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Gerry Hanni

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## HERITAGE OF NIGHTMARES: THERAPY FOR THE ADULT WOMAN MOLESTED IN CHILDHOOD

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**GERRY HANNI, MSW**

**Presented at the AMCAP Convention  
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The reported and verified number of cases of child sexual abuse in Utah increased 200 percent from 1982 to 1984.<sup>1</sup> This incidence of increase is generally in line with nationally reported increases. It also coincides with our experience at the Intermountain Sexual Abuse Treatment Center (ISAT) in Salt Lake City where I work. ISAT opened in the fall of 1983 with an anticipated caseload of 90 clients during the first year. In fact, over 400 received treatment during that time, and we have to date served nearly 900 clients including a number of adult women who were molested in childhood.

The National Center of Child Abuse in Washington, D.C., is probably the best source for statistics on child abuse, but the data collection period has not been long enough for us to appraise reliability. However, current estimates are that one out of eight to ten families in the United States are involved in incest, and that one out of four to five women will be sexually abused by the time they reach sixteen. Our experience in the Salt Lake Valley indicates that those statistics, high though they seem, are not out of line. Some people treating sexual abuse in Utah feel that the rate of incest is higher here than in other locales. I feel that Utah is probably about the same as national averages but that Utah's reporting and legal systems are uncovering a great deal more than is reported in other states. Utah statistics

indicate no differences between the LDS and non-LDS population. The social implications of such statistics are staggering: 80 percent of inmates at Utah State prison are victims of physical or sexual abuse. Alcoholism and drug abuse, prostitution, and dependent families all have a high correlation to sexual abuse. In addition, the problem is multi-generational as male victims often become abusers and female victims tend to marry offenders.

The legal definition of incest or child abuse in Utah is: "any sexual activity between a child and an adult ranging from exhibitionism to intercourse and including nudity, genital exposure, observation of the child, kissing in a lingering and intimate way, fondling, masturbation, fellatio, digital or penile penetration of the anus or rectal opening, digital penetration of the vagina, penile penetration of the vagina, or dry intercourse when adult rubs his penis against the child's genital or rectal area."

Incest is defined by Utah law as any of the above behaviors between a child and adult of close blood relationship or one who has assumed a parental role to the child. A relationship with the mother's live-in boyfriend is therefore considered an incestuous relationship. It is important for the adult woman to understand these legal definitions of incest or abuse because if she has tried to tell someone about her experience, typically this person "played it down." A bishop, an attorney, a professional, or certainly her mother may have said to her, "Well, it wasn't intercourse." Naturally, she would then have wondered if she were overreacting.

The total context in which sexual molestation was performed is as sig-

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nificant as the act itself. The victim's age, length of time over which the abuse occurred, use of violence or threat, the child's total support system, and, more important than any other factor, the relationship to the offender in terms of intimacy and trust are critical variables. Many mothers focus on the details of what happened, as a way of avoiding taking action. Several mothers have told me, "If there had been penetration, I would divorce him," or, "If there had been penetration, I know the Church should do something, but because there was not . . ." It is devastating to a child to be treated this way. It remains devastating to her as an adult.

Here is an example of the difference context makes. One woman had repressed totally the fact that she was raped at the age of three and that this same offender repeatedly raped her as she was growing up, using considerable violence. These episodes ended at age 20. She is now age 35. As you can imagine, she was severely traumatized. However, I also treated a woman in her late twenties whose father, outside her bedroom door, had fondled her breast and french-kissed her once. Only once. That single incident so shattered her concept of the universe and the people she trusted that she was traumatized nearly as much as the woman who had lived through years of violence and rape.

An interesting fact about incest is its historical status as the universal taboo. Most cultures, primitive or otherwise, have proscribed incest. Psychological or physical incest has been a matter of intense interest for some great writers in Western civilization. The stories of Absalom in the Bible, Oedipus, Electra, Phaedra, Antigone in Greek literature, Hamlet (in which a question of psychological incest may be implied between Hamlet and his mother), down to contemporary writers like Eugene O'Neill, Tennessee Williams, William Faulkner, and the current Broadway hits of Sam Shepherd, all focus on incest. It is as if writers have wanted to examine this dark force within us. I am not going

