

Please note: This electronic file you are receiving is intended for one-time use only. Reprints may be requested at a charge of \$1 per copy. All materials are copyright protected. No part of these files may be transmitted, distributed or reproduced in any other way without permission from the Wellesley Centers for Women. Please call the publication office at (781) 283-2510 to request additional copies.

Work in Progress

Surviving Incest: One Woman's Struggle for Connection

Alexandra G. Kaplan, Ph.D.



Wellesley Centers for Women
Wellesley College
Wellesley, MA 02481

No.50
1991

Work in Progress

Work in Progress is a publication series based on the work of the Stone Center for Developmental Services and Studies at Wellesley College, and it includes papers presented in the Center's Colloquium Series. *Work in Progress* reflects the Center's commitment to sharing information with others who are interested in fostering psychological well-being, preventing emotional problems, and providing appropriate services to persons who suffer from psychological distress. The publication also reflects the Center's belief that it is important to exchange ideas while they are being developed. Many of the papers, therefore, are intended to stimulate discussion and dialogue, while others represent finished research reports.

For those papers which were part of the Colloquium Series, each document includes the substantive material presented by the lecturer, information about the speaker, and, where appropriate, a summary of the subsequent discussion session.

Jean Baker Miller Training Institute

Founded in 1995, the Jean Baker Miller Training Institute bases its work on the Relational-Cultural Model of psychological development, which grew out of a collaborative process of theory building initiated by the scholars at the Stone Center. The Institute offers workshops, courses, professional trainings, publications, and ongoing projects which explore applications of the relational-cultural approach. At the heart of this work is the belief that the Relational-Cultural Model offers new and better ways of understanding the diversity and complexities of human experience.

The Robert S. and Grace W. Stone Center for Developmental Services and Studies

Creation of the Robert S. and Grace W. Stone Center for Developmental Services and Studies resulted from a generous gift to Wellesley College by Robert S. and Grace W. Stone, parents of a Wellesley graduate. The Center was dedicated in the fall of 1981, and its programs reflect the Stone family's interest in preventing psychological distress. With the creation of the Stone Center, Wellesley College has enlarged its long-established search for excellence. At Wellesley, the Center has the unique advantage of immersion in a community of scholars and teachers who can add the broad perspective of the humanities, sciences, and social sciences to the Center's psychological expertise.

The Stone Center is developing programs aimed toward the following goals: research in psychological development of people of all ages; service demonstration and research projects which will enhance psychological development of college students; service, research, and training in the prevention of psychological problems.

Correspondence and inquiries about the publication series should be addressed to Wellesley Centers for Women Publications, Wellesley College, 106 Central Street, Wellesley, MA 02481-8259.

© 1991, by Alexandra G. Kaplan, Ph.D.

Surviving Incest: One Woman's Struggle for Connection

Alexandra G. Kaplan, Ph.D.

About the Author

Alexandra G. Kaplan, Ph.D., is Director of the Counseling Service and Program Director for Consultation at the Stone Center, Wellesley College, and Lecturer in Psychiatry at Harvard Medical School.

Abstract

This paper portrays the pain, struggle, and gradual recovery of a woman in her thirties who was incestuously abused by her father for ten years of her childhood. She had felt unlovable, dangerous, deeply ashamed, and more a perpetrator than a victim. Over the six years of our work together, she grew in the recognition that she could act without feeling destructive, that she could acknowledge the pain without giving into hopelessness, and that she could feel increasingly empowered through therapy and through her capacity to engage in mutually enhancing relationships.

This paper was originally presented at a Stone Center Colloquium on May 2, 1990.

Incest, as Herman (1981) has noted, is a taboo in name only. As a privatized crime within the family that has affected at least 5% of North American women (Courtois, 1988), it has been treated as serious and pervasive only in the last decade. The recognition that incest constitutes a criminal act against children and is neither fantasy nor a mutual choice came not so much from the traditional therapy community as from survivors and from women researchers, clinicians, and victim advocates. The impact of incest and its sequelae on the individual, the family, and the culture affects us all as the mask is torn off to reveal this betrayal and violation.

One of the many ways that incest harms its victims is to create deep feelings of shame and complicity which can leave the person feeling relationally destructive. In examining relational problems associated with incest, I shall use writings by theorists at the Stone Center (Miller, 1988; Jordan, 1988; Stiver, 1990a, 1990b; Surrey, 1984; Kaplan, 1984). They, along with Carol Gilligan and her colleagues (Gilligan, 1982; Gilligan, Brown, & Rogers, 1990), have elucidated the centrality of connection in women's lives and the relational damage that ensues when paths to mutually empathic relationships are distorted or curtailed. Miller (1988) has described the roots of dysfunction in contexts of disconnection that force people out of relationship, or that constrict one's relational world. Stiver (1990a, 1990b) has expanded these notions by looking particularly at so-called "dysfunctional" families, portraying the ways that children of alcoholic, abusive, and Holocaust survivor families can create modes of learning to stay out of relationships by behaving as if they were in relationships. She demonstrates how secrecy within the family, inaccessibility of parents, and the parentification of children contribute to the confusion and lack of clarity that affect relational development.

