

Incest and Sexuality

**How Survivors
Coped During
Molestation**

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How Survivors Coped during Molestation

During molestation incest victims are subject to high degrees of stress—mentally and physically. They may be flooded with feelings of fear, panic, confusion, and betrayal, and may suffer from enormous anxiety. Victims may strain to find reasons why the incest is happening, as well as ways to stop it. Since children’s bodies are undeveloped and unprepared for sexual activity, the physical sensations of the abuse can be overwhelming, creating discomfort, unbearable pain, or unusual pleasures. Each victim learns to cope with the stress of incest in her own fashion. This chapter will discuss some coping methods survivors have used during molestation. It will also describe the role these methods later played in hampering sexual satisfaction. Problems can arise when survivors continue to employ old coping methods in adult sexual relations where there is no longer any threat to their well-being. Since coping methods were developed during traumatic situations, they tend to be deeply ingrained and hard to let go of.

Coping methods are critical ways victims find to protect their sense of well-being and personal integrity. Because of the intense stress of sexual abuse, failure to employ coping methods could seriously jeopardize a victim’s sanity and will to live. Human beings need to feel some amount of control over their experiences in

order to maintain individual identity. An incest experience traps the victim and then forces her to submit to the will of the offender. Panic and desperation result in a triggering of her primal instincts for survival, which include a desire to fight the offender or flee from the abuse. However, given the dynamics of incest and the size and power differences between the victim and the offender, these options are rarely available.

People who were never sexually abused can learn to empathize with what survivors experienced by recalling episodes of tickling in childhood. The following exercise for nonsurvivors is designed for that purpose: Remember those times when you were held down and tickled, and the tickling became too much, too intense. Laughing may have quickly turned to panic as you cried out, “Stop it, it hurts!” The experience of feeling out of control and overstimulated easily turned something fun and pleasurable into something very uncomfortable and frightening. Imagine further how much worse the situation would have been if you had felt unable to say “Stop!” or if your pleas had gone unattended.

Lacking other alternatives, incest victims must rely on indirect methods of self-protection. These methods help them to survive the ordeal of the abuse while it is occurring. While coping methods may vary, they all appear to facilitate mental escape from the abuse or relief from the stress of physical sensations.

A common coping method used by victims during incest is a process known

as dissociation. Victims dissociate from the incest by divorcing themselves mentally from the experience. Dissociation permits them to blank out and be somewhere else in their minds. They create a mind-body split so they do not have to stay mentally present and fully experience the discomfort or pain of the abuse. They may quickly lose the memory or have only vague, dreamlike recall of what happened to them. So victims may end up feeling that whatever happened didn't really happen to them. Because dissociation can block an important experience from conscious memory, survivors are sometimes left not feeling fully themselves in many other situations. The desire to separate themselves from the experience of incest may result in impaired memory function in general. Survivors who used dissociation to cope with their pain may be especially prone to the problem of not remembering the incest at all as adults. Dissociation helps survivors fulfill a deep wish to believe the incest never really happened.

The importance of dissociation in maintaining a sense of personal control and power is graphically demonstrated by the following case. A client showed her therapist a photograph of herself being vaginally raped by her father and anally raped by her brother at the same time. The picture was taken by her sister under the direction of her father. In the picture the victim was lying back, expressionlessly filing her nails. She focused her attention and control on a part of her body that was not being invaded.

When dissociation becomes an automatic response to sexual stimulation, it

can have the serious consequence of inhibiting sexual pleasure. This is illustrated by a client whose father had intercourse with her once a week after school. During these episodes she would concentrate all her awareness on the sounds of children playing outside the house. She vividly imagined herself being with them instead of with her father. As a consequence, in adult life she had difficulty remembering sexual experiences with her husband. She had learned amnesia as a response to sexual contact. In therapy she concentrated on recalling and safely reliving the sexual details of the incest. Once she was able to accomplish this, she found herself able to recall and accept enjoyment from sexual experiences with her husband.

Another survivor mentioned using techniques of intense concentration to dissociate at will from the incest trauma. Although her current sexual relationship was very supportive, she still found herself leaving her body to avoid feelings associated with the past sexual abuse.

