Faith Born of Seduction

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A Horror beyond Tears: Reflections on a History of Abuse

It's hard to explain, but a certain kind of horror is beyond tears. Tears would be like worrying about watermarks on the furniture when the house is burning down.¹

Incest is generally thought of as a rare occurrence in society, yet, it is extraordinarily common. Within the patriarchal nuclear family, approximately 38 percent of girls and 10 percent of boys are sexually assaulted.² Every incest survivor with whom I have spoken has reported incest to be a horrendous and disorienting experience whether the incest was committed by a father, a brother, an uncle, a grandfather, a babysitter, an aunt, or a mother. The trauma is immense whether it was done in a manner that was seductive, tender, or brutal, or whether it happened a few times in a short period of time or it occurred over many years.

Incest robs children of their childhoods, of their sexual selves, of the basic ingredients necessary for relationships—trust, bodily integrity, boundaries, security, and self-esteem. One perspective on incest is that it "may result in different responses—sensuous and sexual, fear and terror, powerlessness and loss of self, loss of large blocks of time; but regardless of its form and the child’s response, incest is a devastating experience and leaves a devastating mark on its victim."³

As a way of coping with sexual abuse, children develop behavioral skills to help them survive their childhoods. "[These] survival skills may include dissociation, hypervigilance, isolation, and/or using sex as a
negotiating tool." These techniques are necessary to help the child-victim survive a pathological adult-child relationship and as such are logical responses to chaotic childhoods.

**Historical Origins of Trauma**

To study psychological trauma is to come face to face both with human vulnerability in the natural world and with the capacity for evil in human nature. According to psychiatrist Judith Herman, "Three times over the past century, a particular form of psychological trauma has surfaced into public consciousness." Taken together, they have deepened our knowledge of contemporary psychological trauma. The first to emerge was *hysteria*, the prototypical psychological "disorder" of women. Most of the patients who were referred to Freud by his colleagues were diagnosed as "untreatable liars." The study of hysteria grew out of the republican, anticlerical political movement of late nineteenth-century France. The second type of trauma was *combat neurosis*. It began to be studied in England and the United States after the First World War and reached its peak after the Vietnam War. The last and most recent trauma to come into public awareness is *domestic violence*—sexual and physical abuse in the home. Its political context is the feminist movement in Western Europe and North America.

Hysteria was called "the Great Neurosis" by the French neurologist and mentor to Sigmund Freud, Jean-Martin Charcot. Charcot focused on the symptoms of hysteria that resembled neurological damage: motor paralyses, sensory losses, convulsions, and amnesias. By 1880 he had demonstrated that these symptoms were psychological, since they could be artificially induced and relieved through the use of hypnosis.

Competition to discover the origins of hysteria was particularly intense between two other famous neurological physicians besides Charcot: Pierre Janet and Sigmund Freud. By the mid-1890s Janet in France and Freud, with his collaborator Joseph Breuer, in Vienna, had each arrived at strikingly similar formulations: hysteria was a condition caused by psychological trauma. Each found that "unbearable emotional reactions to traumatic events produced an altered state of consciousness, which in turn induced hysterical symptoms." Janet named this alteration in consciousness *dissociation*. Breuer and Freud called it *double*
Perhaps a more accurate label would be divided self-construction.

By the early 1890s, Freud had treated eighteen “patients,” two-thirds of them women. He soon found similarities among this random sample, especially in relation to how they experienced puberty: “A shrinking from sexuality, which normally plays some part at puberty, is raised to a high pitch and is permanently retained.” These patients remained in a state of discomfort into adulthood, “physically inadequate to meet the demands of sexuality.” Both Janet and Freud recognized that the somatic symptoms of hysteria expressed disguised representations of intensely distressing events that had been banished from memory. Breuer and Freud, in an abiding formulation, wrote that “hysterics suffer mainly from reminiscences.”

By the mid-1890s these investigators had also discovered that hysterical symptoms could be alleviated by a singular solution: when the traumatic memories and the intense feelings that accompanied them are recovered and put into words. This individualistic method of treatment became the basis of modern psychotherapy. Janet called the technique psychological analysis, Breuer and Freud called it abreaction or catharsis, and Freud later called it psycho-analysis.

By 1896, after hearing countless patients talk of sexual assault, abuse, and incest at the hands of trusted relatives, Freud was ready to present what he saw as the source of hysterical symptoms in adulthood. In his report on the eighteen case studies, entitled “The Aetiology of Hysteria,” Freud made the following important claim:

I therefore put forward the thesis that at the bottom of every case of hysteria there are one or more occurrences of premature sexual experience, occurrences which belong to the earliest years of childhood, but which can be reproduced through the work of psycho-analysis in spite of the intervening decades. I believe that this is an important finding, the discovery of a caput Nili in neuropathology.

Freud’s “momentous discovery” of the childhood origins of hysteria was met with thunderous silence by his peers, followed by a period of professional “leprosy.” He had broken a social code: the prevailing belief among the elite that incest was present only among the lower classes and that it had been conditioned out of “civilized” society. Within a year of Freud’s dramatic testimony on behalf of his patients, he retracted his hypothesis. Hysteria was so common among women if
his patients’ stories were true, and if his theory were correct, he would be forced to conclude that what he called “perverted acts against children” were endemic, not only among the working class of Paris, where he had first studied hysteria, but also among the respectable middle-class and upper-class families of Vienna, where he had established his practice. This idea was simply unfathomable, beyond credibility.18

Freud’s disclaimer was written up as “The Theory of Infant Sexuality,” a foundation of his life’s future work. His previous theory of infantile seduction was revised as a wish to be seduced by the parent, not an actual seduction. On occasion Freud would refer to his original theory as “my far-reaching blunder.”19 As for the eighteen patients, they were returned to the category of “untreatable liars.”

At the time of these investigations no social-political consciousness existed which would reveal that patriarchal power was being abused in families and was routine in the domestic sphere. Not until the women’s liberation movement of the 1970s was it recognized that “the most common post-traumatic disorders are those not of men in war but of women in civilian life.”20

The most sophisticated epidemiological survey of violence against women was conducted in the early 1980s by sociologist Diana Russell. Over nine hundred women, chosen by random-sampling techniques, were interviewed in depth about their experiences of domestic violence and sexual exploitation. The results were astounding [see box].21 The box shows a fraction of the shocking statistics Russell and others have compiled.

In a sample of 3,187 women, 1 in 4 had been subject to a completed or an attempted rape; 84 percent of them knew their attackers; 57 percent of the incidents had occurred on dates; the average age of the victim was eighteen and a half.22

At least one-third of all females are introduced to sex by being molested by a “trusted” family member.

At least half of all women are raped at least once in their lives.

At least half of all adult women are battered in their homes by husbands or lovers.23 Eleven to 15 percent of married women report having been raped by their husbands.24

Attacks on wives by husbands result in more injuries requiring
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treatment than do rapes, muggings, and automobile accidents combined; one-third of all women murdered are killed by their husbands or boyfriends.25

Woman battering is a major cause of homelessness for women and their children. At least 40 percent of homeless women were abused by their partners, and left. They now face rape on the street rather than battering in the home.26

Approximately 85 percent of working women are sexually harassed at their jobs.27

According to the U.S. Department of Justice, a woman is beaten in the United States every fifteen seconds; at least four women are killed by their batterers each day; a rape is committed in the United States every six minutes.28

Internationally the statistics are not any better. For example, in Nicaragua 44 percent of men admit to having beaten their wives. In Peru, 70 percent of all crimes reported to the police are of women beaten by their partners. In 1985, 54 percent of all murders in Austria were committed within the family, with women and children constituting 90 percent of the victims. In Papua New Guinea, 67 percent of rural women and 56 percent of urban women have been victims of wife abuse. Of 8,000 abortions performed at a clinic in Bombay, 7,999 of the fetuses were found to be female.29

Similar to Freud’s theories, many psychological models of female development and female “disorders” fail to look closely at what actually happens to girls and women in the nuclear family, which is, in itself, a reflection of and preparation for what happens to women in a patriarchal society: they are often hurt, violated, derogated, and even terrorized in their own homes. They are also limited and constrained by the dictates of traditional femininity, which most religious traditions uphold.

