"PICKING UP THE PIECES"
A GROUP THERAPY PLAN FOR ADULT SURVIVORS OF CHILDHOOD INCEST

by

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"I really feel inferior to other people. It's hard to feel good about yourself when you're constantly carrying around something with you that can't be talked about." . . . "When loving you has been used against you when you're small, you make the association that people who love you mistreat you, and you set up barriers." . . . "Socially and sexually, I still feel like a little girl." . . . "Incest isn't taboo--just talking about it is."

These are some of the thoughts and feelings expressed by adult women who experienced childhood incest. The quotes above, taken from Tsai & Wagner, (1978, 1979) and Gordy (1983), reflect a few of the difficulties common to incest survivors: negative self-image (Courtois & Leehan, 1982; Courtois & Watts, 1982; Faria & Belohlavek, 1984; Kempe & Kempe, 1984; Landis & Wyre, 1984; Tsai & Wagner, 1979; VOICES, 1984); problems in interpersonal relationships and inadequate social skills (Courtois & Watts, 1982; Faria & Belohlavek, 1984; Kempe & Kempe, 1984; Tsai & Wagner, 1978, 1979); and guilt due to secrecy (Courtois & Watts, 1982; Faria & Belohlvek, 1984; Gordy, 1983; Landis & Wyre, 1984; Sgroi, 1982; Tsai & Wagner, 1979; VOICES, 1984).

Estimates on the number of adult survivors of incest vary. According to Faria and Belohlavek (1984), there are approximately one million American women who were involved in incestuous relationships with their fathers during childhood, and the number would be even higher if other forms of incest (grandfather, uncle, brother, etc.) were included. Landis and Wyre (1984) suggest that at least one of every 100 women experienced intrafamilial sexual abuse at the hands of her father or stepfather before reaching adulthood. When the various forms of child molestation

(intrafamilial and nonfamilial) are taken together, and when both male and female victims are considered, the number of adult survivors of childhood sexual abuse is thought to be between 10 and 25 million (VOICES, 1984).

While numerous books and articles have been written on the child victim of sexual abuse, Faria and Belohlavek (1984) found few references in the literature to adult women who experienced incest during childhood or adolescence, and even fewer suggestions regarding specific clinical issues and concrete treatment plans for them. Tsai and Wagner (1978) report that, with the exception of a few case studies, the population of adult women who have lived with their childhood molestations over the years has received little attention. This paper is an attempt to fill, in part, the gap discovered by the authors above. It will pull together the available information on adult female survivors of incest and, based upon this information, outline a group therapy plan to be utilized with this population. While it is recognized that there are also adult male survivors of incest, and adults of both sexes who have suffered nonfamilial sexual child abuse, it appears that even less has been written regarding treatment for these groups. Thus, this paper will remain focused upon only the adult female survivor of incest, upon her needs, and upon a method of treatment suitable for meeting those needs.

Before looking at the specifics of designing a group therapy program, let us examine the phenomenon of sexual child abuse, particularly incest, and explore the question of why so many childhood victims reach adulthood without receiving help. The utility of the group therapy method for adult survivors, along with the problems these women often face, and their need

for treatment will also be addressed in an effort to provide a clear rationale for the proposed program.

Sexual child abuse often brings about very strong and sometimes unpredictable emotions in both the victim and the general public (Jones, 1982; Williams, 1981). It is a phenomenon, however, that has yet to be clearly defined from either a legal or a clinical standpoint (Mrazek, 1980; Westcott, 1980). While all fifty American states and the District of Columbia identify sexual abuse as criminal behavior (National Committee for Prevention of Child Abuse (NCPCA), 1978), and forty-two states include the element of sexual molestation in the child abuse reporting statutes, Mrazek (1980) points out that thirty-two of these states make no attempt to define the behaviors, acts, or attitudes that constitute sexual child abuse. This lack of guidance from the laws, concludes Westcott (1980), greatly hinders the proper identification and treatment of sexually abused children. Having not been identified, and therefore having not received adequate counseling, the victimized child is likely to carry her trauma into adulthood, suffering negative consequences in terms of self-esteem, interpersonal relationships, and parenting skills.

It is estimated that anywhere from 60,000 to 336,000 cases of sexual child abuse occur each year (Conte & Berliner, 1981; Gordy, 1983; Jones, 1982; Luther & Price, 1980; Tsai & Wagner, 1978; Westcott, 1980; Williams, 1981), and further believed that in 70%-80% of those cases, the abuser is related to the youngster (Luther & Price, 1980; Tsai & Wagner, 1978; Williams, 1981). Landis and Wyre (1984) state that one in every ten families must deal with incest as a family problem, and recent writings indicate that the phenomenon may be even more prevalent. It is extremely

difficult, however, to find reliable statistics reflecting the true incidence of intrafamilial sexual abuse, and many factors appear to contribute to this difficulty. First of all, just as the state laws vary considerably in their definitions of sexual abuse in general, so too do they vary in regard to incest. In some states, incest occurs between blood relatives only, while in others, step-relatives and adoptive relatives can be incest perpetrators as well (Jones, 1982; Rist, 1979). Generally, incest is legally defined as "sexual intercourse between individuals who are too closely related to marry," or as "overt sexual intercourse between members of a group who are not permitted by society to marry" (Courtois & Watts, 1982; Husain & Chapel, 1983; Rist, 1979). These definitions seem to imply that any type of sexual contact short of actual intercourse is acceptable. It would appear, then, that activities such as fondling or oral sex between relatives would not, legally, be considered incest.

Courtois and Watts (1982) state that it has been necessary to develop psychological or psychiatric definitions of incest as well, because incestuous psychological impact can be discerned in many cases where the sexual behavior does not meet the legal definition of incest (as pointed out above), and/or where the perpetrator is not too closely related to marry. These definitions vary also, and thus perhaps contribute to the confusion of data collection. Luther and Price (1980), for example, consider incest to be "sexual intercourse or acts of deviant behavior, including molestation, between persons who are related, including step-children." This definition leaves a great deal to the imagination (what are "acts of deviant behavior," for instance?), but at least it does not confine incest to the act of intercourse alone. Faria and Belohlavek (1984) provide a comprehensive definition that extends beyond narrow legal

notions in terms of both the relational role of the abuser and the specific activities that constitute incest: "Intimate sexual activity--including fondling, fellatio, cunnilingus, sodomy, and intercourse--between individuals in the same socialization unit (excluding that between husband and wife or the cultural equivalent) or between individuals who are close blood relatives, such as aunts, uncles, grandparents or first cousins. Included as incestuous behavior are sexual activities with surrogate relatives such as step-parents and foster parents" (p. 466). A working definition of this sort, clear and encompassing, should be in mind before one begins treatment with incest victims, and, for the purposes of this paper, it is the definition that will be used. It is nonetheless apparent, however, that definitions in both the legal and the clinical realms are inconsistent, and therefore do not promote the organization of representative statistics on incest among American families.

Additional factors that seem to hinder collection of reliable data indicating the true incidence of intrafamilial sexual abuse include the lack of uniform data collection instruments to verify consistently that sexual abuse has occurred (Server & Janzen, 1982); poor communication between schools and child protection agencies (Westcott, 1980); and hesitation of mental health professionals and physicians to disrupt further an already shaken family by notifying the police or the courts (Mrazek, 1980). Thus, sexual molestation remains the most unreported, underdiagnosed, denied, and concealed form of child abuse (Khan & Sexton, 1983; Luther & Price, 1980; Williams, 1981).

Some of the same factors that impede data collection on incest also provide insight into the question of <u>why</u>--why do so many sexually abused

children reach adulthood without reporting the abuse and without receiving proper counseling? Inconsistent legal definitions and child abuse reporting laws were mentioned by Mrazek (1980) and Westcott (1980) as contributing to society's confusion regarding what, exactly, constitutes sexual abuse in general and incest in particular. Thus, a young victim, and/or the person in whom the child might confide, may be hesitant to make what might turn out to be a false accusation. Teachers, principals, coaches, and others who frequently come in contact with children can also be unsure of themselves and their understandings of sexual child abuse, and may therefore be reluctant to report their suspicions or to speak with the youngster. By remaining silent, these people help to allow the secret of incest to continue.