There are times when we have sex together that I find myself checking out of the sex. There's a plant that hangs above our bed, and that's what I will usually do —find a spot up on the ceiling or on the wall or the corner of the room or something. I will just kind of try to go there. Once in a while we'll get going, and I feel like something's going to come up and I can feel that I do it again. But it's not anything that's really creating a problem with us, because I think I'm to a point where I'm coming alive sexually.

Extreme forms of dissociation are evident in some survivors who establish a mind-body split that causes them to leave the physical reality of a sexual situation and enter into a state totally unrelated to who and where they are at the time. One

survivor explained:

During incest, penetration was always painful, but I could ignore it and laugh it off.... [Now] I never withdraw my body from the scene—my mind always distorts the real scene in order to protect myself. My body doesn't have to fear because my mind leaves and my body becomes an object. When my mind is in total control, my body then joins my mind somewhere else. Then this is happening outside *my* body —orgasm happens, but it is not my body. It is someone else, somewhere else, in another place and time.

Survivors who divorce themselves to this extent sometimes experience difficulty with their ability to control this extreme dissociative response. They may become vulnerable to developing multiple personality problems. One study of people with multiple personality disorders found that 83 percent of the subjects had experienced sexual abuse as children; of these, 68 percent had been victims of incest.⁶

Other forms of dissociation used as coping methods are aimed at withstanding intense physical pain and violence. Some victims report having been able consciously to induce a numbing of parts of their bodies. Others created pain in their bodies that they could focus on during the abuse in order to distract themselves from the pain being caused by the perpetrators—for example, by biting their lip or holding their breath. In some cases survivors have been able to transform the pain they felt into some other sensation, as one woman explained:

The pain turned to comfort after a while because I conditioned my mind to accept pain as pleasure and warmth so it didn't hurt anymore. He needed

to see how much fear and pain I could endure without crying, and it made him so angry that I wouldn't cry. He couldn't hurt me in any way physically. But emotionally he did.

The process of dissociating can become so ingrained that it can be generalized for use in other times of stress, such as taking physical exams and sustaining injuries. There are cases of incest survivors who have been able to induce self-hypnotic anesthesia. One girl taught herself to do this at age eleven while her stepfather was squeezing four fingers of her hand until she cried. The girl, as described by Denise Gelinas,

remembered looking straight into his eyes and holding her breath so that this time she wouldn't cry, telling herself not to feel her hand. As she began feeling the pressure of her lack of breath, it became easier not to feel her hand. Later that night, the stepfather came into the bathroom and asked to see that hand. She put it down on the edge of the sink and he abruptly brought his fist down onto it. The patient states that during the short interval of time between the beginning of his motion and the impact, she had been able to "not feel" her hand. Since that episode she has been able to induce and reinforce anesthesia when she felt she needed it.⁷

While numbing the body can be an important protection during times of physical pain, it can also create a serious disruption in a survivor's ability to become sexually aroused and to experience sexual pleasure. Survivors who have acquired these critical skills in order to deal with pain in their childhood are faced as adults with the challenge of slowly sensitizing their bodies and letting in the good sensations that they have a right to experience.

Repeated bouts of physical pain and unwanted touching may leave a person fearful of all kinds of touching. Positive associations with touching, such as feeling soothed, comforted, or reassured, get replaced by a pervasive feeling of mistrust, leaving the survivor wondering what will follow after the gentle touching. Incest survivors may find themselves unable to feel comfortable with a simple hug. Their bodies may become automatically rigid or limp when they are approached. They learn to assume that touching is for someone else's benefit instead of their own.

Many survivors turn to alcohol and drugs to help themselves escape mentally and physically during the incest. Conscious awareness is numbed as survivors seek to transport themselves far from the horrible feeling of being out of control. One survivor described drinking alcohol and taking drugs almost every night from age twelve onward. During the period of the incest, she would do this until she obtained a state of semiconsciousness so that when her father entered her room she could be less aware of what he was doing to her. Subsequent sexual experiences with other partners were undertaken only if she was drugged. She had become so used to sex this way that once she made a commitment to sobriety, the thought of sober sexual interaction was terrifying. This survivor had to learn how to be present, in control, and responsive almost from scratch.