Any psychological approach to understanding gender problems (such as eating disorders) must include not only the early years of childhood but it must also consider social and religious influences on a female’s development. An approach that fails to integrate these data and this crucial aspect of women’s experience is, at best, myopic.30 A survivor’s social, theological, and familial context as well as her experience of that context are instrumental to understanding the multiple layers of meaning that shape her identity.
Shared Themes

Sexual invasion by a trusted relation goes beyond a physical injury; it is a narcissistic violation. Because these experiences occur early in the development of the child, her sense of who she is in relation to others—her world—is shattered. A core betrayal is imbedded in her memory from the onset of her interactions with her emotionally immature parents and caregivers.

When I use the term narcissistic, I refer to a formulation of self-psychologist Heinz Kohut. Kohut came up with the diagnosis Narcissistic Personality Disorder when he discovered that disturbed people in his clinical practice had problems that seemed to trace back to their self-structures (or their sense of self), which had not properly formed in the first few years of life. Almost invariably Kohut attributes the cause of such defects to be unempathic caregivers who fail to help the child achieve a cohesive self by mirroring the child’s accomplishments appropriately. He maintains that today’s typical patient is “Tragic Man,” child of an unempathic mother and an absent father. Kohut does not believe that this split, fragmented, or alienated self is an inevitable consequence of the human condition, rather, that it is a specific historical formation prevalent in the twentieth century. He does not critique the patriarchal familial backdrop that makes for “Tragic Humanity” but feminists who use Kohut’s work often draw out these themes.

Swiss psychoanalyst Alice Miller has taken self-psychological and object relations theory—a theory which gives primacy to interpersonal relations (real and imaginary)—and applied it to children who have been abused or emotionally neglected in the home. Miller’s claim is that a child’s aim is to please her primary parent because her life depends on it “like a small plant that turns toward the sun to survive.” Children look to their caretakers to meet their narcissistic needs: respect, echoing, understanding, stroking, sympathy, and mirroring. These are the same needs that their parents had when they were children. If these needs were not met for them then, they will look to their own children to meet them. Miller calls this dynamic of role reversal narcissistic wounding. The adult’s narcissistic needs compete with the child’s and usually dominate over the age-appropriate needs of the child. In response to the demands that are placed on them, children learn to “take care of” their parents—to develop a false self or “little adult” to survive.
In the case of incest, a child-victim develops a "little spouse" persona to survive. This pattern is passed from generation to generation.

Both Kohut and Miller see the therapist's role as drawing out the troubled person's "true self" through offering empathy and narcissistic reparations. The "true self" refers to the spontaneous aspects of one's personality that would emerge if an environment were, more often than not, safe and affirming. The notion of one "true self" that we could reveal or conceal is a fantasy. More likely, we are a mass of social constructions in which particular situations are continually redefining who we are. We are relational beings who wish to be valued and to belong, and most of us go to various extremes to make such "mattering" feel real, depending on the degree of "not mattering" that we have experienced.

In cases of incest, even if parents are not direct sexual offenders, if they minimize, deny, or resist the knowledge of their daughter's experience of being violated, they collude with the perpetrator in his traumatization of her. Because of this betrayal by parents, the child-victim has to develop ways of dealing with intimate physical and emotional harm and neglect.

In a paper on the "fate of bad objects," W. R. D. Fairbairn, an object relations psychologist, addresses the question of why the child deals with bad objects (negative aspects/memories of the parents) by internalizing and then repressing them, imagining the objects good and the child bad. Fairbairn believed the potency of his answer would best be framed in religious terms, "for such terms provide the best representation for the adult mind of the situation as it presents itself to the child." 37

It is better to be a sinner in a world ruled by God than to live in a world ruled by the Devil. A sinner in a world ruled by God may be bad: but there is always a certain sense of security to be derived from the fact that the world around is good—"God's in His heaven—All's right with the world!": and in any case there is always hope for redemption. 38

When Fairbairn was asked, "But could not the child simply reject the bad objects?" he answered, "No, for however bad the parents may appear to be, the child cannot do without them; the child "is 'possessed' by them, as if by evil spirits." 39 This claim is demonstrated in the experiences of Stephanie (one of the survivors I interviewed who was raped by her grandfather and ignored by her parents). Stephanie claims
that her abuser inseminated her with evil through incest: “It has always been my firm conviction that you were not born sinful, that somebody had to plant a seed of sin deep inside of you.”

Fairbairn sees the task of therapy as one of releasing bad objects from the unconscious. For him, the psychotherapist is the true successor to the exorcist. “[The therapist’s] business is not to pronounce the forgiveness of sins, but to cast out devils.” Fairbairn sees the task of releasing bad objects from the unconscious. For him, the psychotherapist is the true successor to the exorcist. “[The therapist’s] business is not to pronounce the forgiveness of sins, but to cast out devils.”

One among my many aims in this project is to help the reader see that adaptive coping behaviors emerge for the survivor of incest largely to repress the post-traumatic terror—which often feels as real as the atrocious abuse events themselves. A further traumatic sense is due to the terror of betrayal—having no social (outer) acknowledgment of or protection from such a horror. Such adaptive behaviors—as multiple personality disorder, borderline personality disorder, creating a false-self, self-injury, binging, starving, or binge-purging—are often adaptive aspects of surviving a traumatic childhood. Too often the aftereffects and the survivor of incest herself are quickly labeled pathological. Such easy dismissal is tantamount to denying her the integrity of her survival skills and the devastating impact of her incest history.

**Early Onset of Abuse**

Seven of the nine women interviewed suffered their first sexual violation in the first five years of life. Two remember being in diapers when they were first violated. An early onset of sexual trauma is one shared theme.

*In your memory, when did the abuse start?*

Stephanie remembered being abused at age three. She claims, “It’s my first memory ever.” She was left at her maternal grandparents on the weekends:

At night my (maternal) grandfather would come in and I would see his face with eyes glazed over, looking at me. His eyes are a particularly terrifying memory to me. This weird smile. He’d then hold a pillow over my face and would touch me with his hand and genitals, and my sister says she’s had weird dreams of remembering him doing that to me in the same way, that she witnessed it.

Threats of violence may always be present even if violence is not exercised. Feeling terrorized, Stephanie spoke of feeling “so alone.” Ste-
phanie's sister, twenty years later, confirmed Stephanie's experience of incest in the family right after being raped by a stranger—the family abuse memories burst into her consciousness.

Haddock grew up in a family where incest was the way her parents, grandparents, and relatives related to the children. The vehicle for the incest was a religious cult. This cult group performed ritual abuse and held religious ceremonies that usually involved sadistic violence against children and animals. Every adult relative of Haddock's belonged to this cult and participated in sadistic incestuous abuse.