Building on these ideas, I am going to look more precisely at one person and one family which reflect many of these themes. Clearly the experiences of Emma, as I shall call her, represent one particular life: She is an intellectually gifted woman and an astute observer of relational nuance who grew up in a multiply-dysfunctional, incestuous family. Yet Emma also carries the experiences of all women in the threats to her physical and emotional safety, her difficulties in knowing and representing her own experience fully, her sense of shame and self-blame, and her longing for, and barriers to mutually empathic connection.

I am indebted to Emma for agreeing to let me share her life with others, indeed for her support, encouragement, and pleasure in, our project. She believed that her capacity to name and share her experience was a part of her healing process and recovery. By making her story known, she has felt a part of a community of survivors, named or silent, who share aspects of a common reality and a common struggle. Much of what I shall present is at least partially her voice, her reflection on her world, as heard and understood by me.

Demographically, Emma's experiences are only partly consistent with the modal incest survivor, as reported by Russell (1986). As a woman from an upper middle-class, urban household, she is in a category of women more likely to be abused than those from working-class or rural backgrounds. Similarly, she shares with her sister survivors the greater likelihood of having at least some college education. Emma, in fact, graduated from a prestigious women's college and later obtained a master's degree. As a white woman, she shares an equal likelihood of being abused with women from all other racial/ethnic backgrounds except Asian women, for whom the likelihood is slightly less, and Latina women for whom the likelihood is slightly more. As a Protestant woman, she is in the category most likely to be abused, followed closely by Catholic women. On the other hand, only 12% of her sister survivors of father/daughter incest are likely to share her experience of being abused more than twenty times. Emma's father abused her repeatedly over a period of about 10 years. Further, the abuse occurred during the 1950s, when incest was usually interpreted by the medical/psychiatric community as fantasy, and when economically privileged men, in particular, were shielded from suspicion. There were no mandated reporting laws, no procedures such as Chapter 288 in Massachusetts requiring cooperation between child protective services and criminal justice authorities in child abuse cases.

Fear and punishment

Emma came to me after two lengthy courses of therapy, during which she was hospitalized at a local, major teaching hospital. At no point during that time did her therapists recognize her incest history. When she first sought treatment with me, she spoke of vague but pressing concerns, identifying herself as a "person at risk." She described persistent feelings of anxiety, confusion, panic, and fear. She felt unfulfilled in her marriage and at work, as though she were looking at life rather than living it. Her initial contact with me, however, was consistent with Stiver's (1990a) description of many incest survivors — a ready wit and lively charm belied her inner sense of fragility and disconnection. Emma would frequently begin a session by carefully arranging herself and her belongings in the chair, smiling at me, and opening with, "Well, Sandy." She would continue, sometimes for lengthy stretches without pause, clear and engaging, but with a gaze that didn't quite connect and a tone that did not match the content. Behind her charm, her words denoted pain, fear, confusion, emptiness, and deep despair. I was impressed that after so much seemingly unhelpful treatment, she was still engaged in the process, still struggling to release the demons within. At this point, her only protection against them was to construct a daily life dominated by obsessive rituals to protect herself from harm and gain some measure of control. She feared attack by burglars in her home, assault by strangers in the street, and abuse from her husband who had shown no signs of being abusive.

She was also petrified by sex. Rather than feeling pleasure, she forced herself only to survive the experience. She associated sex with torture and attack, and did all she could not to scream, her body in frozen, empty compliance. She hated her husband for putting her in this situation, while knowing that what he was doing was "normal" and what she was doing was not.

Emma was well aware that, despite the charm, poise, and responsiveness that brought her many friends, her emotional connections felt hollow, forced, and without meaning. She developed a mode of compulsive talking to ward off her silence, a silence that felt like annihilation. She needed to talk to feel real in a context of unreality, to ward off dangers and preserve the potential for relatedness. Yet she was caught in a paradox — she felt that her very existence was predicated on letting herself be known, but the act of making herself known to others would in turn expose her sins and failings. She felt trapped in a web of relational conflict.

These contradictions reverberated through Emma's early years, as she struggled to find a place for herself, within the family, that would not destroy whatever shred of hope she had for authentic relatedness. She developed a pattern of risk-taking behaviors, feeling that these dangers were proper punishment for her unknown crimes, and hoping against hope that her plight would be recognized. She remembered that before the age of two she went into water over her head or played with sharp objects, to test whether or not she would be rescued. As a school girl, she would run away at night down dark alleyways, or pick open wounds on her face, or wear plastic bags on her feet in the rain — more like a waif than the student at an elite private school that she was. Yet none of these attempts generated the one thing she sought — parental recognition, comfort, and attention.