Courtois and Watts (1982), Tsai and Wagner (1979), and VOICES (1984) all stress the taboo aspect of incest as a major factor that inhibits victims and their families from disclosing or seeking therapy. It is suggested that while reporting has increased greatly in the last ten years (Kempe & Kempe, 1984), the majority of victims prior to that time moved into adulthood still bearing the guilt and shame of their secrets, never disclosing, and never feeling affirmed by significant others (Courtois & Watts, 1982; Tsai & Wagner, 1979). Respect for the authority of the abuser, and fear of not being believed are also cited as reasons that young victims do not disclose, as well as the fact that children are taught to obey and not question the authority of their elders (Tsai & Wagner, 1979). Courtois and Watts (1982) state that many victims are punished, or are treated with contempt when the incest is discovered, and may therefore be very reluctant or even afraid to seek help. Thus, not

only do they bear the burdens of the incestuous experience and the secrecy, but also the stigma of being singled out as "bad" by other family members.

A final thought in regard to the question of why there are so many untreated adult victims of incest concerns the broader issue of our society's attitude toward sexuality in general. Not only are we reluctant to acknowledge the phenomenon of sexual child abuse, both inside and outside the family (Tsai & Wagner, 1978), but we are, as a society, quite hesitant, also, to deal with sex and sexuality in an honest and realistic manner (NCPCA, 1978). If we teach our children, by our own awkwardness and lack of comfort in discussing sex, that it is a topic to be avoided and hidden, how do we expect them to feel comfortable in talking with us about sexual issues, including sexual abuse? Sexual awareness and sex education in general are necessary for young people today, and information regarding sexual abuse is essential. The women who suffered through incestuous experiences ten years ago not only had little available in the way of treatment, but may also have been quite ignorant in the entire realm of sexuality. The problems she may suffer today, as a result of the incest, are most likely exacerbated by her lack of knowledge and accurate information.

In addition to the question of "why so many survivors?", one might ask why the group format has been chosen, as opposed to other methods of treatment. While it is recognized that numerous forms of therapy can be helpful to the adult survivor of incest, the group setting appears to have several positive elements that are quite conducive to treating this target population.

A major positive characteristic of the group therapy format for adult survivors is that it brings together a number of women who have

experienced similar trauma, and allows for the sharing of common feelings. This greatly reduces the feelings of isolation these women often have, believing that "no one else ever had this happen" (Courtois & Leehan, 1982; Kempe & Kempe, 1984; Knittle & Tuana, 1980; Sgroi, 1982). In addition to feeling isolated in terms of being "singled out," many victims also isolate themselves from their peers during or following the incest, and therefore do not have opportunities to develop adequate social skills. The group setting allows for interpersonal interaction and experimentation in a safe social situation (Courtois & Leehan, 1982; Knittle & Tuana, 1980; Sgroi, 1982). While in a group, one individual is not always the center of attention, and therefore, according to Knittle & Tuana (1980), does not feel pressured into progressing at a pace that is not comfortable. Trust and closeness are often readily developed in a group of survivors, once the myth of isolation is destroyed, and these allow members to provide feedback comfortably and to be more confrontive with one another regarding feelings of fear, secrecy, and inadequacy (Courtois & Leehan, 1982; Kempe & Kempe, 1984; Knittle & Tuana, 1980; Landis & Wyre, 1984).

In working with groups designed specifically for adolescent victims of incest, Knittle and Tuana (1980) found this method particularly useful as a forum for teaching about sexuality, and as a means of allowing the girls, most of whom felt as if they'd been deprived of some portion of childhood, to learn how to have fun and "be kids." Kempe and Kempe (1984) and Sgroi (1982), also working with adolescent groups, found that members could develop a more appropriate response to authority figures (the therapists) than that which was developed toward the abuser; members could be reassured by peers that they possessed the capacity to rejoin mainstream teenage life;

and members were able to establish a peer identity, feeling acceptance and approval within the group. While these latter aspects of the group format pertain specifically to teenage victims, it seems reasonable to suggest that the adult survivor, due to her experiences in childhood and/or adolescence, may have some of the same needs as the younger victim. Likewise, she may have become "stuck," developmentally, at the age at which the incest began. Thus, the group setting can have the same benefits for the adult survivor as for the child/teenage victim.

Along with examining the utility of the group format, one must look at the numerous problems commonly expressed by adult survivors of incest in order to understand the need for treatment programs designed specifically for this population. As was already discussed, feelings of isolation are very common among incest survivors (Courtois & Leehan, 1982; Courtois & Watts, 1982; Landis & Wyre, 1984; Tsai & Wagner, 1979). Perhaps the most frequently cited difficulty, however, in the lives of these women is the totally negative self-image they hold for themselves (Courtois & Leehan, 1982; Courtois & Watts, 1982; Faria & Belohlavek, 1984; Kempe & Kempe, 1984; Landis & Wyre, 1984; Tsai & Wagner, 1984; VOICES, 1984). Women who were sexually abused as children often grow up feeling damaged and different. This frequently leads them to lose interest in caring for themselves, or to allow themselves to fall into endangering situations. "Why should I care about me," the adult survivor asks, "when no one else does?" These feelings of worthlessness and depression can, and often do, lead to self-destructive behaviors, as noted by Gordy (1983), Landis and Wyre (1984), Faria and Belohlavek (1984), and VOICES, (1984). Drug and alcohol abuse are cited by all of the above authors as common problems

among adult survivors of incest, while suicidal tendencies were found by the latter two. In addition, Gordy (1983) discovered a high rate of anorexia nervosa, a self-abusive eating disorder, in this population. It makes sense that, after having felt so controlled by her father or father-figure during the incest, the adult survivor would choose a symptom such as anorexia, in which she compulsively and excessively controls her weight. Anorexics also tend to want to deny their sexuality (Harvey, 1984), which again makes sense in regard to the sexually abused daughter. By denying her sexuality, perhaps she is better able to deny and/or forget the incest as well.

Adult survivors of incest also report a variety of sexual difficulties and dysfunctions. Courtois and Watts (1982), Faria and Belohlavek (1984), Gordy (1983), Rist (1979), and Tsai, et al. (1979) all report a very high rate of promiscuity and indiscriminant sexual involvement with successive partners among females with a history of incest. Landis and Wyre (1984), and Sgroi (1982) suggest that incest victims grow up feeling confused in regard to love, sex, and nurturance, and often view sex as the only means of expressing or receiving affection and caring. They search for the type of love they missed as children, yet, due to poor modeling and to the rules learned in the home, they are frequently uncertain and frightened when this love is found. They will thus revert to the more familiar, more comfortable, albeit inappropriate sexual behavior in order to receive attention. Kempe and Kempe (1984) write that, while the adolescent victim is often more mature and presumably better able to cope with the aftermath of incest than is the younger child, she is also in the process of forming her sexual identity, and sexual preference may be quite problematic (Courtois & Watts, 1982;

Kempe & Kempe, 1984). She may also look back at her natural teenage desires to be sexually alluring and view them as abnormal, disgusting, or guilt-inducing. This author has encountered several adult survivors who were unable to acknowledge their sex appeal or attractiveness, due to the distortions brought about by the sexual abuse.

Specific sexual dysfunctions frequently occuring among adult victims of childhood incest include the following: inorgasmic sexual response or lowered frequency of orgasms (Becker, Skinner, Abel, & Treacy, 1982; Courtois & Watts, 1982; Faria & Belohlavek, 1984; Rist, 1979; Tsai, et al., 1979); fear of sex, arousal dysfunction, desire dysfunction (Becker, et al., 1982); lowered responsiveness to partner, orgasm without enjoyment, arousal contingent upon control, flashbacks, and less satisfaction with sexual relations as a whole (Tsai, et al., 1979). Gordy (1983) also describes a "splitting phenomenon," or sexual incompatibility, which often occurs in incest victims. These women apparently "split" the emotional and physical components of intercourse, and are unable to reunite them. That is, they can either have sexual relations with their partners but feel no emotional closeness and affection, or they can be affectionate, but be unable to perform sexually.

Closely related to the sexual difficulties commonly suffered by adult survivors of incest are the numerous relationship problems they face. Courtois and Watts (1982) place relationship concerns into four categories: 1) general; 2) marital; 3) with victim's parents; 4) with victim's children. Faria and Belohlavek (1984) generalize, stating that in all relationships, incest survivors tend to have difficulties, whether it be in a marital, familial, or working context. In general, adult

survivors describe their relationships as empty, superficial, or conflictual. They tend to feel guilty when involved in pleasant, satisfying relationships, because they believe they are undeserving. Conflict is often present in the marriages of adult survivors, due to ambivalent feelings toward men. These women are frequently afraid or hateful of males, but at the same time, are hopeful of finding a protector. Thus, the adult survivor often ends up in a marriage that seems to replicate her early experience with her father or father-figure, reinforcing the negative self-image she has developed.

