

**Presentation of Master's Thesis Research
to the Department of Psychiatry
at Calgary Children's Hospital
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Uncovering a Legacy

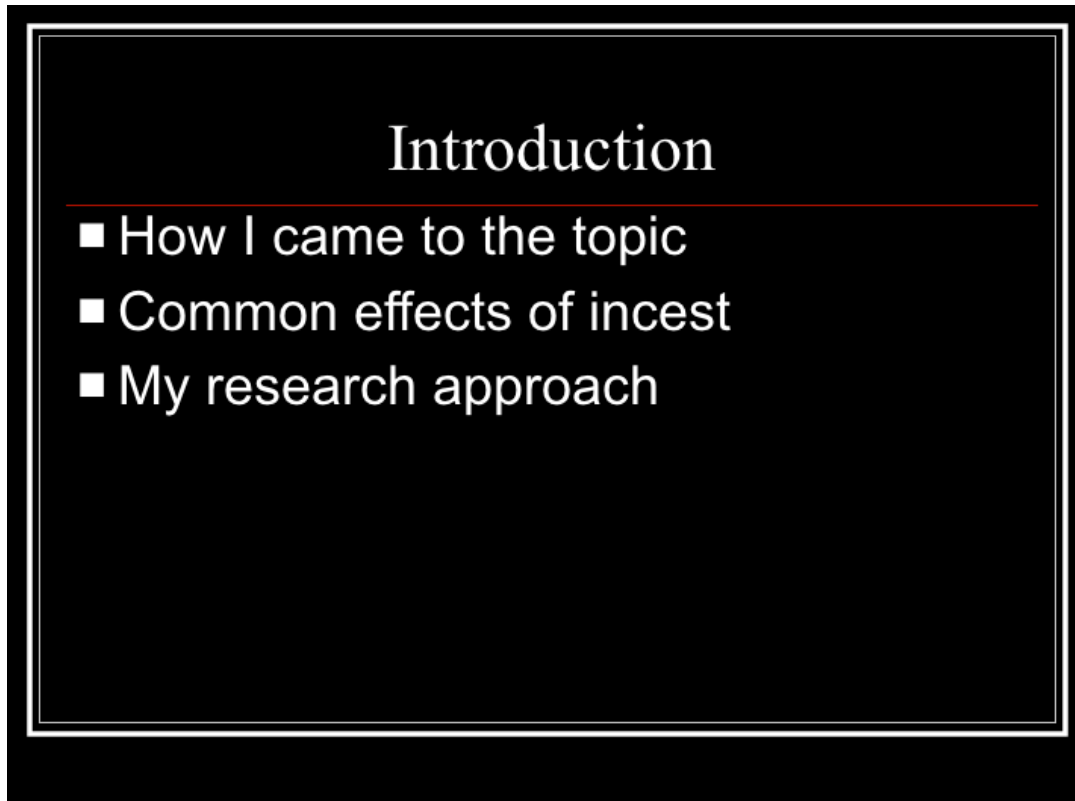
Daughters' Perceptions of Being
Mothered by an Incest Survivor
Peggy Voth MSW RSW

SLIDE: Uncovering a Legacy

Thank you, Dr. Wilkes. I appreciate the opportunity to present my research findings to all of you, both here in the auditorium of this lovely facility, and at other sites via video-conference.

This is your lunch hour. I will try to give you useful information in a way that's not too heavy...so that you can take in both professional sustenance and your lunch food.

I will talk today about Uncovering a Legacy: Daughters' Perceptions of Being Mothered by an Incest Survivor.



SLIDE: Introduction
Point 1: How I came to the topic

I am Peggy, daughter of Esther.

I was 41 years old when my mother told me that she had been sexually abused by her brother, who was eight years older than her. She was nine years old when the abuse started. It happened several times a week, underneath a bridge, on the way to school. She was almost twelve years old when the abuse stopped; her brother was drafted into the army and sent overseas.

I am now the age my mother was when she told someone about the abuse for the first time.

That someone was me.

Over the ensuing months, things about my life to that point fell into place, creating something understandable for the first time. It was like pieces of me that had been floating around out there somewhere came home, filling in the spaces of my life with substance.

I began reading about childhood sexual abuse. Many of the problems identified as possible effects of incest sounded like me, but I didn't recall any abuse. I wondered if I had learned the problematic behaviors from my survivor-mother. That's how I came to

research daughters' perceptions and experiences of the mothering they received from an incest survivor.

Introduction

Point 2: Common effects of incest

Common effects of incest include things like poor boundaries, people-pleasing, a vague sense of self, poor self-esteem, taking on inappropriate responsibility, discomfort around men, and feelings of pervasive guilt and shame. I saw those things in my mother, and I saw them in myself. The daughters I interviewed reported many patterns identified as indicating childhood sexual abuse, yet the majority of them did not have a personal history of sexual abuse.

After disclosing to me, my mother told my father, and then her sisters, about what had happened to her. Her bonds with all of these people strengthened and deepened because of her disclosure. I know that does not always happen; she was fortunate.

Five years later, I wrote my master's thesis on the experience of women whose mothers were incest survivors. I found no literature on the topic of how children had experienced the mothering received by survivors. More recently, a doctoral dissertation building on my research was successfully defended in California in 2006.