As an adult, she still courted danger as her only known path to discovery and safety. A gifted artist, she chose to work at a hard-driving, male dominated ad agency where, as the only woman at her level, she was respected for her artistic creativity, but regularly teased with off-color jokes or chided for her chronic silence. She readily took in the abuse and discarded the praise, feeling the need to be in a context of relational abuse, to bear the punishment she deserved, but also to create a potential pathway toward connection and safety.

In a pattern described by Jean Baker Miller (1988), Emma was able to use her powers to advance the powers of others, but not without some pain. She mentored younger women, watching them with a mixture of pride and regret as they surpassed her because they could feel deserving of success in ways that she could not. She especially befriended those women who felt familiar to her, most of whom, it turned out, were abusing alcohol or drugs.

Emma, too, had been encouraged toward addiction since early childhood. Even when quite young, her mother treated her ailments with 90 proof paragoric, which became her substitute for care. In adolescence she would take whatever drinks or drugs friends offered her; and in later years she would scout medicine cabinets or liquor closets for any available substance. To her, this was all normal; after all, her psychiatrist was still sending her prescription drugs long after she had stopped seeing him.

Our relationship mirrored many of the central themes of her relational world. She consistently appeared to be open, attentive, and engaged, hiding her inner emptiness while longing for me to know it. Clearly, her lively demeanor hid a deeper truth which she was not yet ready to engage directly. Although

she put out some tenuous feelers about whether I could hear and take in her experience without mockery or disbelief, it was difficult for her to believe that I could be a stable, consistent presence for her, and still know her "failings." She protected herself against her fear of my betrayal by a constant readiness for flight — mine or hers. She feared that I would ridicule or abandon her, that I would discover her crimes and hate her. She imagined that the time I forgot to leave my office door unlocked I was sending a message to her to stop treatment, or that my absence because of travel was motivated by my wish to leave her. Yet she described these potential dismissals or betrayals without anger or fear. They were a part of her life, and if they were acted upon, it would be no surprise to her.

However, it was much more painful for her to feel that she had betrayed me. Her capacity to give and to care for others was the slender thread which held her sense of worth together. Her one unplanned absence because of a snowstorm, therefore, left her in a state of utter despair — were she caring, she would have remembered to replace her windshield wipers, knowing that it might snow. This confirmed her "need to be bad," to maintain the parental legacy. To atone for her badness she insisted on paying me for the missed session, which generated a lengthy discussion about what it means to be deserving, what constitutes being bad, and how one decides. Shortly thereafter, when I agreed to see her later than usual at her (timidly stated) request, she felt for the first time the glow of being heard and respected without distortion.

When memory comes

When did I feel the first tremors of what was going on around me? When did I feel that the stable and peaceful world of my earliest years began to shift? I could not say exactly, because the inner upheavals that preceded the destructive events were integrated into later ones to form an integrated whole. Inner upheavals: the fear of being abandoned, and successive encounters with death. (Friedlander, 1978)

This recollection might have come from Emma or another incest survivor, but it did not. These are the words of Saul Friedlander, writing about early recollections of the Holocaust in a book whose title is the title of this section. While different in many important ways, the *impact*, though clearly not the experiences, of these two situations holds much in

common. As Stiver (1990a) has noted, survivors of incest and of the Holocaust both demonstrate some of the symptoms now associated with Post-traumatic Stress Disorder, including mistrust, amnesia, confusion of past and present in Holocaust survivors, flashbacks, dissociation, and nightmares in incest survivors. Children in both incestuous and Holocaust families often learn to split off or hide feelings, and particularly to experience danger in feeling for or empathizing with parents or others who demand their care and attention.

This danger was clearly present in Emma's relationship with her parents and two brothers. A family in name only, each lived a constricted, emotionally isolated existence. Frozen silence and random, haphazard caretaking marked their time together. The children were not so much parentified as orphaned. These patterns placed Emma in a state of prolonged confusion and conflict. She wanted to be invisible so as to protect herself, yet she also wanted desperately to be known and recognized. She tried valiantly to look "normal," but steps in that direction left her feeling fraudulent and unworthy. Within this swirl of conflicting wishes and realities, she felt abandoned and alone.

Emma initially talked much less about her father than her mother, to whom she looked in vain for nurturance. As Herman and Hirschman (1977) have noted, it is not unusual for incest survivors to express their initial rage not at the father for abusing them but at the mother for neglecting them. Emma did bring her longings to her mother, who admonished her for being "boring," or threatened her with nailing her glasses to her head to prevent their loss. At base, her fear was justified; her mother periodically left home for weeks at a time, which Emma assumed was an escape from her badness. Emma learned only much later that her mother had been regularly hospitalized for alcoholism. Thus, her choices were to hide her badness through silence, or to struggle for connection in an atmosphere of derision and blame. And yet, drawing on resources which neither of us could fully understand, she persevered.

Her initial recollections of her father contained only images of his hostile, menacing presence. He was always ready to taunt, mock, insult, or ridicule her. She was an outsider: "Look at your pointed ears — you can't be human," or inadequate: "Why can't you look like Marilyn Monroe?" So tainted, she retreated further into silence, shame, and false compliance with parental demands. Gradually, sexualized memories began to emerge of her father pulling down her kneesocks or snapping her bra strap, of his erection as

he danced with her. Over time, images arose that suggested that he had sexually abused her. Although the memories were vague, they felt instantly familiar and true. The shade had been pulled aside but it was not yet clear what she would see behind it.