to explore why this force is so powerful, but Freud's Oedipal theory asserts that every child has sexual feelings for the parent of the opposite sex. Both the lay public and professionals generally accept this theory as a description of psychological reality. A useful challenge to that "accepted fact" is Jeffrey Mason's (1984) new book which claims that Freud misinterpreted the reports of incest which were reported almost universally from those first women with whom he worked. At first Freud recorded these events as factual but later generated his theories of penis envy and the Oedipal complex to explain the data as wish fantasies. Given the number of victims that we see and the amount of incest now being reported, I find the real-life experience of victims to be a more probable explanation of adult women's reported memories than hypothesizing explicit sexual fantasies. Yes, little boys want to marry Mommy and little girls want to set up housekeeping and have Daddy's baby, but, in my opinion, young children do not have any kind of explicit sexual fantasy unless they have been introduced to sexual experience. A number of adult women have told me, "I don't know where it came from, but at four years old I can remember masturbating, and I had all these sexual fantasies. I must have been an evil child." Every time we have sorted through those memories, we have uncovered a sexual incident that occurred before the fantasies began. Granted, children will explore their own bodies and those of other children. They know what feels good. They are sensual and physical, but they do not come up with sexually explicit behaviors unless they have been taught these actions. Little boys cannot and do not, out of a vacuum, fantasize about inserting their penis into the vagina of the mother (or another little girl) unless somebody has taught them that behavior. They do not invent homosexual behavior unless they are taught it. A little girl may be flirtatious, she may be charming, and she may really play up to all the men in her life, but she will not be sexually se-

ductive until a much older age unless she has been taught to be so.

The relevance of this perspective for the victimized woman as an adult is the question of responsibility and blame. She goes to her therapist, to her bishop, to her mother, to her friends, and even though those people say, "Oh honey, that is terrible. It wasn't your fault," there is often an underlying message: "Why didn't you stop it? Why weren't you responsible? You need to be forgiven." This is a very damaging message. Most of our clients have struggled with it all of their lives. These women feel tremendously guilty, especially if they enjoyed it, responded physically and enjoyed the pleasure of their bodies—or if sexuality was the only way to get attention and approval from their father, in which case the child may have sometimes asked for continued sexual activity. I try to be absolutely unambiguous on this point in therapy no matter what covert messages they may have received. In an LDS context, in the eyes of the Lord, in my opinion, a child is sexually innocent until he or she is taught sexual behavior, analytical theory notwithstanding.

I believe that Freud was correct, however, in observing that the abhorrence of incest does seem to be nearly universal—not, as Freud says, because we have such a strong unconscious desire toward incest that we must repress and sublimate our drives, nor even because of the biological implications of pregnancy within a close relationship—but because of the sustained systemic devastation incest inflicts on family structure. Not only does the individual suffer, but the whole concept of the family is damaged irretrievably. When mother/daughter, adult/child boundaries are breached, self-identity is almost impossible to develop without tremendous confusion. The child has no way of perceiving herself and of gradually building self-confidence as an adult if she is pushed into the adult role of being a sexual rival to her mother, the being on whom she is most dependent. Women simply cannot be robbed of

their childhood and survive intact. Small wonder that they are confused about every aspect of their world, for incest violates the most basic trust a child has. If parents don't protect, who does? If parents don't insure a safe world, who does? How does the child ever recover that kind of trust?

These then are the basic issues for the adult female victim: trust, intimacy, betrayal, abandonment, and guilt. It is, for the victim, as if someone took a big black marker and ex'd her out, saying in effect, "You are an object. You do not exist except to fulfill my needs. You have no personhood in yourself."

Psychologically, she may feel she has been betrayed by both parents. Although most of the women I have worked with have recognized their anger at the father's or stepfather's betrayal, they also experience—sometimes without recognizing it—a burning rage against their mothers for failing to protect them, for abandoning them, for failing to provide emotional nurturance. Blame of mothers may in reality be unfounded, but most adult women do feel this anger at their mother.

The symptoms these women present include sexual dysfunction, which may include extreme frigidity, sexual aversion, or promiscuous behavior. One of my active LDS clients, for example, was married in the temple and has seven children but sought therapy because she had finally reached the point of saying, "I've had enough. I don't care if I lose the celestial kingdom. I don't care if I lose my children. I don't care what happens. I will never again have sex." Friends and family members showered her with good advice: "You know what you have to do. You can't expect a man to live that way." They had no way of acknowledging the depth of her aversion or the causes of such extreme sexual dysfunction.

