Intergenerational Effects of Incest on Parenting: Skills, Abilities, and Attitudes

Mary W. Armsworth and Karin Stronck

Women's perceptions of generational influences of incest on their skills, abilities, and attitudes toward parenting their own children were investigated. Overarching themes that emerged were classified as unbalanced development, disconnected lives, and disowned dramas. Implications for clinical intervention, parent training, and future research are discussed.

The incidence of incest in this society has been established to be high (Reid, 1996; Russell, 1986) with a growing body of literature that has examined the symptomatic and adaptation aspects of individuals' responses to sexual victimization and misuse within families (cf. Armsworth, 1984; Courtis, 1988; Freet, Scalise, & Ginter, 1996; Gelinas, 1983; Goodwin, 1990; Herman, 1992; Russell, 1986). Much of this literature has focused on what has been classified as "localized effects," (Finklehor, 1995, p. 184) primarily common posttraumatic symptoms such as anxiety or fearfulness, rather than on developmental effects of victimization such as impairment of attachment or failure to acquire competence in interpersonal relating, including parenting. In recent years, there has been a call for research that expands our view to include not only the abused individual, but the context in which he or she has lived. By understanding complex family interactions and processes that influence the development of perceptions, beliefs, and attitudes toward self and others, practitioners, theorists, researchers, and counselor educators can more fully develop conceptual bases for planning prevention, intervention, and training programs (Belsky & Vondra, 1989; Figley, 1992; Finklehor, 1995; Rutter, 1989; Trickett & Susman, 1989).

Extensive attention in the child maltreatment literature has focused on the topic of intergenerational transmission of abuse due to its relevance in the etiology of abuse and the consequences of abuse (see Kaufman & Zigler, 1987; Oliver, 1988, 1993; Rutter, 1989; Trickett & Susman, 1989; Widom, 1989). These studies have used systemic approaches for understanding the interdependence of individuals and their families and assume that relational patterns are learned and passed down across generations (Bowen, 1978; Kerr & Bowen, 1988). Current individual and interpersonal behavior is perceived to be an expression of this learning, and many intervention and prevention programs have focused on changing the behavior of abusing parents to prevent abuse in subsequent generations. Empirical investigations of the intergenerational transmission of abuse have found that maltreatment as a child puts one at risk of abusing others (Oliver, 1988, 1993; Widom, 1989), but Kaufman and Zigler (1989) pointed out that this link is far from inevitable. These authors stated that "in the past, uncritical acceptance of the intergenerational hypothesis has had many negative consequences," including impediments to understanding the etiology and consequences of abuse, and stigmatization of innocent victims of abuse, and has led to "misguided judicial and social policy interventions" (Kaufman & Zigler, 1989, pp. 146–147).

Belksy and Vondra (1989) noted that as important as parenting is as a socializing process, most research to date has focused on characteristics of parents and parenting, with little attention to exploring "why parents parent the way they do" (p. 153). These authors argued that it is critical for researchers to address the issue of process by examining relationships between early experiences and parenting, as well as providing conceptions of why and how these relations occur. Belksy and Vondra believed that the area of child maltreatment has failed to address the critical issue of process, resulting in practical as well as scientific concerns regarding treatment. They further suggested that the study of parental dysfunction in child maltreatment can make significant contributions to understanding the socialization process and determinants of individual differences in parenting.
CURRENT STUDY: INCEST SURVIVORS AS PARENTS

The current project was designed as a preliminary study to address issues related to the process of parenting by women who had experienced incestuous abuse within their families. Incest, one variant of child maltreatment involving aberrant parenting (Freet et al., 1996), was considered (using an extension of Finklehur's, 1979, definition) as any sexual activity perpetrated by a family member or person in an affiliative role with a child in which consent was not or could not be given and included the range of behaviors from sexualized touch to penetration. In counseling settings, clients who report abuse within a family are likely to have experienced combinations of abusive behaviors, such as incest or physical abuse combined with emotional abuse or neglect (Hart, Germain, & Brassard, 1987). However, incest was chosen as the behavioral-maltreatment for the focus of this study for the following reasons:

1. Sexually abused victims are a more heterogeneous population than physically abused or neglected populations (Daro, 1996).
2. Incest occurs within a family where blood or affiliative bonds exist and where much of the socialization for parenting occurs.
3. Probability studies of the occurrence of incest in the general population indicate that a sizeable portion of the population is affected (approximately 20% of all women are estimated to have had at least one incestuous experience prior to age 18; Russell, 1986; Wyatt, 1985).
4. There is a paucity of research examining the effects of incest on the process of parenting.

A review of literature that searched for the parameters of incest and parenting yielded six references. Of these articles, one discussed the prevalence of incest in the lives of abusive mothers (Goodwin, McCarty, & DiVasto, 1992), and the remainder focused on difficulties experienced by this population including problems with setting limits, feelings of being overwhelmed (Gelinas, 1983); ambivalence about the parenting role, emotional estrangement between mothers and daughters, role-reversal, and blurred boundaries (Burkett, 1991); and differences in confidence and emotional control in abused versus control participants (Cole & Woolger, 1989; Cole, Woolger, Power, & Smith, 1992). Finally, Carson, Gertz, Donaldson, and Wonderlich (1991) suggested from their study that family-of-origin characteristics, particularly issues of intimacy, individuation, and autonomy, filter down to the family of procreation. Clinical observations and case reports of relational difficulties of mothers who report incest are well documented. No studies to date have attempted to examine how a person who was abused in her own family came to understand or "make sense of" the process of parenting her own children. This study examined (a) the "milieu" or atmosphere of the family in which the participant was socialized and raised; (b) the participants' perceptions of their own upbringing and how they constructed the role of parent for themselves; and (c) the participants' understanding of the influence that their upbringing has had on their development of parenting skills, abilities, and attitudes, all of which are core elements of intergenerational effects.