In this early discovery phase, it was crucial that I be present with her in her memories, believe in and stay with her reality, and bear the anguish with her. She set the pace, knowing I was there to help her absorb the emerging memories and be with her in her pain. Emma experienced this phase as feeling bolstered by my patient, unjudging attention and in particular by my validating that sex need not have taken place for a relationship to be sexualized. For her, this was one of the first times that she felt understood in an empathic, safe, and trusting setting, where she could risk remembering.

When she was asked to take a business trip abroad, she used the safety of distance to share with me further painful memories of abuse. Her letters spoke of depersonalization: being unreal, an object, not an agent, living out her parental script, a being without an inner sense of worth or purpose. Yet at the same time, she was being held responsible by her father, blamed for instigating their degrading encounters. The memories became more sexualized as she recalled her father's voyeuristic sneer as she sat on the toilet, or his poking and prodding at her body, denouncing her non-compliant, frozen state with a sadistic sneer. She felt like a disempowered object, and also like a perpetrator. She was frightened, confused, and very alone.

Once home, she felt even more the sense of herself as a perpetrator. She believed that others, including me, could see that she was tainted, and would react with contempt and flight. Was my recent vacation a sign that her badness was driving me away? Did I go away because she was ugly? Does she deserve to die? These questions reflect profound cognitive confusion as to the meaning and implications of being a survivor. There is a need simultaneously to feel oneself a victim rather than a perpetrator, *and* to feel some control over one's safety and one's actions. However, the wish for control carries within it implicit complicity in the abuse — if one is in control, one should be able to prevent the abuse. If one doesn't act to stop the incest, then one is no better than a perpetrator. These realizations generate some of the most complex and damaging sequelae for incest survivors. They challenge the heart of the survivor's sense of her capacity for caring and relatedness, and leave open the fear of her potential

destructiveness, a sense that she is outside the realm of life-affirming human connection.

As Emma grappled with these frightening notions, I stayed with her in her anguish, trying neither to distort nor to minimize the pain. My body leaned more toward her as I told her of my own pain in listening, but that I could also remain with her and her memories. I knew that I needed to be open to the impact of my reactions on her, to sense what might be too much for her to bear. And yet, there were times when the enormity of her pain became momentarily too much for me to hold. I could usually resonate deeply with her emotions, but there would be momentary flickers when my mind would disconnect, unable to bear her grief. I felt shame at those moments for my own limits, for my need to protect myself, but I also felt a deeper connection with Emma, knowing that I was experiencing a small but pivotal part of her daily reality.

In time, Emma recalled that the incest probably began early in her third year, and continued until puberty. This early onset was at least partly responsible for her deep confusion between being victim or perpetrator, betrayer or betrayed. Emma was cared for by her mother in infancy, but when her brother was born, she was “turned over” to her father. Within a short time he began to abuse her, touching her in ways that elicited some sense of pleasure from the simple fact of physical contact. At that early age she had no way to know that this was wrong, that this was not what all fathers do; she had no reason to hold back her feeling of worship for him. His was the most stable and comforting presence she knew.

As she grew, however, her father became increasingly taunting and insistent in his sexual demands, and Emma became increasingly frightened. By this point, however, Emma was too needy for the attention that came only from him and too caught up in their ritualized patterns to have any clear sense of the possibility of stopping. As Alice Miller (1984) points out, children will hold on to their own culpability at great length, rather than believe that the adults on whom they rely for sustenance will betray them. Emma could only assume that it was her desire that continued the relationship. If he was abusing her, it must be because she wanted it. This was her badness, the crime for which she had long sought punishment, the origin of her need to be demeaned, abused, defiled. She identified herself increasingly as a perpetrator, as someone who invited and wanted the incest, a partner in crime with her father. She and her father had formed an “incest unit” in which both were equally responsible and equally to blame. As she

reported these feelings, moving from the disgust generated by the memories to some clarity around the reasons for her behaviors, she recalled with horror the period of time when her parents finally gave her a lock for her door, but she could not use it. By that time the incest ritual was embedded in their lives, it had become inevitable, and she had no conscious sense that stopping it was even a remote possibility. To lock the door would have been to alter the basic fabric of her life.

This experience of “mutual culpability” generates the deepest sense of a survivor’s worthlessness and destructiveness, the belief that her collusion leaves her outside the realm of human connection (Miller, 1988). Emma was able to hold on to a shred of her own integrity only by using a form of splitting that felt healing at this particular phase. She believed that her life depended on separating out distinct parts of the incest experience. One such split concerned affect, particularly separating hating and loving. As Emma put it, by disengaging from or splitting off the hating parts of herself, she could then preserve the loving parts. These loving parts brought her into connection, and that, she believed, saved her life. She still retained aspects of her hateful self, although they were muted by the possibility of reconnecting. In this way, Emma retained enough self-integration to ward off the condition in which the split-off parts become materialized into multiple personalities.