I am here today to share with you the findings of my qualitative research into second generation effects of incest as revealed by adult daughters of mothers who survived childhood incest. My study was pioneering in that it explored the experiences of the children of incest survivors. At that time, studies about the parenting of incest survivors were based on clinical observations or on the reports of the survivors themselves about their perceptions of their parenting. No one had asked the children of survivors how they experienced the parenting.

Introduction

Point 3: My research approach

That brings us to the third point on the slide: my research approach.

My study used a very small sample. I interviewed six women whose mothers had a history of childhood incest. Although small and preliminary, I believe the themes that emerged from my study, and the stories surrounding those themes, will be of interest to you in your work. In the stories I tell you, I have changed all identifying details of the respondent to protect the individuals.

While many of the perceptions of the daughters about the mothering they received were negative, it is not the intention of my research to blame the survivors for the difficult dynamics. Rather, this information is offered to raise awareness about the possibility of second-generation effects of incest and the need for support and intervention for survivors in the context of their own parenting.

Themes

- Mother failed to grow up
- Difficulties in mother-daughter interactions during childhood
- Daughters' relational challenges in adulthood

SLIDE: Themes

Three themes emerged from the daughters' stories. One, the daughters experienced their mothers as remaining children; they referred to this as their mothers failing to grow up. Two, they reported difficulties in their interactions with their mothers during childhood. And three, they linked certain problems they encountered in adulthood to being raised by a survivor of incest. In other words, they felt the effects of their mother's incest history in their own relationships to themselves, their husbands and their children.

“My mother never grew up...”

- Passive maternal patterns
 - Inappropriate trusting
 - Punishing out of emotion
 - Inability to set boundaries

SLIDE: My mother never grew up...”

In her own way, each of the daughters interviewed expressed the view that her mother was unable to handle life in a mature manner. One woman, who had eight brothers and sisters, described her mother as “a child raising children.” Experiencing their mothers as defenseless, naive, dependent and irresponsible frightened the daughters. No one appeared to be in control of things; life and relationships seemed confusing and unmanageable.

The stories of the daughters identified a number of passive patterns in the mothering they received. They did not view these passive patterns as detrimental in and of themselves, but rather as gaps. The outcomes of the mother’s detached presence in the family, however, deprived the daughters of a child’s most fundamental rights: the right to physical protection, love, nurture and enough emotional safety that developmental tasks can be attended to and mastered.

Maternal passivity included:

- inappropriate trusting
The mothers trusted people who were untrustworthy; they walked into, or remained in, dangerous situations. For instance, all of the daughters were exposed to the mother’s perpetrator.
- punishing out of emotion

Rather than disciplining out of principle, parenting consisted of punishments that came out of nowhere and occurred in response to the mother's anger or feelings of being overwhelmed or embarrassed.

- inability to set boundaries

The mother's attempts to set boundaries were either absent or unsustainable, leading to insufficient structure in family life.

“My mother never grew up...” continued

- Daughters' active coping
 - Protecting self and siblings
 - Attempting to please mother
 - Setting boundaries in home

“My mother never grew up...” continued

Often the daughter found an active means of responding to what she perceived to be her mother's passive approach to life. The daughters learned to rely on themselves for judgment and protection in threatening situations. As I mentioned before, all of the daughters were around the mother's perpetrator. Each of the daughters knew instinctively that the man was somehow dangerous, and found ways to protect herself. It's noteworthy that none of these protective strategies included turning to the mother for help. Instead, the daughter became hyperaware and made sure that she was never alone with the offender, or she established an adversarial relationship with him.

Kim gives us a picture of a girl protecting herself: “I had to pick things up psychically from the environment...had to keep an eye on where everybody was.” Speaking of one of her mother's perpetrators, she said, “We had this funny relationship and it must have

been a instinctive thing on my part...I had an awareness of him in particular. I challenged everything he said. I think he never approached me because I constantly stood up to him."

Krista said, "My granny's boyfriend is physically and sexually abusive. He's already got two of my cousins...I would never be with him and I wouldn't let my sister be with him..."

Sometimes the person who felt dangerous was the survivor-mother. Despite the mother's terrifying behavior, the daughters tried to get their mother's attention, tried to get her to like them.

Krista described protecting both herself and her siblings from her mother, and also trying to please her mother in this scenario: "Mom was always careful about showing she loved us, and gave us lots of hugs and told us we looked pretty and gave lots of compliments and stuff...but then one day we'd come home from school and our whole bed would be wrecked and all the drawers dumped on the floor because it wasn't done the right way or she thought we'd lied to her so we'd all get the belt..." She continued: "I figured if we were really good then it would be ok and so I'd talk to my sister and brother and we'd be really really good for a while..."

All of the daughters reported leaving home as soon as they could. While still in school, and too young to leave home, they attempted to take charge of the chaos at home.

Marilyn's father died when she was eight years old. After his death, all boundaries disappeared in the home. Early in her teens, she took matters into her own hands. One day, after having her report card scrutinized by her older brothers, she verbalized the boundary that her mother was unable to put in place. She said, "You guys go to work, you come home, you party, you drink, and that all happens here. And my sister and I are upstairs trying to sleep and get our homework done...This can't happen anymore. This is our home. You guys rent your own house if you want to party..."