METHOD

Participants

Participants for this study were 40 women with self-reported histories of incest who agreed to participate in a qualitative study to examine their perceptions regarding how their abuse histories may have affected their skills, abilities, and attitudes as parents. Women who had a history of childhood or adolescent incest, who had been a parent for at least 1 year, and who had been or were in counseling or a support group for incest issues, were solicited from counselors and through a variety of support and women's groups in a large metropolitan area in the southern United States.

The rationale for soliciting participants with current or prior experiences in counseling or group counseling was based on issues related to the protection of human subjects. Because participants with histories of incest are a vulnerable population who may experience distress when matters related to prior abuse are recalled or discussed (Armsworth, 1984, 1989, 1990), we believe that ethical precaution dictates that we invite women already familiar with individual counseling/group counseling procedures to take part because they could be expected to accept therapeutic assistance if we deemed it necessary. Mechanisms for support of participants after interviews included debriefing, referrals for support networks or counseling, if needed, and reconnection with the participant's counselor if applicable.

The sample of women who participated was predominantly White (8% Hispanic), with a reported mean age of 39.48 years (SD = 8.90). Modal education level, reported by 48% of the sample, was completion of some college courses or an undergraduate degree. The majority of participants (55%) were married at the time of the interview; 45% were separated or divorced. The socioeconomic status of the participants' families of origin was predominantly middle class (63%). The modal number of children reported by participants was one. Children's ages ranged from 18 months to 27 years of age. (Due to rounding percentages in this article may not tally to 100%.)

Procedure and Measures

Flyers describing the research project were distributed in community agencies, women's agencies, and in offices of mental health professionals who granted permission to the researchers. These groups were targeted from listings in mental health service directories as providing support or therapeutic services to individuals who had experienced various abuses. Potential participants were instructed to call
the listed researcher for further information describing the process of the research. Each person who expressed interest was mailed a research packet with consent and human subject's form, as well as a form to gather family history that would be used in constructing a genogram at the time of the interview. The rationale for inclusion of the genogram was twofold. First, we wanted a method that could efficiently collect a vast amount of family history in a short period of time; and second, due to the nature of the information to be asked in the interview regarding types of abuse and perpetrators within the participants' families, it was believed that the genogram, as a more cognitive experience, would serve as a means to allow the participant to feel some safety by providing distance in describing relationships and dynamics of an intimate nature to a stranger. In fact, this did turn out to be the case.

At the scheduled time for the interview, the researcher answered the participant's questions before the participant signed the consent form. The participant completed the Lifetime Stress Events Questionnaire (see Armsworth, 1993), and, at the same time, the researcher constructed the actual genogram as described by Marlin (1989) using the information provided by the client on the preliminary genogram form. The Life Stress Questionnaire was developed originally for clinical use to gather background information on life experiences and client history, including abuse history, and was modeled on work by Winterstein (1982). This self-report instrument was also found to be useful in collecting descriptive data for research (Armsworth, 1984, 1989, 1990). This questionnaire gathers demographic information as well as frequency, intensity, and duration of family stresses and categories of physical abuse, psychological abuse, incest, and extrafamilial sexual abuse. The instrument, which is currently undergoing psychometric development, collects information that taps the context of experiences in the life of the participant that may be relevant influences on development and functioning. Information provided from this questionnaire was used as a means to further clarify the interview findings, that is, validate findings through the interview process.

Participants completed an interview (see Appendix) consisting of open-ended questions related to family history, perceptions of parenting in their families of origin, and how they believed their abuse history may have affected their own parenting, with clarification questions added as needed. Interviews were conducted by the senior author and began with a discussion of the interpersonal relationships between the participant and members of her family as mapped on the genogram. The researcher drew representations of emotional closeness, distance, conflict, and abuse within and between generations on the genogram as it was reported by participants. When the genogram was completed with dynamic interactions mapped, it served as a reference for the participant and researcher for referring to people, events, or dynamics as the interview was completed.

Interviewing time was generally 2 hours, with some interviews lasting up to 4 hours. Differences in interview times were primarily related to the size and complexity of families of origin of the participants (e.g., one participant had 12 siblings, one participant's mother had four or more husbands or live in partners, creating numerous step-family arrangements), and extent and complexity of the abuse history (e.g., participants who had been adopted out to other families, or those who had multiple abuses and abusers required greater time to interview).

Data Analysis

Taped interviews were transcribed and subjected to qualitative methods of analysis (Miles & Huberman, 1994; Rubin & Rubin, 1995; Taylor & Bogdan, 1986). This methodology was selected because the goal of qualitative research is understanding rather than proof and is well suited to domains of human behavior in which little understanding or information currently exists. The main task of this approach is to comprehend the meaning of the information under study by discerning themes for commonalities and uniqueness. Little standardized measurement is used, and the 'researcher is essentially the main 'measurement device' in the study" (Miles & Huberman, 1994, pp. 6–7). This type of research also yields descriptive data that may be used for planning further studies and conceptual formulation.

