The Core Trauma of Incest: An Object Relations View

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Many of the mysteries of the incest experience revolve around the perplexing nature of the attachment between victim and perpetrator. One purpose of this article is to further professional understanding of the internal psychological experience of the incest survivor. Another purpose is to elucidate the meaning of the incest survivors' attachment and/or passivity with the perpetrator in an effort to liberate victims from society's "blame the victim" attitude. It needs to be understood that much of the incest victim's behavior is a desperate effort to remain attached to her caretakers. The psychoanalytic developmental perspective used here draws from the British Object Relations school, specifically, the work of Winnicott, Fairbairn, Guantrip, and Ogden. The position advanced here is that there is a common core to the trauma of incest for all victims.

Child sexual abuse is prevalent. Further, it occurs in all socioeconomic classes, all racial groups, and all geographical regions. There are many reviews of the rapidly developing literature on child sexual abuse. For example, the initial, early, and long-term effects of child sexual abuse have been reviewed (Beitchman, Zucker, Hood, DaCosta, & Alman, 1991; Beitchman et al., 1992; Finkelhor, 1990; Wolf & Alpert, 1991). These reviews clearly indicate that the effects of sexual abuse are often multiple, serious, and enduring. Other findings related to parental dynamics in incestuous families, psychological assessment, and treatment issues and treatment outcomes can be found in the October 1990 issue of Professional Psychology: Research and Practice, which contains a special section devoted to child sexual abuse and the review by Wolf and Alpert (1991). The focus of the present article, however, is not on what is known about incest but rather on some of the perplexities of incest.

Some Perplexities of Incest

The behavior of the incest victim is incomprehensible to some mental health professionals. Consider the most frequent form of incest, father- (or father figure-) daughter incest. Some aspects of the behavior of the victim—daughter are difficult to understand. For some, it is difficult to understand why the victim—daughter cannot prevent or halt the incest, which usually occurs over a period of time, often ranging from 5 to 10 years (Alpert, 1991, in press). Further, there is frequently confusion about why the victim—daughter maintains the secret of sexual abuse. Some do not understand why the victim may deny the incest after she discloses it. Although retraction does not always follow disclosure, it can and does occur. Further, some cannot make sense of the intense attachment of some victims toward the offender—father. Another area of bewilderment involves the relationship between incest and intergenerational risk. A large body of research supports the observation that the incest victim is at risk of being involved again, in a different relational context, (e.g., see Alpert, 1991; Alpert et al., 1991). That is, children who have been abused repeat the cycle of abuse either by abusing others or, more frequently in the case of female victims, by reexperiencing abuse themselves or through their children. The perplexing question is, Why do some victims reexperience the abuse in either the victim, passive aggressor, or active aggressor role?

Regarding long-term effects, the most frequently noted patterns associated with a history of victimization include depression, anxiety, self-destructive behavior, feelings of isolation and stigma, low self-esteem, difficulty in trusting others, somatic disturbances, eating disorders, a tendency toward revictimization, substance abuse, social isolation, and sexual maladjustment (Alpert, in press; Beitchman et al., 1992; Finkelhor, 1990). Regarding initial effects, empirical studies indicate the presence of symptoms in at least some victims. These include fear, anxiety, depression, anger, aggression, and sexually inappropriate behavior (Beitchman et al., 1991; Cosentino, 1991; Finkelhor, 1990). In addition, most studies indicate a substantial group of victims, ranging from 21% to 35%, who have few if any symptoms (Finkelhor, 1990). There are several "incomprehensibles" here. Some wonder how children can be seemingly asymptomatic following abuse. At the other extreme, others wonder why the effects of abuse are so devastating. Teachers, school administrators, and even mental health professionals have been known to say, "Just forget about it; the nightmare is over." These professionals cannot understand why the child or the adult abused as a child cannot return to the preabused state. A lack of understanding of the survivor's psychodynamics is
negatively affecting professional activity. An extreme example illustrates this. A child told a teacher that she was sexually abused by her father. In response, the teacher closely observed the child with the father. Noting that the relationship was warm and that the child did not seem to be afraid of the father, the teacher concluded that the father had not abused the child. Here, the teacher could not comprehend that a child would seemingly have no fear toward the alleged abuser—father. The point is that behavior around incest, including the behavior of the victim, offender, bystander, and professional is often difficult to understand and the failure to understand may limit interpretation.

