

## CHAPTER 5

## Child Abuse

**R**EPEATED TRAUMA in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality. The child trapped in an abusive environment is faced with formidable tasks of adaptation. She must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for or protect herself, she must compensate for the failures of adult care and protection with the only means at her disposal, an immature system of psychological defenses.

The pathological environment of childhood abuse forces the development of extraordinary capacities, both creative and destructive. It fosters the development of abnormal states of consciousness in which the ordinary relations of body and mind, reality and imagination, knowledge and memory, no longer hold. These altered states of consciousness permit the elaboration of a prodigious array of symptoms, both somatic and psychological. And these symptoms simultaneously conceal and reveal their origins; they speak in disguised language of secrets too terrible for words.

For hundreds of years, observers have described these phenomena with both fascination and horror. The language of the supernatural, banished for three hundred years from scientific discourse, still intrudes into the most sober attempts to describe the psychological manifestations of chronic childhood trauma. Thus Freud, a passionately secular man, at the point of deepest immersion in his exploration of the traumatic origins of hysteria recognized the analogies between his own investigations and earlier religious inquisitions:

By the way, what have you got to say to the suggestion that the whole of my brand-new theory of the primary origins of hysteria is already familiar and has been published a hundred times over, though several centuries ago? Do you remember my always saying that the medieval theory of possession, that held by ecclesiastical courts, was identical with our theory of a foreign body and the splitting of consciousness? But why did the devil who took possession of the poor victims invariably commit misconduct with them, and in such horrible ways? Why were the confessions extracted under torture so very like what my patients tell me under psychological treatment?<sup>1</sup>

The answer to this question comes from those fortunate survivors who have found a way to take control of their own recovery and thus have become the subjects of their own quest for truth rather than the objects of inquisition. The author and incest survivor Sylvia Fraser recounts her journey of discovery: "I have more convulsions as my body acts out other scenarios, sometimes springing from nightmares, leaving my throat ulcerated and my stomach nauseated. So powerful are these contractions that sometimes I feel as if I were struggling for breath against a slimy lichen clinging to my chest, invoking thoughts of the incubus who, in medieval folklore, raped sleeping women who then gave birth to demons. . . . In a more superstitious society, I might have been diagnosed as a child possessed by the devil. What, in fact, I had been possessed by was daddy's forked instrument—the devil in man."<sup>2</sup>

In earlier times, Fraser notes, she might well have been condemned as a witch. In Freud's time she would have been diagnosed as a classic hysteric. Today she would be diagnosed with multiple personality disorder. She reports numerous psychiatric symptoms, which include hysterical seizures and psychogenic amnesia beginning in childhood, anorexia and promiscuity in adolescence, sexual dysfunction, disturbed intimate relationships, depression, and murderous suicidality in adult life. In her wide array of symptoms, her fragmented personality, her severe impairments and extraordinary strengths, Fraser typifies the experience of survivors. With her remarkable creative gifts, she is able to reconstruct the story of a self formed under the burden of repeated, inescapable abuse, and to trace with clarity the pathways of development from victim to psychiatric patient, and from patient to survivor.

## THE ABUSIVE ENVIRONMENT

Chronic childhood abuse takes place in a familial climate of pervasive terror, in which ordinary caretaking relationships have been profoundly disrupted. Survivors describe a characteristic pattern of totalitarian control, enforced by means of violence and death threats, capricious enforcement of petty rules, intermittent rewards, and destruction of all competing relationships through isolation, secrecy, and betrayal. Even more than adults, children who develop in this climate of domination develop pathological attachments to those who abuse and neglect them, attachments that they will strive to maintain even at the sacrifice of their own welfare, their own reality, or their lives.

The omnipresent fear of death is recalled in the testimony of numerous survivors. Sometimes the child is silenced by violence or by a direct threat of murder; more often survivors report threats that resistance or disclosure will result in the death of someone else in the family: a sibling, the nonoffending parent, or the perpetrator. Violence or murder threats may also be directed against pets; many survivors describe being forced to witness the sadistic abuse of animals. Two survivors describe the violence they endured:

I saw my father kicking the dog across the room. That dog was my world. I went and cuddled the dog. He was very angry. There was a lot of yelling. He spun me around and called me a whore and a bitch. I could see his face really nasty, like someone I don't know. He said he'd show me what I'm good for if I think I'm such a great piece. He put me against the wall. Things went white. I couldn't move. I was afraid I'd break in two. Then I started to go numb. I thought: you really are going to die. Whatever you've done, that's the sentence.<sup>3</sup>

I often thought my father might kill us when he was drunk. He held me and my mother and my brother at gunpoint once. It went on for hours. I remember the wall we were standing against. I tried to be good and do what I was supposed to do.<sup>4</sup>