The daughters reported viewing their mothers as allowing life to happen to them. The daughter did not see her mother as consciously endeavoring to influence the shape or quality of her life or her daughter's life. Frequently, she seemed to have made choices through default without recognizing her responsibility toward her child in various situations.

Hattie summed up the tone of this reality with these words: "Mom was there for me as much as she could be, given her space...but because of her own traumatization, I think she was almost totally ineffective."

Mother-daughter Interactions

- Mother's unresolved anger
- Mother experienced as emotionally needy

SLIDE: Mother-daughter Interactions

All of the daughters spoke of their childhoods in the context of their mother's unresolved rage about the abuse, and their mothers' emotional neediness. Each of these areas held dynamics that were destructive in the daughters' lives. As well, these dynamics created distance and animosity between mother and daughter.

Lisa confided, "My mother didn't raise me so there's always been a bit of distance between us...I'm sad for me because it affected our entire relationship."

Naomi said, "Mom didn't trust me at all. It was always a fight and accusations."

“My mother had major rage issues...”

- Maternal denial & misplacement of anger
- Daughter personalizes & internalizes

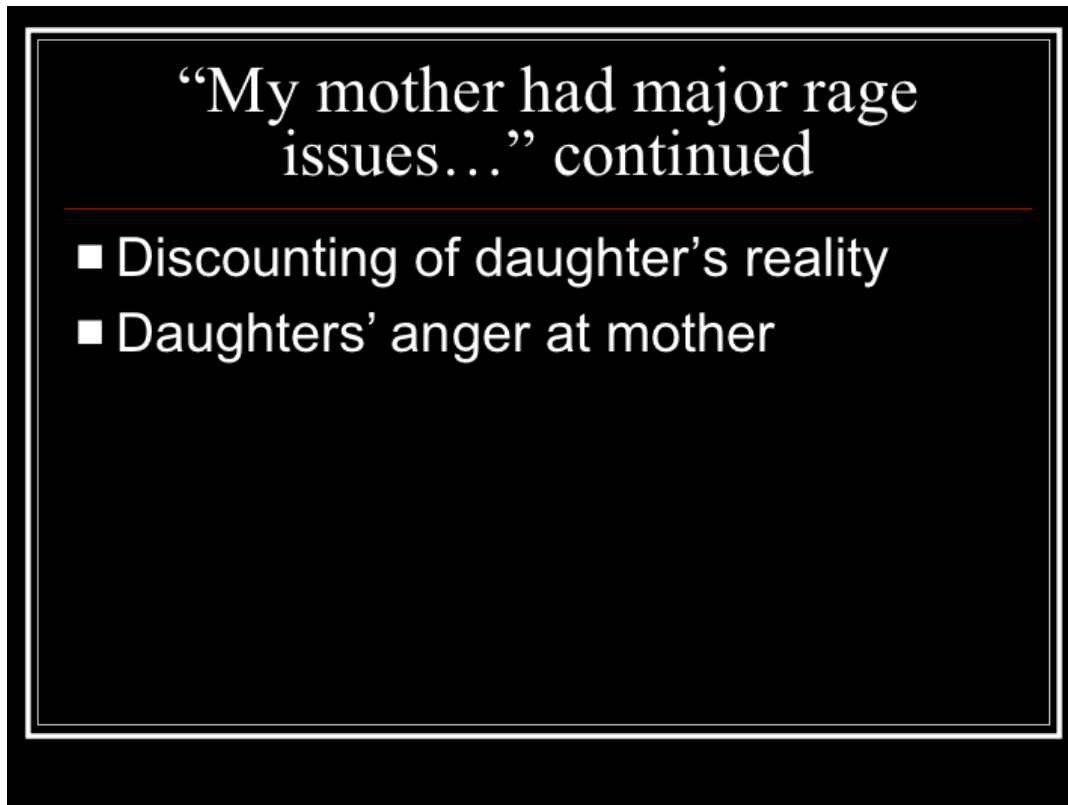
SLIDE: “My mother had major rage issues...”

All of the daughters referred to their mothers as being perpetually angry. As children, the daughters sensed their mother’s anger; the majority of them witnessed it firsthand. None of them knew where it had originated. The obscurity of this rage, and the unpredictability of its eruption and its target, left the daughter alone in trying to make sense of it. This proved to be an overwhelming task for the child.

Hattie recalled, “My mother had major rage issues, not saying what is, especially with the anger, but then it came out in other ways. She never dealt with the anger around the abuse, the violation, the shame, the rage...”

Naomi said, “I can’t remember not feeling hurt by her, like emotionally hurt, from the time I was very small...I thought she didn’t care about me.”

The daughters internalized the attitudes and actions demonstrated by the mother out of her rage. Kim knew she was “the bad seed” in the family. Hattie felt like “the black sheep.” Krista saw herself as “a victim” and Naomi referred to herself as “a wart.”



SLIDE: “My mother had major rage issues....” continued

Maternal anger also showed itself in the mother’s attempt to shut down the daughter’s feelings and perceptions. The daughter did not have permission to express her own experience of things. One daughter said, “Any kind of feelings that I would have were totally negated. If I felt sad, it was ‘What the hell is the matter with you?!’”