I remember Aunt Maude was masturbating me for sure at 18 months. I don't know—if she's the only memory I have, I just remember her long red fingers inserting themselves inside my little kid vagina. I have no memories of anal abuse, although I was given enemas before the ceremony... apparently it was part of their technique to arouse the child so the damage was minimal. Uncle Tom was first. I mean, he—he just shoved it in... and there's blood all over the place and I'm gone. And then behind Uncle Tom, hidden from my view was my dad, and he's masturbates and he comes up and performs oral sex, and there's blood all over his mouth, and his eyes are like in Mars. He has no—it's like I'm not even a person. Then he puts his penis inside me, and then he thrusts—but he pulls out and ejaculates on the floor. And then—that's the end of the memory. There is blood all over these guys. I only saw my dad excited like that once—once more in my life, it was Aunt Maude's funeral when he was looking at my six-year-old cousin Mike. So I believe dad's a pedophile, pure, plain, and simple.

Emotional numbness, sometimes referred to as emotional anesthesia or an "arrest in the development of affect," characterizes the most severely traumatized children. In the worst case, the child may become psychologically dead and psychically closed off. Haddock speaks of being gone in reference to how she coped with the horror of her abuse. She then repressed these threatening feelings in childhood because there was no other way to survive them. There was no place for her to be validated in them. She split-off a range of feelings to cope and did not even "know" or remember what happened to her until she found a safe place to go to be heard and supported in integrating these hidden emotional fragments of herself.

In the case of Natalie, she is not able to recall the full details of what happened to her, which is far more common in incest reporting.

I'm not sure exactly when my dad started molesting me. It could have been even in infancy, but I know it was going on when I was about three, and possibly up
through five, six, maybe later than that. So I'm not really sure about when it started and when it ended but I know it was happening when I was three, four, five . . . and the way that I know is because I've gotten in touch with that part of me that has body memories. And that's how old I am at that—at that stage.

Many survivors can remember detailed images, feelings, sounds, smells, and tastes as clearly as though the abuse were happening in the moment. Most find their memories to be confusing and vague. Important parts of the story may be missing, and survivors may have difficulty putting the pieces together to form a complete narrative with an accurate time sequence. Although traumatic childhood memories are deeply engraved, they are not stored or retrieved in the same way as ordinary memories. Many survivors have a period of amnesia after the abuse, followed by delayed recall. In a recent, careful follow-up study of two hundred women with documented childhood histories of sexual abuse, one in three did not remember the abuse twenty years later. In 1992, a well-funded organization called the False Memory Syndrome Foundation sprung up arguing that victims of sexual abuse are brain-washed to think they are victims by their support groups and overzealous therapists. Such a group takes the spotlight off alleged perpetrators and places it back on victims of sexual crimes in the family—a familiar focus that keeps the cycle of public and family denial in place.42

Samantha also has a vague sense of her incest experience,

I think my abuse was—I think it must have been when I was really, really little. Something happened where I was penetrated orally and vaginally while my diapers were being changed, I think by my nanny—like I have this image of a screaming baby. I mean it's a feeling of terror, you know? Another time, when I was twelve, I can even remember the dress I was wearing. I remember my mom saying to my father, "Samantha is growing breasts." My father got this look on his face that I—you know, once I remembered it, I see it before me. It—this sort of [long pause] ecstatic— it was, you know ecstatic happiness, sort of, "Oh, look, I am going to be a really bad little boy here." I don't know, I can't explain it. And he came over and felt my breasts.

With a deep sense of despair, Samantha sighed, "My whole life has been affected as a result of abuse, and it's hard to know whether the damage was mostly sexual, physical, or emotional, because all of it went on."

Women who abuse children in their care often are reenacting their own abuse or are expressing hostility or projected self-hatred.43 Other mothers, like Samantha's, do not directly abuse the child but facilitate
the abuse of their daughters by the men in their family and minimize the
offenses against them by normalizing sexual objectification in the family.
Samantha’s mother would often bring her son into the bathroom when
Samantha was showering. Her claim was that she “knew he would be
curious about girls someday” and that “it was okay to take a peek at his
sister instead.” Other mothers of the survivors interviewed were unable
to recognize their role in silencing the child who was suffering incest.
Note the case of Janine:

When I was four, I was sexually molested, digitally, by my babysitter (a sixteen-
year-old male neighbor) and that was my first experience, as far as I can
remember. I was also subsequently mauled by my uncle and my dad in sexual
ways. My dad was the most offensive. He always made comments and innuen-
dos about my sexual appeal to him; even when I was ten years old he would ask
me to try on clothes and string bikinis and model them for him. At other times
he would have me perform sexy dance routines. I don’t really have memories of
not feeling like a sexual object. Of course, my mother was numb to it.

Estrangement between mother and daughter leaves the daughter emo-
tionally vulnerable and without adequate support and protection.

Broken Trust—Felt Powerlessness

Who could abuse a child? A sexual offender is someone in a position of
power or authority who exploits that power by manipulating, by seduc-
ing, and by sexually invading one less powerful than him or herself. This
violating of boundaries and trust can wreak havoc on a child’s percep-
tion of herself and her world. When a child is given the message that the
older people who know her will love her and protect her, and then
instead an older, trusted member of her family abuses her and no adult
validates the reality of this assault, the child’s sense of reality becomes
distorted. Such a distortion is narcissistically and socially wounding. A
feeling of powerlessness ensues because no one will hear or protect
her from the ongoing abuse. The child who has been sexually abused
is harmed further if she tells someone and is not believed. She is
doubly wounded if she is encouraged to trust in God for her safety. (See
more about the devastating role of paternalistic theology in chapters 5
and 6.)

The child who is being sexually assaulted is trapped in a private,
impossibly confusing world that gives no validation to the crime of the
incest experience. The incestuous intruder into the child’s private world is “like a monster that inhabits her closet: He threatens her only when she is alone, and she must find her own ways of coping with his overpowering presence.”

“Regarding your abuse, any idea whether anyone else knew about it?”

Cherise told me that the only people who knew about her father’s abusiveness have died: “My mother committed suicide when I was seven years old; she was twenty-eight.” After the successful suicide attempt by Cherise’s mother, her father told her, “Your momma was crazy, and she jumped into Lake Erie, and she’s dead. And we’ll never ever speak about her again.” Cherise told me that his sexual and physical abuse of her began very quickly after her mother’s suicide: “Every day he began with degradation rituals.” At these times her father would molest, beat, and rape Cherise and then degrade her with a litany of abusive remarks about her body size. Cherise remembers how her grandmother would threaten her father, and felt especially protected from her father when her grandmother was around. She told me she would never forget the day her grandmother died: “But I remember when I was ten, finding out from my father that my grandmother had a heart attack. And—and it was like the gates of hell had opened. I knew it was—this is it, I’m dead—I knew I was dead ... it was like the one person that was protecting me was gone.” Cherise told me her childhood was full of loss, “first my mother, then my grandmother, and to be left alone with my father—my father was psychotic.” Cherise later found out from her cousins that her mother was her father’s third wife, and that all had committed suicide. She added to her list of loss when she said, “My brother also jumped off a bridge into the same lake my mother did. I’m convinced he took his life as a result of residual effects of years of abuse, absolute years of abuse.”

Natalie recalls her father’s abuse through “body memories.” She claims, “I know that I was sexually molested by my dad as a child. I don’t have cognitive memories of it but I’ve had a lot of body memories of it. I tend to think that my mom was kind of turning her back on it.” Janine remembers a time when her nine-year-old brother and his friends pulled down her pants in a kind of “we’ll-show-you-ours-if-you-show-us-yours” game. She says,
I remember running home crying like I was going to go to hell for sure, and I remember telling my mom that this happened, and my mom said, “Don’t worry, I won’t tell your father.” And, it was interesting that it was assumed that I really was bad and, like a good Catholic, I got the message that I was sinful. She gave me the feeling that I am bad and that she’ll keep it our little secret. Anything that sexually happened to me or was wrong would have been blamed on me. I got that message very early. I was five years old.