In addition to the fear of violence, survivors consistently report an overwhelming sense of helplessness. In the abusive family environment, the exercise of parental power is arbitrary, capricious, and absolute. Rules are erratic, inconsistent, or patently unfair. Survivors frequently recall that what frightened them most was the unpredictable nature of the violence. Unable to find any way to avert the abuse, they learn to adopt a position

of complete surrender. Two survivors describe how they tried to cope with the violence:

Every time I tried to figure out a system to deal with her, the rules would change. I'd get hit almost every day with a brush or a studded belt. As she was beating—I used to be in the corner with my knees up—her face changed. It wasn't like she was hitting me any more—like she was hitting someone else. When she was calm I'd show her the big purple welts and she'd say "Where'd that come from?"<sup>5</sup>

There weren't any rules; the rules just kind of dissolved after awhile. I used to dread going home. I never knew what was going to happen. The threat of a beating was terrifying because we saw what my father did to my mother. There's a saying in the army: "shit rolls downhill." He would do it to her and she would do it to us. One time she hit me with a poker. After awhile I got used to it. I would roll up in a ball.<sup>6</sup>

While most survivors of childhood abuse emphasize the chaotic and unpredictable enforcement of rules, some describe a highly organized pattern of punishment and coercion. These survivors often report punishments similar to those in political prisons. Many describe intrusive control of bodily functions, such as forced feeding, starvation, use of enemas, sleep deprivation, or prolonged exposure to heat or cold. Others describe actually being imprisoned: tied up or locked in closets or basements. In the most extreme cases, abuse may become predictable because it is organized according to ritual, as in some pornography or prostitution rings or in clandestine religious cults. Asked whether she considered the rules usually fair, one survivor replied: "We never thought of rules as fair or unfair, we just tried to follow them. There were so many of them it was hard keeping up. In retrospect I guess they were too strict, too nitpicking. Some of them were pretty bizarre. You could be punished for smirking, for disrespect, for the expression on your face."<sup>7</sup>

Adaptation to this climate of constant danger requires a state of constant alertness. Children in an abusive environment develop extraordinary abilities to scan for warning signs of attack. They become minutely attuned to their abusers' inner states. They learn to recognize subtle changes in facial expression, voice, and body language as signals of anger, sexual arousal, intoxication, or dissociation. This nonverbal communication becomes highly automatic and occurs for the most part outside of conscious awareness. Child victims learn to respond without being able to name or identify the danger signals that evoked their alarm. In one extreme example, the psychiatrist Richard Kluff observed three children

who had learned to dissociate on cue when their mother became violent.<sup>8</sup>

When abused children note signs of danger, they attempt to protect themselves either by avoiding or by placating the abuser. Runaway attempts are common, often beginning by age seven or eight. Many survivors remember literally hiding for long periods of time, and they associate their only feelings of safety with particular hiding places rather than with people. Others describe their efforts to become as inconspicuous as possible and to avoid attracting attention to themselves by freezing in place, crouching, rolling up in a ball, or keeping their face expressionless. Thus, while in a constant state of autonomic hyperarousal, they must also be quiet and immobile, avoiding any physical display of their inner agitation. The result is the peculiar, seething state of "frozen watchfulness" noted in abused children.<sup>9</sup>

If avoidance fails, then children attempt to appease their abusers by demonstrations of automatic obedience. The arbitrary enforcement of rules, combined with the constant fear of death or serious harm, produces a paradoxical result. On the one hand, it convinces children of their utter helplessness and the futility of resistance. Many develop the belief that their abusers have absolute or even supernatural powers, can read their thoughts, and can control their lives entirely. On the other hand, it motivates children to prove their loyalty and compliance. These children double and redouble their efforts to gain control of the situation in the only way that seems possible, by "trying to be good."

While violence, threats, and the capricious enforcement of rules instill terror and develop the habit of automatic obedience, isolation, secrecy, and betrayal destroy the relationships that would afford protection. It is by now a commonplace that families in which child abuse occurs are socially isolated. It is less commonly recognized that social isolation does not simply happen; it is often enforced by the abuser in the interest of preserving secrecy and control over other family members. Survivors frequently describe a pattern of jealous surveillance of all social contacts. Their abusers may forbid them to participate in ordinary peer activities or may insist on the right to intrude into these activities at will. The social lives of abused children are also profoundly limited by the need to keep up appearances and preserve secrecy. Thus, even those children who manage to develop the semblance of a social life experience it as inauthentic.