The pattern within the home was one of the mother repressing her original anger yet indulging in emotional explosions, and the daughter expressing her feelings only to have them negated by the mother. Naomi described this pattern: “She yells at us and her face turns purple...but then she always tried to make me feel like I was out of control and that I was a bad kid!”

The daughter often felt angry toward her mother. As one of them said, “I didn’t respect her because she didn’t respect me and I didn’t owe her trust because she didn’t trust me and I was furious with her.” Each daughter described her anger toward her mother as blossoming in adolescence, and continuing into adulthood.

Responding to the emotional turmoil in her own way, the daughter’s individual choices influenced who she became in adulthood. Marilyn fiercely protected her “internal part” and today has difficulty opening up to people. Krista assumed responsibility for the atmosphere in the home, and now tends to shoulder the problems of other people. Kim found resourceful ways to protect herself from her mother’s anger, and presently has difficulty trusting others enough to ask for help. Naomi discounted her mother’s anger,

and in the process, learned to discount her own anger. Hattie took on the emotional pain masked by her mother's rage and repressed her own pain; as an adult she reports chronic sadness. Lisa sought to please her mother, and became a perfectionist.

“I was a mirror of my mother’s pain...”

- Maternal neediness & projection
 - Engulfing projection
 - Distancing projection
- Daughters’ differentiation difficulties
 - Enmeshment
 - Disengagement

SLIDE: “I was a mirror of my mother’s pain...”

The daughters spoke of feeling overwhelmed by their mothers’ emotional needs. This neediness hindered the daughter’s attempts to establish a definite sense of self while also remaining connected to her mother in a healthy way. Across interviews, the women explained their mother’s neediness in ways that suggested the mother projected her own anxiety onto her daughter.

Marilyn talked of her mother using her to buffer a complicated relationship with her mother’s mother: “I remember my mother keeping me close to her...my mother and her mother did not have a close relationship...my grandmother very much disliked that my mother knew about my grandmother’s childhood abuse...I was never shocked by what my mother told me...why wasn’t I?” The recipient of engulfing projection, Marilyn said, “I was ‘old’ when I was very young and I had a lot of awareness...sometimes I feel like I don’t have a past of my own.”

Hattie’s mother pushed her away by projecting her own anguish onto Hattie--so here we have an example of distancing projection: “Mom used to call me ‘Blackface.’ I can remember sitting on a stool, I was a teenager, and my neediness just all over me in my

face and she would say, 'Get your black face out of here.' She couldn't handle it. She just couldn't handle my pain so obviously out there, reminding her of her own."

The daughters recalled feeling lost in the face of the emotional neediness they sensed in their mothers. As children, they felt as if they existed only as a channel for the mother to manage her emotional fragility. As they grew up and attempted to differentiate their identity from their mother's, they ran into trouble. Some became enmeshed in the mother's reality; for others, extreme disengagement from the mother occurred.

When the mother over-protected the daughter, enmeshment became the danger. These daughters reported feeling keen dissatisfaction in their relationships with others, and particularly with their mothers. Marilyn admitted, "I have a hard time separating myself, cause we get enmeshed. I don't like it. I feel like telling her to just f--- off once." The difficult dance here involves setting boundaries in the mother-daughter relationship. Doing so might cause emotional distress for the mother while *not* doing so keeps the daughter trapped in the emotional bind.

When projection took the form of rejection of the daughter, and/or conflict with her, disengagement occurred. The daughter then rebelled. Lisa said, "I was so angry at my mother that I dated guys she hated. I don't know if I did it consciously but I remember feeling sort of satisfaction at her responses, in my stomach here." Here the daughter's decisions are made in reaction to the mother rather than from personal choice, keeping the daughter tied to the mother despite her determination to free herself.

Across interviews, the daughter experienced herself as existing only as a reflection of, and for, her mother. Hattie outlined what that's like: "I experienced her woundedness as a kid...I was a mirror of her own pain...I just felt the heaviness of Mom's pain...I think I absorbed a lot of it because it wasn't spoken but it was felt palpably almost."