Some survivors pretend to be sleeping during the abuse. They shut their eyes and make their bodies go completely limp. This response allows them to express their power indirectly, by preventing the perpetrator from gaining the

satisfaction of experiencing their wakeful submission. These survivors become adept at sublimating their feelings and reactions during sex.

Responding to sexual stimulation is another important coping method used during sexual abuse. Feeling pleasure allows a victim to get relief from the tension of stimulation and thus enables her to take care of herself. Unfortunately, the repercussions of this enjoyment can be very upsetting later on. These victims may have a hard time believing that the sexual contact constituted abuse, since they enjoyed it and may even have sought it once it began. They may begin to doubt their role in the abuse and wonder whether they in fact wanted it to occur. Sexual contact does not have to be violent, painful, or always unwanted to constitute abuse. It is abuse if victims are robbed of their sexual innocence and manipulated into premature sex for someone else's benefit.

When early sexual experiences are perceived as both pleasurable and repugnant, there may be a sense of betrayal by one's own body. Self-hatred toward one's body and genitals can result. Some survivors have expressed dismay at the fact that during incest they became highly aroused and achieved orgasm. All this means is that their genitals were responding appropriately to sexual stimulation. The sensitive nerve endings are not capable of determining who is touching or the circumstances under which the touching occurs. Sexual arousal can occur in many inappropriate situations. It is natural for human bodies to respond to sexual touching. Given effective stimulation, it is difficult to inhibit

arousal and orgasm. Being psychologically repulsed by what is happening is often not enough to counter a physiological response. Survivors who responded physiologically with pleasure may later avoid sex or minimize arousal to prevent having to reexperience the memory of the incest. It is important for these survivors to realize that their bodies were not at fault. The sensations were positive; it was the coercion and aspect of betrayal in the experience that were negative. Adults can make choices about when to act on sexual arousal. Children forced into sexual activity don't have that choice and can consequently become very confused by their response.

Many of the medical and sexual problems that survivors experience later in life have their roots in the sexual trauma. It is common for survivors to complain of recurring physical ailments such as migraines, vaginal pain, back pain, neck pain, and skin problems. Survivors who were forced to have oral sex sometimes suffer from jaw, neck, and throat problems. Those who were penetrated often report such complaints as recurrent vaginal infections, severe menstrual pain, and painful intercourse. Occasionally survivors will feel that they were permanently impaired by the physical attacks. For instance, a survivor who had never experienced orgasm believed the incest had broken her clitoris and made it dysfunctional.

Protection skills are a very important and creative means with which survivors deal with abuse. They are very positive and absolutely necessary. They

become problems only when the situation has changed and they are no longer useful, that is, when they continue to be used after the incest has stopped. Spacing out during sex is an important protection for a child but becomes an unwelcome obstruction for an adult woman. It is important for survivors to remember that these methods of coping were learned. New ways of feeling safe can now be learned.

A first step in this process is identifying and understanding the old coping methods. Adult survivors *can* regain the ability to be present and can integrate their mind and body in a way that will allow them to feel comfort, pleasure, control, and a sense of security with sexual touching.

[6](#) F. Putnam, M.D. (April 1984), New evidence links multiple personalities with sexual abuse, *Sexuality Today* 7, no. 25: 3.

[7](#) D. Gelinias (1983), The persisting negative effects of incest, *Psychiatry* 46, no. 4: 316.

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Suggested Resources

Outgrowing the Pain, by Eliana Gil, 1983 (San Francisco: Launch Press).

A short, readable book for adult survivors of child abuse which clearly explains how early abuse affects self-esteem and relationships. Especially good for people who wonder whether they were actually abused.

Betrayal of Innocence, by Susan Forward and Craig Buck, 1978 (New York: Penguin Books).

Basic information on the history and dynamics of incest, including many

case examples. Sections on variations of incest, including mother-daughter, mother-son, father-son, and sibling.

Father-Daughter Incest, by Judith Herman, 1981 (Cambridge, Mass.: Harvard University Press).

A comprehensive book on how incest affects daughters, including a historical overview, research findings, and treatment concerns.

For Yourself: The Fulfillment of Female Sexuality, by Lonnie Barbach, 1976 (Garden City, New York: Anchor Books).