The abused child is isolated from other family members as well as from the wider social world. She perceives daily, not only that the most powerful adult in her intimate world is dangerous to her, but also that the other

adults who are responsible for her care do not protect her. The reasons for this protective failure are in some sense immaterial to the child victim, who experiences it at best as a sign of indifference and at worst as complicit betrayal. From the child's point of view, the parent disarmed by secrecy should have known; if she cared enough, she would have found out. The parent disarmed by intimidation should have intervened; if she cared enough, she would have fought. The child feels that she has been abandoned to her fate, and this abandonment is often resented more keenly than the abuse itself. An incest survivor describes her rage at her family: "I have so much anger, not so much about what went on at home, but that nobody would listen. My mother still denies that what went on was that serious. In a rare mood now she'll say, 'I feel so guilty, I can't believe I didn't do anything.' At the time nobody could admit it, they just let it happen. So I had to go and be crazy."<sup>10</sup>

## DOUBLETHINK

In this climate of profoundly disrupted relationships the child faces a formidable developmental task. She must find a way to form primary attachments to caretakers who are either dangerous or, from her perspective, negligent. She must find a way to develop a sense of basic trust and safety with caretakers who are untrustworthy and unsafe. She must develop a sense of self in relation to others who are helpless, uncaring, or cruel. She must develop a capacity for bodily self-regulation in an environment in which her body is at the disposal of others' needs, as well as a capacity for self-soothing in an environment without solace. She must develop the capacity for initiative in an environment which demands that she bring her will into complete conformity with that of her abuser. And ultimately, she must develop a capacity for intimacy out of an environment where all intimate relationships are corrupt, and an identity out of an environment which defines her as a whore and a slave.

The abused child's existential task is equally formidable. Though she perceives herself as abandoned to a power without mercy, she must find a way to preserve hope and meaning. The alternative is utter despair, something no child can bear. To preserve her faith in her parents, she must reject the first and most obvious conclusion that something is terribly wrong with them. She will go to any lengths to construct an explanation for her fate that absolves her parents of all blame and responsibility.

All of the abused child's psychological adaptations serve the fundamental purpose of preserving her primary attachment to her parents in the face of daily evidence of their malice, helplessness, or indifference. To accomplish this purpose, the child resorts to a wide array of psychological defenses. By virtue of these defenses, the abuse is either walled off from conscious awareness and memory, so that it did not really happen, or minimized, rationalized, and excused, so that whatever did happen was not really abuse. Unable to escape or alter the unbearable reality in fact, the child alters it in her mind.

The child victim prefers to believe that the abuse did not occur. In the service of this wish, she tries to keep the abuse a secret from herself. The means she has at her disposal are frank denial, voluntary suppression of thoughts, and a legion of dissociative reactions. The capacity for induced trance or dissociative states, normally high in school-age children, is developed to a fine art in children who have been severely punished or abused. Studies have documented the connection between the severity of childhood abuse and the degree of familiarity with dissociative states.<sup>11</sup> While most survivors of childhood abuse describe a degree of proficiency in the use of trance, some develop a kind of dissociative virtuosity. They may learn to ignore severe pain, to hide their memories in complex amnesias, to alter their sense of time, place, or person, and to induce hallucinations or possession states. Sometimes these alterations of consciousness are deliberate, but often they become automatic and feel alien and involuntary. Two survivors describe their dissociative states:

I would do it by unfocusing my eyes. I called it unreality. First I lost depth perception; everything looked flat, and everything felt cold. I felt like a tiny infant. Then my body would float into space like a balloon.<sup>12</sup>

I used to have seizures. I'd go numb, my mouth would move, I'd hear voices, and I'd feel like my body was burning up. I thought I was possessed by the devil.<sup>13</sup>

Under the most extreme conditions of early, severe, and prolonged abuse, some children, perhaps those already endowed with strong capacities for trance states, begin to form separated personality fragments with their own names, psychological functions, and sequestered memories. Dissociation thus becomes not merely a defensive adaptation but the fundamental principle of personality organization. The genesis of personality fragments, or alters, in situations of massive childhood trauma has

been verified in numerous investigations.<sup>14</sup> The alters make it possible for the child victim to cope resourcefully with the abuse while keeping both the abuse and her coping strategies outside of ordinary awareness. Frazer describes the birth of an alter personality during oral rape by her father:

I gag. I'm smothering. Help me! I scrunch my eyes so I can't see. My daddy is pulling my body over him like mommy pulls a holey sock over a darned egg. Filthy filthy don't ever let me catch you shame filthy daddy won't love me love me dirty filthy love him hate him fear don't ever let me catch you dirty dirty love hate guilt shame *fear fear fear fear fear fear*. . . .

I recapture that moment precisely when my helplessness is so bottomless that anything is preferable. Thus, I unscrew my head from my body as if it were the lid of a pickle jar. From then on I would have two selves—the child who knows, with guilty body possessed by daddy, and the child who dares not know any longer, with innocent head attuned to mommy.<sup>15</sup>

#### A DOUBLE SELF

Not all abused children have the ability to alter reality through dissociation. And even those who do have this ability cannot rely upon it all the time. When it is impossible to avoid the reality of the abuse, the child must construct some system of meaning that justifies it. Inevitably the child concludes that her innate badness is the cause. The child seizes upon this explanation early and clings to it tenaciously, for it enables her to preserve a sense of meaning, hope, and power. If she is bad, then her parents are good. If she is bad, then she can try to be good. If, somehow, she has brought this fate upon herself, then somehow she has the power to change it. If she has driven her parents to mistreat her, then, if only she tries hard enough, she may some day earn their forgiveness and finally win the protection and care she so desperately needs.