Many of the mysteries of the incest experience revolve around the perplexing nature of the attachment between victim and perpetrator. We are hoping that a psychoanalytic look at this dynamic will enhance assessment, dealing with the disclosure, and the aftermath of disclosure around incest. The point is that much of the incest victim's behavior is a desperate effort to remain attached to her caretakers.

Purpose

One purpose of this article is to further professional understanding of the internal psychological experience of the incest survivor. A more specific purpose is to elucidate the meaning of the incest survivors' attachment and/or passivity with her perpetrator; it is hoped that such elucidation will help to liberate victims from society's "blame the victim" attitude. This article will not address all the perplexities of incest but will focus specifically on the underlying anxieties present in the incest experience and on the nature of attachment between parent-perpetrator and child—victim. We hope that it will move readers toward a greater capacity to respond to the incest victim and family.

The psychoanalytic developmental perspective used here draws from and is restricted to the British Object Relations School—specifically, the work of Winnicott, Fairbairn, Guntrip, and Ogden. Although none of these theorists directly addressed incest, they conceptualized object relations in a way that captures the essence of attachment security and primitive disintegration. Using this perspective, one can gain a deep understanding of the profound damage caused by incest. Furthermore, object relations theorists either reframe or repudiate the classical notion of drive theory. They view the child as motivated by a wish to remain attached to a good parent, rather than by a wish to satisfy instinctual urges. In the perspective taken here, children cannot be regarded as pursuing and desiring incestuous gratification with the perpetrators, regardless of how their behaviors may appear to others. Thus, the object relations school may be used to free incest survivors from society's judgmental views of them; in contrast, classical drive theory has served to traumatize them further, by placing a burden of guilt on them for desiring incestuous gratifications.

The British Object Relations school examines how the self develops in relation to the other and uses the dynamics of infancy as a metaphor for child development and adult psychopathology. We will likewise use some of the metaphors of infancy to trace essential themes of the development of basic security and attachment throughout childhood, much as Winnicott, Ogden, Fairbairn, and Guntrip have done.

The limitations of this article should be stated at the outset. First, only incest is considered here. Although there is work that suggests that different types of trauma, such as single-blows, traumas versus variable, multiple, or long-standing traumas, may have different consequences, and rape and incest differ in severity of effects, with incest leading to more severe effects (e.g., Terre, 1991), the focus here is not to delineate these various traumas. Second, variations in the incest experience are not considered here. Without question, variables such as age of incest onset, nature of incest, and quality of relationship of abuser to abused, have an impact on the damage. In what follows, when reference is made to type of incest, we refer to the most common form of incest, father—daughter incest. The conceptualizations in this article, however, are relevant to all incest survivors. The position here is that there is a common core to the trauma of incest for all victims. We suggest that all incest survivors sustain profound injury to critical areas of object relating and consequently suffer primitive annihilation anxieties. This injury occurs regardless of age of abuse, premorbid personality, or quality of family life. It is this common core of injury that is of focus, and we hope that an increased understanding of this injury will facilitate the work of those who treat survivors.

Psychoanalytic Developmental Perspective

Incest violates two critical areas of object relating, which results in a double-layered threat to the child's basic integrity. The first area involves the child's experience of being connected to others or, in psychoanalytic terms, fundamentally attached to objects. The second involves the child's elemental sense of physical—sensory continuity, secure sense of existence, or as Winnicott (1958a, 1958b) described it, "going-on-being." These aspects of object relations will be shown to be interrelated and vital to a basic sense of psychic integrity and survival. Where parenting is essentially loving, these areas of object relating are consolidated in a sense of basic security; where parenting is abusive, they deteriorate into a sense of basic dread or annihilation terror.

The perspective of Winnicott, Fairbairn, and Guntrip argues that the developing self emerges out of an empathic, interactive relationship, first with one parent, then with two. This perspective has received considerable support from contemporary infancy research (Stern, 1985). According to Fairbairn, psychic life is primarily motivated by an urge to remain connected to significant caretakers. As Fairbairn suggests, the greatest threat to the integrity of the child is the state of objectlessness—that is, of not being connected to anyone at all. This state of objectlessness is a largely unconscious experience of utter isolation from human connection without possibility or hope. It is characterized by profound despair and unthinkable anxieties. We can approximate this feeling if we imagine being permanently blind and deaf, completely paralyzed, or the sole survivor of a nuclear holocaust. In actual fact, individuals do not allow themselves to be in this objectless state because this would, according to Fairbairn, result in psychic death and perhaps physical death. Psychic life is motivated by the need to avoid or escape from the feelings associated with objectlessness, which
are intolerable. According to Fairbairn, these feelings of utter lack of human connection are largely repressed.

