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Assault on Childhood

INCEST-RELATED SYNDROMES OF ADULT PSYCHOPATHOLOGY
edited by Richard P. Kluft, M.D.
Washington, D.C., American Psychiatric Press
1990, Hardcover, 308 pages, $32.00

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What happens when the traumas of the early years are not merely generated intrapsychically but instead are enacted physically upon children by powerful figures in their lives? The pain and misery that result from an assault on childhood such as that experienced by a victim of incest can damage the developmental path and deter an otherwise productive and loving journey through adulthood.

In this volume, Incest-related Syndromes of Adult Psychopathology, edited by Richard P. Kluft the contributors review the lasting effects of childhood incest on adult survivors. It is not a treatment manual but rather a multi-faceted discussion of the psychopathology that incest often leaves in its wake.

Many of us as therapists have encountered well-documented cases of people who bear the long-term effects of incest. Some readers may be surprised to find that these patients are not unusual: in one sample (Russell, 1986), 16% of women had experienced some kind of incest, with 5% having been victimized by their fathers. For those who need proof that these reports of incest are not fantasy, another study (Herman and Schatzow, 1987) showed that 74% of their population obtained confirmation from another source and 9% more found strong likelihood of confirmation; most of those remaining had not tried to confirm their experiences.

Kluft’s volume goes on to document the high number of patients in various categories of psychopathology who have suffered damaging incest experiences which they will need to explore and process before they can begin to heal themselves. Though the experiences of female survivors of incest is focused upon in this volume, given the extensive literature on this subject, it is also noted that at least 10% or more of all victims of sexual abuse are male. The aim of this book is to alert the clinician to the presence of incest as important material to deal with or face treatment failure.

Kluft has two excellent contributions in addition to his introduction and editing. Chapter Two, “On the Apparent Invisibility of Incest: A Personal Reflection on Things Known and Forgotten,” is a warm and humane exploration and review of events in Kluft’s own youth. Kluft sifts through his own life’s memories to recognize anew where he had previously witnessed, without understanding, the horrors of incest hidden behind the screen of “normal” existence. His soliloquy implicitly invites his readers, particularly men, to become more conscious of the vulnerability of
women to sexual (re)victimization and the need to challenge the cultural attitudes that lead to it.

Kluft also contributes, in Chapter 13, an exploration of the treatment difficulties that incest survivors may experience secondary to a “sitting duck” syndrome which leads them toward reenactment of their abuse. Kluft is especially sensitive in his portrayal of how abuse of the therapeutic relationship can further damage a patient who already has lived through so much trauma.

Diane Schetky provides in Chapter 3 a well-organized review of the literature on antecedents and sequelae of incest, along with a brief discussion of some of the psychoanalytic literature on the subject and the psychiatric literature on biologic reactions to chronic stress.

In Chapter 4, Jean Goodwin provides a practical approach to the initial assessment of children who are victims of incest and how this applies to adults who may newly disclose their childhood histories. The article offers guidelines on where to look for corroboration of memories, whom else to assess, and where to look for ongoing abuse.

To aid assessment of moderate versus severe post-traumatic stress disorder, Goodwin uses the mnemonic “FEARS,” which may be used at two different levels. For those with moderate symptoms, “F” stands for fears and anxiety; “E” for ego constriction/inhibitions; “A” for anger or fear of anger; “R” for repetition such as flashbacks and nightmares; and S for sleep disturbances and sadness/depression. At the severe level, “F” may stand for fugues (especially dissociative symptoms); “E” for ego fragmentation (borderline or multiple personality); “A” for antisocial acting out and alcohol or substance abuse; “R” for reenactments such as rape victimization; and “S” for somatization and suicidality. Goodwin also presents two fairy tales which explore the incest process on moderate versus severe levels of pathology and suggests how the stories may be used in treatment.

Richard J. Lowenstein’s chapter reviews the literature on somatoform disorders, helpfully including the relevant DSM III-R section. He begins with an intriguing historical review of Freud and Briquet and other early writings on “hysteria,” in which he explores in some depth Freud’s stance on seduction and incest.

In Chapter 6 Frank W. Putnam looks at incest from a self psychology perspective and opens up a discussion of state-dependent learning induced by stress. This theme is carried further in important sections by Bennett G. Braun (Chapter 11) and David Spiegel (Chapter 12) which include the phenomenology and etiology of traumatic experiences, dissociative disorders and hypnosis. These chapters demonstrate the links between an altered state of consciousness induced by stress, the development of ego fragmentation if a person uses dissociation to cope with stress, and the careful use of hypnosis in the investigation of the dissociative aspects of a person’s mind. They explore the dynamics of personality fragmentation with illustrative case studies. Spiegel’s discussion of the relationships between various personality fragments in one case of multiple personality disorder is excellent. It could apply
equally well to the personality shifts in a patient with a severe borderline personality disorder.

"Secrets of Adolescence," chapter 7, by Rosalyn Schultz is a powerful description of how the "secret" of incest distorts the development of an identity separate from one's parents.

The cognitive sequelae of incest are explored in relation to multiple personality disorder by Catherine G. Fine in Chapter 8. She illuminates the pitfalls of therapy with patients whose personality fragments exhibit differing cognitive abilities.

Chapter 9 by Michael H. Stone is an interesting discussion of the assessment of borderline patients for a history of incest. In Chapter 10, Philip M. Coons, M.D., et al. describe how to assess post-traumatic stress and dissociative disorders, and their prevalence in women survivors of abuse. Both of these chapters tend toward discussions of statistical data but each also contains relevant clinical material.

Judith Lewis Herman wraps up the volume in Chapter 14 with a brief review of the material and a discussion of some of the politics involved in the study and treatment of incest survivors. She discloses the difficulties of maintaining professional objectivity, yet staying connected with, patients who have undergone such horrors.

Lewis describes this book as an attempt to avoid the "doublespeak" that would cover once again patients' pain. This volume makes a courageous effort to do just that, as it provides us with an excellent and diverse reference source on incest and its far-reaching effects. It is important background reading for any therapist who seeks a thorough perspective on incest and how to diagnose and understand its survivors.

REFERENCES


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