Because strong feelings of family loyalty are generally involved in incest (Westcott, 1980), victims tend to have extremely confusing emotions in regard to their own parents (Courtois & Watts, 1982). The relationship an adult survivor has with her parents is frequently marked by ambivalence, mistrust, betrayal, and an inability to relate in a positive manner. Giving and receiving support and nurturance is extremely difficult and, depending upon the circumstances of the abuse and the disclosure, this difficulty can hinder relationships with <u>all</u> members of the victim's family. Courtois and Watts (1982) also report that adult survivors tend to adopt the same mode of relating to their in-laws and to their own children. These women often believe that they cannot possibly be good mothers. They tend to be afraid <u>of</u> their male children, and afraid <u>for</u> their daughters. Faria and Beholavek (1984) note that mothers who suffered childhood incest can be extremely over-protective of their children, yet, at the same time, have great difficulty in showing affection toward them. Often the woman will resort to helplessness and infantile behavior herself in an effort to obtain attention and affection,

thus putting the child in the role of parent. This type of reversal, with the young daughter "parenting" her mother, is frequently found to exist in incestuous families (Gordy, 1982; Knittle & Tuana, 1980; Rist, 1979; Williams, 1981). Thus, the victim-turned-mother may, through her own lack of parenting skills and inability to relate to her child, set her own daughter up for an incestuous relationship as well.

This intergenerational transmission of incest has been presented in the literature by various authors. Knittle and Tuana (1980) report that many mothers in incestuous families have had negative experiences, often including physical or sexual abuse, in their own families of origin. Frequently they are mistreated in some way by their husbands as well, and therefore model the "victim role" to their children. Kempe and Kempe (1984) see the pattern emerging in a different manner. Since a girl involved in incest often takes on the role of "little mother," it is quite easy for her also to become the "family boss," feeling as if the parents cannot manage without her. Carrying this role into her adult life, she may very well choose a meek, unassertive man as a husband, knowing that he will not challenge her dominant position. Feeling inadequate in the marital relationship, the husband may turn to a daughter for comfort and closeness. According to the Kempes, the "family boss" wife often wishes to avoid sex with her less-than-macho mate, and thus the stage is set for repetition of incest.

Guilt and self-blame are common emotions carried throughout life by victims of childhood incest, and these feelings can become overwhelming to the adult survivor (Courtois & Leehan, 1982; Faria & Belohlavek, 1984; Landis & Wyre, 1984; Sgroi, 1982; Tsai & Wagner, 1979; VOICES, 1984). Not

only does the victim say to herself, "It's my fault; I must have done something to provoke this kind of treatment," but often she will take responsibility for any subsequent difficulties in the life of the perpetrator or in the family (Landis & Wyre, 1984). If, for example, the parents divorce following disclosure, or father commits suicide ten years after the incest ends, the daughter may believe that she has somehow caused these misfortunes. This type of guilt only adds to the burden of confusion and secrecy carried by most, if not all, adult survivors of childhood incest.

Other difficulties which are mentioned less often, but are nonetheless significant in the lives of adult survivors include feelings of social ineptitude and fear of emotional contact (Tsai & Wagner, 1978), anxiety and withdrawal (VOICES, 1984), and unresolved bitterness toward mother (Tsai & Wagner, 1979). Thus, it would appear that intrafamilial sexual abuse can have some grave consequences for the child who grows up bearing the burden of incest. It should be noted, however, that current sex research tends to scrutinize the abnormal and dysfunctional, while it neglects the common and healthy (Finkelhor, 1979). Seemingly, nothing has been written concerning those women who are leading normal, relatively conflict-free lives, and enjoying satisfying sexual relations, despite incestuous experiences during childhood. Obviously, these people would not come so readily to the attention of physicians and therapists ("abnormality-seekers," if you will), and therefore would not be available, perhaps, to researchers. Of course, there is also the possibility that they are difficult to find because so few of them actually exist. This, however, is subject matter for future research, and will not be addressed

further at this time. For now, the focus will remain upon only those women who are, indeed, suffering difficulties in their adult lives that appear to stem from childhood incest.

Many aspects of a group therapy program must be carefully examined before endeavoring to create such a plan. One must have guidelines regarding leadership and membership of the group, for example, and must be aware of group processes and dynamics in a rather general way. One must also consider the specific dynamics germane to this particular type of group, speculating upon the potential difficulties which might arise, and the ways in which these will be handled. Numerous topics of discussion are apparent within the realm of father-daughter incest, and a person designing a program for adult survivors must choose those that he/she deems most relevant and most important for resolution. These topics must then be placed into some kind of format, and attention must be given to specifics such as time, location, and number of sessions. Several strategies and techniques are available to the therapist working with adult survivors of incest, and these must be explored, with the therapist choosing those best-suited to his/her personality, skills, intentions, and purposes for the group.

LEADERSHIP

Two important issues to consider in terms of the leadership of an adult survivors group are the utilization of a cotherapy team, and the gender(s) of the therapist(s). The use of cotherapists for such groups has been recommended by Gordy (1983) and by Mayer (1983) for several reasons. First of all, incest groups can be extremely emotional, powerful, and

unpredictable. This intensity can be shared between two therapists, making the burden lighter than it would be for a single counselor facing such deep feelings in a group setting. Role-plays, which are frequently recommended for group therapy situations, can be better demonstrated by cotherapists, and confrontation can be carried out more effectively with one counselor acting as confronter and the other as supporter. Gordy (1983) has suggested the use of an incest survivor as a cotherapist, coupled with a trained counselor. This, she says, increases the potential for trust, as the group members relate to someone who has been in a similar situation, and also allows for the expert input, insight, and perceptions of the professional. It seems reasonable, also, to believe that two therapists would be better able to maintain control in such a group, where the potential for loss of control, hysteria, and resistance seems great. Two therapists also give group members a choice of role models, and further allow for each member to feel occasional special attention from one leader, without hindering the rest of the group, which can proceed with the second therapist.

While there may very well be some difficulties with the use of cotherapists, such as members' fears of disclosing to two strangers as opposed to one, or the potential for feeling "ganged up on," it appears that two therapists for a group of incest survivors would be more effective than one. Thus, for the proposed group therapy plan, cotherapy is recommended.

A second, and perhaps more difficult issue is whether the two therapists should be of the same gender or of opposite genders. In none of the literature read to date has an author suggested the use of two male

therapists for a group comprised of adult women who suffered childhood incest. This may be due to the fact, pointed out by Mayer (1983), that incest survivors tend to feel more comfortable with a facilitator who is as unlike the offender as possible. Since the proposed group is for women who were sexually abused by fathers or father-figures, it seems unreasonable to choose two male cotherapists as leaders of the group.

The question of using a pair of female cotherapists or a mixed-gender team, however, is more problematic. Courtois and Watts (1982) point out that some incest victims cannot work with men due to anger toward the perpetrator, while others have more difficulties with women because they feel betrayed by their mothers. A therapist of either sex must be aware of these feelings within the group, and of the possible reactions clients may have toward him/her because of gender. These feelings and reactions can then be pointed out and interpreted in the group when appropriate.

Faria and Belohlavek, (1984) believe that a male-female cotherapy team is best, stating that the man would facilitate transference and allow group members to experience an appropriate relationship with a male, while the woman would serve as a role model, and would allow members to feel more comfortable in discussing the incest. Tsai and Wagner (1979) also recommend the use of a male cotherapist, because it lets clients develop a more differentiated response to men. Sgroi (1982), however, believes that a man is too threatening, especially in the early part of treatment, and prefers a female-female team.

While this author agrees that incest survivors must learn to feel comfortable and to behave appropriately with males, it is also believed that these tasks will be, for most, quite difficult. The adult survivor

has, in all likelihood, summoned a great deal of courage in order to join the group in the first place. Facing a male therapist at the outset may require more strength than she can muster at that point. Thus, in this author's view, the use of two female therapists is preferable. As suggested by Mayer (1983), a male person, perhaps a guest speaker or a consultant, can be introduced into the group toward the end of the program, after trust has been established and members feel secure and assured that the therapist will not do anything to harm them.