For Fairbairn (1952), psychic life involves the management of inevitable disappointments with significant others in a manner that will always allow the child to remain attached to an image of a good parent. For Fairbairn, the child enters the world with a central ego, associated with the actual good mother. Mother's failures are the precipitants of the inner object world: an internal array of images/memories/feelings of self and other based both on real experience of the parent and on needs and the feelings of the child. Where the actual mother is good enough, the child evolves a sense of hope and acceptance of her or his own needs and also develops a sense of the parent as composed of both fulfilling and moderately disappointing qualities. Where disappointment is severe or trauma occurs, the child is under much greater strain in his or her effort to experience an ongoing attachment to a good parent. The child's solution to this, according to Fairbairn, is to construct an illusionary image of a good parent to whom to be attached. This is accomplished by splitting off and denying bad experiences with the parent. Badness is attributed to the self and one's desires; goodness is attributed to the parent. One may imagine the child thinking: "My parents aren't bad. They do what they do because it is right and good for me. It is my own feelings and needs that are wrong and bad." The greater the parental injury, the closer the child comes to the terrifying experience of objectlessness. That is, the child runs the risk of discovering that the parent is bad and does not love the child; the child is in danger of knowing that she or he has no psychological parent. The need to avoid this experience leads to an internal war involving desperate psychic negotiations to maintain the illusionary good parent. It is this desperate struggle against the terrors of objectlessness that results in the intense loyalties to perpetrators that we often see in incested children. Observers are often misled by this loyalty and fail to recognize the helpless, victimized child's split-off, symptomatic expressions of despair, terror, and rage. Little energy remains to form a new attachment to a real person who might offer the child more. The child cannot afford to let go of this internal struggle even momentarily. Letting go of this battle might reveal the truth of the parents' belligerence, plummeting the child into the intolerable terrifying objectless state.

According to Guntrip's (1960, 1971) revision of Fairbairn, severe disappointments or trauma actually do force a piece of the ego into objectlessness. This regressed ego is remote and withdrawn, renouncing attachments forever. It is characterized by the profound helpless despair and longing for death that we often encounter in incest survivors. For Winnicott (1958a, 1958b, 1965a, 1965b), objectlessness is likewise impossible for psychic survival. Winnicott has proposed that the child negotiates parental failures and impingements through the development of a false self. This false self is a mask of compliance that shields the vulnerable true self and remains connected to the parents by providing the parents with whatever they require from the child.

This emphasis on the primacy of human connection is in contrast to Freud's (1915/1962) view in which all relations with others are directly or indirectly linked to drive gratification. Although it is difficult for Freud's theory to account for the repetition compulsion—the repetition of painful experience—object relations theory views the child's repetition of bad experience as an unavoidable survival mechanism, a way of sustaining the relationship with the abusive parent so that the child will not feel alone. Again, it is important to note the significance of object relations theory's departure from Freud. Any symbolic or literal repetition of the incest experience is not viewed as the child's pursuit of incestuous wishes. Object relations theory views the repetition of traumatic experience as the patient's only route to psychic survival in an impossible maze of bad objects. One cannot risk relinquishing the bad parent and bad experience in favor of another person and better experience without first descending into the abyss of objectlessness. For this reason, as part of the process of therapy, clients must struggle through terrifying periods during which they relinquish old patterns and relationships before they have replacements. During this phase, they frequently describe utter isolation, terror, and despair.

Thus, for the British Object Relations School, the sense of remaining connected to parental figures is essential to psychic existence. The escape from objectlessness, from unthinkable anxiety, becomes the primary motivator in mental life. In what follows, we will indicate that incest renders the child objectless in a unique manner, regardless of its context. We will suggest that violation of the child's body integrity is inextricably linked to objectlessness. We believe that incest survivors' lives are an effort to repudiate the experience of incest while avoiding the terrifying knowledge of their utter aloneness.