Transcripts were analyzed for frequency and intensity of descriptors, themes, and concepts and were searched for commonalities of ideas and words, with the initial sort leading to 15 coding categories. These categories included the participants' perceptions of the following: family structure, dynamics and intergenerational components, perpetrators of abuse, including type of abuse, who parented whom, personal experience as a parent, concerns related to gender of her children, issues related to attachment or bonding with her children, concerns related to protection of her children, concerns related to abusing her children, models used for parenting behavior, effects of the mother's abuse on parenting her children, difficult aspects of parenting, what was most helpful to the parenting process, disclosure of abuse to one's own children and their response, initiating help to deal with past abuse, and coping or resilience strategies used to deal with abuses experienced. Information from each participant was transferred to coding cards for each of the coding categories from marked transcripts and genograms. Frequencies from the questionnaire were also calculated and added to the coded categories, which were used to isolate first-order themes.

Results

Analysis of data from transcripts, genograms, and the questionnaire yielded four general themes based on commonalities of concepts and descriptions from the original 15 categories: Theme I focused on the socializing environment of the participants' early lives, Theme II coalesced around issues of protection and survival, Theme III related to dynamics of silencing and disclosure, Theme IV involved experiences as a parent. Each theme is presented separately with a description of pertinent findings.
Theme 1: Malevolent Socializing Environments

Participants reported high levels of a variety of abuses, family stresses, psychological and psychiatric difficulties, and low levels of support within their families of origin. By considering events and experiences in the history of the individual in addition to incest, it is apparent that incest is but one issue imbedded in numerous other factors that influenced the development of perceptions of self and others. All sources of data in this project supported the fact that participants were raised in malevolent rather than benevolent environments.

Genogram classification summary. As stated earlier, the genogram was initially included as a means of gathering data efficiently and for facilitating participants' recall and discussion of information that was sensitive in nature. In the course of the interviews, however, it became apparent the genogram, as a visual representation of one's family lineage and history of abuse, was a powerful mechanism to aid the participant in placing herself in the "context of her history." To aid in understanding family context of participants, genograms were classified as enmeshed, disengaged, or chaotic family organizations using Krugman's (1987, pp. 140-142) definitions.

Forty-eight percent of the participants' families of origin were classified as disengaged, characterized by emotional distancing of at least one parent resulting in an "underfunctioning-overfunctioning" dyad. Children in this type of family may compensate for the absent parent and are therefore at risk for exploitation outside the family. Thirty-eight percent of the participants' families were classified as chaotic, characterized by impulse-ridden dynamics, intense fighting between spouses or between parents and children, and repeated crises or catastrophes. Fifteen percent of the families were classified as enmeshed family systems, characterized by isolation, porous boundaries, and relationship interactions commonly known as "codependent."

Summary of abuses and stressors in lives of participants. The group of women who participated in this study experienced high levels of a variety of abuses. Over half of the participants had experienced all categories of abuse: 93% experiencing physical abuse, 73% reporting sexual abuse by persons outside the family, 100% reporting psychological abuse, 55% reporting physiologically abusive experiences (behaviors done to alter the child's body functioning, such as being given drugs for nonmedical purposes, being deprived of sleep, and being tied up or restrained), and, of course, 100% reporting incest. Finally, various psychological disorders were also reported by the participants (disorders attributed by the participants to abuses endured).

Incest. Perpetrators were predominantly male. Sixty percent reported incest experiences with a father, 28% with a grandfather, and 40% with an uncle. Twenty-five percent of the participants experienced incest by mothers, 13% by female cousins, and 13% by sisters. Totals in this and the following categories equal greater than 100% due to reports of multiple abusers by many respondents.

Physical and psychological abuse. A majority of respondents reported physical abuse (93%). Mothers and fathers were each reported as physically abusive by 65% of the sample. The questionnaire contains 54 items representing seven domains of emotional and psychological abuse as defined by Hart et al. (1987). These include the subcategories of being isolated, degraded, rejected or unwanted, terrorized, corrupted, exploited, and denied emotional responsiveness. Table 1 offers an overview of these experiences that participants most specifically related to their later experiences as parents.

Sexual abuse. Nearly three fourths of the sample experienced sexual abuse. Sexual abuse was defined as any sexual activity perpetrated by a person outside the persons' family or affiliative role with a child in which consent was not or could not be given, and encompassed behaviors ranging from sexualized touch to penetration. The most frequently named perpetrators were as follows: male friend of the family (35%), male neighbor (30%), male stranger (18%), and male docter (13%).

Physiological abuse. This type of abuse, defined as behaviors done to the child that altered normal body functioning, was reported by 55% of the sample. Nearly a third of the group reported repeated instances of sleep deprivation, being given drugs for calming, and being given enemas for nonmedical reasons. One fourth of the women reported being locked in small spaces, being deprived of medical care or attention, and attempted suffocation. One fifth of the participants reported that someone attempted to drown them. Perpetrators reported included mothers (45%), fathers (40%), and grandmothers (20%).

Family stressors. Participants reported numerous family stresses, including high rates of drug and alcohol abuse by

---

**TABLE 1**

<table>
<thead>
<tr>
<th>Reported Childhood Psychological Abuse Related to Later Parenting Experiences</th>
<th>Participants Reporting Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Abuse</strong></td>
<td><strong>N</strong></td>
</tr>
<tr>
<td>Humiliated and shamed</td>
<td>35</td>
</tr>
<tr>
<td>Severe verbal abuse</td>
<td>34</td>
</tr>
<tr>
<td>Emotionally abandoned by father</td>
<td>31</td>
</tr>
<tr>
<td>Never felt protected by anyone</td>
<td>30</td>
</tr>
<tr>
<td>Did not feel connected to anyone</td>
<td>24</td>
</tr>
<tr>
<td>Witnessed torture or abuse of others</td>
<td>20</td>
</tr>
<tr>
<td>Forced to perform degrading activities</td>
<td>20</td>
</tr>
<tr>
<td>Physically abandoned by mother</td>
<td>13</td>
</tr>
<tr>
<td>Physically abandoned by father</td>
<td>13</td>
</tr>
</tbody>
</table>

*Note. In some cases a participant reported more than one type of psychological abuse.*

---

**Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.**
father (68%) and mother (53%), periods of poverty in the
family (53%), physical battering between parents (48% by fathers, 20% by mothers), parental unemployment (35%),
development of mental illness in parents (25% fathers, 38% mothers), arrests (30%), and numerous moves (30%). In
addition, 25% of the respondents reported that 1 of their
parents was a combat veteran. Of the combat veterans, 1
developed moderate problems, 6 developed serious prob-
lems, and 2 continue to have problems. One woman re-
ported that her father committed suicide after his return
from the war.