Other symptoms in the adult survivor include suicidal ideation and chronic depression, substance abuse, somatic complaints and hysterical reactions, especially abdominal pain, gynecological problems and premenstrual

syndrome, learned helplessness, extreme passivity and dependence coupled with intense inner rage, low self-esteem, guilt and self-blame, nightmares and sleep disturbances, borderline personality, psychosis, schizoid tendencies, a history of adolescent acting-out including running away, extreme ambivalence, including hatred and fear of the father and also at the same time fear of his rejection, feelings of anger, betrayal, and rejection about the mother, distorted body image and dislike of body, detachment, lack of female friends, distance in all relationships, inability to trust or seek intimacy, difficulty in touching or being touched, and dissociation.

The effects of sexual abuse are not something usually outgrown. This woman suffers from a confusion of sex and love. If her daughter happens to be a sexual abuse victim, she often reacts with rage against her. Adult victims experience obsessive thinking about sexual objects or about the old abuse, flashbacks, and constant sexual fantasizing. It is as if everything in their world is seen somehow through sex-colored glasses.

For all their passivity and dependence, adult survivors seem to me to have a core that resists control, because control has been such a central issue in the abuse experience. It is extremely important as therapists to let them know early on that they are in charge, that you will only go as fast as they wish, that you are not going to intrude on this inner core except as they permit it.

In therapy, it is very difficult for these women to process new data or to identify emotions. They guard themselves against the pain of reliving their feelings, and they also will not be controlled. They often insist on a woman therapist, even though men can often be very effective with them. I think part of their resistance to male therapists is not only the embarrassment of the sexual issues and feeling that no man could understand, but also a tremendous need to be mothered. These women almost always experienced a lack of mothering along with the sexual abuse. The thera-

pist has to be very patient about their need for unconditional approval and their ultra-sensitivity to rejection.

Another factor in therapy is that the therapist must guard against a tendency to condemn the perpetrator too strongly in an initial reaction of sympathy and support for the victim. This may sound paradoxical, but these women almost always have a tremendous need, after they work through their anger and hatred, for approval from the perpetrator and for the love they never really got from him.

I have rarely seen an adult woman victim who did not have strong religious questions. Without fail these women ask, "Why me? Why was I picked out of the family? What is wrong with me?" They also ask, "Why did God let this happen?" At some level, they feel outraged at themselves, at the offender, at their mother, and at God. Just giving them permission to work through religious conflict is, in itself, very helpful. Usually they have been given pat answers. Forgiveness is, in my opinion, for an LDS woman, an ultimate issue, whether it's forgiveness of self, the offender, or God. The proximate issues are the anger and betrayal. They must deal with their rage before they can move on and ultimately be free in a forgiveness process. I have seen women move through passivity and self-hate to rage to forgiveness. For the religiously oriented woman, feeling the love of the Lord can help tremendously in the healing process.

In the remainder of this presentation, I should like to focus upon specific issues of treatment and some possible techniques which have proved helpful in providing therapy. The severity of symptoms for adults molested as children vary widely, but adult victims are usually voluntary clients, able to commit themselves to treatment, and willing to try to face the problem. As therapists, we try to help them place the responsibility where it belongs and realize that they can get over the experience. Individual therapy can't address all the issues—guilt, lack of a positive self-

image, depression, mistrust of men, inadequate social skills, a compulsion to get involved with unworthy men, sexual dysfunction, bitterness toward the offender and her mother—so we prefer to establish a good experience with individual therapy first and then go into group work. Many issues are raised with groups which increase a client's sense of anxiety beyond the point of resolution in a group. Then, she can go back to her individual therapist. We recommend time-limited groups because they help the group stay on the path and emphasize that the incest issue can be explored and put away. The first sessions are used for designing goals and telling personal stories in detail. These goals often involve recovering memory, improving their relationships, improving their self-esteem, sharing the secret with family members, and possibly confronting the offender. The next stage is the mid-point where the group focuses on how to achieve the goal and on role-playing to help the individuals rehearse desired actions. If each hears reports of successful confrontation or disclosure it helps her go forward with her plans. The ultimate purpose is to help these women who are still reacting like helpless children to become confident as adults.

The two major affective results of incest are guilt and anger. Either individual or group therapy must focus on the fact that it is both safe and desirable to express these emotions. A trusting relationship with the therapist, plus the time and setting to diffuse the heightened anxiety, must be available.

