive, putting both judgement and honesty at risk. Because of this it is necessary in these cases, more than in any other kind of work, to speak plainly and candidly with both colleagues and clients. Under pressure, professional skills and strategies that are not part of one simply fall away like ill-fitting armour. Quite often the things that most need saying are simple enough (e.g. who did what to whom?) but are hard to say because they are interrupted, amongst other things, by sexual fantasies. Baffled by this kind of disturbance, we are all at risk of becoming embarrassed, even stupid, and attempts to cover this up by clinging to professional manners and devices just seem ridiculous.

As is often stated, the intrusion of incest fantasies was Freud’s own discovery. But he too was a victim of the process, and could no longer accept his patients’ disclosures as facts, as some of them undoubtedly were. Following his reinterpretation of incestuous material as a child’s wishful fantasy, it became harder to keep in mind the motives or desires of adults, mainly men, who sexually abuse children. "The trend away from the recognition of the seductive behaviour of adults ... was bolstered up not only by Freud’s genius and prestige but also by social pressure and by the analyst’s own need to scotomize this anxiety-arousing idea” (Devereux, 1953). At the time, Freud had to take a partial view. Now it is possible to see that both his observations were correct: that some children are sexually abused by their parents and that all have incestuous fantasies about them.

The stupefying power of incest is also evident from its history and mythology, which reveals a basic contradiction: that it is both a divine privilege (and indeed a duty, see Arens 1986, ch.7) and therefore the highest and most noble activity, and also a degrading and obscene practice – the lowest. We can distinguish the ritual incest of gods and royalty (which, significantly, does not seem to involve father-daughter pairing) from domestic child sexual abuse, which is primarily done by fathers or their substitutes. The latter is an abuse of power which in many cases should be described as rape. The word incest refers to both extremes, and as a single concept is rather uncontainable and indigestible. Split into two it is easier to manage. The whole subject has all the ingredients of a typical headline from a popular Sunday

² Most people who succeed in public life seem to have the wits to manage it without clinical training.
newspaper, mixing divine and aristocratic personages with sexual perversion, secrecy and torture – a recipe for mindless excitement.

Professionalism acquires a new meaning at this level of work, more to do with courage than with propriety. I am not proposing any abandonment or relaxation of working procedures (quite the contrary), only their refinement to allow time and space in which to recognise the partition process, before being stupefied and finding oneself playing other people's parts (Reeder and Kraemer, 1980; Britton, 1981). The telltale sign is when you become suspicious about the sexuality and personality of a colleague, known to you or not, as if this were the main issue to be dealt with. Of course colleagues' personalities are relevant, but the primary task is not to deal with that but to work together on the case. Team-work (see Rochdale NSPCC, 1986) is at risk when we find that the family's problem is somehow less important than that of our fellow professional.

Existing procedures for dealing with child sexual abuse are unlikely to be perfect, but they are the best available. Under the influence of the deceptive confusions I have described, there is often a strong temptation to bend the rules in some way, as if the case in question were not really like the others; but it is a dangerous course to take. 'Bending the rules' is precisely where the problem started, and it is better to stick to cumbersome regulations, even if it seems at the time to be unnecessary or even positively unhelpful, than to be seduced into deviating from the task, or ignoring it altogether (Morrison et al, 1987), for apparently innocent reasons.

References


Bowlby, J. (1988), On knowing what you are not supposed to know and feeling what you are not supposed to feel, in A Secure Base; Clinical Applications of Attachment Theory. London, Routledge.


Kluft, R., ed. (1985), Childhood Antecedents of Multiple Personality. Washington:
Amer. Psychiat. Press.
Rochdale NSPCC (1986), Doing Networks and Case Conferences. Rochdale Area Review Training Sub-Committee

Acknowledgements

I am grateful to Tilman Furniss, Christoph Hering, Wilhelmina Kraemer-Zurné, Peter Loader, Anne McFadyen, Sheila Miller, Julia Nelki, Carolyn Okell-Jones, Anne Peake, Valerie Sinason, and Janice Uphill for their help and encouragement; to Emilia Dowling for translating the text into Spanish for its original presentation in Buenos Aires in 1987, and to Lucila Agnese for inviting me to give it.