Psychological conditions/disorders. Numerous psychological
conditions and disorders were reported by participants, in-
cluding pervasive anxiety and depression, panic attacks, self-
mutilation, and suicidal thoughts and attempts. Participants
reported experiencing these conditions/disorders from childhood/adolescence through adulthood (Table 2 summarizes
this data).

**Theme II: Issues of Protection and Survival**

Absence of safety for the developing child, with the behav-
ioral manifestation of "not being protected" by parents or other
caretakers, resulted in one of the primary intergenerational
effects reported by participants. The generation who parented
the participants was unable to provide sufficient caring,
parenting, protection, and, in many cases, did not or could not
perceive actual dangers in the home atmosphere. Theme II
contains participants’ perceptions of how the absence or lack
of mastery of self-protection from their past influenced their
behavior as parents. In addition, this section contains informa-
tion participants reported on how they coped with the abuse
and neglect and, in many cases, how they found ways to
protect or strengthen themselves.

Protection. A pervasive theme that emerged related to
participants’ extreme fears about being able to protect their
own child or children from danger, threat, or harm. The
majority of the women (60%) reported having severe or
extreme concerns regarding their ability to protect their
children. Fifteen percent of the women reported having
moderate concerns. Ten percent had some concern and an-
other six (15%) reported no concern. They expressed fears
regarding protection with words such as “obsessive fear,”
“terror,” “continuous fear,” “deepest fear,” “pervasive worry,”
“hypervigilant,” and “hyperaroused.”

The desire to overcome these fears of powerlessness and
helplessness was translated into a number of categories of
behavior aimed at keeping life controllable. These included
lifestyle changes and attempts to control behavior of their
child. In addition, participants reported psychiatric disabili-
ties or conditions that developed from, and powerlessness
regarding, perceived inability to protect their child or inade-
quately protecting their child in specific situations.

Examples of statements indicating lifestyle changes were
“I hide my daughter to keep her safe,” “I won’t be in a rela-
tionship with a man because I fear he might get my
daughter,” and “I keep people out of my house to keep my
children safe.” Changing their child’s school, initiating home
schooling, moving from one town to another in an attempt
to “hide” from an abusive relative, and continuous monitor-
ing of their child’s whereabouts, even when the child had
moved into late adolescence and early adulthood, were also
reported.

Participants reported that psychiatric and severe psycho-
logical conditions were exacerbated by their deep fears of
vulnerability to harm others. One woman became agor-
aphobic after the birth of her child; she feared leaving the
house and exposing her child to danger. Two women were
hospitalized with psychotic breaks centered around fears
that they or others might harm their children. One partici-
 pant described psychotic imagery that replayed endlessly
as a nightmare in which her house was burning and she could
only save two of her four children. Another woman described
incidents of severe self-mutilation and self-punishment re-
lated to perceived inadequacy in failing to protect her child.
She believed that she was attempting to “teach herself re-
sponsibility” by beating herself (bashing the bones in her
face and head) just as she had been “taught” as a child (with
severe blows to her head for being “stupid”). This woman
described a vivid recollection when her daughter was 2.

We were guests at the home of our minister’s wife. Her three
sons were there, and one who was 11 years old took my daughter
to their playroom of toys. A short time later my daughter came
out and in her 2-year-old vocabulary conveyed that Keith had hurt her
vagina I was terrified. I didn’t know what to do. It was as if I had
become a mute, helpless two-year-old also. My only response was
to take my daughter and leave. I was terrified of myself and after-
ward I was remorseless in my self-abuse. I was terrified by my useless-
ness as a mother; I hated my “infant” mind that did not know what

---

**TABLE 2**

<table>
<thead>
<tr>
<th>Reported Psychological Conditions and Disorders</th>
<th>Participants Reporting Condition/Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition/Disorder</td>
<td>N</td>
</tr>
<tr>
<td>Anxiety for more than 2 months</td>
<td>38</td>
</tr>
<tr>
<td>in childhood or adolescence</td>
<td></td>
</tr>
<tr>
<td>Depression for more than 2 months</td>
<td>37</td>
</tr>
<tr>
<td>in adulthood</td>
<td></td>
</tr>
<tr>
<td>in childhood</td>
<td>29</td>
</tr>
<tr>
<td>Periods of memory loss in adulthood</td>
<td>18</td>
</tr>
<tr>
<td>Recurrent panic attacks</td>
<td>31</td>
</tr>
<tr>
<td>Self-mutilation</td>
<td>16</td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td>27</td>
</tr>
<tr>
<td>in adulthood</td>
<td></td>
</tr>
<tr>
<td>in childhood</td>
<td>37</td>
</tr>
<tr>
<td>Suicidal attempts</td>
<td>12</td>
</tr>
<tr>
<td>in adulthood</td>
<td></td>
</tr>
<tr>
<td>in childhood or adolescence</td>
<td>30</td>
</tr>
</tbody>
</table>

Note: In some cases, a participant reported more than one
condition/disorder.