Having determined that cotherapists would be most affective as leaders of an incest survivors group, and having recommended that two female counselors be used, let us now look at some of the general issues and therapist characteristics that must be taken into account when planning such a group. It is important for group facilitators to have knowledge of group dynamics in order to fully understand the processes that will be involved in this endeavor (Courtois & Leehan, 1982). In addition, the dynamics of intrafamilial sexual abuse must be understood, as well as the effects and the defenses typically developed by victims. As was suggested earlier, the ability to take control and to impose structure on the discussion of an issue that may have been born and bred in utter chaos is also an important attribute needed by the group facilitators. While Courtois and Watts (1982), Faria and Belohlavek, (1984), and Mayer (1983) stress patience, empathy, and sensitivity, it is believed, by this author, that these can be achieved without totally abandoning the confrontiveness necessary in order to break down the long-held defenses of incest survivors. Too much patience and "kid gloves" type treatment can lead group members deeper into their shells of secrecy. This author firmly believes in an

approach that couples confrontation with support, empathy with urgency, and sensitivity with subtle pressure to continue, to disclose, and to conquer the pain that has held control throughout the lives of incest survivors.

Therapists endeavoring to lead a group of adult women who experienced childhood incest must also examine themselves thoroughly, considering their own attitudes and prejudices regarding incest and incest victims. It is necessary for therapists to view incest as sexual assault (Courtois & Watts, 1982; Faria & Belohlavek, 1984), but it is not necessarily true that the effects of such an assault are always devastating. Thus, if a group facilitator believes that all incest victims are equally traumatized, or if she reacts to group discussions with horror, disbelief, or disgust, she may very well create a nontherapeutic situation in which members begin to feel worse about their pasts than they did prior to group participation. The therapist who feels unable to control such intense reactions within the group setting would not be a suitable leader for such a group.

Therapists may find themselves becoming angry over the victimization of group members, and it may be helpful to express this feeling, letting the clients know that another person cares enough to be outraged over what happened (Courtois & Watts, 1982). Frequent or intense expression of such feelings, however, could impede the therapeutic process, and should thus be discouraged within the sessions. Because intense emotions do exist, both in the clients and in the leaders, the cotherapists should provide for themselves a means of venting or alleviating these feelings. Gordy (1983) suggests frequent supervision for the leaders, allowing for expression of personal responses to the group process and content. Therapists can also

help themselves, under such trying circumstances, by avoiding the "rescuer" role with group members, and thus avoiding the pain and disappointment that accompany it (Mayer, 1983). Some group members may feel the need to take an emotional or physical break from the group at some point, and refrain from participating or even fail to attend a session or two. The leaders must not regard this as a failure on their parts, but as a natural response to a situation that is extremely difficult to face. Self-blame, feelings of failure, and lack of confidence must be avoided as much as possible by the therapists if the group format is to be successful. After all, the cotherapists are acting not only as facilitators, but also as role models. The feelings mentioned above are most likely already present in group members, and new ways of responding must be modeled by the leaders in order to elicit change.

MEMBERSHIP

Who will be considered for membership in the proposed group for incest survivors, and what criteria will be used to screen women seeking admission into the group? These questions may seem unimportant when compared to those concerning format and techniques, but it is nonetheless prudent to touch upon them in an effort to clarify all aspects of group development.

While Tsai and Wagner (1978) prefer not to screen potential members formally, other than through a brief phone conversation regarding the nature of the sexual abuse, it seems worthwhile to develop more definite criteria by which to judge one's appropriateness for group membership. For the proposed group, only women who were molested by fathers or father-figures (stepfathers, foster fathers, adoptive fathers, or mother's live-in boyfriend) will be included. It is recognized, of course, that other types

of incest occur as well, such as those involving brothers, uncles, or grandfathers. However, the issue of dependency upon the perpetrator may not be as vital in those circumstances. Loyalty, threat of harm, or fear of dire consequences for the abuser might come into play in incestuous situations with any family member, but it is believed that the bonding and dependence felt by the child victim in regard to her father/father-figure makes this particular type of incest unique, and leaves the adult survivor open to much residual pain and confusion. Furthermore, father-daughter incest appears to receive the greatest amount of attention in the literature, and seems to be better understood than other types. Perhaps after more research has been conducted regarding other forms of intrafamilial sexual abuse, groups can be developed that will address any issues specific to these types of incestuous relationships.

Because the group is intended to provide support and diminish members' feelings of isolation, it seems reasonable to screen potential members in order to avoid including women who might feel even more different and alienated within the group. For example, if a member had become pregnant as a result of the incest, and she were the only member to have had that experience, it may be impossible for others to relate to her around that issue. While her feelings regarding the actual abuse may be similar to those of other group members, she may feel very alone in her efforts to deal with the feelings surrounding her decision about the pregnancy. Victims who contracted a venereal disease during incestuous relations may also feel very different, as might the adult survivor who was exposed to sadistic methods of sexual abuse. If any of these or other less common circumstances are disclosed when the client makes initial contact or inquiry

about the group, it is suggested that the therapists make clear to her that others in the group do not share her situation, and she therefore may not have certain needs met within this group. Individual treatment focusing upon the uncommon issue could be offered, or, if several adult survivors presented with unusual stories regarding VD, pregnancy, or sadistic experiences, special groups could be formed in order to address those specific issues.

It is further recommended that brief screening be done around the issues of prior treatment and/or psychiatric hospitalization. Tsai and Wagner (1978) found that with special support and direction, women with histories of hospitalization or psychotic disorders could be productive group members, and could benefit greatly from the group experience. It seems reasonable to suggest, however, that this may not always be true. Thus, the cotherapists involved must realistically examine their own skills and limitations in this area and, if such a woman inquires about the group, the leaders together must make the choice of including her or referring her to another type of treatment program.

Finally, because the proposed group is designed for <u>adult</u> survivors of childhood incest, only women over the age of 18 will be included. Younger teenaged victims should be involved in groups developed to deal not only with the incest, but also with the typical difficulties of adolescence. While the adult survivor may be functioning at a developmental level lower than her age would indicate, she has, at least, completed the tumultuous teenage years, and has lived with the unpredictable emotions resulting from the incest for a longer period of time than the adolescent victim. She has thus had ample time to reflect upon her past and to make

the connection, albeit with much reluctance in some cases, between the incestuous experience and current difficulties. The woman who inquires about "Picking Up The Pieces" has come to realize that she has suffered enough, and is thus ready to make positive changes in her life.

Information concerning the above issues pertaining to group membership will be gathered through the use of a questionnaire, mailed to each potential member following her initial inquiry about the program. This knowledge could also be gathered through individual interviews with each woman, depending upon the time limitations and inclinations of the therapists. Ethnicity, religious preference, and other common demographic information will be collected as well, but will in no way affect one's inclusion in or exclusion from the group. Knowledge of these areas of members' lives will help the therapists to understand each individual, her world-view, and perhaps some of her methods of coping with adversity and stress.

DYNAMICS AND POTENTIAL DIFFICULTIES

The proposed group has been developed in order to explore the concerns and problems shared by women who have suffered through childhood incest. Because members have experienced similar abusive incidents, they can also bring to the therapy setting similar defenses, attitudes, and behavioral tendencies which might lead to negative group dynamics, and thus hinder the treatment process. It is therefore important for group leaders to be aware of some potential difficulties, and to be prepared to counter, through interpretation and reframing, maneuvers that might tend to influence the group in an unconstructive way.

One potential danger in a group for incest survivors is that many, if not all, members have relied upon the defense mechanisms of withdrawal and avoidance in order to keep themselves from feeling the pain associated with their childhood experiences (Courtois & Leehan, 1982). Thus, they function at very low levels interpersonally, and may take the totally passive stance in responding to other group members. It is important for leaders to refrain from becoming the answer persons, as members are struggling with interpersonal interaction. On the other hand, Courtois and Leehan (1982) point out that an opposite, though nearly as dangerous phenomenon can occur, as group members identify with one another quickly and form immediate attachments. They may seem extremely understanding and sensitive, reading the feelings of members and therapists alike. This empathy, however, can have a negative impact, because many incest victims learn to avoid true feelings and angry outbursts in their homes by "sizing up" the perpetrator, and anticipating his moods and actions. Thus, empathy has been developed out of fear and as a means of avoiding real contact and closeness, rather than increasing it. Members will refrain from expressing negative feelings, providing criticism, and confronting others until this defense mechanism is pointed out, and new methods of relating are encouraged.