Self-blame is congruent with the normal forms of thought of early childhood, in which the self is taken as the reference point for all events. It is congruent with the thought processes of traumatized people of all ages, who search for faults in their own behavior in an effort to make sense out of what has happened to them. In the environment of chronic abuse, however, neither time nor experience provide any corrective for this tendency toward self-blame; rather, it is continually reinforced. The abused child's sense of inner badness may be directly confirmed by parental scapegoating. Survivors frequently describe being blamed, not

only for their parents' violence or sexual misconduct, but also for numerous other family misfortunes. Family legends may include stories of the harm the child caused by being born or the disgrace for which she appears to be destined. A survivor describes her scapegoat role: "I was named after my mother. She had to get married because she got pregnant with me. She ran away when I was two. My father's parents raised me. I never saw a picture of her, but they told me I looked just like her and I'd probably turn out to be a slut and a tramp just like her. When my dad started raping me, he said, 'You've been asking for this for a long time and now you're going to get it.'"16

Feelings of rage and murderous revenge fantasies are normal responses to abusive treatment. Like abused adults, abused children are often rageful and sometimes aggressive. They often lack verbal and social skills for resolving conflict, and they approach problems with the expectation of hostile attack.<sup>17</sup> The abused child's predictable difficulties in modulating anger further strengthen her conviction of inner badness. Each hostile encounter convinces her that she is indeed a hateful person. If, as is common, she tends to displace her anger far from its dangerous source and to discharge it unfairly on those who did not provoke it, her self-condemnation is aggravated still further.

Participation in forbidden sexual activity also confirms the abused child's sense of badness. Any gratification that the child is able to glean from the exploitative situation becomes proof in her mind that she instigated and bears full responsibility for the abuse. If she ever experienced sexual pleasure, enjoyed the abuser's special attention, bargained for favors, or used the sexual relationship to gain privileges, these sins are adduced as evidence of her innate wickedness.

Finally, the abused child's sense of inner badness is compounded by her enforced complicity in crimes against others. Children often resist becoming accomplices. They may even strike elaborate bargains with their abusers, sacrificing themselves in an attempt to protect others. These bargains inevitably fail, for no child has the power or the ability to carry out the protective role of an adult. At some point, the child may devise a way to escape her abuser, knowing that he will find another victim. She may keep silent when she witnesses the abuse of another child. Or she may even be drawn into participating in the victimization of other children. In organized sexual exploitation, full initiation of the child into the cult or sex ring *requires* participation in the abuse of others.<sup>18</sup> A survivor describes how she was forced to take part in the abuse of a younger child: "I kind of know what my grandfather did. He would tie

us up, me and my cousins, and he'd want us to take his—you know—in our mouths. The worst time of all was when we ganged up on my little brother and made him do it too."<sup>19</sup>

The child entrapped in this kind of horror develops the belief that she is somehow responsible for the crimes of her abusers. Simply by virtue of her existence on earth, she believes that she has driven the most powerful people in her world to do terrible things. Surely, then, her nature must be thoroughly evil. The language of the self becomes a language of abomination. Survivors routinely describe themselves as outside the compact of ordinary human relations, as supernatural creatures or nonhuman life forms. They think of themselves as witches, vampires, whores, dogs, rats, or snakes.<sup>20</sup> Some use the imagery of excrement or filth to describe their inner sense of self. In the words of an incest survivor: "I am filled with black slime. If I open my mouth it will pour out. I think of myself as the sewer silt that a snake would breed upon."<sup>21</sup>

By developing a contaminated, stigmatized identity, the child victim takes the evil of the abuser into herself and thereby preserves her primary attachments to her parents. Because the inner sense of badness preserves a relationship, it is not readily given up even after the abuse has stopped; rather, it becomes a stable part of the child's personality structure. Protective workers who intervene in discovered cases of abuse routinely assure child victims that they are not at fault. Just as routinely, the children refuse to be absolved of blame. Similarly, adult survivors who have escaped from the abusive situation continue to view themselves with contempt and to take upon themselves the shame and guilt of their abusers. The profound sense of inner badness becomes the core around which the abused child's identity is formed, and it persists into adult life.

This malignant sense of inner badness is often camouflaged by the abused child's persistent attempts to be good. In the effort to placate her abusers, the child victim often becomes a superb performer. She attempts to do whatever is required of her. She may become an empathic caretaker for her parents, an efficient housekeeper, an academic achiever, a model of social conformity. She brings to all these tasks a perfectionist zeal, driven by the desperate need to find favor in her parents' eyes. In adult life, this prematurely forced competence may lead to considerable occupational success. None of her achievements in the world redound to her credit, however, for she usually perceives her performing self as inauthentic and false. Rather, the appreciation of others simply confirms her conviction that no one can truly know her and that, if her secret and true self were recognized, she would be shunned and reviled.