---

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
to do. Four years later in therapy I understood that I had regressed and disassociated and was trapped in a state of frozen fright.

Other descriptions of attempts directed at protection included desires to keep life controlled and manageable. Women described behaviors aimed at helping their child conform as a means of not having them "singed out," hurt, shamed, or abused in any way. Some of the ways they mentioned were choosing particular styles of clothing and encouraging their child to develop certain skills, talents, and abilities that would help them fit in.

Coping and adaptation. When asked to talk about coping with family abuse and stress, the majority of women stated they relied on mechanisms of numbing and dissociation as means of removing themselves from situations. The second most frequently cited mechanism (reported by 28%) was reliance on mystical or spiritual experiences. One participant who had witnessed the beating death of her infant sister at the hands of her father, described the appearance of a "guardian angel," a comforting and protective entity whose presence she felt frequently after brutal assaults on her. Another woman stated that at the age of 6, she had a powerful spiritual experience in which she heard a voice that let her know she was not alone. Only 13% of the women relied on friends or other supportive persons.

Prayer, self-talk, and forms of repetitive chants ("I don't care, I don't care, I don't care") were reported by several women. The use of one's mind was the survival mechanism named by one fourth of participants. This included statements such as "My mind helped me figure out how to not get singled out." "It helped me figure out how to think faster than the abusers to get away from them," and "I hid in my mind." Activities including reading, excelling at school, playing, and sleeping helped participants survive years of abuse.

Other categories reported by 20% of the sample included use of fantasy, imagination, and pretending. Thirteen percent reported the formation of another self, and another 13% used connections with pets, objects, or reliance on medication obtained from parents' supplies to aid in coping. Four women ran away or hid for periods of time, and three women reported that they used the church building as a sanctuary for escape.

Theme III: Disclosure and Silence

Respondents in the study expressed concerns related to telling their own caretakers or anyone else of their abuse experiences as a child and even more difficulty in telling their history to their own children. Although openness and self-disclosure are considered healthy responses in interactions, the disclosure of trauma-laden or shame-laden information seems to complicate the process.

Disclosure of abuse history to caretakers. The majority of participants (73%) were silenced about their traumatic experiences. Of the 40 women, 6 disclosed the incest while it was happening, and 17 of the 29 participants who experienced extramarial abuse disclosed it. However, only one woman was believed and supported after she disclosed her abuse.

Disclosure of abuse history to one's children. Women were asked what, if anything, they had told their children of their own abuse histories. One fourth had not told their children anything of their past, citing age of child or inappropriateness as factors. Other reasons cited for not disclosing included shame, loyalty to family members who were abusive, fear, and uncertainty of what or how to tell the child.

Those who chose to tell their children part or all of their background stated that there were a number of reasons they chose to disclose. Primary reasons included that the parent had entered or completed counseling and felt that being honest would be helpful in relating to their child. Thirty percent stated that their child witnessed repeated conflicted interactions between the parent and the perpetrating relative, such as arguments, which led the child to question the troubled interaction. Due to the child's questions the parent chose to tell the child why the conflicted interactions had occurred. The remainder of those who told their children stated that they did not want the child to feel responsible for their parent's feelings of despair, anger, or depression. They believed that disclosing would be helpful.

Responses of the child to the disclosure as reported by the mother were mixed with equal reports of positive and negative outcomes. Positive responses from the child included greater understanding, empathy, or sympathy for the parent, and expressed relief from the child for finally knowing what they had already suspected. Reports of negative responses included that the child became upset or worried, the child "backed away" from the parent, anger at the parent for telling, and the child "took on" the abuse as his or her own issue. In one case of parental disclosure, the woman's two children, in turn, disclosed their own sexual abuse perpetrated by a neighbor.

Theme IV: Perceptions of Self as a Parent

Participants provided subjective information related to their experiences of themselves as parents, their perceptions of how the abuse may have influenced their self-development, and how they made sense of and constructed the role of parenting in their own lives. In addition, this section includes information regarding incidents of abuse of the participants' own children.

Experience as a parent. When asked "What has your experience as a parent been like for you?" the most frequent response was "detached or numb." Thirty percent stated that they felt "handicapped" by a lack of skills or models for parenting, and 25% stated that they felt helpless or overwhelmed by parenting for similar reasons. Nearly a third described their behavior as being "overcontrolling and overprotective," and an equal number described the situations they created as being impulsive, abusive, or reenactments of their own past. One woman stated, "I didn't learn
parenting skills—I learned survival skills and that’s what I’ve ended up teaching my child.” Fear and anxiety described responses from 30% of the sample that related both to feelings of inadequacy and emotional numbness. One woman stated, “I felt nothing. I had to do everything from my head. It wasn’t until I gained the ability to feel that any of this began to make sense.” A smaller number (10%) described their experience as isolated.

Models used for parenting. Half of the women said their primary model for figuring out how to parent their own children was “by doing the opposite,” or using the process of deidentification with their own parents’ behavior or relational patterns. Books, parenting classes, and TV models were also cited, with several participants stating that they attempted to learn from anyone (including strangers and television families) they observed doing a parenting behavior they thought might work better than what they had previously tried.

Many participants described how powerful “brief encounters” with kind or caring people (i.e., who displayed appropriate parenting behavior) positively affected them. One 50-year-old woman stated that when she was 8 years old, she spent the night with a friend from school. The girl’s mother tucked both children in at night, leaned down and kissed each of them on the forehead. She stated that she memorized that whole scene and played it over and over as a means of self-soothing throughout her life. She also described “files” she developed to keep “scrapes” of parenting and caring behavior that she could turn to when life was particularly painful or distressing. Learning from counselors, friends, or family members who were doing a decent parenting job, was also frequently stated as a means for learning or repairing parenting skills.