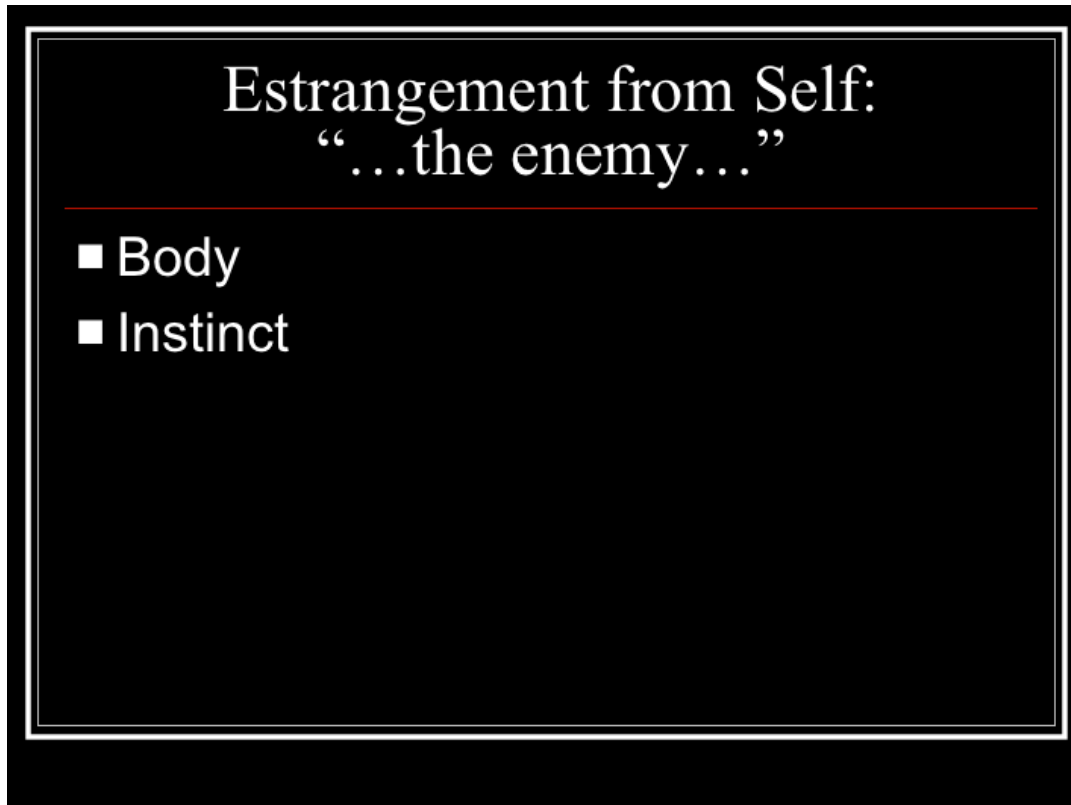


**Daughters' Problems in Adulthood:
Themes**

- Estrangement from self
- Relationships with men
- Parenting own children

SLIDE: Daughters' Difficulties in Adulthood: Themes

We turn now from the childhood experiences to the effects of these experiences on the daughters' adulthood. Three areas of relational difficulties were highlighted by all the women I interviewed. Each of the women linked these areas of concern to her mother's incest history. They are the daughter's relationship to herself, to men, and to her children.



SLIDE: Estrangement from Self: "...the enemy..."

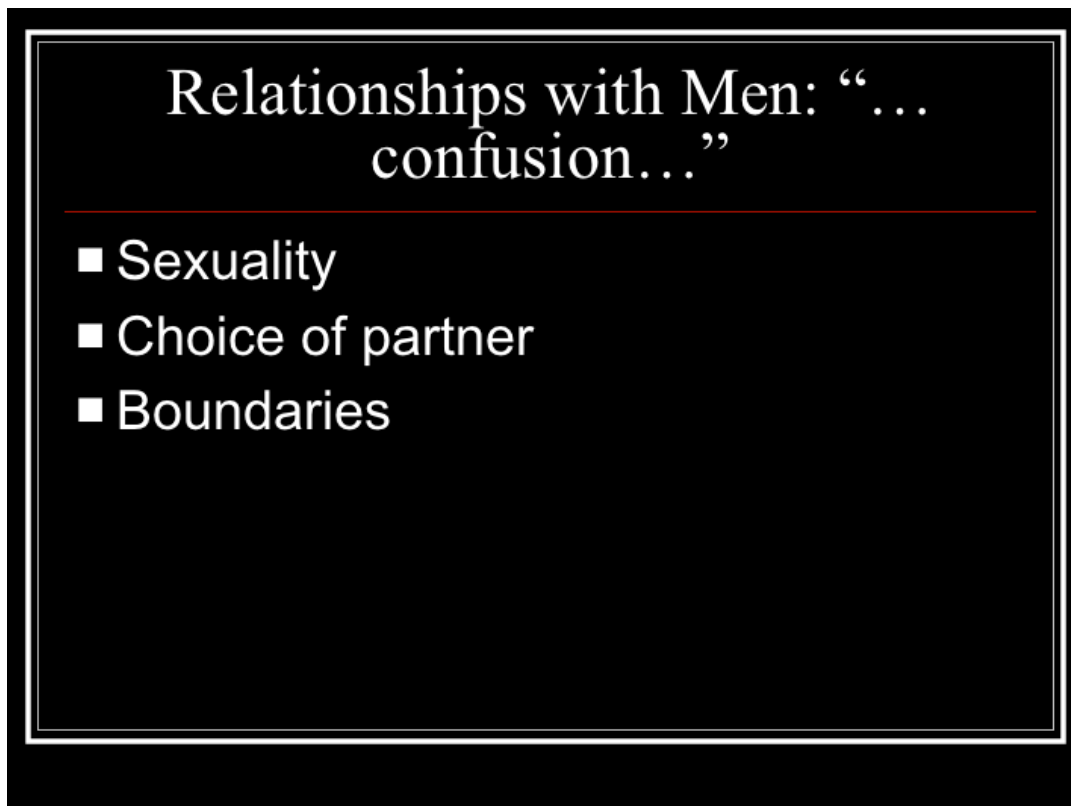
Virtually all of the women indicated that they feel cut off from themselves. They stated that they have not accepted or respected their bodies. Placed on a continuum from *ignoring* body sensations, to *creating* body sensations, the daughters chronicled their attitudes toward their bodies in these ways:

- ignoring heat, cold, hunger, tiredness and pain;
- holding distorted views of their physical bodies; perceiving their bodies as "...the enemy...," "sex object" or as the bearer of pain and abuse;
- feelings of shame about their body's appearance, responses and functions;
- destructive behaviors such as heavy smoking, eating disorders, and slashing and carving.