Janine told me that she felt there was no point in telling anyone about being abused; she was sure she’d be blamed: “I thought that the physical punishment would be much worse than carrying around all that shame.”

In a patriarchal culture, more often than not, a heterosexual woman’s first loyalty is to her male partner, on whom she is financially and emotionally dependent, regardless of his behavior. She sees no other choice. One theory is that maternal collusion in incest, when it occurs, is a measure of maternal powerlessness.

Melinda believed her mother knew about the sexual abuse of her by her father and brother and his friends, though she hesitates to blame her mother: “She never said anything to me directly about it. And I—and I don’t remember trying to tell her about the rapes. I—I don’t remember. Though it seemed to me that I was screaming it in my body and in my mind, but I don’t remember words.”

Stephanie spoke of frequently being dropped off with her maternal grandparents for weekend visits. It was during her stay there that she and her siblings were molested by their grandfather. She remembers when her parents would come back to pick them up on Sunday nights: “When they arrived, I wouldn’t look at them, and I wouldn’t go to them. I was in a shell for a long time. But they don’t make any connection with sexual abuse about that, they think it’s a kind of cute little story.” Stephanie recalls that when she had to stay with her grandparents she felt “horrified.” In her words, “I mean I was in absolute terror, just absolute, heart-stopping terror.” Stephanie later told me she felt her perpetrating grandfather had the power to kill her: “I think I might have been smothered a little bit by him so that I wouldn’t talk or scream or whatever.” She told me she felt he had the power to taint, even ruin her: “He was decimating me as well.” It is clear to me that Stephanie has taken in her offender’s shame and gives religious meaning to such shame by calling it an “evil force.” In her words, “I felt that this man planted
this evil root and that this evil root took hold inside of me because of what was happening. As I child I thought he was a monster.”

In situations of terror, people spontaneously seek their first source of comfort and protection. “Wounded soldiers and raped women cry for their mothers or for God.” When this cry is not answered, the sense of basic trust is shattered. One theory on trauma and abandonment holds that “traumatized people feel utterly abandoned, utterly alone, cast out of the human and divine systems of care and protection that sustain life. Thereafter, a sense of alienation, of disconnection, pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion.”

Most of the survivors interviewed knew without question and learned through devastatingly painful experiences that nobody would give serious credence to their fears. A mother may have been the most incredulous and punishing after being told, not because she was indifferent to the child but because she has been culturally constructed (and thus psychologically compelled) to protect her trust in the basic decency of her male partner and the fundamental security of adult society. Psychiatrist Roland Summit claims, “Since an adult assumes that other decent adults don’t commit incest, and since it is generally believed that children wishfully imagine incestuous experiences or fabricate groundless accusations of sexual assault, it is predictable that most women will reject any hint of incest given by their children.” Only an unusually secure and perceptive woman can reward her child for sharing with her the bad news of an incestuous relationship. How many women have networks of support available to help them find safety and shelter for their family and resist further abuse?

Identity Confusion/Divided Selves

Thus play I in one person many people, and none contented.”

—Shakespeare, Richard II

Because incest is a form of chronic traumatic stress, it can lead to a host of initial and long-term aftereffects. Especially when a child-victim has nowhere to turn for validation of her reality, she may begin to doubt her understanding of that reality. Because she is experiencing one thing
(sexual abuse) but is told that she is actually experiencing something else (love, care, protection, or nothing at all), she feels divided in her perception and in her self-construction. This mistrust of her perception often follows her into adulthood. She continues to doubt her perception of the world. Her confusion is felt microcosmically both in her body consciousness and her sense of who she is in relation to others.

Most survivors experience a sense of identity confusion or a divided self-construction. One part of the self performs as a “normal” obedient child and the other part or parts carry the child’s emotional world, which is the result of her experience of being terrorized.

“How did you cope with these experiences during and after the abuse?”

Haddock gives the following account:

[After my uncle raped me when I was five] . . . the rest of my memory is I’m up to the right looking down on this little kid. At other times when I was being tortured or molested, I would mentally hide behind things and watch or underneath things and peek out periodically.

And Melinda:

I can remember learning how to float up to the ceiling and I could even float out the window, I was very talented. I learned to do that around age four. I remember searching inside myself since I had nowhere else to search, for how to do that. I remember doing that. I split . . . split off from myself. Too, I created parts of myself to handle these things. It’s a survival mechanism, and it has nothing to do with your creativity and intelligence. It has to do with a survival instinct.

Both Haddock and Melinda have been diagnosed as having dissociative disorders. Dissociative disorders, including multiple personality disorder, are diagnoses particularly applicable to severely abused incest survivors. The DSM-III-R lists the essential feature of dissociative disorders as a disturbance or alteration in the normal integrative functions of identity, memory, or consciousness. The aim of dissociation is not to experience, not to remember.

Milder forms of dissociation include separating oneself from real and present atrocities through dreams and fantasies. Cherise’s story is a good example of a milder form of dissociation:
I dreamed that there was this alien family that would come and tell me that I really didn't belong to this man and they were gonna take me away. I couldn't wait to go to bed at night, it was my comfort, this family. This went on for years. And it wasn't until I was twelve, I— I remember mentioning it to a teacher, we were discussing dreams and how every night we dream and we don't remember. And I said, "I do." She said, "Oh, well tell us one of your dreams." And I told her my dream and she just looked at me. She said, "My God!" And I said, "I've had the same dream since I was eight years old." And the look—it was the first time I realized that this was not a normal dream. And I never shared it with anybody else.

Janine remembers the time she told her mother she was "splitting in half, I mean it... right down the middle." Janine recalls her mother’s response, “Oh honey, all young kids feel that way during adolescence.” It is as if Janine’s mother knew firsthand what her daughter was talking about and yet could not validate her daughter’s experience, possibly to avoid being threatened by her own memories of abuse. Janine posits her divided self at that time, “I think at that point I was truly living a double existence. On the outside I was this friendly cheerleader-type who was always smiling and affirming everybody, and on the inside I vacillated between crying for help and wanting to die.”

One label for this dynamic is called vertical splitting. It is thought to be a common response among incest survivors. Currently it is well recognized as a coping mechanism by many clinicians. Dissociating serves many purposes. It provides a way out of the intolerable and psychologically incongruous situation (double-bind), it erects memory barriers (amnesia) to keep painful events and memories out of awareness, it functions as an analgesic to prevent feeling pain, it allows an escape from experiencing guilt, it may even serve as a hypnotic negation of the sense of self.

Most psychologists believe that a secure sense of attachment with caring others is the foundation of personality development. When this connection is shattered, the traumatized person experiences psychic dissonance, she loses her basic sense of self. Developmental conflicts of childhood and adolescence—struggles over autonomy, initiative, competence, identity, and intimacy—are destined to be replete with a sense of powerlessness. Because the developing child's positive sense of self depends on a caregiver's benign use of power and the parent perverts that power by sexually objectifying her, the child never feels an innate sense of self-regard, integrity, value, or self-respect. Her chance for
developing a sense of interdependence in relation and personal sense of
agency are seriously hindered from the onset of the abuse.

At the moment of trauma, almost by definition, the individual’s point of view
counts for nothing. In rape, for example, the purpose of the attack is precisely to
demonstrate contempt for the victim’s autonomy and dignity. The traumatic
event thus destroys the belief that one can be oneself in relation to others.53

A betrayal of trust also destroys the trust one could otherwise develop
in oneself. A hypervigilant preoccupation with one’s appetites (both
sexual and physiological), seen with women survivors who develop
eating disorders, makes perfect sense if we understand the core dynamic
to be one of abandonment. Such emotional desertion by caretakers
results in an inability to trust and naturally manifests itself in one’s
relationships to others, the self, and the body.