Emma also needed to create an inner split in the realm of *action* between good action and bad action. She could then maintain her capacity to act so as to promote healing and reconnection, with some barrier against identifying with the traumatic “bad actions” connected to the incest. Thus, she could feel the possibility of being authentically present with others, and have less fear that her destructiveness would win out.

As Emma continued to grapple with her complicity and culpability, shame became a dominant theme and it reverberated throughout our subsequent work. Shame is a profoundly relational concept. It moves us toward isolation and relational disconnection (Jordan, 1988). Emma linked her shame partly to her physical being; she felt repulsive, ugly, and deformed. As a child, she had longed for a physical ailment to justify her feelings of deformity. She was ashamed of her tears, of her helplessness, of the depth of her despair. Sometimes she expressed these feelings directly, while at other times they emerged in metaphor. She recalled being unable to wear sleeveless clothes because they would leave her

exposed, literally uncovered, or driving a car barefoot so that she would be arrested for her “real” crimes. She also spoke literally of carrying the shame with her, a scarlet “S” that everyone saw but no one acknowledged. She remembered her parents inviting her favorite teacher to their house and then prodding him to flirt with her, and being paraded before her fathers’ friends as a sexual toy, and going along with it.

Shame is an expectable part of being a woman and a survivor. All women are vulnerable to shame from the disjuncture between their felt reality and the dictates of the prevailing patriarchal culture. A woman’s reality is consistently demeaned for not adhering to the prevailing dictates which value separation, autonomy, and emotional distance. Women are shamed by the potential for a breach in family loyalty, needing to believe in the basic integrity of the family for the sake of their very survival, at the same time that they may be suffering from emotional, physical, or sexual abuse.

Such shame is most poignantly reflected in the experiences of incest survivors. Shame, for these women, becomes woven into the very fabric made from the contradictions of their daily lives. There is shame in participating in the abuse, in which the child often feels herself at least partly responsible, and partly to blame, while deeply abhorring the experience. There is also shame in not reporting the abuse, knowing that it is reprehensible, while colluding with the perpetrator in his frequent assurance that the incest is normal, and right, and “good for you.” Shame frequently emerges from the sense of having betrayed the mother. The child has often not only taken the place of her mother as the father’s sexual partner, but she also may be blaming the mother for her plight, assuming that if the mother were more attentive, or more caring, the incest would not have occurred. Instead, as Herman (1981) has pointed out, many incest survivors have mothers who are ill, depleted, or in great distress themselves, so that they cannot attend to their daughters as they otherwise would.

There may often be shame in not protecting younger sisters. It is not unusual for the incestuous father to turn to a younger sibling when the older daughter runs away or reaches puberty. Shame can also emerge from involuntary bodily pleasure, including orgasm. This may be coupled with a few moments of tenderness — moments which might not exist anywhere else in the child’s life — but also with the shame of complicity. Another source of shame can emerge from the privilege of being the “favored child”

of the incestuous father, but this is simultaneously countermanded by the shame of betraying the mother. Within the shame-based incestuous family, then, the victim is further victimized by a sense of her own complicity and its attendant shame.

In this incestuous family, both daughter and mother became victims. Emma was victimized directly by her father’s assaults on her, and indirectly by his creating a barrier between Emma and her mother. Such a barrier is inevitable. Emma felt that she was betraying her mother by her sexual activity with her father, while her mother, in Emma’s eyes, was betraying the daughter by not protecting her. Jacobs (1990) argues that daughters in incestuous families are carrying the anger of betrayal as well as deception, as the illusion of maternal omnipotence is destroyed in the face of the real power relations of paternal control and dominance. Incest, then, becomes a form of male domination that destroys the mother-daughter bond by forcing the daughter’s affective involvement away from the mother. The phenomenon of mother blame grows out of the anger, helplessness, and shame that both mother and daughter experience in the victimized home. As Herman (1981) has noted, the split between mother and daughter is the greatest risk in incest families, and mending that split is the strongest path toward healing.

The more Emma experienced the incest and the more her shame increased, the less she was able to represent her experience, and the more she retreated to an inauthentic, protective mode. This left her all the more emotionally isolated and disconnected, in what Miller (1988) has termed “condemned isolation,” the sense that one is incapable of fostering and maintaining human connection. I believe that this state, and not penis envy, represents the bedrock problem for women, and is fueled in large part by shame. In shame, one’s truth cannot be represented, and one feels, in Miller’s words, “locked out of the possibility of human connection” (1988). As I have suggested elsewhere (1988), to the extent that women seek connection as a primary context for growth, to be locked out of human connection is to be isolated without hope, to feel oneself devoid of the possibility of moving toward engagement, mutuality, and empowerment.