If the abused child is able to salvage a more positive identity, it often involves the extremes of self-sacrifice. Abused children sometimes interpret their victimization within a religious framework of divine purpose. They embrace the identity of the saint chosen for martyrdom as a way of preserving a sense of value. Eleanore Hill, an incest survivor, describes her stereotypical role as the virgin chosen for sacrifice, a role that gave her an identity and a feeling of specialness: "In the family myth I am the one to play the 'beauty and the sympathetic one.' The one who had to hold [my father] together. In primitive tribes, young virgins are sacrificed to angry male gods. In families it is the same."<sup>22</sup>

These contradictory identities, a debased and an exalted self, cannot integrate. The abused child cannot develop a cohesive self-image with moderate virtues and tolerable faults. In the abusive environment, moderation and tolerance are unknown. Rather, the victim's self-representations remain rigid, exaggerated, and split. In the most extreme situations, these disparate self-representations form the nidus of dissociated alter personalities.

Similar failures of integration occur in the child's inner representations of others. In her desperate attempts to preserve her faith in her parents, the child victim develops highly idealized images of at least one parent. Sometimes the child attempts to preserve a bond with the nonoffending parent. She excuses or rationalizes the failure of protection by attributing it to her own unworthiness. More commonly, the child idealizes the abusive parent and displaces all her rage onto the nonoffending parent. She may in fact feel more strongly attached to the abuser, who demonstrates a perverse interest in her, than in the nonoffending parent, whom she perceives as indifferent. The abuser may also foster this idealization by indoctrinating the child victim and other family members in his own paranoid or grandiose belief system. Hill describes the godlike image of her abusive father held by her entire extended family: "The man of the hour, our hero, the one with the talent, intelligence, charisma. Our genius. Everyone here defers to him. No one would dare to cross him. It was the law laid down at his birth. Nothing can change it. Whatever he does, he reigns as the chosen one, the favorite."<sup>23</sup>

Such glorified images of the parents cannot, however, be reliably sustained. They deliberately leave out too much information. The real experience of abusive or neglectful parents cannot be integrated with these idealized fragments. Thus, the child victim's inner representations of her primary caretakers, like her images of herself, remain contradictory and split. The abused child is unable to form inner representations of a

safe, consistent caretaker. This in turn prevents the development of normal capacities for emotional self-regulation. The fragmentary, idealized images that the child is able to form cannot be evoked to fulfill the task of emotional soothing. They are too meager, too incomplete, and too prone to transform without warning into images of terror.

In the course of normal development, a child achieves a secure sense of autonomy by forming inner representations of trustworthy and dependable caretakers, representations that can be evoked mentally in moments of distress. Adult prisoners rely heavily on these internalized images to preserve their sense of independence. In a climate of chronic childhood abuse, these inner representations cannot form in the first place; they are repeatedly, violently, shattered by traumatic experience. Unable to develop an inner sense of safety, the abused child remains more dependent than other children on external sources of comfort and solace. Unable to develop a secure sense of independence, the abused child continues to seek desperately and indiscriminately for someone to depend upon. The result is the paradox, observed repeatedly in abused children, that while they quickly become attached to strangers, they also cling tenaciously to the very parents who mistreat them.

Thus, under conditions of chronic childhood abuse, fragmentation becomes the central principle of personality organization. Fragmentation in consciousness prevents the ordinary integration of knowledge, memory, emotional states, and bodily experience. Fragmentation in the inner representations of the self prevents the integration of identity. Fragmentation in the inner representations of others prevents the development of a reliable sense of independence within connection.

This complex psychopathology has been observed since the time of Freud and Janet. In 1933 Sandor Ferenczi described the "atomization" of the abused child's personality and recognized its adaptive function in preserving hope and relationship: "In the traumatic trance the child succeeds in maintaining the previous situation of tenderness."<sup>24</sup> Half a century later another psychoanalyst, Leonard Shengold, described the "mind-fragmenting operations" elaborated by abused children in order to preserve "the delusion of good parents." He noted the "establishment of isolated divisions of the mind in which contradictory images of the self and of the parents are never permitted to coalesce," in a process of "vertical splitting."<sup>25</sup> The sociologist Patricia Rieker and the psychiatrist Elaine Carmen describe the central pathology in victimized children as a "disordered and fragmented identity deriving from accommodations to the judgments of others."<sup>26</sup>

## ATTACKS ON THE BODY

These deformations in consciousness, individuation, and identity serve the purpose of preserving hope and relationship, but they leave other major adaptive tasks unsolved or even compound the difficulty of these tasks. Though the child has rationalized the abuse or banished it from her mind, she continues to register its effects in her body.