Psychologist David Finkelhor integrates the dynamics, the psychologi-
cal impact, and the behavioral manifestations of the effects of sexual
abuse.54 He names these effects *traumagenic* and divides them into four
categories: (1) traumatic sexualization, (2) stigmatization, (3) betrayal,
and (4) powerlessness.55

*Traumatic sexualization* refers to a process in which an individual’s
sexuality, including both sexual feelings and attitudes, is shaped in a
developmentally inappropriate and interpersonally dysfunctional fash-
ion. This process may result in a premature eroticization of the abused
child, who then relates to others in an erotic manner.56 Traumatic
sexualization may also result in the persistent intertwining of sexuality
and arousal with the sense of shame and guilt often associated with the
traumatic event. And while unsatisfactory resolution of developmental
conflicts over autonomy leaves any person prone to shame and doubt,
these feelings are felt acutely in the trauma survivor.

Shame is a response to helplessness, the violation of bodily integrity,
and the indignity suffered in the eyes of another person.57 Doubt reflects
the inability to maintain one’s own separate point of view while re-
main ing in connection with others. In the aftermath of episodes of abuse,
survivors doubt both others and themselves. Many diagnose themselves
as “crazy.”

A related concept is psychiatrist Frank Ochberg’s *negative intimacy*,
a component of post-traumatic stress that the victim must confront
therapeutically to resolve feelings of repulsion and degradation. Negative intimacy is the intrusion of an undesired sexual experience, by someone known to the victim, which invades personal space and provokes associations of disgust and even self-loathing. The one being exploited is made a spectacle not only to her exploiter but to herself. She is forced to watch and experience herself being exposed. Sexual and physical attraction, which in her future might be desirable, is forever tainted by these earlier exploitive experiences. What could be desirable (sexual intimacy) becomes repulsive because of its association with the survivor’s past degradation (sexual violence).

**Stigmatization** refers to the negative connotations (badness, shame, guilt) that are communicated to the abused person by the perpetrator and often are subsequently incorporated into her self-image. His guilt becomes her shame. Many perpetrators disavow their guilt through the use of a variety of strategies including projection, rationalization—“You know you want it”—and denial. If that fails to expunge them of their guilt, they may attempt to justify the abuse on the basis that it is deserved by the victim. The survivor is often overwhelmed with shame and dread about her worth as a result of introjecting the perpetrator’s guilt.

**Betrayal** for abused children refers to the dynamics in which children discover that someone on whom they are dependent (the perpetrator) has harmed them or failed to protect them (the co-offender/silent witness). For adults, betrayal issues tend to relate to a sense of a “just world,” wherein victimization does not come to people who do not “deserve” it. Such child-victims often blame themselves and see their environment and even their bodies as having betrayed them. They find themselves feeling chronic vulnerability and a sense of meaninglessness, and often have a self-perception of inefficacy.

**Powerlessness** is the feeling engendered when a child-victim’s will, desires, and sense of efficacy have been overcome or are subverted continually. Issues of powerlessness are particularly crucial for adolescents, who normally are struggling developmentally with issues of dependency and identity, and for children, who are vulnerable in any case. In incest situations, abusers often emphasize the victim’s helplessness as a control technique. If the victim resists her attacker/seducer often, the offender will escalate the offenses—becoming violent—to further
humiliate the victim into submission. One survivor told me, "He was nice to me when I was very young, and when I reached adolescence and started refusing to play his games he got sadistic."

These trauma dynamics are not limited to one part of a linear process. They operate before, during, and after the sexual contact. In a patriarchal culture, where parental power—especially paternal power—is defended at all costs, trauma dynamics surely apply as much to disclosure and intervention as to the abuse itself. Thus much of the stigmatization involved in the sexual abuse may occur after the experience itself, as the child encounters reaction among family, friends, and acquaintances.

These traumagenic dynamics also can be applied to the child's life prior to the abuse. The four dynamics are ongoing processes, and the impact of the sexual abuse always needs to be understood in relation to the child's life beforehand. For example, a child may have experienced a substantial amount of betrayal from other sources prior to the abuse, where the loyalty of significant others was continually in doubt. The betrayal of sexual abuse may be all the more serious because it is a compounding of a scenario that already existed. Traumagenic dynamics can be used to analyze sexual abuse as a process, rather than simply an event.63

As I stated earlier, it is a well-known fact that many mothers who do nothing to protect their daughters from abuse are particularly dependent on their partners, both financially and emotionally. Such women often have a history of being raped or molested themselves as children and as a result are particularly needy, insecure in their worth and femininity, and absorbed in their own unmet narcissistic needs.64 But no degree of maternal absence or neglect constitutes an excuse to tolerate paternal incest (unless one accepts the idea that fathers are entitled to female services from their entire families, no matter what the circumstances).65 It is precisely this attitude of male entitlement that characterizes the incestuous father and his apologists.66 Mental health professionals must scrutinize their gendered worldview and check their sexism at the door, if they are to be of any long-lasting help.

Multiple Personality Disorder

If the sexual trauma is chronic, a coping device called multiple personality disorder (MPD) may emerge. Not until the early 1980s did psychia-
trists make the connection that patients with MPD almost invariably (95%) had been sexually or physically abused. Multiple personality disorder has undergone rapid analysis alongside an exponential growth in known cases. Women with MPD outnumber men by at least four to one.

Fragmentation of the self into dissociated alters (inner characters created to carry overwhelming emotions) is the central feature of MPD. The array of personality fragments usually carries shattered aspects of the self, as in Haddock's case. She has a compulsive cleaner named "Priscilla" and an extremely sensitive alter named "little Priscilla" who "carried my pain." Often personality fragments include at least one "hateful" or "evil" alter, as well as one who is an impeccable performer along status quo lines.

While helping professionals should honor the survival techniques employed by each survivor—for they enabled her survival—they must be wary of crossing over into pathologizing or valorizing such symptoms (such as MPD or dissociation). These symptoms emerge as a result of the violence, and because these dissociative devices succeed, a terribly unjust distribution of the emotional burden is carried by the survivor.

In Melinda's words, "[A multiple personality disorder] is a survival mechanism and has nothing to do with your creativity and intelligence." Multiple personalities cause the survivor rather than the society or family to bear the burden of her victimization.

Borderline Personality Disorder

Some MPD symptoms are also found among people who have been diagnosed as having borderline personality disorder. People with borderline personalities, unlike people with multiple personalities, are thought to lack the dissociative capacity to form fragmented alters, but they have similar difficulty developing an integrated identity. For the borderline patient, inner images of the self are split into extremes of good and bad. An unstable sense of self is one of the major diagnostic criteria for borderline personality disorder, and the "splitting" of inner representations of self and others is considered by some theorists to be the central underlying problem of the disorder.