Emma experienced an extreme form of relational isolation in early adolescence, when her father withdrew completely from her. Once her menses began, he had no more use for her. In reaction, Emma developed amnesia for the incest, and was devastated that her father totally rejected her, literally not speaking to her for two years. Emma assumed total

responsibility for this change, and began to flirt, cajole, and especially starve herself into childlike thinness so that he might again be attentive to her. She wanted desperately to be recognized, fearing that her father's alienation was another sign of her worthlessness. It is possible that some of the incest survivors who leave home in adolescence are escaping not just from the abuse, but possibly as well from the absence of attention as father abandons them and/or turns to another sibling. It was shortly after that time, that she abused drugs heavily, had an affair with a married man that culminated in a spontaneous abortion, and engaged in risky, thrill seeking behaviors.

During this phase of therapy, Emma learned that her mother, to whom she had not spoken for some time, was terminally ill. Feeling healthy enough to withstand her mother's distancing, Emma began an internal process of making peace with her. She recalled her childhood longing and admiration for her mother, cherishing the tender hugs she received on rare occasions, or watching in awe as her mother played the piano. She spoke for the first time of their several similarities: They had both attended the same college, and she had felt much more related to her mother's music than her father's business. Emma later seemed to find a peace with her mother that she never had while her mother was alive. She could accept her mother's pain without feeling punished by it, and appreciate her mother's strengths while still acknowledging the hurt done to her. She could identify with her mother as a sister victim, even to the extent of suspecting that her mother, too, might well have been an incest survivor. Her capacity to feel a bond with her mother was a significant bridge toward her continued recovery.

Featherman (1989) has documented that differences in post-traumatic phases of incest are directly related to the presence or absence of a caring and giving individual in childhood. This can be any adult, not just parenting figures or family members. These nurturing individuals, in Featherman's words, "played an important role in counteracting the isolation, guilt, and internalized sense of wrongness which subjects associated with being abused. Female teachers in particular were noted for their encouragement and validation of the child's self-worth and competence" (p. 70). Despite Emma's sense of worthlessness as a child, as an adolescent she was able to seek some sources of support and affirmation, primarily from her school and her grandmother, building on the early connection she had had with her mother.

The struggle for connection

Emma became more determined to know her past, become more authentically present, and more proud than ashamed. But for an incest survivor, knowledge is two sided, an intertwined "double helix" of increased empowerment and increased despair.

She began to feel more an agent of her own actions, more able to acknowledge her needs and represent them to others. This propelled her to leave the hostility of the ad agency and obtain a position at a similar but less prestigious and more benign company where she could feel respected and deserving. Concurrently, she began to be persistent with her husband, Peter, when issues were important to her. She talked him out of moving to another city to advance his career, but not her needs, and decided to keep an inheritance from her grandparents in her own name. She also announced her wish to have a child.

Simultaneously, however, her continued reflection on the incest experience brought her more deeply into grief, as the spiral of growth and pain, knowledge and despair continued. She cried in treatment as never before, feeling that her anger and her shame would forever haunt her life. This step generated a new layer of shame; she should be done with all this, her life was going well, there was no excuse for "malingering." And with increased shame came additional associations with cruelty and destructiveness, such as identifying with a woman who had shot several young school children. When Emma's former hospital roommate committed suicide, however, she realized that she was neither murderous nor self-destructive.

Her sense of shame followed her to her new place of employment. Her private office evoked feelings of isolation and vulnerability, and felt like a jail. Her creativity lessened, but she actively mentored younger women and fought against ads that were disrespectful to women. Discouraged by her continuing infertility, she still felt pleasure when colleagues brought their babies to work. She was beginning to know that "the problem" was out there, not inside her. As she felt herself turning more toward life and the future than to pain and the past, she decided to rid herself of one problem "out there" by telling the eminent psychiatrist who was her mail order drug "supplier" for many years to cease and desist. She also disclosed the incest to her brothers, and found more support and confirmation than she had ever expected from them.

Her continued infertility prompted her to begin exploring links between infertility and incest. She had

long carried the fantasy that her father had made her pregnant and that she still was carrying the fetus within her. One morning she came to my office, asking permission to act out a long-held fantasy. It was very simple. Neighbor to Emma: "Do you know that I'm pregnant?" Emma to neighbor (at age 6): "So am I — I have my father's child inside of me." She then quickly added that she had wanted to say that for 30 years. The infertility re-evoked fears that she was being punished for the incest, that she was still, at heart, *only* an incest survivor. She went through numerous painful, experimental procedures, and after much hesitation mustered the courage to inform the physician of her incest history. In doing so, she felt herself one step closer to believing that the infertility was not her fault, that she really was a victim and not a perpetrator.

Emma sought more experiences that would support her growing strength. She joined a women's karate course, in which she learned to be physically and psychologically powerful in ways she had never been before, to believe in her right to self-preservation and her capacity to defend herself with the full force of her being. Her sister students and she became a close-knit group, and indeed had much in common, including many women who had histories of sexual abuse.