The normal regulation of bodily states is disrupted by chronic hyperarousal. Bodily self-regulation is further complicated in the abusive environment because the child's body is at the disposal of the abuser. Normal biological cycles of sleep and wakefulness, feeding, and elimination may be chaotically disrupted or minutely overcontrolled. Bedtime may be a time of heightened terror rather than a time of comfort and affection, and the rituals of bedtime may be distorted in the service of sexually arousing the adult rather than quieting the child. Mealtimes may similarly be times of extreme tension rather than times of comfort and pleasure. The mealtime memories of survivors are filled with accounts of terrified silences, forced feeding followed by vomiting, or violent tantrums and throwing of food. Unable to regulate basic biological functions in a safe, consistent, and comforting manner, many survivors develop chronic sleep disturbances, eating disorders, gastrointestinal complaints, and numerous other bodily distress symptoms.<sup>27</sup>

The normal regulation of emotional states is similarly disrupted by traumatic experiences that repeatedly evoke terror, rage, and grief. These emotions ultimately coalesce in a dreadful feeling that psychiatrists call "dysphoria" and patients find almost impossible to describe. It is a state of confusion, agitation, emptiness, and utter aloneness. In the words of one survivor, "Sometimes I feel like a dark bundle of confusion. But that's a step forward. At times I don't even know that much."<sup>28</sup>

The emotional state of the chronically abused child ranges from a baseline of unease, through intermediate states of anxiety and dysphoria, to extremes of panic, fury, and despair. Not surprisingly, a great many survivors develop chronic anxiety and depression which persist into adult life.<sup>29</sup> The extensive recourse to dissociative defenses may end up aggravating the abused child's dysphoric emotional state, for the dissociative process sometimes goes too far. Instead of producing a protective feeling of detachment, it may lead to a sense of complete disconnection from others and disintegration of the self. The psychoanalyst Gerald Adler names this intolerable feeling "annihilation panic."<sup>30</sup> Hill describes the state in these terms: "I am icy cold inside and my surfaces are without

integument, as if I am flowing and spilling and not held together any more. Fear grips me and I lose the sensation of being present. I am gone."<sup>31</sup>

This emotional state, usually evoked in response to perceived threats of abandonment, cannot be terminated by ordinary means of self-soothing. Abused children discover at some point that the feeling can be most effectively terminated by a major jolt to the body. The most dramatic method of achieving this result is through the deliberate infliction of injury. The connection between childhood abuse and self-mutilating behavior is by now well documented. Repetitive self-injury and other paroxysmal forms of attack on the body seem to develop most commonly in those victims whose abuse began early in childhood.<sup>32</sup>

Survivors who self-mutilate consistently describe a profound dissociative state preceding the act. Depersonalization, derealization, and anesthesia are accompanied by a feeling of unbearable agitation and a compulsion to attack the body. The initial injuries often produce no pain at all. The mutilation continues until it produces a powerful feeling of calm and relief; physical pain is much preferable to the emotional pain that it replaces. As one survivor explains: "I do it to prove I exist."<sup>33</sup>

Contrary to common belief, victims of childhood abuse rarely resort to self-injury to "manipulate" other people, or even to communicate distress. Many survivors report that they developed the compulsion to self-mutilate quite early, often before puberty, and practiced it in secret for many years. They are frequently ashamed and disgusted by their behavior and go to great lengths to hide it.

Self-injury is also frequently mistaken for a suicidal gesture. Many survivors of childhood abuse do indeed attempt suicide.<sup>34</sup> There is a clear distinction, however, between repetitive self-injury and suicide attempts. Self-injury is intended not to kill but rather to relieve unbearable emotional pain, and many survivors regard it, paradoxically, as a form of self-preservation.

Self-injury is perhaps the most spectacular of the pathological soothing mechanisms, but it is only one among many. Abused children generally discover at some point in their development that they can produce major, though temporary, alterations in their affective state by voluntarily inducing autonomic crises or extreme autonomic arousal. Purging and vomiting, compulsive sexual behavior, compulsive risk taking or exposure to danger, and the use of psychoactive drugs become the vehicles by which abused children attempt to regulate their internal emotional states. Through these devices, abused children attempt to obliterate their

chronic dysphoria and to simulate, however briefly, an internal state of well-being and comfort that cannot otherwise be achieved. These self-destructive symptoms are often well established in abused children even before adolescence, and they become much more prominent in the adolescent years.

These three major forms of adaptation—the elaboration of dissociative defenses, the development of a fragmented identity, and the pathological regulation of emotional states—permit the child to survive in an environment of chronic abuse. Further, they generally allow the child victim to preserve the appearance of normality which is of such importance to the abusive family. The child's distress symptoms are generally well hidden. Altered states of consciousness, memory lapses, and other dissociative symptoms are not generally recognized. The formation of a malignant negative identity is generally disguised by the socially conforming "false self." Psychosomatic symptoms are rarely traced to their source. And self-destructive behavior carried out in secret generally goes unnoticed. Though some child or adolescent victims may call attention to themselves through aggressive or delinquent behavior, most are able successfully to conceal the extent of their psychological difficulties. Most abused children reach adulthood with their secrets intact.