Knittle and Tuana (1980) reiterate tha point made above, stating that incest victims learn to assess how others want them to respond, and often take care of other people's feelings at the expense of their own. As a way of reframing, and using this defense as an advantage in the group, Knittle and Tuana suggest that when one hears another member describe and assume responsibility for an abusive incident, she will become enraged at the speaker. It can then be pointed out that she is in the same position

as the speaker, and if that member is "not guilty," then she, herself, cannot be guilty either. She cannot, without cognitive dissonance, continue to condemn herself without condemning the other member as well. In her effort to care for the other's feelings, as her long-held defense would dictate, she must also care for herself by judging herself "not guilty."

A few difficulties specific to the incest survivor's relationship with the therapist are presented by Courtois and Watts (1982). First of all, group members may have difficulty in making a distinction between sex and affection, and might therefore attempt to sexualize the relationship with an empathic and caring leader. It seems reasonable to suggest, too, that this could occur in member-to-member relationships once trust has been established and friendships have developed. It makes no difference that the cotherapists are female, and that group members are female as well, since sexual preference confusion is often found among incest survivors (Courtois & Watts, 1982; Kempe & Kempe, 1984). Sexualization of a therapy relationship must be faced directly and dealt with in a manner that checks it quickly without bringing undue embarrassment to those involved. If it is allowed to continue covertly, it can not only hinder progress in treatment, but can also reinforce the incest victim's pattern of inappropriate sexual behavior.

A second difficulty concerning the therapeutic relationship involves the incest victim's low self-esteem, and her inability to understand why the therapists would work with her or care about her future. She is unable to acknowledge positive aspects of herself, or the survival skills she's developed. Leaders must avoid superficial niceties related to "liking" group

members, and move to concrete illuminations of strengths and skills that got them through their childhood experiences. Time must be spent exploring these strengths, and encouraging members to take responsibility for their survival and current state of well-being under the circumstances.

Kempe and Kempe (1984) note a potential difficulty concerning the issue of control. Because the adult survivor of incest felt so helpless as a child, and because she has, most likely, carried that feeling into adulthood, she may have a strong desire to be dominant and controlling in the group. In her efforts to transform her passivity into mastery, she may become negative and abrasive, alienating other members and perhaps the leaders as well. Rather than responding in a like manner, the therapists must again interpret the behavior and encourage all members to explore their methods of gaining control of their lives. Thus, instead of having a totally adverse effect on the group, such abrasive behavior can be turned into a springboard for growth-producing self-examination.

Because communication is the most fundamental dynamic of groups (Bradley, 1984), and because adult survivors of incest may feel very inept in this area of interpersonal interaction, it is important that the therapists model and teach good communicative behaviors. According to Bradley (1984), in order for communication to be effective in a group, there must be openness, and a willingness to give and receive. Providing and accepting feedback within an incest survivors group, however, can be difficult. Courtois and Leehan (1982) point out that survivors often view any suggestions or comments from other members as negative criticism. Many attempt to avoid hearing feedback because of anticipated pain, and

avoid giving feedback for fear of retaliation or rejection. Thus, say Courtois and Leehan, incest victims frequently resort to indirect, passive-aggressive means of responding.

The therapists must be sure that a fairly high level of trust has been established within the group before feedback is attempted, or members will feel too threatened. Guidelines for giving feedback will ensure the protection of group members, while also allowing growth. Bradley (1984) suggests that a basic question be asked before giving feedback: "How will it help?" If no other rules are used in the group to guide the provision of feedback, this question must be asked.

A set of feedback guidelines provided by the National Training Laboratory (1984) will be discussed with group members, in order to help them understand clearly the process and purpose of this interaction. Briefly, these guidelines state that feedback should be descriptive rather than evaluative, and should concern specific behaviors rather than generalizations. It should serve both the needs of the receiver and of the giver, and should involve behaviors that the receiver can actually change. The NTL also suggests that feedback be solicited rather than imposed. This rule, however, may have to be modified somewhat for the incest victims group, since many adult survivors might be hesitant to ask for opinions and observations of others. Thus, rather than waiting for members to ask, perhaps some other signal for feedback readiness should be developed. Feedback must be well-timed, given when the target behavior is occurring, or immediately thereafter. The giver should elicit a paraphrase from the receiver in order to assure that the message was clear, and time should be given to validation of one's observations by

others in the group. By stressing these basic rules, the cotherapists can enhance group productivity and effectiveness, and also help to create a more positive atmosphere. There are quite enough possibilities for negative dynamics in a group for adult survivors of incest, as evidenced by the preceding paragraphs. With clear guidelines for feedback provided at the outset, this is an element of the group process which can lead to feelings of success for all involved.

SPECIFIC TOPICS FOR GROUP DISCUSSION

Numerous topics have been presented in the literature as being issues for resolution among incest survivors. From venting anger (Knittle & Tuana, 1980; Sgroi, 1982), to developing appropriate relationships with her own children (Gordy, 1983), the range includes, for the victim of childhood incest, difficulties in nearly every aspect of her life. For this reason, the various writings in the field have been combined and condensed into a more manageable twelve week program. In this section, the particular topics for discussion will be examined thoroughly, and in the next, the format and strategies for dealing with these issues will be presented.

An issue that is repeatedly raised in regard to incest victims is that of guilt. According to Tsai and Wagner (1978), the girl may feel guilty over a number of things: over the secrecy surrounding the acts; over some pleasurable sensations she may have had; or over allowing the the sexual activities to continue for so long without telling someone. Gross (1979) adds that the daughter involved sexually with her father or father-figure may feel guilty, also, about competing with her mother. At

the same time, though, she may be resentful of her mother, thinking the woman should do something to stop the abuse. The adult survivor tends to look back at herself as a child, and perceive herself as having had the same cognitive, emotional, and physical capabilities then as she has now. Thus, she throws more guilt upon herself by saying, "I should have been able to stop him" (Knittle & Tuana, 1980). She doesn't realize or remember that, at age eight or ten, her abilities to understand and control the situation were very limited.

The childhood victim of incest may feel guilty because she somehow knows that intimate activities with an adult in the family are wrong (Knittle & Tuana, 1980), or because she recalls actively seeking out the affections of the perpetrator. Whatever the reason, it appears that nearly every survivor of incest carries some type of guilt from the experience with her into adulthood. It is therefore crucial to include exploration and resolution of this feeling in a group for incest survivors.

A second widely discussed emotion associated with the victim of incest is anger (Gordy, 1983; Knittle & Tuana, 1980; Sgroi, 1982; Tsai & Wagner, 1978, 1979). Again, this feeling may be directed toward various elements of the abusive situation: toward father, mother, self, siblings, or circumstances. Sgroi (1982) states that the ventilation of anger is a primary goal in the treatment of sexually abused clients. Feelings of anger and betrayal are generally very intense, but are also often unexpressed because the abuser was a loved one (Knittle & Tuana, 1980). It is difficult for children and adolescents to cope with the ambivalence they feel toward the perpetrator. They are angry, wanting to lash out at him, yet at the same time, they depend upon him and, in many cases, still love him. Without

adequate resolution, this anger can be carried into adulthood, and can be expressed in a variety of inappropriate ways including violence toward self or others (Gordy, 1983). While the above mentioned authors promote ventilation of anger or catharsis among incest survivors, it must be pointed out that there is controversy in the field concerning this therapeutic technique, and the debate will, no doubt, rage on for quite some time. Nevertheless, because of the potential dangers associated with this emotion, it is vital that unresolved anger be included as a major focus in the adult survivors group.

Closely related to the issue of anger is that of impulsive behavior. Kempe and Kempe (1984) suggest that sexually abused children tend to avoid recognizing and feeling as many painful emotions as possible following the abuse. Rather than crying, or shouting out, "I hurt," the incest victim will often respond to a painful situation by acting impulsively, by striking out either physically or verbally. These behaviors often lead the victim to more difficulties in the long-run, but they also help her to avoid, temporarily, feeling fearful, helpless, or sad. She exerts what seems to be control over a situation that would have normally led her to feel out of control, just as she felt during the episodes of abuse.

