Surviving Incest: One Woman's Struggle for Connection

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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.

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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.

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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.