Here are ten examples of methods to encourage catharsis or ventilation of emotion:

1. Writing the undelivered letter. This letter can be to the offender or to the mother. It should deal with feelings as well as facts. It is beneficial for the individual to read it aloud to the group or to the therapist—with full vocal inflections.

2. Journal writing as a directed activity. The reason it should be directed is that the emphasis needs to be on

remembering and recording the abuse along with associated feelings and affects. Otherwise, extraneous detail will fill the pages, and that is not the point. A record of significant occurrences at different life stages is also valuable—a directed life history that helps the clinician understand lifestyle patterns. Sentence stubs and questionnaires can be used for recall and to help reach deeper levels. For example, use such things as open-ended sentences. "When I remember Dad, I think . . . I remember Mother saying . . . I want to tell Dad . . . or, I see myself as . . ." Either written responses or verbal responses will help a client get in touch with her feelings.

3. Art. Art has been traditionally used with children; however, this technique can also be used with adult women to help make implicit feelings explicit. It allows victims to give symbolic expression to conflict and impulses. Drawing the offender, or drawing a self-portrait at the age the abuse first began, is very therapeutic. We also find it effective to draw a floor plan of the room or rooms where the abuse took place, coupled with verbal descriptions.

Also, the mandala drawing is a technique which is a rendering of the self. Within an outlying circle, the participant draws marks, forms, or shapes in various colors, starting in the center and working outwards to represent her inner self. She then turns the sheet over and writes what she did, what she revealed about herself, and how she felt while doing it.

4. Poetry. Especially poems with regular rhythms where the focus is on sound rather than on content, and nonsense poetry are helpful because of stimulating the emotional response. Writing poetry either in group or individual therapy unburdens and reduces anxiety.

5. Gestalt techniques. The empty-chair exercise involves asking the victim to face the perpetrator or her mother. It is important to create a tension-free atmosphere with breathing exercises and deep muscle relaxation before using this technique. A variation is using two

chairs and having the victim alternate sitting in them, speaking for herself and then responding as the offender or her mother.

6. Written dialogue between parts of the self. For example, the victim may choose a dialogue between the controlled self and the out-of-control self or between the self and body parts that are disliked because they were part of the abuse. One client talked so much about her hands and how she hated them, that we decided to do a verbal dialogue. She took the part of herself, and I took the part of her hands. As we talked, she suddenly broke down and cried uncontrollably for a long time, and finally said the reason she hated her hands was because of what they were forced to do when the sexual abuse was taking place.

7. Bibliotherapy. Using first-hand accounts of other incest victims can be helpful in reducing the feelings of isolation and loneliness. There are several on the market. I suggest that you read them first so that you know if it is the type of thing you want your client to read. Some are better than others, but most of them have some material that could be offensive.

8. Positive affirmations to effect positive self-image. The client is asked to repeat to herself several times a day, "I am a good and capable person," or other such phrases. Adele Mayer in her book suggests "the okay script" to alleviate negative feelings about self. She writes a relatively long script full of such things as, "I am a good person," "I am not responsible in any way for what happened sexually between me and my dad." The clients read them each morning and night. Calling herself a "survivor" instead of a "victim" is another way she can give herself a

positive message.

9. Relaxation techniques. They are also important to reduce stress and anxiety. They are based on the theory that it is not possible for the body to experience relaxation and tension at the same time. Guided imagery is very helpful to attain the relaxed state.

10. Assertive behavior. Assertive behavior can aid the client to leave her position as the helpless victim. She responded to her previous role of learned helplessness with disguised anger and passivity. As she learns to make her needs and feelings known to others in an open and honest manner, she can become a more mature person, in charge of herself.

Women who have been sexually molested often experience flashbacks during sexual activity, detracting from their sexual pleasure and contributing to sexual dysfunction. If the flashbacks are severe and accompanied by other sexual dysfunctions, we suggest referral to a sex therapist. Women need to let their partners know that they are experiencing flashbacks and that their response is not due to the partner or the activity. Saying this helps women differentiate the current partner from the traumatic past experience.

There is nothing simple about undoing years of abuse and its consequences, but self-management is the goal. It is an exhilarating experience as a therapist to help another person toward achieving it.

<sup>1</sup>Figures compiled by Division of Family Services, Social Services Department, State of Utah, December, 1984.

*Gerry Hanni is the mother of five girls and a clinical social worker at the Intermountain Sexual Abuse Center in Salt Lake City.*