In addition to gaining a sense of control by acting angry or acting tough, the adult survivor also avoids vulnerability. For if she were to show her pain to someone else, she may open herself up to being hurt by that person as well. This leads into the next area of exploration within the group: socialization and feelings of interpersonal inadequacy. Knittle and Tuana (1980) and Sgroi (1982) point to the importance of providing socialization opportunities for the incest victim. The child who has to

assume a "little mother" role within her family often misses out on peer activities, and therefore misses an important part of the socialization process as well. According to Knittle and Tuana (1980), the sexually abused girl is often pushed out of the home before she is ready, and has not had ample opportunity to establish the friendships that are so important at this stage of development. She neither has friends, nor does she know how to make friends. This long-standing inability to interact appropriately in social situations contributes to the adult survivor's feelings of ineptitude and inadequacy. The group situation provides a setting in which these feelings can be conquered.

Having felt socially stunted for many years, the incest survivor grows up with numerous relationship difficulties, and with an inability to trust self or others in relationships. Tsai and Wagner (1978) state that survivors tend to mistrust men especially, and generalize the sense of betrayal felt as a result of the incest to all males. They also feel cheated out of the usual childhood opportunities to develop exploratory or experimental relationships with the opposite sex and, as adults, either shy away from men altogether, or dive into a series of short-lived affairs. Tsai and Wagner also suggest that when the incest victim grows up, she tends to become involved with men having characteristics similar to her abuser (repetition compulsion), and she continues to have difficulties in marriage similar to those she had in childhood. Gordy (1983) discusses problems in other relationships as well, stating that without proper channelling of her feelings toward the abuser, the incest survivor is likely to direct the negative emotions toward her own children. Adult survivors can become overly involved with their youngsters, or can be so

fearful of harming them that their behavior borders on neglect. Only as the roots of the sexual abuse are discovered--as she relieves herself of guilt and gives up the wish to change her past and her parents--only then can the adult survivor of incest feel free to relate to her own children in a new, more effective manner, and trust herself to be a loving, nurturing, and adequate parent.

One of the greatest difficulties a sexually abused girl encounters is that of feeling worthless, of not liking herself, of holding a very negative self-image (Gordy, 1983; Kempe & Kempe, 1984; Knittle & Tuana, 1980; Koch, 1980; Sgroi, 1982; Tasi & Wagner, 1978). Knittle and Tuana (1980) point out that most cases of incest span a number of months or years, and the victim tends to feel more and more helpless and less and less worthwhile as the abuse continues. These girls are very unassertive and, in most cases, have had few successes in life. Thus, they grow up with no confidence in themselves, and with little hope of future success. The adult survivor of incest often holds a very negative body image (Sgroi, 1982) and in this author's experience, she tends to overlook or diminish any physical attractiveness she might have. One recent client commented that because her abuser constantly told her she was pretty, she found it impossible to accept compliments on her physical appearance. She even attempted, at one time, to cut her face with a razor blade so she would no longer be considered attractive. It is thus quite obvious that the issue of self-esteem is a crucial area of exploration with adult survivors of incest.

In order to provide a wider perspective for the incest survivor, it is worthwhile to examine the transgenerational transmission of the incestuous

pattern, and to look at the behaviors the victim learned within her family system. Gordy (1983) found that as older victims reviewed their family histories, and as they discovered deprivations, traumas, feelings of emptiness, and fears of abandonment within the lives of their parents, they were able to discern the pattern of victimization, which helped to relieve feelings of individual, personal guilt. Daughters saw mothers as child victims themselves, and sometimes as adult victims in abusive marriages as well. They began to understand how family members could have such underdeveloped capacities for compassion, self-protection, and initiative, and they began to see the need for change within themselves in order to spare their own children from a similar fate. Adult survivors of incest were able to understand how parents who were not allowed to develop trusting, mutually-dependent relationships in childhood were ill-prepared to teach their own children new and different responses. Some of their parents were just as "stuck" in the developmental stages of childhood, of seeking fulfillment of their needs for trust and nurturance, as are the adult victims now. Since they had failed to complete their own developmental work, they were in no position to guide their own children through the paths they'd never travelled. It is therefore important, in the survivors group, to explore each member's past, and to find the points at which changes can be made in order to disrupt the pattern.

Finally, it is necessary for the adult survivor of incest to examine her own sexuality, any sexual difficulties she may be experiencing, and any questions she might have in regard to sexual functioning. Sgroi (1982) states that many sexual abuse victims have very little knowledge of human sexuality, or have been given incorrect information. Thus, they are not

only traumatized by past sexual activity, and perhaps fearful of that in the present, but they are also ignorant of their own bodies and the ways in which they respond. Sex education is therefore an important element of a treatment program designed for adult survivors of childhood incest.

FORMAT ISSUES AND PROGRAM OUTLINE

Several practical aspects of the group therapy situation must be considered prior to actual group formation. For instance, where will the sessions be held? Sgroi (1982) suggests that the group meet in a neutral location. This generally means within a mental health agency, but could also include a school, church, hospital, or any other community facility with available space. The actual selection of a meeting place will depend not only upon what is available in the community, but also upon the practicalities of transportation for each member. A space should be chosen to provide convenience, as well as comfort for those participating.

Should the locale be within an agency, it will be important for all staff, not just the group leaders, to understand the purposes of the group, and to be supportive of the therapists and the clients (Sgroi, 1982). If non-involved staff are uncomfortable with or negative about the group, it is likely the participants will sense these feelings at some point, which could heighten their anxieties. Group members will, in all probability, carry fear and hesitancy into the new situation as it is, and additional discomfort due to inappropriate staff reactions is an unnecessary extra burden. All employees of the agency should attempt to be as friendly and supportive as possible.

Group size is important to consider as well. While it may be tempting

to try to assist as many adult incest survivors as possible, it is probably unrealistic to think that each member's needs can be served in a large group. Thus, most experienced leaders recommend that four to six members comprise a group (Courtois & Leehan, 1982; Landis & Wyre, 1984; Tsai & Wagner, 1978). This helps to ensure that each woman will have ample time for expression, and allows for a closeness and sense of comraderie that is unlikely to develop in larger groups. It also reduces the possibility of establishing cliques or sub-groups. If the group were smaller, only two or three members, one might feel compelled to speak more often than is comfortable in order to keep the group conversation alive. It may be too threatening for some incest survivors to think that the attention is so concentrated, rather than spread over several people. Also, if one member were to miss a session, it would create a situation in which the number of therapists would equal or exceed the number of participants. From experience, it can be said that this is a less-than-comfortable arrangement for both the client and the leaders. Thus, the target number for members in the incest survivors group will be six, with the minimum number acceptable for group formation being four.

The number of sessions included in the program is another concern. Various authors have suggested schedules including as few as four sessions (Tsai & Wagner, 1978) up to as much as six to nine months of group treatment (Courtois & Leehan, 1982), with an average of eight to ten weeks (Gordy, 1983; Kempe & Kempe, 1984; Landis & Wyre, 1984; Sgroi, 1982). Given the number of issues with which incest survivors must deal, and the additional possibilities once the group begins, this author tends to agree with the participants in Gordy's (1983) adult victims group, who stated

that eight weeks were not enough. By the same token, however, it is believed also that some time constraints and limits are necessary in order to keep the group focused, and to encourage members to face the issues. By knowing that they have only a certain number of weeks, it is hoped that members will be more likely to disclose early, and to concentrate on the proposed topic for each week. As was pointed out by Courtois and Leehan (1982), it is essential that structure and boundaries be imposed upon this type of group, because for most incest victims, chaos and inappropriate hierarchies have been the norm. Thus, the constraints of a fixed number of sessions and fairly consistent procedures within those sessions may be difficult or uncomfortable for the incest survivor at first. Hopefully, however, the format will demonstrate for her a way of creating her own structure out of the chaos which has been her life since the sexual abuse.

The proposed program will cover a twelve week time span, with eleven two-hour sessions, and one "break" occurring after the sixth meeting. In no other program explored thus far has such a break been suggested. However, in this author's experience, it has been seen that women who are dealing with past sexual abuse tend to want, and in fact need, a brief hiatus after disclosing the incest and venting their feelings. "Picking Up The Pieces" is designed in such a manner as to allow for the expression of anger, guilt, and inadequacy during the first six sessions. The last five meetings are then devoted to understanding self, understanding the abuse, and making decisions for positive change. Thus, the break not only gives members a needed recuperation period following their efforts to deal with very intense material, but also delineates nicely the transition from the "feeling" element to the "doing" element of the program.