By and large, these daughters have not experienced their bodies as useful or lovable, or as a part of themselves that is worthy of value and care.

Not one of the six participants experienced her mother as validating her own sense of self. Rather, the daughters felt that their mothers "squashed" their inner voices by negating their perceptions and minimizing their feelings. As Kim said, "A daughter's natural, trusting instincts toward herself are destroyed."

Estranged from two very personal sources of information and wisdom--the physical and the instinctual--the daughters often made decisions based solely on information from outside themselves.



SLIDE: Relationships with Men: "...confusion..."

Three topics about relating to men emerged from the data: view of sexuality, how the daughter chose her first long-term partner, and setting boundaries in the relationship.

Several of the daughters attempted to meet their emotional needs through sex. Hattie perceived her mother as seeking emotional security through the sexual relationship with Hattie's father. As a young adult, she repeated this pattern, using men as a release for her anger and as a way of gaining attention. The other daughters, feeling the rejection of their mothers very keenly, especially during adolescence, sought sexual partners to gain a sense of acceptance and love.

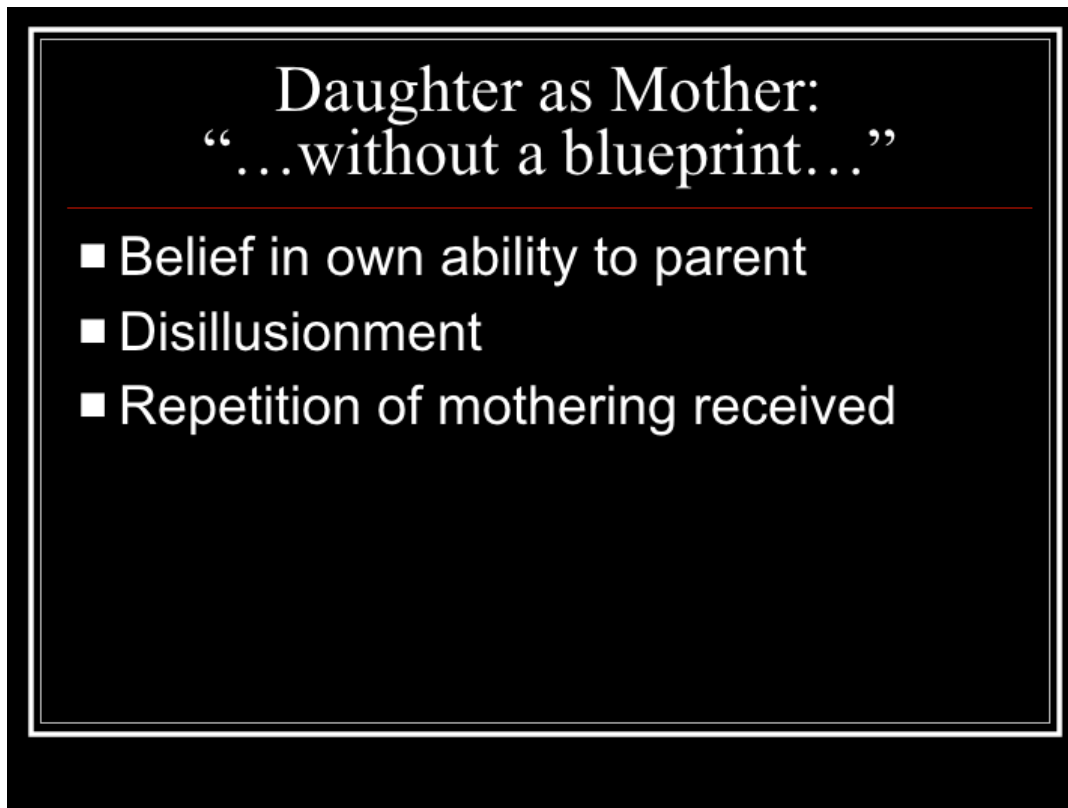
Naomi noted that she was confused about how to handle sexual advances from men. She realized that she had a right to refuse these advances, but didn't know how to do so in a direct and clear way. Either she made a sarcastic remark with a soft smile, leaving the man feeling confused and humiliated. Or she abruptly ended all contact with the man, even though she enjoyed his company and would have liked to remain friends with him.

For all the women, sexuality remained a major difficulty in her marriage. They expressed the belief that because their mothers' sexuality was violated, the mother modeled confusion and shame for the daughter.

All the women admitted that the choice of their first male partner was made in reaction to their mothers. Four claimed that they chose their initial partners in order to get away from their mothers. Several reported deliberately dating men that their mothers actively disliked. They acknowledged that they didn't know whether *they* liked these men or not, and that they continued to date the men out of spite.

Healthy boundaries within the marriage eluded the daughters I talked to. One daughter said she fought to have her boundaries respected, then abandoned those boundaries herself, creating a "back and forth" battle between herself and her husband. Another daughter, determined not to repeat her mother's lack of boundaries, set and maintained clear boundaries but wondered aloud if it's excessive, and whether her husband experiences her as controlling.

We see then, that the daughters made decisions around sex and partnering that complicated their lives as adults. Experiencing their mothers as untrustworthy, the daughters failed to hear wise advice when the mother *did* give it.