Toward recovery

Emma's mood vacillated between the shame of infertility and her growing capacity for authentic action and relatedness. The infertility hovered as a sign of her badness, a backward link to the incest, leaving her feeling helpless and out of control. She assumed that others, especially Peter and I, would blame her and/or leave her. She felt "poised on the brink of disconnection," recalling her mother's refrain that "the door is always open." It was a constant struggle not to blame herself, not to fear rape or death as a consequence of the infertility procedures. But she also recognized the tremendous physical and emotional toll the infertility procedures were taking on her. When her physician suggested major surgery, she decided to resign from her job so that she could more consciously direct the patterns and priorities of her life.

Emma then feared that the outer world, especially Peter, would belittle her for her infertility and joblessness. She quickly assumed the role of caretaker for Peter, but also was determined to take care of herself. She began painting dramatic pictures that she brought to galleries, but the isolation and preoccupation with infertility drained her motivation.

She realized that she needed to allow herself not to be productive, and to use this time to heal, to care for herself as she had long cared for others.

With more free time, she became able to recognize that her husband was a quiet but consistent alcoholic. As their collusive denial became clear, she orchestrated a confrontation between Peter and their friends (but without her), insisting that he get help. Much to her surprise, he agreed. They both began to explore the histories of drinking in their families of origin, supporting one another as they continued to face the debilitating conditions of their childhood years.

This discussion inevitably led to her own "reasonable" drinking patterns, which she never had associated with alcoholism. However, in a moment of insight, she realized with some dismay that all of our discussions about incest were made possible by her very discreet, very proper, but absolutely necessary glass of wine every evening. This recognition proved even more surprising than the identification of her husband's alcoholism. She had never thought of herself as addicted, never connected her drinking patterns with those of her husband or parents. She immediately went to AA, growing through and gaining sustenance from the strength and affirmation of others. With great pride she announced to me that she had reached her 90-day period at AA, and with a mixture of fear and hope had begun to tell her story.

While Emma's immediate and long term paths are still unclear, she has made some fundamental and enduring changes. She is more authentically present, clearer about her goals and desires, and more open to engagement. Still unable to see herself fully as the locus of her feelings, she puts some of this on to me, seeing me as owning the therapy process, or at least being taller than she, which is decidedly not the case. She told me that she wanted to be my friend, not my client, and reported a dream in which she and I were walking together in a peaceful, pastoral setting, talking softly to one another. A few sessions later she expanded this vision to that of our both being in a tunnel, my leading and her following. As she spoke, I had the opposite vision which I shared with her — that she was guiding us by sharing her story, which I then could build upon and elaborate, but always following her lead. In this way we wove an interlocking web with the threads of our mutually created vision.

Emma's growth has occurred through multiple and expanding levels of connection. A pivotal level is her more authentic connection with her own needs and motives. While she is some distance from fully

knowing and valuing herself, she can embrace her imperfections, locate the cause of her deepest pain with the perpetrator, not herself, share some deeply shameful parts of herself with others, and value the processes of self-exploration and self-knowledge. As we discussed this paper, she felt affirmed that my rendition paralleled her own view, and that from our mutual explorations I could discern the significant feelings and patterns of her life. She was also moved by the realization that this paper was the first acknowledgment that she had a history, as compared to her parents' inability to recognize or to celebrate the flow of their lives.

She has become able to feel comfort in and power through connection. She can trust her capacity to act in relationship without carrying the "incest taint" with which she lived for so long. She feels free to represent herself and her experiences more openly, and can understand her jealousy of her friends who have children for what it is — jealousy, and not some sign of inherent badness. In this sense she can apply to herself the self-empathy that Jordan (1984) has described. She can trust that her friends love her, that they do not want her to run away, and that she does not have to be on the brink of flight. She can build on the work we have done together, feeling able to be fully present, to speak with an authentic voice, and to engage with others on a mutually empowering pathway. She can confront Peter without fear of retaliation, feelings of betrayal, or sacrifice of her own needs.

Similarly, Emma has learned to gain sustenance through connections with communities of people, including her karate group, an infertility group, other women employees, and most particularly the AA and ACOA groups which she attends daily. Finally, she feels "normal," a state to which she has long aspired, and further enriched by having the courage to let her experiences be told, knowing that she is not alone, not destructive, and that her life can bring meaning and courage to others.

Discussion Summary

After each colloquium presentation a discussion is held. Selected portions are summarized here. At this session Drs. Judith Jordan, Janet Surrey, and Irene Stiver joined Alexandra Kaplan in leading the discussion.

Question: Do you ever find that clients who are incest survivors feel that they are toxic to their therapists? How can we best understand this?

Kaplan: Yes, the theme of the client's potential toxicity to the therapist wove throughout my work

with Emma. She was all too ready to believe that her actions would hurt me, that I would be wounded, for example, by her changing a session at the last minute, or that her crying would be more than I could bear. She also felt that I would take personally her constant wish to flee, and that she was hurting me by moving as slowly as she was. These feelings decreased over time, but the possibility of her disappointing me in some way hovered throughout therapy.