A two-hour time limit for each session is also uncommon, with most other programs suggesting one and a half hours per meeting (Mayer, 1983; Sgroi, 1982; Tsai & Wagner, 1978). The additional 30 minutes has been allotted for two important reasons. First of all, members will be asked, at the end of each session, to write in a journal their thoughts, feelings, and comments regarding the evening's activities. They can spend as much or as little time as they like completing this exercise. It is hoped that by keeping a written record, members will be able to see more clearly their progress over the course of the program, and they will also have their journals for reference and inspiration long after the group has terminated. Journals will be read, by those who wish to do so, near the end of the twelve week program.

The second purpose for additional time is to provide an opportunity for refreshments and a few "social minutes." Sgroi (1982), and Kempe and Kempe (1984) suggest that refreshments serve as symbolic nurturance for group members and, for the woman who felt little appropriate nurturance within her family as a child, this can be a very therapeutic experience. The conversation and socializing around the refreshment table allows group members to practice interpersonal skills, and to get to know one another as individuals, aside from their shared incest experiences. Because participants will be asked to contribute food (as will the leaders), group members can also exhcange recipes and share cooking secrets. New friendships, support systems, and even self-esteem can be built while mingling around a table filled with goodies.

Goals must also be considered before the adult survivors group gets underway. In "Picking Up The Pieces," a number of goals will be suggested

and discussed with members at the outset, and each will be asked to choose for herself those that she wishes to reach. It must be acknowledged that, while all adult survivors of incest share some common feelings, each is an individual, and therefore members will be at different stages in regard to resolving their various abuses. Goals commonly found in the literature include: 1) externalizing feelings of guilt, rage, shame, fear, and confusion; 2) placing responsibility where it belongs, on the abuser; 3) learning that the experience of incest need not be psychologically crippling forever (Courtois & Watts, 1982); 4) learning to make constructive changes in relationships (Gordy, 1982); 5) sharing common experiences and thereby receiving validation, understanding, and support; 6) venting deeply suppressed feelings surrounding that common experience (Mayer, 1983); 7) resolving or significantly reducing the trauma; 8) improving communication within the family; 9) developing assertive behaviors (Sgroi, 1982); 10) becoming aware of internal strengths and skills, thus enabling self to regain control; 11) building self-esteem; 12) allowing safe testing of various means of expressing feelings; 13) gaining control over self-destructive and self-defeating behaviors; 14) networking; and 15) providing sex education, improving body image, and helping client to know her body (Faria & Belohlavek, 1984).

In addition to the goals that each member will determine for herself, the therapists will keep a few simple goals in mind: 1) to allow expression, venting, and sharing of common feelings surrounding a common experience, thus eliminating isolation; 2) to come to an understanding of those feelings through exploration of self, of the abuser, and of the circumstances of the abuse; 3) to examine and choose options for positive

change in the future. It is believed that by having only a few simple goals, the group and its outcome will be more manageable and more likely to prove successful. This must be stressed, also, to the members in order to assure that they set reasonable, attainable goals for themselves.

Finally, a broader, more encompassing "meta-goal," if you will, has been designed into "Picking Up The Pieces" that has not been found to exist in other programs. In the adult survivors groups examined thus far, the primary treatment modality has been talk therapy, with brief episodes of the experiential thrown in through the use of occasional role-plays or gestalt techniques. In "Picking Up The Pieces," there is an underlying goal of providing continuity, theme, and structure for the members. As was mentioned earlier, most of these women have known only chaos throughout their lives, and therefore require a more structured setting in which to learn and grow. The program outlined here offers continuity of the puzzle-piece theme not only through verbal reiteration, but by visual and experiential means as well. It is believed by this author that messages obtained in more than one manner (seeing, hearing, and doing) are more likely to be remembered and incorporated into one's life. Thus, while "Picking Up The Pieces" may require more props, and more effort on the parts of the therapists to set the stage, it seems reasonable to believe that the learning which takes place within this group will have a longer lasting impact than that occurring in a group using only one mode of information transmission.

Let us now look at a detailed outline of "Picking Up The Pieces," and discuss the sessions separately. Each session will consist of three stages: 1) a warm-up activity related to the topic for the evening; 2) the

body of the meeting, consisting primarily of group interaction and discussion; and 3) an integration or summary of the work done during the session. This last piece may be accomplished through a mini-lecture by one of the therapists, through questions and answers, or through another shared activity. In addition, there will be a visual depiction of a puzzle present at each meeting. Following the work for the evening, a "piece" will be placed in the puzzle, indicating that one fragment of the adult survivor's life has been explored and possibly gathered into place. Of course, this may not be the case for all group members, as some may continue to feel very fragmented and broken. The visual depiction is used in order to reiterate the auditorial and experiential elements of the group, and it is hoped that this reinforcement will strengthen the impact of the group experience. The puzzle piece theme will give members a sense that their lives <u>can</u> be put back together, even if participation in this particular group does not fully achieve this goal.

The initial session, <u>Getting To Know You</u>, will utilize a similiar puzzle, introducing the "pieces" theme. Each member and leader will be given a puzzle piece with one of the following printed on it: Good Food? Good Color? Good T.V. Show? Good Book? Good Hobby? Good Pet? or Good Movie? These pieces will be made of felt, while the puzzle background will be a flannel board propped on an easel. One by one, each group member and leader will be asked to place her piece in the appropriate space on the board, stating her name and providing an answer to the question posed. Thus, members will get to know a little bit about one another without the threat of direct questioning. When all pieces are in place, each member and leader will go back quickly and answer all questions. The emphasis on the word "good" as opposed to "favorite" is deliberate, in an effort to

provide, from the outset, a positive yet non-competitive atmosphere.

Following this activity, outlines will be given to group participants, while a brief discussion of incest, its prevalence and impact, and a rationale for group development are provided. Tsai and Wagner (1978), and Gordy (1983) believe it is important to provide such information, not only as a means of educating and enlightening, but also as a means of decreasing feelings of isolation even before interaction begins. A second crucial element of the initial session involves the establishment of rules in reagard to such issues as confidentiality, attendence, and group behavior. Courtois and Leehan (1982) stress that expectations must be clear, from the outset, if the leaders wish to provide the best possible group experience. It must be known that all information shared within the group setting is to be kept in strict confidence, and that all members must respect one another and exercise courtesy while participating. In regard to attendence, this author believes that group members should make a commitment to attend all sessions. However, if circumstances such as illness or car trouble prevent a member from coming, she will be asked to call. It will be pointed out that, while some of the issues covered in the group may not be equally urgent for all members, each topic has some relevance, and those who feel more comfortable with certain subjects need to attend when that topic is discussed in order to assist others. The goals outlined above will also be covered at this time, and each member will be encouraged to develop, in her own mind, a set of personal goals.

The most important element of session one is the disclosure of each person's incest experience. Landis and Wyre (1984) point out that by disclosing early, the adult survivor minimizes reinforcement of the

secretive system previously established in her family. The group is not a place to hide and cower, as was the family, but instead is a place to confront and conquer. Members will be asked to provide information regarding the role of the abuser (father or father-figure); member's age at the onset of the incest; the frequency and duration; and the specific details of what took place (Courtois & Watts, 1982; Gordy, 1983; Tsai & Wagner, 1978). Patience must be exercised by the therapists, as they acknowledge the difficulty some members will have in accomplishing this task. Tsai and Wagner (1978) suggest the use of this gentle but firm encouragement: "Unless we all know exactly what happened, we can't begin to deal with the problem."

Session two is entitled Feeling Guilty, and will endeavor to explore each member's feeling of guilt and shame resulting from the sexual abuse. It will be primarily an insight-oriented session, with the focus fixed upon the understanding of these emotions, and upon the placing of blame where it belongs--on the perpetrator. To open the meeting, a "whip" will be used. This is an activity in which all members and therapists re-introduce themselves and state, in one word, the primary feeling of the moment. For example, "My name is Mary, and right now I feel nervous." It is recommended that one of the therapists begin this exercise, and the other finish it. This allows for the second part of the whip to flow smoothly. The second part is the completion of a sentence provided by the leader who ended part one: "When I remember my incest experience, I feel _____." Each group member will be given as much time as necessary to think of an emotion to fill the blank. Most likely, "guilty" will be one of the words chosen. Others might include angry, sad,

embarrassed, or disgusted. The therapists learn, through this exercise, the feelings participants have carried throughout their lives, and how they feel now, as they begin to open up and deal with the past. If guilt is not mentioned (which seems unlikely given its prevalence as a major topic of concern in the literature), it can be pointed out that because guilt is generally considered a more fragile feeling, it may indeed be present, but may be covered over by harder emotions such as anger and rage. Also stress that all feelings regarding the incest are legitimate, and time for discussion of each will be allowed throughout the program.