The common denominator of the two disorders is their origin in a history of childhood trauma. In the case of MPD the etiological role of
severe childhood trauma is at this point firmly established. In a study of one hundred patients with the disorder, ninety-seven had histories of major childhood trauma, most commonly sexual abuse, physical abuse, or both. Extreme sadism and murderous violence were the rule rather than the exception in these harrowing histories. Almost half the patients had actually witnessed the violent death of someone close to them, as in the case of Haddock, who not only saw her parents mutilate animals but also saw her relatives, who were part of the same religious cult, take the life of a young black boy and a white teenage girl. In Haddock’s words,

My inner kids tell me they saw a little black boy hung—I have reason to believe that the cult members had ties to racial superiority. Another time, I woke up crying one day, I had a memory of a white girl—I was supposed to die but they took her instead. Her eyes were just so sad. And she was maybe fourteen when I was eight. I have memories of my cousin Davey bringing in a dagger—and his hands in my hands bringing a dagger down. I have a personality named Little Priscilla. In the ceremony they had done something to this horse—they killed it. But the head was sort of okay and the body was all bloody and icky and sticky. And it wasn’t dead yet, and Little Priscilla went up to it, and it looked at her with its eyes and she just petted its little head until it died. And the fact is, up until I uncovered a personality who carried my pain, I never felt any pain in my life.

Seeing a black child and a young white girl being murdered are early lessons *writ large* that have the intention of indoctrinating, through terror, young participants to respect and observe the gendered and racist hierarchy of their culture. Many cults, besides the Ku Klux Klan, are caricaturing wider cultural values. Melinda also saw animals being killed by her perpetrators and was forced to kill animals herself by the teenage boys who gang-raped her. Her offenders warned her: “If you talk, we’ll do the same to you.”

Another study found that 81 percent of borderline personality patients have histories of severe childhood trauma. The abuse generally began early in life and was severe and prolonged, though it rarely reached the lethal extremes described by patients with multiple personality disorder. A well-integrated self based upon a whole, stable experience becomes extremely elusive for a woman who has been sexually assaulted and objectified. Instead, her own viewpoint is splintered. She may see herself from the perpetrator’s perspective. Her “good” self is an innocent memory (herself prior to the trauma). Her “evil” self is the introjected perpetrator. This splintered experience or divided self-con-
struction is inscribed into her sexuality and is central to the psychologi-
cal “disorders” to which many survivors are prone, including multiple-
personality disorder, borderline personality disorder, depression, and
eating disorders.74

Broken Narrative

Many survivors have difficulty not only remembering their history but
coherently assessing their past. Thus, under the conditions of chronic
abuse, fragmentation becomes the central principle of personality orga-
nization. Fragmentation in consciousness prevents the ordinary integra-
tion of knowledge, memory, emotional states, and bodily experience.
Though all the survivors interviewed were able to graduate from college,
most felt that their ability to be fully attentive in school was severely
hindered by their preoccupation with trying to solve double-binds: “If
he loves me, why does he abuse me,” or “My family looks normal from
the outside, what’s wrong with me on the inside?”

A pastiche of inner representations of the self prevents the unification
of identity. Such a shattered consciousness is discerned through listening
to the survivor’s attempt to recall her history. Natalie offers an example
of how difficult it is to have full memory regarding an intolerable be-
trayal by both parents.

One cognitive memory I have—I think this is kind of where my memory is cut—
I remember being in bed with my dad, and I think my mom was on the other
side of me, I was between my mom and my dad. And—and I’m not sure that
my mom was there, but I know that my dad and I were in my dad’s bed, in my
dad’s room—[they had separate bedrooms]—and I remember his hand being
on my stomach, and it was—it was not right on my tummy, what—I called my
tummy then, it was too far down. And I remember thinking, “Oh, my God, he’s
just an inch from my vagina,” you know. I remember feeling that, you know,
that—that—kind of terror. Then the memory cuts off.

I use the term broken narrative75 to describe this phenomenon. A broken
narrative is a sense of being able to summon only parts of a scene from
one’s past, like having access to only a single frame or two rather than
access to an entire film.

Melinda reveals a kind of psychic amnesia76 when she talks about
living with her family: “I don’t have many memories of being with my
family. I don’t remember sitting at a table. I don’t remember eating with
my family until high school. I have no memory. I was really like a walking skeleton. Our house was like Dickens' *Bleak House.* Ironically, that was one of three books we had in our house. When trust is lost, traumatized people feel that they belong more to the dead than to the living. Especially when abuse is chronic, the person may find the notion of death (severing from their lived reality) comforting.

**Recurring Trauma**

"How did the abuse affect you even when it wasn’t happening in the moment?"

According to Melinda,

At age four, I started having this recurring sort of night trauma. Whenever I would be trying to fall asleep, everything would start flipping and spinning, it was very internal. And it was this terrible thing—and it was uncontrollable. I couldn't stop it, I couldn't breathe, I was paralyzed, I couldn't move.

Melinda described her night terrors and claimed at times she could “hear things.” At other times she told me she could see things: “At that point it felt so real I thought it was the real thing and it was always a man coming into my bedroom. I would feel an intense fear.” Melinda lived with that fear from age four until age forty, at which point she found a medical doctor (and practicing psychologist) who in her words, “understood and was able to help me.” She was able to reexperience memories of her abuse in the presence of an empathic listener. Melinda says, “Since I started seeing her [four years prior to the interview] I rarely have this flipping and spinning stuff.”

Stephanie had dreams of her grandfather trying to kill her. She recalled:

He was an engineer so he had a lot of electrical equipment and blippy things and stuff like that in his little workroom where we slept. To this day I wake up in a cold sweat remembering the terror. I still get panic attacks when I feel those evil eyes staring at me. I can remember the fear—the fear was especially horrible at night. I would imagine monsters coming. I could see—I actually hallucinated almost—monsters.

To this day Stephanie cannot see scary movies, or read scary books because she “becomes disoriented.” She told me, “I lose my sense of who I am. It’s almost like being the same terrified little girl that I was
with my grandfather and I have to leave and pull myself together. I have to find a place where I can’t even hear it going on, I can’t hear the music, anything occult just drives me totally back.”

Janine told me of a period in her life when she would wake up in the middle of the night, “because I truly felt a dangerous presence in my room. I could hear my father’s voice say, ‘Shut up you bitch.’ ” Such night sounds occurred right around the first year that Janine had started believing that she was an incest survivor. She said, “I felt I was being tyrannized by his spirit to keep quiet . . . and he wasn’t even dead. I rarely slept through the night that year.”

According to Judith Herman, many symptoms of post-traumatic stress disorder fall into three main categories: hyperarousal, intrusion, and constriction.\(^7\) Hyperarousal reflects the persistent expectation of danger; intrusion reflects the indelible imprint of the traumatic moment; constriction reflects the numbing response of surrender.\(^7\) “People with post-traumatic stress disorder . . . have an elevated baseline of arousal: their bodies are always on the alert for danger . . . they take longer to fall asleep, are more sensitive to noise, and awaken more frequently during the night than ordinary people. Thus traumatic events appear to recondition the human nervous system.”\(^8\) PTSD, as noted previously, is a result of more than the sexually abusive events. Such traumatic symptoms are socially sustained as long as a survivor feels unsafe, is watched in a voyeuristic way, or feels vulnerable to further attack. Living in a patriarchal and violent culture where one in three women is raped at least once in her lifetime means a survivor must face a traumatic context daily, simply because she is female.\(^8\) Her fears are not without justification. She is not paranoid.

Isolation/Suicidality

“How did you feel carrying around this secret of being abused by a trusted family member?”

For most of Natalie’s childhood she blocked the traumatic experience from her memory. However, she could not avoid the memory of molesting her own brother when she was ten and he was five. Such an experience confirmed Natalie’s (offender inflicted) sense of shame: “This felt like total proof that I was a horrible person that I could do something so
awful. I felt like, I’m perverted in some way, that I’m stained, that I’m no good, that I’m horrible, that I’m a bad person, and that I’ve got this gunk inside of me, this like blackness, this rottenness.” Several times Natalie referred to a “rottenness inside of me that I am to blame for.” Clearly, she has internalized the perpetrator’s messages and protects him by identifying with his guilt through acting it out.