Most helpful in parenting. The categories participants named as being most useful or helpful in parenting their own children were counseling, taking their child’s perspective, and support from or observation of friends. Other categories mentioned, included increasing self-awareness and self-knowledge, reading or attending classes, having a supportive spouse or relative, and, in a few cases, placing the child in a supportive or nurturing environment such as a nursery school or day care center. One woman stated that she knew she was not capable of giving her child enough nurturing, especially during the years she went through counseling. She deliberately sought out “people who had nurturing to spare,” such as grandmotherly babysitters and nursery school personnel, to help make up for what she was not able to give.

Most difficult in parenting. Participants reported that their own emotional absence or unavailability to their children was the most difficult part of parenting. This was followed by a number of deficits they saw in themselves, including a sense of inadequacy and low self-esteem or negative self-perception. One woman stated, “I was trying to help my daughter develop a self when I didn’t even have one.” Several women stated they felt they had no skills or guidelines, no standards of what was normal or realistic in discipline, and were confused about limit setting or having boundaries. In the absence of “knowing,” many found they reverted to old behaviors in an attempt to keep everything under control, just as they had in their out-of-control experiences in childhood or adolescence.

Difficulty with closeness was also reported as problematic. This included fear and dislike of being touched or having people too dependent on them. One woman stated that she coped with her fear of touch, which she described as feeling “like needles tearing through my skin,” through a process of desensitization she developed. She recorded stories on audiotapes for her son to listen to when she could not stand to have him near her to read stories. She also practiced extending the amount of time she could tolerate having him sit near her and reported she overcame her touch aversion after several years of practice.

Abuse to participants’ own children. A sketch of generations and types of reported abuses was diagrammed on the genogram. None of the participants reported perpetrating incest against their own children. Sixteen (40%) women reported that they had physically abused their children. Further questioning indicated that most described harsh discipline, with none of the behavior investigated or requiring medical attention. Three women reported that their child or children had experienced incest from another family member. In one case, the father perpetrated incest against his sons and daughters. This participant also reported that her children were sexually abused by persons outside her family. Two other women reported sexual abuse of their children outside the family.

Abuse affects parenting. Participants responded to the question “How do you believe your own history affected your skills, abilities, and attitudes as a parent?” Content related to protection, fear of loss of control, fear of being overcontrolling, and concerns related to being numb and emotionally unavailable to their children permeated the interviews. To illustrate how several women perceived that their history of abuse had affected their parenting, the following is a sampling of their statements:

It made me feel I wasn’t lovable, that I didn’t deserve to be loved—that I had to earn love—that I had to work hard to please everyone.

I worked so hard, I almost missed experiencing the lives of my children.

So much of my life has been consumed by abuse, and now trying to work through all of this. It is so hard. My life is absorbed by therapy and repair now.

I have pushed for the perfect replacement for the family I never had. I have lived my whole life, first through my parents, now through my children. I have tried to construct a life from an image I have, not something I have experienced.

My background didn’t give me any skills. I did the same thing I did when I was trying to survive—“you pick from the air.” But in the long run, you end up picking the instinctual feelings of your background. You end up where you began.
It's like I've gone from one extreme to the other. I decided not to "lose control," so I became controlling and manipulative. It's like 360 degrees from dysfunctional back to still dysfunctional. Doing the complete opposite had the same effect.

**DISCUSSION**

Forty women who reported childhood histories of incest and numerous other forms of child maltreatment provided data from three sources: family genograms, a structured life stress questionnaire, and an in-depth interview. These data tapped participants' frames of reference regarding their subjective impressions of having been parented and of being the parent of another person. The final analysis of data yielded three overarching themes: (a) unbalanced development; (b) disconnected lives, and (c) disowned dramas. These themes emerged as a result of intense analysis of coded information, review of taped interviews, and consideration of various words, phrases, and metaphors used repetitively by participants. The "researcher creates descriptive themes," or overarching themes, that no individual participant mentioned (Rubin & Rubin, 1995, p. 235). For instance, the development of the overarching themes in this project was influenced by a repetitive question in the minds of the researchers as they reviewed and analyzed data—"What is missing from this picture (the life/story of the participant)?" Our response to this question was threefold. What we interpreted as missing in the lives/stories of participants were (a) aspects of basic human needs such as safety, predictability, and trust (resulting in the theme unbalanced development); (b) basic human desires to be cared for, to belong, to be understood, and to be comforted (resulting in the theme disconnected lives); and basic human rights such as being treated with respect, and being able to speak one's truth (resulting in the theme disowned dramas).

Overall, participants perceived significant alterations in what theorists consider basic elements of being human. For example, one respondent's account of how her abuse affected her captures the tenor of many of the interviews. She stated the following:

I was so isolated, so cut off from everyone. I felt like a "thing to be used"—the "scum of the earth"—not even human. There is nothing you are able to communicate to other people. They have no comprehension of what it is like to be abused, to be abandoned. You withdraw—you become silent. Others cannot comprehend the experience because they are threatened by it—threatened by you.

The overarching themes that emerged in this study are discussed using supporting theoretical information to illuminate the intergenerational effects of the early environment on participants' development and adaptation to life.