The second major component of our perspective is the view that childhood is an intensely body-centered experience, from infancy throughout teenage years, despite shifts in body focus taking place throughout development. Certainly, the infant's evolving self is almost entirely predicated on the parents' empathic recognition of and response to the baby's body needs. The infant is almost all body. For Winnicott (1965b), ego is body ego; an infant-child can only become integrated and personalized as the "person of the baby starts to be linked with the body and body functions, with the skin as the limiting membrane" (p. 59). These processes of integration and personalization evolve out of maternal handling and holding.

Ogden's (1989) work on the autistic-contiguous mode is extremely helpful in our efforts to grasp the body centeredness of the child's existential world. Ogden, a modern Kleinian, has proposed an early primitive mode of experience that precedes Klein's paranoid-schizoid and depressive positions. This is a presymbolic, sensory-dominated modality in which the most rudimentary sense of self and existence is built on the rhythm and texture of skin sensations. Experiences of being-next-to or being-in, characterized by softness and continuity, give rise to what Winnicott describes as going-on-being, or stated differently, surviving in time and space. The lack of such experiences, or the experience of impingements at skin level threaten the infant/child with a feeling of annihilation. This is a sense of having no skin to offer containment for the fractured bits inside and outside themselves. Although this modality is most salient in infancy, Ogden considers it to be an active, ongoing aspect of psychic life, coexistent with the other modes proposed by Klein. Although the sense of existence may acquire some solidity in infancy, the concerns and anxieties associated with this mode continue to be operative in the unconscious and surface
whenever threats to basic security occur. We may assume this mode to be particularly vulnerable as long as the child is body-centered and in a state of dependency. We are speculating that this period ends sometime around the teenage years. Although the nature of body-centeredness changes in teenagers, when it is more moderated and ego oriented, it continues to be intense with the rush of hormones and dilemmas of sexual identity.

We would like to exemplify the type of body centeredness we are describing by referring to a common image from childhood. One need only to watch a small child fall and scrape her knee to be made aware of the unmediated, intense nature of bodily experience in childhood. We watch this child scream in pain and outrage over this minor assault on her body. Such outrage results from injury to a place on her body that is not prone to the deeply private, exquisitely intense sensations of her genitals. It is useful to keep this image in mind when we contemplate the sexualization of this same small child. Two important themes emerge from this familiar scene.

First is the sense of desperate intensity and violation accompanying any physical damage or discomfort in childhood. Although this intensity is certainly due in part to the relative lack of mediating ego functions that are available to adults, for our present purposes, it is useful to recall Ogden's autistic- contiguous mode. If we can grasp that the child's very sense of existence is predicated on undisturbed, pleasant skin continuities and sensation, we begin to comprehend the child's distress when her body suffers the most minor violations. Bick (1968, 1986) described a form of defense against such anxieties that is extremely relevant to pathology in incest survivors. He referred to this as "second-skin formation." This defense involves efforts to create sensory continuities through a variety of measures that may include self-mutilation, psychosomatics, and obsessions. Ogden described the production of seamless noise, such as chatter and humming. We might understand the shriek of the child who fell as second-skin formation.

Second, we would like to suggest that any physical violation also ruptures the child's connection to a good maternal object. We can imagine this child feeling, "You're supposed to love me and rescue me. How could you let me get hurt? Fix me!" It is our belief that any type of physical pain, violation, or discomfort rips the attachment to a good parental image; the child momentarily experiences the parent as bad and becomes objectless. It is the terror of objectlessness precipitated by physical violation that gives rise to the child's scream of outrage at even the smallest "booboo." The demand for the magical parental kiss may be understood as a demand for empathic restoration by the parent. In such minor incidents this would restore the good parental image. It is interesting to note that most incest survivors do not release this scream of outrage at the time of the incest. Perhaps the child with a cut knee knows that the good parent is available to be restored through screams of protest and demands for comfort. At the moment of incest, however, the child knows that such restoration is impossible. Thus, it is very important for therapists to reach the original pain of incest; survivors "scream" is their first gesture of hope for a new relationship. And it is important for psychologists who see children to hear that first scream when it is uttered, no matter how softly it is made.