Renita also articulates the internalized shame of the perpetrator. Such feelings of guilt and shame are taken in through the abuse itself.

After my brother molested me I felt that something just happened to me that I can’t tell anyone about. And that changed my relationship with everybody, because now I could never be a part of someone, I am always going to be separate or I am not going to be in one [an intimate relationship]. I mean, no one would want me the way I am. I don’t know how to explain it. Like if today my life ended it would be no big deal.

Both Renita and Melinda reveal the predominant dread or the *life of grief* that seems to follow a survivor throughout her lifetime. Melinda claims, “The most painful part of it was that there was nowhere to go and talk about it. And so I had to hold all this in myself.” Too often people cannot hear what is happening to a child because the event is too awful to believe or it threatens the family system—the idea that must be maintained is that parents are benevolent and all is right with the world. Melinda articulates how such naiveté wounded her in her family:

This atrocity was happening to me in my own home, in my own back yard. And—and the severe pain of it—physical pain. I mean, I’m just talking about outrageous physical pain. There was no place [tearfully]—there was nowhere to go to talk. And so when you’re a child, you have to—you have to find a way. And I remember that as a child.

Janine claims she did not know whom to tell or what to tell them; all she knew was that she “couldn’t take the falseness anymore.” She reported feeling suicidal for six years of her life. In her words, “Several times, after getting my driver’s license, I would run stop signs in the hope of being killed. I was afraid to take my own life, though I often wanted someone else to take away my pain by ending my life. Even in college, I often imagined myself walking in front of a truck. Ironically, my dad owned a trucking company.”

Passive suicide or indirect self-destruction also reveals (in the extreme) generalized manifestations of trauma: helplessness, lethargy, lack of personal efficacy and depression.83
Most survivors who become extremely depressed tend to withdraw from potentially healthy relationships and avoid seeking social or medical assistance. The feeling of being malignantly marked, of being placed outside the covenant of normal social relationships, caused many of the women interviewed intense pain. The isolation they felt was compounded by their difficulty in forming trusting relationships. The legacy of their childhood was a feeling of having been profoundly betrayed by both parents. As a result, they normalized this experience and came to expect abuse and disappointment in all intimate relationships: to be invalidated in their felt experience, as they felt their mothers had invalidated and abandoned them, and to be exploited, as their fathers, uncles, brothers, grandfathers (and in rarer cases, aunts and mothers) used and exploited them. This nightmarish isolation and sequential rejection reinforce what becomes for the victim the most painful reality of incest: “It’s my fault. I brought it on myself. I’m so bad I invite trouble and make trouble for others. I’m not worth caring for. There’s no place for me in the world of reasonable, decent people. I’ll never be reasonable or decent. I’m crazy. I’m nothing but a whore.”

A study done by Judith Herman in 1981 with forty female incest survivors found that 60 percent of the incest survivors complained of major depressive symptoms in adult life. Thirty-eight percent became so depressed at some point in their lives that they attempted suicide. Twenty percent had times when they became alcoholic or drug-dependent. To cope with their despair and hopelessness of ever attaining a rewarding relationship with anyone, they vacillated between protective isolation and self-destructive activities.

Of the survivors interviewed for this study, four of the nine are regular attendees of Alcoholics Anonymous. Samantha was drug dependent on barbiturates for fifteen years, as she raised four children. In her words, “I lost so much weight after my last child was born and wasn’t sleeping much so my doctor gave me a prescription for phenobarbital. . . . I was hooked on it for fifteen years, plus two martinis with lunch and dinner.” Natalie claims she is concerned that she might abuse alcohol and drugs as she did when she was in high school and college—as a way to escape the experience of feeling like a perpetual victim. Natalie used these narcotizing substances to elevate her moods of depression and anxiety, “especially in relation to sexual encounters with the opposite sex.” Haddock vacillated between alcohol binges and eating binges.
for most of her adult life. Melinda begrudgingly attends AlcoholicsAnonymous because she knows she “needs support in not drinking,” but claims that AA is extremely harsh and the people there lack compassion for her history as a survivor of incest. She has decided never to share the primary reasons she would need to “pick up” the alcohol because she claims she knows she would only be scolded as “a typical alcoholic trying to make excuses for her addiction.” All of the above survivors are on psychiatrist-prescribed medication to enable them to cope with the overwhelming feelings of anxiety, a sense of guilt, and depression, the very feelings that set a compulsion to escape (through a mood-altering substance) into motion.

Survivors who abuse substances usually begin doing so as a way to manage the emotional pain, but then the substance becomes a problem in and of itself. These addictive behaviors tend to increase feelings of powerlessness, shame, and self-loathing, which in turn intensify the need to use and abuse substances. Furthermore, abusing alcohol and drugs decreases one’s ability to make and implement informed decisions and perpetuates a self-sabotaging cycle. In a climate of AIDS and other sexually transmitted diseases, a survivor of incest who is unconscious of these patterns is, in particular, at risk for infection.

Self-Injury

Abused children discover at some point that the feeling of perceived (and sometimes real, as in Janine’s, Haddock’s, and Melinda’s case studies) threats of death and abandonment cannot be abated with ordinary means of self-soothing. They learn at some point that these overwhelming feelings of fear and despair may be most effectively terminated by a major jolt to the body. Some survivors experience this result through the deliberate infliction of injury. These repetitive gestures and forms of attacks on the body seem to develop most commonly in those victims whose abuse began early in childhood. Observe the cases of Janine, Natalie, Melinda, and Haddock, all of whom were abused by age four.

“Have you ever abused yourself as a result of being abused?”

Natalie answers this way:

I would scratch holes in my skin until I was just bleeding and had horrible scars that became infected. If I got a bee sting or a mosquito bite or anything that was
itchy or that was a bump or that wasn’t smooth, I would scratch it down to make it smooth you know. Sometimes I would just literally dig holes in my skin [she shows me her right upper arm] and I have horrible scars on my legs and arms from that.

Natalie injured herself when she was feeling afraid or anxious. She said, “Inside I’d get panicky and feel like I was going to be a danger to somebody else; instead I would hurt myself.”

Melinda said she is most abusive to herself when she does not reach out for help when she needs it: “I tend to isolate.” She did recall a time when she would dissociate from memories through cutting herself.

There were times when I didn’t know I was doing this, but I would cut my hand and I wasn’t aware of it, it wasn’t totally conscious. I would just cut it, my hand, with a knife. Not really severely at all, but just [she shows me by angling her right finger across her left open hand] and then all of a sudden I would—you know, I would—I would wake up or I would notice that my hand had this cut. And you know, for a while I didn’t think anything of it. But then it was always like in the same place.

The goal of self-mutilation is usually the act itself (to injure) and not to cause death. A survivor may engage in it to demonstrate control and ownership over her body, to enact the abuse, to prevent further abuse, to feel something, or to feel anything other than the intolerable emotional pain. Haddock indicates a sense of not feeling ownership of her body and face and seems to abuse herself to break her denial.

I’m really surprised that I haven’t tried to mutilate my face a lot, because, you know, it’s just—I look at it and it’s not even mine. I have burned myself but the last time I did it on purpose was on Halloween, the anniversary of my first abuse memory. One of my alters wanted me to burn myself so that I wouldn’t feel anything. They used to do this to me without creating any real scars but finally this last time the blister popped and I can finally break the denial when I look at that scar and say, “Yes, it really happened.” You know, the blisters that didn’t pop you can hardly see. The one that did you can see [she shows me]. Every now and then I just kind of look at it, you know?