**Unbalanced Development**

Shengold (1989) described persons who experience abuse as suffering from disorders of "too much and not enough." The discontinuity of the experiences in the lives of the majority of the participants in this study is apparent from all sources of data in the study. For example, the intensity and frequency of abusive experiences was never sufficiently balanced with support or concern from others. Also, the majority of women were parentified and given too many adult responsibilities far too early in life. Several participants reported a similar family theme "children must take care of their parents" repeated continuously during childhood. One woman reported the earliest picture of herself was at 6 years of age, holding her 3-year-old brother's hand and carrying a newborn infant. Her mother had medical problems after each birth, and, as the oldest child, she was expected to care for the needs of the younger ones. Another participant reported that her father was an alcoholic who frequently beat the mother until she required hospitalization. She stated, "I became the parent at 6 or 7—there was no one in charge. I would try to protect my mother by stepping in to their fights to try to draw my father's rage to myself." (By elevating children to the power position of an adult, by giving them adult responsibilities without power or authority to carry out this position, children quickly learn that life is based on chance. Life is not predictable and children feel powerless to effect change or bring control.)

All of the women grew up in homes that offered little safety, constancy, predictability or nurturing. Protective ness, according to Henry (1973), is central in the ordering of human existence; he stated, "Relationships cannot last if people are not sensitive to one another's feelings and the physical dangers they face" (p. 23). The generation that parented the participants was unable or unwilling to provide sufficient caring, parenting, or protection, and, in many cases, did not select to or could not perceive actual dangers (e.g., potential for abuse) in the home atmosphere. In addition to impeding mastery of skills for self and other protection, the reality of threat is denied, leaving the participants as children confused in attempting to understand and interpret cues of dangerousness.

**Disconnected Lives**

The majority of participants grew up in families in which disconnection between people was a pervasive occurrence. The literal disconnections between individuals in their families of origin were represented graphically on the genograms. Emotional disconnections were described and embedded in all of the material in this study. Nearly half of the women indicated that they never felt connected to people during childhood and adolescence. Lewis (1971) proposed that shame is a response to disconnections between individuals. Shame can be conceptualized as an observable indicator of alienation (Scheff & Retzinger, 1991). Numerous instances of shaming and disconnecting behaviors were reported at high frequencies (see Table 1) and in the interviews (i.e., having been humiliated or shamed, being shunned, being threatened with abandonment, experiencing emotional abandonment by their mothers and fathers, and being told they were not wanted by their families).
Shaming and humiliating experiences were evident in the material gathered, but were also evident in the interpersonal presentation of the participants as they were interviewed. Participants frequently lowered their eyes, spoke haltingly, and exhibited discomfort in describing the amount and kinds of abuse that occurred in their families. Shame keeps people out of relationships, engendering the belief they are not entitled to connectedness with others (Jordan, 1989). Miller (1988) emphasized that the “most terrifying and destructive feeling a person can experience is isolation... feeling locked out of the possibility of human connection” (p. 5). She added that feelings of helplessness and powerlessness lead children to make connections with their caregivers in any way possible (see also Bowby, 1973). Developmentally, infants can change internal images of themselves in such a way as to maintain some form of attachment (Bowby, 1973; Bretherton, 1985; Miller, 1988) affecting lifelong interpersonal relationships.

Disowned Dramas

The narratives and genograms provided a visual representation of the dramas that were played out in the confines of participants’ generational “theaters.” Greenspan’s (1991) metaphor of drama and stage is applicable to incest scenarios; he stated that people have dramas, great or small, and a stage that is either large or small on which to play out their drama. Participants in this study, for instance, had massive dramas and tiny stages. Within the families represented in this study, dramas occurred that included murders, torture, rape, sodomy, abandonment, disowned children, sadistic abuse, misogyny, drug dependency, battering, divorces, affairs, and numerous other highly charged life experiences. Historically and culturally, the stage for “playing out” the drama of victimization has been nonexistent, in many cases, or kept small by societal or familial rules. The characters are handed scenes of scripts from past generations. These scripts are passed on in silence, with the expectation that silence will prevail. One participant, referring to all of her family’s trauma and abuse, stated, “There’s always been so much pain. But it’s like—I have no mouth, and I must scream!” The command that victims remain silent about the abuse has been identified to be a particular concomitant of trauma (Greenspan, 1991; Lister, 1982; Zuke, 1965). Through silencing, which is a form of negation of reality, trauma becomes a disowned drama.

Another aspect of the disowned dramas involves silencing of the individual in attempting to “tell her story.” Laub (1992) expressed the need for testimony following trauma, stating that survivors not only need to survive so that they can tell their story, they also need to tell their story to survive. “There is, in each survivor, an imperative need to tell and thus to come to know one’s story... One has to know one’s buried truth in order to be able to live one’s life” (p. 78). Respondents in the study expressed concerns related to telling their story to anyone, especially their children. One participant’s response captures the conflict and confusion described in the interviews. She stated that she had hesi-

tantly told her 12-year-old daughter about the abuse after a family therapy session related to family secrets. “I didn’t want her to know what my life was like. I didn’t have a childhood, I had a ‘grim existence.’ I didn’t want to give her my images of her grandfather. I didn’t want her to be ashamed of her family history.” The daughter’s initial response was sadness then anger at the mother. The participant reported that her daughter said, “I don’t want to hear anymore about your past—none of your stories have a happy ending.” The conflicted responses received by those who did choose to disclose information indicate that there are few guidelines for telling one’s family story, especially if the story is suffused with pain or shame. When silencing occurs, people no longer trust their own perceptions of reality. Silence also prohibits reflection on significant experiences, impeding the ability to mourn losses. Main and Hesse (1990) saw this as having a great influence on subsequent adult adaptation.