A good overview of sexual socialization and sexual pleasuring. Especially helpful for women resolving orgasmic difficulties.

For Each Other: Sharing Sexual Intimacy, by Lonnie Barbach, 1982 (New York, New York: New American Library).

Female perspective on healthy couples sexuality. Lots of exercises and suggestions for improving physical relationships. Contains basic sex therapy techniques.

Male Sexuality: A Guide to Sexual Fulfillment, by Bernie Zilbergeld, 1978 (Boston: Little Brown and Company).

Excellent section on male sexual socialization, harmful myths, and reasons for male sexual problems. Includes sex therapy techniques for treating common male dysfunctions.

Out of the Shadows: Understanding Sexual Addiction, by Patrick Carnes, 1983 (Minneapolis, Minn.: Comp-Care Publications).

Overview of common types of sexual addictions, including incest. Can help survivors understand why some perpetrators sexually molest.

Learning About Sex: The Contemporary Guide for Young Adults, by Gary F. Kelly, 1977 (Barron's Educational Series, Inc., 113 Crossways Park Drive, Woodbury, New York 11797).

A good book for teens over fifteen years old and their parents, in paperback. Straightforward sex education for older adolescents. Includes section on love, responsible sex, and decision making in relationships.

“Identifying and Treating the Sexual Repercussions of Incest: A Couples Therapy Approach,” by Wendy Maltz, *Journal of Sex & Marital Therapy*, Vol. 14, No. 2, Summer 1988, pp. 142-170.

Primarily written for clinicians. Presents a model for assessing and treating the sexual effects of incest in couple relationships. Includes intervention strategies, techniques, and therapeutic considerations.

Partners in Healing: Couples Overcoming the Sexual Repercussions of Incest (VIDEO) produced by Wendy Maltz, Steve Christiansen and Gerald Joffe, 1988. (For information and to order, contact: Independent Video Services, 401 E. 10th St. Dept. L, Eugene, Oregon 97401, telephone 503-345-3455).

Hosted by Wendy Maltz, this video program helps couples identify sexual problems caused by incest histories, and journey toward sexual healing and emotional intimacy. Symptoms of sexual concerns and specific steps in the healing process are discussed. Features three heterosexual couples (one with a male survivor). Helpful to incest survivors as well as a resource for therapy, education and training.

Two major self-help organizations for adult incest survivors are *VOICES* (Victims of Incest Can Emerge Survivors) in Action, Inc., P.O. Box 148309, Chicago, Illinois 60614, and *ISA* (Incest Survivors Anonymous), P.O. Box 5613, Long Beach, California 90805-0613.

About the Authors

[Wendy Maltz LCSW, DST](#), is an internationally recognized sex therapist, author, and speaker, with more than thirty-five years of experience treating sex and intimacy concerns. She authored a number of highly acclaimed sexuality resources, including the recovery classic, [*The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse*](#), as well as [*Private Thoughts: Exploring the Power of Women's Sexual Fantasies*](#), and [*The Porn Trap: The Essential Guide to Overcoming Problems Caused by Pornography*](#). Wendy compiled and edited two best-selling poetry collections that celebrate healthy sexual intimacy, [*Passionate Hearts: The Poetry of Sexual Love*](#) and [*Intimate Kisses: The Poetry of Sexual Pleasure*](#). Her popular educational website, www.HealthySex.com, provides free articles, podcast interviews, posters, [couples sexual healing videos](#), and more to help people recover from sexual abuse, overcome sexual problems, and develop skills for love-based sexual intimacy.

Beverly Holman holds an M.S. in counseling psychology from the University of Oregon, where her master's thesis was entitled "The Sexual Impact of Incest on Adult Women." She also holds an M.A. in human development from the University of Kansas. Beverly is currently in private practice in counseling and mediation,

specializing in incest and couples counseling. She is also a family therapist at a local agency, where she works with children and adolescents and their families. Previously she counseled in a family-oriented agency, where she led incest groups for adult survivors and worked with abused children and their parents. She is a member of the Oregon Counseling Association, the American Association for Counseling and Development, the Academy of Family Mediators, and the Executive Board of the Family Mediation Association of Lane County, Oregon.