Jordan: As therapists, we are always working on the client's trust of us. Especially with incest survivors, it is important that we as therapists learn to trust them, and that they, in turn, feel the trust and build on it.

Surrey: In terms of toxicity, I have seen it come up in extreme ways, but also in subtle ways, such as the client voicing a wish to leave, or feeling that the work is done.

Question: How frequently do you find that women who are incest survivors still have issues with connection despite even years of therapy?

Kaplan: I wish I had an easy answer to that one. I do think that many incest survivors carry some of these issues with them for much of their lives, but they also continue in a process of recovery and healing. Individual work is important, but I also find that for most incest survivors there is a time when group work is extremely useful, for example in countering shame and feeling strength through connection. This was true, for example, with Emma and the karate group. Survivors report that dealing with the sequelae of incest is a lifelong, but increasingly healing quest.

Stiver: Incest survivors may well carry with them the fantasy that at some time something wonderful will happen to them. We all struggle with that, with trying to get beyond the painful issues from our past. But, as Miller has described it, any experience of positive connection can lead to the wish for more connection and a broader range of connection, in an evolving and lifelong process.

Question: As therapists, how do we handle the fact that clients may feel that we're not doing enough, or that we're not taking away the pain?

Stiver: It is inevitable that therapist and client feel awful in the face of pain. But this isn't limited to sexual abuse. We all want to move, and to help our client's feel better fast. But we need to be realistic about the pace. No one wants to feel bad, but we often do; it is real and needs to be attended to.

Jordan: Also, it is inevitable that therapists' empathic failures may be experienced as abusive. A major part of our job as therapists is staying with the process, with the pain of learning to engage more in

relational processes, and moving toward a greater capacity for connection.

Surrey: Working with incest survivors is hard work for many of us to do. Sexual abuse was not included in the training of those of us who were in school in the 1960s and 1970s. And yet 60% of our clients are dealing with abuse issues. We therefore have been developing new responses within ourselves as we learn to respond, and to grapple with clients' inevitable feelings of rage, confusion, powerlessness, and numbness.

Kaplan: There is no one answer to that question. Perhaps we're all saying that we can validate the clients' wishes to get rid of the pain faster. Another point is that clients' criticisms and rage with us helps us understand better the ways that we respond to that rage, and the deep feelings that are evoked in us. It is important to wrestle with these feelings, so that we get some sense, although not the full brunt, of the incest survivors' experience. At least, we need to let them know that they are having an impact on us, and that we are willing to address their feelings without implying that they have to protect us, as some survivors will try to do.

References

- Courtois, C. A. (1988). *Healing the incest wound*. New York: Norton.
- Featherman, J. (1989). *Factors relating to the quality of adjustment in female victims of childhood sexual abuse*. Unpublished doctoral dissertation, University of Massachusetts, Amherst.
- Friedlander, S. (1978). *When memory comes*. New York: Avon Books.
- Gilligan, C. (1982). *In a different voice*. Cambridge: Harvard University Press.
- Gilligan, C., Brown, L. M., & Rogers, A. (1990). Psyche embedded: A place for body, relationships and culture in personality theory. In A. I. Rubin et al. (Eds.), *Studying persons and lives*. New York: Springer.
- Herman, J. (1981). *Father-daughter incest*. Cambridge: Harvard University Press.
- Herman, J., & Hirschman, L. (1977). Father-daughter incest. *Signs*, 2, 735-742.
- Jacobs, J. L. (1990). Reassessing mother blame in incest. *Signs*, 15, 500-515.
- Jordan, J. (1984). Empathy and self boundaries. *Work in Progress*, No. 16. Wellesley MA: Stone Center Working Paper Series.
- Jordan, J. (1988). Relational development: Therapeutic implications of empathy and shame. *Work in Progress*, No. 39. Wellesley, MA: Stone Center Working Paper Series.
- Kaplan, A. G. (1984). The "self-in-relation": Implications for depression in women. *Work in Progress*, No. 14. Wellesley, MA: Stone Center Working Paper Series.
- Kaplan, A. G. (1988). Dichotomous thought and relational processes in therapy. *Work in Progress*, No. 35. Wellesley, MA: Stone Center Working Paper Series.
- Miller, A. (1984). *Thou shalt not be aware: Society's betrayal of the child*. New York: Farrer, Straus, Grioux.
- Miller, J. B. (1988). Connections, disconnections, and violations. *Work in Progress*, No. 33. Wellesley, MA: Stone Center Working Paper Series.
- Russell, D. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- Stiver, I. P. (1990a). Dysfunctional families and wounded relationships — Part I. *Work in Progress*, No. 41. Wellesley, MA: Stone Center Working Paper Series.
- Stiver, I. P. (1990b). Dysfunctional families and wounded relationships — Part II. *Work in Progress*, No. 44. Wellesley, MA: Stone Center Working Paper Series.
- Surrey, J. (1984). The self-in-relation: A theory of women's development. *Work in Progress*, No. 13. Wellesley, MA: Stone Center Working Paper Series.