FUTURE RESEARCH

This preliminary study of the perceptions and reports of 40 women with incest histories indicates the importance of continued work for further refinement and understanding of intergenerational issues related to child maltreatment. The need for both quantitative and qualitative research in this area is great; the need for approaches in counseling that address the needs of the sizable population of children and adults affected by maltreatment is critical. It should be noted that the selection procedures created a possible limitation, because results of this study may only be generalizable to a population of women with incest histories who also have or had access to mental health services. Qualitative methodology offers a means for exploring the contextual nature and dynamics in a population of women with a shared experience. One study that logically follows this research involves interviews with two or three generations from the same family to further understand intergenerational perspectives. In addition, by using two generations for study, such areas as concordance of attachment patterns between mother and child could be examined as well as a comparison of perceptions of parenting being-parented from multiple perspectives.

Another topic for further research is the examination of attachment patterns in sexually abusive families between and within generations using quantitative measures. The three relational patterns—enmeshed, disengaged, and chaotic—as described by Krugman (1987), relate to the family system. Attachment research has focused on the individual in the family system. The three identified adult insecure attachment patterns—preoccupied, dismissing avoidant, and fearful avoidant (Bartholomew, 1990; Bartholomew & Horowitz, 1991)—share similarities with Krugman’s enmeshed, disengaged, and chaotic family systems. Examination of the relation between individuals’ interpersonal style and their family system’s relational pattern may further elucidate contextual meanings.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
In addition, further exploration in the areas of disclosure of trauma- or shame-laden material and in coping and resilience in populations who have experienced early maltreatment would enhance our ability to offer effective treatment and prevention approaches with these populations.

**IMPLICATIONS FOR CLINICAL INTERVENTIONS FOR INDIVIDUAL AND GROUP WORK**

**Genograms**

On the basis of the interview process, it became apparent that genograms, intended for data collection, were a powerful tool for examining multigenerational dynamics and relationships. Many women commented that they developed further understanding and appreciation of their own lives and personal strengths from viewing themselves in a larger system. For clients whose lives have been fragmented and disconnected, there seems to be utility in the use of genograms in the process of learning from and owning one’s history.

**Discussion of Parenting Issues**

It seems that allowing women to explore how they were parented may be useful in the course of counseling. Participants frequently commented that they had never been asked or never thought about their identity as a parent or the influences of previous generations on their parenting skills, abilities, and attitudes. One intervention that offers utility is an exercise in which clients are asked to write three perspectives of themselves as a parent: (a) how others see you as a parent, (b) how your child sees you as a parent, and (c) how you see yourself as a parent. The use of multiple perspectives can serve as the basis for discussion and generate additional issues for counseling intervention.

**Strengthening the “Person” of the Parent**

The majority of participants in this study missed critical developmental experiences as a result of abuse, neglect, or parentification and fit the “overburdened self” described by Elson (1986), who has applied concepts of Kohut’s self-psychology to counseling practice. The overburdened self results from the lack of empathy and provisions of calmness and self-soothing by caretakers leading to a worldview that is dangerous, unfriendly, or unsafe. Elson’s work is recommended for approaches to clinical intervention. In addition, McCann and Pearlman (1990) and Linehan (1993) offered outstanding approaches and specific techniques for strengthening and repairing clients with backgrounds similar to those in this study.

**Parent Training**

Helfer (1978) offered an excellent resource for work with clients who grew up in abusive or malevolent environments. His work, titled *Childhood Comes First: A Crash Course in Childhood for Adults*, provides a format for educating individuals before or after they become parents. The format can be used in group or individual work with clients. This approach addresses the maxim, seen in the participants from this study, “when abuse begins, childhood ends.”

**Group Interventions**

Group approaches that promote relational mutuality and challenge the dynamics of isolation seem useful in providing new experiences and models for clients with intergenerational issues related to abuse. Goulding and Goulding (1978) developed Redecision Therapy, which provides numerous techniques to address old or maladaptive scripts and beliefs. This approach is particularly useful in group work. Meichenbaum’s (1994) handbook offers numerous techniques for use in group work, such as anger management, stress inoculation training, and specific suggestions for a number of maltreated or traumatized populations.

**CLOSING REMARKS**

Although the current study represents a small sample of women with significant child maltreatment in their histories, the data generated in this study may offer direction for additional exploration. In tapping the contextual nature of incest, it becomes more difficult to focus on only one form of maltreatment as it influences future behavior. Incest was one part of the “drama” in the lives of this cohort of women. In examining the perceptions of a person who experienced maltreatment, professionals can possibly better understand how this person “came to be” who they are today. This approach permits further examination of individual strengths in the form of coping skills developed under adverse conditions. The interview process also allows the listener to begin to grasp the rules, beliefs, and reality that have guided and continue to influence the behavior and decisions of the individual. The process of parenting, including awareness of “why parents parent the way they do,” and further understanding of individual differences in parenting skills, abilities, and attitudes are likely results of further depth research.

**REFERENCES**


Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
APPENDIX

Interview Guide

- Using your genogram, tell me about your family of origin and relationships in your family.
- Were there any types of abuse in your family? Any toward you?
- How do you explain your abuse to yourself?
- Did you ever personally abuse anyone in your life?
- When you look at your genogram, who was parented by whom? Who parented you?
- What has your experience as a parent been like for you?
- Before your child was born, did you have any concerns about the child being male or female?
- What was the experience of bonding or attachment with your child/children like for you?
- What or whom have you used as a model for parenting?
- In what ways, if any, do you believe your abuse history affected your parenting skills, abilities, or attitudes?
- What have you told your child/children about your history?
- What have you found most difficult in parenting your child/children?
- What have you found most helpful in parenting your child/children?
- How do you think you coped with the stress and abuse in your family?