### THE CHILD GROWN UP

Many abused children cling to the hope that growing up will bring escape and freedom. But the personality formed in an environment of coercive control is not well adapted to adult life. The survivor is left with fundamental problems in basic trust, autonomy, and initiative. She approaches the tasks of early adulthood—establishing independence and intimacy—burdened by major impairments in self-care, in cognition and memory, in identity, and in the capacity to form stable relationships. She is still a prisoner of her childhood; attempting to create a new life, she reencounters the trauma. The author Richard Rhodes, a survivor of severe childhood abuse, describes how the trauma reappears in his work: "Each of my books felt different to write. Each tells a different story. . . . Yet I see that they're all repetitions. Each focuses on one or several men of character who confront violence, resist it, and discover beyond its inhumanity a narrow margin of hope. Repetition is the mute language of the abused child. I'm not surprised to find it expressed in the structure of my work

at wavelengths too long to be articulated, like the resonances of a temple drum that aren't heard so much as felt in the heart's cavity."<sup>35</sup>

The survivor's intimate relationships are driven by the hunger for protection and care and are haunted by the fear of abandonment or exploitation. In a quest for rescue, she may seek out powerful authority figures who seem to offer the promise of a special caretaking relationship. By idealizing the person to whom she becomes attached, she attempts to keep at bay the constant fear of being either dominated or betrayed.

Inevitably, however, the chosen person fails to live up to her fantastic expectations. When disappointed, she may furiously denigrate the same person whom she so recently adored. Ordinary interpersonal conflicts may provoke intense anxiety, depression, or rage. In the mind of the survivor, even minor slights evoke past experiences of callous neglect, and minor hurts evoke past experiences of deliberate cruelty. These distortions are not easily corrected by experience, since the survivor tends to lack the verbal and social skills for resolving conflict. Thus the survivor develops a pattern of intense, unstable relationships, repeatedly enacting dramas of rescue, injustice, and betrayal.

Almost inevitably, the survivor has great difficulty protecting herself in the context of intimate relationships. Her desperate longing for nurturance and care makes it difficult to establish safe and appropriate boundaries with others. Her tendency to denigrate herself and to idealize those to whom she becomes attached further clouds her judgment. Her empathic attunement to the wishes of others and her automatic, often unconscious habits of obedience also make her vulnerable to anyone in a position of power or authority. Her dissociative defensive style makes it difficult for her to form conscious and accurate assessments of danger. And her wish to relive the dangerous situation and make it come out right may lead her into reenactments of the abuse.

For all of these reasons, the adult survivor is at great risk of repeated victimization in adult life. The data on this point are compelling, at least with respect to women. The risk of rape, sexual harassment, or battering, though high for all women, is approximately doubled for survivors of childhood sexual abuse. In Diana Russell's study of women who had been incestuously abused in childhood, two-thirds were subsequently raped.<sup>36</sup> Thus the child victim, now grown, seems fated to relive her traumatic experiences not only in memory but also in daily life. A survivor reflects on the unrelenting violence in her life: "It almost becomes like a self-fulfilling prophecy—you start to expect violence, to equate violence with love at an early age. I got raped six times, while I was running away from

home, or hitchhiking or drinking. It kind of all combined to make me an easy target. It was devastating. The crazy thing about it is at first I felt sure [the rapists] would kill me, because if they let me live, how would they get away with it? Finally I realized they had nothing to worry about; nothing would be ever done because I had 'asked for it.'"<sup>37</sup>

The phenomenon of repeated victimization, indisputably real, calls for great care in interpretation. For too long psychiatric opinion has simply reflected the crude social judgment that survivors "ask for" abuse. The earlier concepts of masochism and the more recent formulations of addiction to trauma imply that the victims seek and derive gratification from repeated abuse. This is rarely true. Some survivors do report sexual arousal or pleasure in abusive situations; in these cases early scenes of abuse may be frankly eroticized and compulsively reenacted. Even then, however, there is a clear distinction between the wanted and unwanted aspects of the experience, as one survivor explains: "I like physical abuse to myself, if I pay someone to do it. It can be a high. But I like to be in control. I went through a period in my drinking where I would go to a bar and pick up the dirtiest, scuzziest man I could find and have sex with him. I would humiliate myself. I don't do that any more."<sup>38</sup>

More commonly, repeated abuse is not actively sought but rather is passively experienced as a dreaded but unavoidable fate and is accepted as the inevitable price of relationship. Many survivors have such profound deficiencies in self-protection that they can barely imagine themselves in a position of agency or choice. The idea of saying no to the emotional demands of a parent, spouse, lover, or authority figure may be practically inconceivable. Thus, it is not uncommon to find adult survivors who continue to minister to the wishes and needs of those who once abused them and who continue to permit major intrusions without boundaries or limits. Adult survivors may nurse their abusers in illness, defend them in adversity, and even, in extreme cases, continue to submit to their sexual demands. An incest survivor describes how she continued to take care of her abuser even as an adult: "My father got caught later on. He raped his girlfriend's daughter, and she pressed charges against him. When she threw him out, he had nowhere to go, so I took him in to live with me. I prayed he wouldn't go to jail."<sup>39</sup>