SLIDE: Daughter as Mother: “...without a blueprint...”

One thing that surprised me was that all six of the women I interviewed wanted children because they believed they knew out to parent well. They felt angry about how they had been raised and wanted children in order to demonstrate how to parent properly! This optimistic illusion broke down pretty quickly for each of the women.

After having children, each daughter discovered that, although she knew how *not* to parent, she found herself “without a blueprint” about how *to* parent in a healthy way. “I had to make it up as I went along,” said one. “I’ve had a negative impact on my children,” said another. “That’s a reality I have to deal with...”

Each of the daughters struggled in the very area of mothering that most affected her childhood experiences with her mother. For instance, Naomi, whose childhood was marked by conflict with her mother, noted that she’s inflexible in her own parenting, which pulls her into power struggles with her children. Marilyn, on the other hand, was overprotected throughout her childhood. She talked about yanking her sons off the monkey bars out of fear that they would hurt themselves, and of taking over and doing their homework out of her own anxiety. “I was full of thoughts like...don’t let him get hurt; what if he’s defeated?” Wistfully she asked, “Why am I so protective?”

Clinical Considerations

- Daughter may present as survivor of childhood sexual abuse
 - Don't assume; ask
- Mitigating childhood factors

SLIDE: Clinical Considerations

These women's descriptions of their difficulties sound very much like someone who has been sexually abused. The daughters spoke of serious issues related to body-image and self-esteem. They recognized their parenting as dysfunctional; they struggle with anger toward their children and partners and mothers. They described their experiences of sexuality as problematic. As clinicians then, we need to explore the patient's family history of sexual abuse. The daughter may have learned to approach life, and to present herself, as a survivor of sexual abuse when, in reality, she is just her mother's daughter.

One area that emerged in the study, though it was not asked about, was that of mitigating effects in the daughter's childhood. Several of the women identified their fathers as steadying, positive influences. For one, it was her grandfather. Neighbors, families of girlfriends, aunts, teachers, books and peers often taught, supported and validated the daughters as children.

The Child Patient in Your Office

- Believe what the child tells you
- Find out who/what supports child
- Explore relationship with father as well as with mother

SLIDE: The Child Patient in Your Office

Probably the most important thing you can do is believe the child's story. No child is born defiant or moody or angry or withdrawn. Children display these traits in response to the circumstances that surround them. Feeling heard and seen makes a profound difference in a child's feelings toward herself and toward her life.

Another valuable thing to do is find out who or what supports the child and do what you can to protect that source. This may be a pet, a person or an activity.

It's important to thoroughly explore the child's relationship to the father, and to the mother's current partner if he is not the father. Gather your own impressions by meeting with these people if possible.

Mitigating Factors in Adulthood

- Birth of daughter's first child
- Daughter's personal healing work
- Mother's disclosure

SLIDE: Mitigating Factors in Adulthood

In adulthood, three distinct experiences were identified as change-points in the daughters' relationships with their mothers, and subsequently with themselves. These were the birth of the daughter's first child, the daughter's pursuit of personal healing, and the mother's disclosure of her abuse.

Several of the daughters cited the birth of her first child as changing her relationship with her mother. Once she had a baby herself, she could see her mother from a new perspective. For some daughters, it was the mother's interest in the baby, and her request to be allowed into the child's life as a grandmother that softened the daughter toward her mother.

Seeking personal healing through therapy had a significant effect on the daughter's attitude toward her mother. Gaining deeper understanding of herself and her mother brought increased satisfaction with their current relationship, whether the mother was seen as changing or not.

Disclosure of the incest by the mother had a domino effect in the daughter's life. It changed her interpretation of her past and modified her feelings toward her mother. She no longer saw herself as the source of her mother's anger; the incest was seen as the problem, rather than the daughter herself. The daughter's relationships with other important people improved as well.

Lisa detailed the effects of her mother's disclosure this way:

A big secret cracked open. It changed my life...I've lost that tightness inside, that feeling of needing to do something to get her to notice me. I like myself better now because my mom likes me. I can do what I want with my life now, and I know she's going to love me...I'm more relaxed with my kids. I find I'm accepting them more...

The Adult Patient in Your Office

- The daughter as patient
 - Foster empathy toward her mother
 - Explore her beliefs
 - Re-parent

SLIDE: The Adult Patient in Your Office

So, you have an adult patient in your office. The patient may demonstrate the parenting deficiencies, anger issues and poor boundaries typical of a survivor of childhood sexual abuse. Ask about her childhood history. Does she remember physical, verbal or sexual abuse? If she reports no memories of sexual abuse, bear in mind the possibility of her mother having been an incest survivor.

Ask about her current relationship to her mother and to her child-daughter. If there are concerns about either of these relationships, it's a good idea to probe her childhood. How did she experience her mother as a child? Did she feel that her mother liked her? How did her mother handle her own anger? Gather information about the mother's history; encourage the patient to ask her mother about things she doesn't know. Coming to know her mother's past often increases a daughter's understanding of, and empathy toward, the mother. As well, talking about her childhood experiences can help

the patient get in touch with what it was like to be a child, and may help her show more patience or affection toward her own child.