“Could harm done to women make them more willing to harm themselves?” A Radiance magazine finding showed that 50 percent of anorexics in one clinic had been sexually abused. Plastic surgeon Elizabeth Morgan explored the relationship between incest and the desire for plastic surgery after many of her patients admitted they had been victims of child sexual abuse: “I came to understand that many of them wanted
to erase the memory of the children they looked like when they were abused."  

There are many reasons a woman who has been abused might injure herself. Janine used self-injury to get her mother's attention. Like Haddock she wanted to break out of the denial.

One time I sprained my wrist doing gymnastics and when I reported the injury to my mom, she said, "This is the fourth time this month that we've had to run to the doctor for some minor sprain or another. If we go to the doctor's this time and he doesn't find anything wrong I'm going to be furious with you!" While I waited in the car for my mom to take me to the doctor's, I lifted my sprained [gestures with arm] wrist and swung it down hard against the dashboard with all my might. The doctor claimed it was just a hairline fracture but I remember feeling relief knowing that there was visible evidence to prove to my mom that I was in fact injured.

Survivors who self-mutilate consistently describe a profound dissociative state preceding the act. Depersonalization, derealization, and anesthesia are accompanied by a feeling of unbearable agitation and a compulsion to attack the body. The initial injuries often produce no pain at all. The mutilation continues until it produces a powerful feeling of calm and relief; physical pain is much preferable to the emotional pain that it replaces. Many do it to prove that they in fact have been hurt. As Haddock says, "I look at that scar and say, 'Yes, it really happened.' "

In all four cases cited above, the survivor needed to show me (the interviewer) the reality of her emotionally injured self by showing me where she had physically undergone injury.

Self-injury is also frequently mistaken for a suicidal gesture. Though many (38 percent) survivors of childhood abuse do indeed attempt suicide, there is a clear distinction between repetitive self-injury and suicide attempts. One theory purports that "self injury is intended not to kill but rather to relieve unbearable emotional pain, and many survivors regard it, paradoxically, as a form of self-preservation." Self-injury is perhaps the most dramatic of the auto-destructive soothing mechanisms, but it is only one among many.

Female survivors, socially engendered to be docile, are far more likely to be victimized or to harm themselves than to victimize other people. There are more female perpetrators, however, than are reported. Yet it is surprising that survivors do not become perpetrators of abuse more often. Perhaps because of their cultural devaluation and deep feelings of
self-loathing, due to internalizing the perpetrator’s perspective, female survivors, unlike males, seem most likely to direct their aggression at themselves. While suicide attempts and self-mutilation are strongly correlated with childhood abuse, homicidality is not.95

Re-offended Later in Life

Many child-victims cling to the hope that growing up will bring escape and freedom. But the personality formed in an environment of seductive and sometimes violent control is not well suited to adult life. The survivor is left with fundamental problems regarding bodily boundaries, basic trust, autonomy, and initiative. Living in a patriarchal and offending culture (whether she lives alone or not) means there is no place outside of her fear; there are no gender-neutral domains or violence-free spaces.96 For all these reasons, the adult survivor is at great risk of repeated victimization in adult life.

"Were you ever abused later in life?"

Haddock told me:

When I was about twenty-three a guy exposed himself to me. I was waiting for the bus to go back to school; I had been in a job interview. When I was twenty-six some guys that my mom said were our cousins took me and my sister to the beach. One of the guys pinned me down and I was knocked unconscious—I don’t—I remember kind of coming to—I—I was having my period, I had a Tampax in there. I couldn’t get that tampon out for three days. And I apologized to him, I said, “Jerry, I’m not gonna sleep with you tonight. My sister needs me.”

When Haddock went into her sister’s room to tell her that she had been raped, her sister responded, “You deserved it.” Blaming the victim of a sex crime is certainly common, but when one experiences such blame from a family member the pain and alienation it produces goes even deeper.

Cherise told me of the time she met a street artist who, in her words, “was absolutely gorgeous.” She said he was especially sweet to her and seemed to be a very sensitive man. She later found out that he was a rapist.

He was a pathological liar. After he raped me he said, “Well, what are you gonna do? I mean, who’s gonna believe you—you should be glad to even have
someone like me.” On one level I thought he was right. And then on the other level—this was—this is rape, you know, and so I just lived in this confused state, and this is where the whole body images come, because, I, you know, was obese at the time. So I didn’t have a sense of ownership of my body, I was like, “Well maybe he’s right; I mean how could I ever expect to get a gorgeous man like this?” Never mind that this man refused to be seen with me in public.

Note how Cherise felt a double bind: “On one level he was right” (she was obese and so felt worthy of abuse) and on the other, “this was rape.” Cherise reveals a belief held by almost every woman I interviewed, and that is “if I am thin I’m invulnerable.” Thinness seems to be a magical defense against violation; it can even give one the illusion that she is “undeserving” of rape.

Janine was date-raped by a man who was a member of an Adult Children of Alcoholics Anonymous group. She reported feeling deeply betrayed by him: “I cared about him and he violated my trust. The day after the rape, I had my first images of my dad sadistically torturing me. I cried as I wrote my ex-friend that I couldn’t see him any more because no one was ever going to hurt me again the way my dad hurt me. I got into a therapy group for incest survivors because of all this.”

When Margery was in graduate school she had a football player sneak up on her in the dark and attempt to rape her. She says, “I screamed so loud that I fell backward and he ran like hell.” Five years later Margery was raped by a minister she was dating. She said, “One day he got so angry at me that he pushed me down and anally raped me. That’s when all of my history of abuse with my grandfather surfaced. I was a wreck.” A common theme that emerged among several of the survivors interviewed was to have a sexual crime in adulthood trigger flashbacks of their sexually abusive childhoods.

Renita illustrates how disconnected she feels to her sexuality and how such a disconnection leaves her open to being used as an object—a common result of childhood sexual abuse. “When Don and I had sex I kind of felt like he used my body for his pleasure—I would just space out while he was trying to get off on me. I didn’t even know this was unusual until I told my therapist. And to say it out loud, now, is so scary [whisper].” The risk of rape, sexual harassment, or battering, though high for all women, is approximately doubled for survivors of childhood sexual abuse. In Diana Russell’s study of women who had been incestuously abused in childhood, two-thirds were subsequently raped.
Classic psychoanalytic theory has commonly portrayed a woman's repeated victimizations as clear signs of her inherent masochism. The earlier belief was that these women not only enjoyed physical pain but were addicted to repeated abuse. In reality, repeated abuse is not actively sought but is passively experienced as a dreaded but unavoidable fate, accepted as the inevitable price of a relationship. As a result of revictimization in adult life, many survivors experience even greater physical and emotional trauma, lower self-esteem, and a heightened risk of HIV and other infections due to unprotected sex.

Many survivors have extreme deficiencies in self-protection and self-valuation and as such are left with a feeling of a paralysis of will. Because they lack the self-worth, basic communication skills, and experience necessary to set and maintain appropriate limits with sexual partners, they feel they have no option but to tolerate abuse. In the case of Cherise, when her perpetrating father became ill she felt she had to minister to his wishes and needs. Haddock also claimed that if her father wanted her to have sex with him today, she could not say no: “I couldn’t refuse him today if he made a pass at me because of the kind of power he still holds over me.”

A well-learned dissociative coping style leads survivors to ignore or minimize social cues that would ordinarily alert them to danger. As a result they may repeatedly find themselves in vulnerable situations until they find a safe community or empowering relationships. Supportive and politically active connections may enable them to reconnect to their agent-centered selves and learn that they have rights that must be respected.