A well-learned dissociative coping style also leads survivors to ignore or minimize social cues that would ordinarily alert them to danger. One survivor describes how she repeatedly found herself in vulnerable situations: "I really didn't know but I did know things. I would find these older, fatherly men, and first thing I knew. . . . Once I got involved with

an old man in a fleabag hotel where I was living—just the prostitutes, the alcoholics, and me. I would clean for him and grew to love him. Then one day there he was lying in bed. He said the doctor didn't want him to see prostitutes and would I help him out and give him a hand job. I didn't know what he was talking about but he showed me. I did it. Then I felt guilty. I didn't get mad until much later."<sup>40</sup>

Survivors of childhood abuse are far more likely to be victimized or to harm themselves than to victimize other people. It is surprising, in fact, that survivors do not more often become perpetrators of abuse. Perhaps because of their deeply inculcated self-loathing, survivors seem most disposed to direct their aggression at themselves. While suicide attempts and self-mutilation are strongly correlated with childhood abuse, the link between childhood abuse and adult antisocial behavior is relatively weak.<sup>41</sup> A study of over 900 psychiatric patients found that while suicidality was strongly related to a history of childhood abuse, homicidality was not.<sup>42</sup>

Although the majority of victims do not become perpetrators, clearly there is a minority who do. Trauma appears to amplify the common gender stereotypes: men with histories of childhood abuse are more likely to take out their aggressions on others, while women are more likely to be victimized by others or to injure themselves.<sup>43</sup> A community study of 200 young men noted that those who had been physically abused in childhood were more likely than others to acknowledge having threatened to hurt someone, having hit someone in a fight, and having engaged in illegal acts.<sup>44</sup> A small minority of survivors, usually male, embrace the role of the perpetrator and literally reenact their childhood experiences. The proportion of survivors that follow this path is not known, but a rough estimate can be extrapolated from a follow-up study of children who had been exploited in sex rings. About 20 percent of these children defended the perpetrator, minimized or rationalized the exploitation, and adopted an antisocial stance.<sup>45</sup> One survivor of severe childhood abuse describes how he became aggressive toward others: "When I was about thirteen or fourteen, I decided I'd had enough. I started fighting back. I got really rough. One time a girl was picking on me and I beat the shit out of her. I started carrying a gun. That's how I got caught and sent away—for an unlicensed gun. Once a kid starts fighting back and becomes a delinquent, he reaches the point of no return. People should find out what the hell is going on in the family before the kid ruins his whole life. Investigate! Don't lock the kid up!"<sup>46</sup>

In the most extreme cases, survivors of childhood abuse may attack

their own children or may fail to protect them. Contrary to the popular notion of a "generational cycle of abuse," however, the great majority of survivors neither abuse nor neglect their children.<sup>47</sup> Many survivors are terribly afraid that their children will suffer a fate similar to their own, and they go to great lengths to prevent this from happening. For the sake of their children, survivors are often able to mobilize caring and protective capacities that they have never been able to extend to themselves. In a study of mothers with multiple personality disorder, the psychiatrist Philip Coons observed: "I have generally been impressed by the positive, constructive and caring attitude that many mothers with multiple personality disorder have toward their children. They were abused as children and strive to protect their children against similar misfortunes."<sup>48</sup>

As survivors attempt to negotiate adult relationships, the psychological defenses formed in childhood become increasingly maladaptive. Double-think and a double self are ingenious childhood adaptations to a familial climate of coercive control, but they are worse than useless in a climate of freedom and adult responsibility. They prevent the development of mutual, intimate relationships or an integrated identity. As the survivor struggles with the tasks of adult life, the legacy of her childhood becomes increasingly burdensome. Eventually, often in the third or fourth decade of life, the defensive structure may begin to break down. Often the precipitant is a change in the equilibrium of close relationships: the failure of a marriage, the birth of a child, the illness or death of a parent. The facade can hold no longer, and the underlying fragmentation becomes manifest. When and if a breakdown occurs, it can take symptomatic forms that mimic virtually every category of psychiatric disorder. Survivors fear that they are going insane or that they will have to die. Fraser describes the terror and danger of coming face to face as an adult with the secrets of her childhood:

Did I truly wish to open the Pandora's box under my father's bed? How would I feel to discover that the prize, after four decades of tracing clues and solving riddles, was the knowledge that my father had sexually abused me? Could I reconcile myself without bitterness to the amount of my life's energy that had gone into the cover-up of a crime? . . .

I believe many unexpected deaths occur when a person finishes one phase of life and must become a different sort of person in order to continue. The phoenix goes down into the fire with the best intention of rising, then falters on the upswing. At the point of transition, I came close to dying along with my other self.<sup>49</sup>