The uncontrollable, "too-muchness of overstimulation" (Shengold, 1989) to the genitals occurring in incest explodes the child's internal object world, as well as her most primitive, presymbolic sense of existence. Although a child can manage considerable denial of the parents' badness or failures, she cannot avoid the information gained through the violation of her body. In the moment of incest, with its bizarre excruciating excitement and pain, the child knows it is the parent who is the agent of violation. The child faces the parent's badness, in a way that does not happen with other types of parental abuse or neglect. The truth is unavoidable. The child is rendered objectless and terrified at the very moment when her sense of existence has been ruptured and she is most in need of good contact. We speculate that the child sustains a terror of annihilation and the despairing wish for death which she must manage thereafter. Because a child cannot remain in the objectless state, the psyche is strained to its very limits to then restore the good parental image and sensory existence, without which the child cannot survive. Shengold described victims of soul-murder needing to turn to the very same parent for rescue, comfort, and restoration. The extreme splitting that this requires is facilitated by dissociation, which seems to protect the child from overwhelming memories of traumatic events (Putnam, 1989; Shengold, 1989). It is also facilitated by an intense ongoing confusion about reality (Kramer, 1990; Sherkow, 1990), gender confusion (Cosentino, 1991; Eisnitz, 1984–85), and identification with the aggressor's identity (Aiosa-Karpus, 1988; Cosentino, 1991) and other defenses. The victim may conceal her true self so utterly beneath a false self that she may appear to have sustained no damage from the incest.

Conclusions

Although this article has not addressed all the perplexities of incest, we hope that it has furthered understanding of the psychic experience of incest. Often the victim cannot prevent or halt her father's incestuous behavior, and she feels compelled to maintain the incest secret. In addition, she is intensely attached to her father. Given that incest violates the child's experience of being connected to others as well as her basic sense of physical—sensory continuity and going-on-being, it is understandable that she does what she can to maintain connection, to transcend the experience of objectlessness, and to maintain the image of a good parent. It is important to understand that the experience of being fatherless (usually motherless as well) and full of traumatic memories is psychologically worse than being attached to an abusive parent.

The abused may repeat the cycle of abuse. The repetition could be understood as an attempt to (a) see the aggressor in a more positive light ("We all do it. We can't all be bad.") or (b) sustain the relationship ("I am just like my parents, and therefore we are connected rather than separated.").

Regarding the effects of abuse, several explanations for the finding of asymptomatic children have been offered, including inadequacy of current measurement techniques, the denial state of the asymptomatic children at the time of evaluation, and the relatively less damaging type of abuse afflicted on these children (later abuse, abuse over a shorter time period, less violent abuse, abuse by a more distant relative) coupled with their greater psychological and social resources for coping (Fin-
Another perspective is offered here to account for the seemingly asymptomatic children. It is that the victim may conceal her true self so utterly beneath a compliant false self that she appears to have sustained no damage from the incest. This compliance allows her to continue in her collusion with and attachment to her abusive parents. That is, symptomatic children are difficult, protesting children who risk exposing their parents. Protesting, symptomatic behavior forces children to risk more parental rejection and loss of attachment.

Our point is that the effects of abuse are understandably devastating. As indicated here, during incest one's very physical existence disintegrates as does one's sense of continuity with the human world. The symptoms common to incest survivors, as well as the intense attachments to abusive parents, represent desperate efforts to restore the survivor's sense of existence and integrity. To reach into the core of the incest experience is to reach into one of the most unspoken, terrifying, disintegrative, and worldless realms of human existence. It is the realm of annihilation terror or what Winnicott (1956b) has called "unthinkable anxiety," a world in which no self remains. To capture the quality of this type of terror, we need only to think of the possibility of sex with our own parents, even as adults. Winnicott (1956b) described this type of anxiety as the sensation of going to pieces, falling forever, having no relation to the body, and having no sense of orientation. Ogden described it as a sense of one's insides leaking out, of falling endlessly without ground or containment. The victimized child will go to great lengths to avoid this abyss of terror; she will behave in ways that may seem mysterious and profoundly frustrating.

In sum, there is relatively little empirical or theoretical literature that helps us to understand the psychic experience of incest. Mental health professionals need to understand this psychic experience; in our experience we find that although many do, others have been less well educated in this area. Such understanding further reporting, dealing with disclosures and denial of disclosures, and validating child sexual abuse. This article is one attempt to make sense of the incest victim's behavior. Although the focus is on the psychic experience of the incest victim, the behavior of the offender-father and the bystander-mother needs clarification as well. It is hard to understand how a father could subject his daughter to his sexual advances. Similarly, it is often asked how the victim's mother could allow incest, if she did indeed know about it, or alternatively, how she could not know, if that seems to be the case. To further professional practice, these psychic experiences need to be elucidated as well.

References


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