Explore the patient's beliefs about sexuality, male-female relationships and personal power. Study respondents noted that examining what they had been taught about these areas was very useful in facilitating positive changes.

All of these explorations are interventions in themselves. Beyond that, teaching a client how to re-parent herself, or acting as a surrogate parent for her yourself, may be advised.

The Adult Patient in Your Office continued

- The survivor-mother as patient
 - Be alert to projection/rejection toward children
 - Make her aware of her anger
 - Encourage disclosure

The Adult Patient in Your Office continued

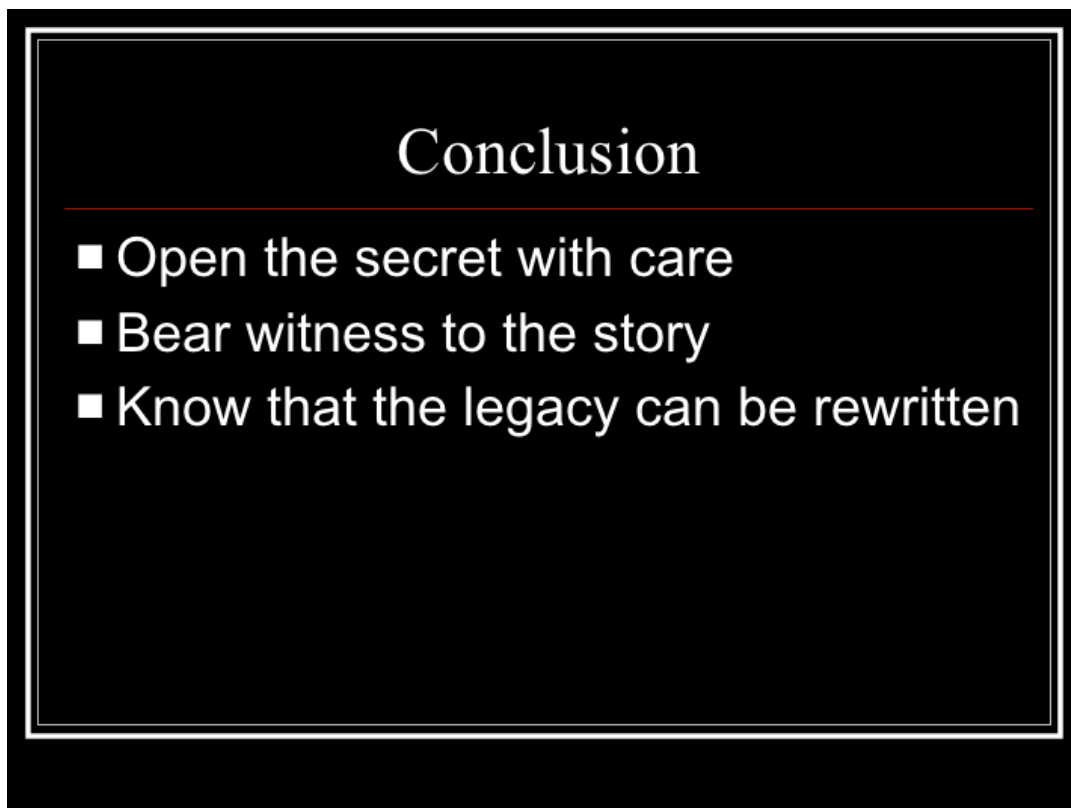
If the patient reports a personal history of incest, you have a survivor-mother before you. Address her trauma issues. In addition to that, find out how she feels about each of her children. Watch for projection or rejection as you do this. It's not unusual for survivor-mothers to sexualize her daughter's behavior, or to see in her daughter her own vulnerability, disgust or anger.

Help the patient make the connection between her incest experience and her anger in current situations. Recognizing that she's angry about the incest, angry at the abuser,

angry that her mother or parents failed to protect her enables her to manage her anger in a more responsible way.

Educate her about a child's developmental tasks and needs. Coach her on parenting skills. Ask about *her* relationship to the father of her children; ask about the father's relationship to the children.

A very important piece in the work is encouraging disclosure of the incest to her daughter when the daughter reaches an appropriate age. The comments of the daughters in my study revealed that the mothers who received counseling were able to disclose details such as who abused her and when the abuse occurred. These mothers were willing to continue talking about the abuse as their daughters had questions. The mothers who had not received counseling disclosed in vague and sketchy ways, and shied away from discussing the issue further with their daughters.



SLIDE: Conclusion

In conclusion, survivor-mothers want to do well by their children, and, like all children, their daughters desire to please their mothers. Silence about harmful behaviors stand in the way of healthy parenting and natural affection. As we all know, secrets and patterns that remain unconscious carry power, and pass from generation to generation.

Through the appropriate and sensitive exposure of family secrets and patterns, clinicians can facilitate communication and understanding between generations. In doing so, we will be agents of change not only in individual lives, but in the ongoing life of the family as well.

I am Peggy, the daughter of Esther who heard and believed her disclosure. *She* gave me physical life; I birthed *her* back into personhood through accepting her story. As you receive the wounded child or parent before you, you too become midwife or obstetrician, delivering the individual into a new way of being and seeing.

In closing, I remind you to remember the positive power of your presence as you:

Open the secret with care.

Bear witness to the story.

And know that the legacy can be re-written.

Thank you.