Many incest victims look to themselves as the person responsible, in some way, for the sexual abuse, and this myth must be dispelled. Tsai and Wagner (1979) state that victims must be made to see that they were too young at the time to have an adult concept of sexuality or seductiveness. Rather, the incest victim had a natural, childish instinct for affection, but did not realize the point at which affectionate activities became sexual abuse. While the acts committed may have been the same as those that occur, and feel good, in typical sex play between age-similar children, the unequal power, age difference, closeness of the relationship, and constraints of secrecy make these activities totally inappropriate and unacceptable between an adult and a child. These things will be stressed to the group, as will Finkelher's (1979) concept of "consent." This states that children, by their nature, cannot truly consent to sexual activity with adults because they do not understand what is involved in sexual relations, nor do they have the freedom, legally or psychologically, to say "no" to an adult. Without the ability to make an intelligent choice regarding participation in sexual activities, and without the

freedom to decline participation, the incest victim could not have consented to sex with her father/father-figure, even if she did, indeed, appear to cooperate. Thus, those adult survivors who feel guilty because they didn't "fight" can find some relief from their burdens of responsibility.

Finally, after each person has discussed her own guilt, exploration of this feeling has been completed, and members have offered support and suggestions for reducing guilt to one another, Tsai and Wagner's (1978) powerful statement on this subject will be offered. Each participant will be given a hand mirror. "Look into the mirror at yourself for a few seconds. Now look at the others in the group. Unless you can look at each person in this room and truly feel that her guilt is warranted . . . look back into your mirror . . . your own guilt cannot be justified."

In the third session, Feeling Angry, group members will explore their feelings of rage, and attempt to identify the objects, direct and indirect, of that anger. Since music and poetry are often effective in eliciting strong feelings (Mayer, 1983), these modalities will be used in session three. Participants will be asked, at the end of the second meeting, to bring in a song or poem that deals with this feeling. Therapists, also, will provide a few, both in written and recorded form. Members will be allowed to listen to records and tapes, as well as read poetry aloud. Following each song or poem, discussion will center around the ways in which anger is expressed, and whether the expression is positive or negative, constructive or destructive. Members will be asked to share some of the negative, destructive, and indirect ways they have displayed the anger resulting from the incest. Many may not realize that certain behaviors in the present are closely related to unresolved anger from the past. Group

members will help one another to acknowledge the negative aspects of their anger, and will gently confront each other into admitting to feeling angry at father, mother, etc., instead of hiding this emotion under the guise of being "hurt" or "confused."

Acting Angry, session four, is the natural extension of feeling angry. Members will focus on productive, constructive, and socially acceptable means of expressing anger with no harm to self or others. The opening activity will involve focusing upon one person, thing, or situation that produces, or has produced in the past a great deal of anger. Each member will be given a styrofoam cup, an old magazine, or some other disposable item. She will then be allowed to vent her feelings in whatever manner she chooses, thus showing herself and the rest of the group the extent of her anger. Some may feel very little, and merely hit or kick the item. Others may smash or tear it to pieces, or stomp it on the floor. In a similar exercise with a church youth group, using cups as representations of organized religion, one member brought out a lighter and burned the cup, making a very strong statement regarding his feelings.

While venting is often necessary in order to expose the long-hidden anger, it is obviously a first step only. More appropriate ways of expressing this feeling must be developed by group members, and that is the major purpose of the Acting Angry session. Members will explore and share methods that have been successful for them, as well as those that have failed. The possibilities of directing anger toward the perpetrator himself or toward mother will be examined, and consequences for these actions will be suggested. At this point, members may want to write an

angry letter to father and/or mother in their journals, expressing the feelings they've been unable or unwilling to feel in the past. By the end of this session, each participant should be armed with a list of positive actions she can take when anger stemming from the incest begins to overwhelm her.

Session five focuses on fears of interpersonal contact and feelings of social inadequacy. It is called Being Burned because many incest victims tend to feel betrayed or "burned" in their early relationships with parents, and therefore hesitate to develop other meaningful bonds for fear of similar treatment. As an opening exercise, one therapist will build a small fire, safely, in the meeting room. Members will be asked if they have ever been burned and, if so, to describe the experience--how it felt physically, emotionally, what the consequences were, and so forth. The actual act of being burned will be likened to being hurt in a relationship, and the logical decision to stay away from fire (i.e. other relationships) will be pointed out. One of the therapists will then produce a marshmallow on a stick and begin to toast it. The other, if a smoker, will light a cigarette on the flames. Members will begin to see some of the good things that can be done with fire as well, and the analogy of fires to friendships will be drawn out. If one stays away from fire completely, she will not be burned again, but she will also miss out on the positive activities that can occur around a flame as well. In a like manner, if an incest victim shys away from all interpersonal relationships for fear they'll turn out like those she had with her parents, she will, indeed, avoid being burned. She will also miss out, however, on the friendship, companionship, and intimacy needed in her life. Members will

discuss their feelings of betrayal, and how they have developed methods of protecting themselves from close relationships. Also, they will examine more effective ways to deal with intimacy and rejection, and work toward developing a more positive attitude toward interpersonal interaction in general.

A Matter of Trust, which is session six, brings session five's discussion to a more concrete level by looking at specific relationhsips with both male and female significant others. The opening activity will be a brief demonstration by the cotherapists, with group members participating only on a voluntary basis. As was mentioned earlier, incest victims tend to be quite untrusting, and have difficulties in relationships because they trust neither themselves nor others. The therapists will demonstrate trust through the "Blind Walk" method (one blindfolded, the other leading). After entering the meeting room in this manner, and completing a potentially hazardous walk, the "sighted" therapist will pose the question: "What just happened?" Group members will have a variety of suggestions and comments, and all will be heard. Most likely, the issue of trust will be mentioned as an important element in the exercise. At that point, the once-blindfolded therapist will ask if any members would like to try. Given the low levels of trust generally found among victims, it seems reasonable to believe that few, if any volunteers will emerge. If one should, the exercise will, of course, be carried out, with ample time allowed for feedback from the "blind" person. The point of the exercise is to introduce the importance of trust in significant relationships, and to begin a discussion of how early trust was not established in the homes of incest victims. This session will be primarily educative, with Erickson's trust vs. mistrust

stage presented, along with the fact that it is the parents' responsibility to instill this trust during a child's early years. Because of the incest, and through no fault of her own, the adult survivor was handicapped in this area, and therefore has difficulties in developing and maintaining significant relationships (Gordy, 1983). Each member will discuss her relationships with spouses, friends, and even her own children, indicating whether or not she can trust the other, or the self, in these relationships. Lack of trust can lead to isolation, or to the development of age-inappropriate friendhsips and activities (Landis & Wyre, 1984). Thus, appropriate activities, and taking things slowly in new relationships will be stressed.

Week seven has been chosen as the break week, and members will be given a hiatus from the work of resolving the incest. They will, however, be given an assignment to complete during the break, which will be another logical extension of the preceding session. Members will be asked to plan, and, if comfortable, carry out an appropriate activity with an age-similar friend. This will allow group participants to feel pride and trust in self for having chosen the activity and made the arrangements, as well as providing some of the social interaction that has been missing in their lives. Members can practice, in the real world, the social skills they have been acquiring through group participation. They can also feel, perhaps, a sense of enjoyment and relaxation in the midst of dealing with their troubled pasts.

Following the break, session eight, Feeling Stronger, will begin to shift the focus from a total feeling level to one that combines feeling, planning, and changing. Feeling Stronger will explore self-esteem, and

stress the provision of positive feedback to self and others. Although self-esteem is believed to be a major concern for incest victims, and thus might be suggested as a topic for an earlier week, this author believes that an incest survivor will find it very difficult to look at positives in herself or methods of self-improvement until some feelings have been vented, and some successes in group have been seen. Having received positive strokes from the cotherapists and others in the group throughout the first half of the program, members can now begin to do this task themselves.

In Feeling Stronger, the homework from the break will be discussed, and members will have the opportunity to share their attempts, and hopefully their successes, with this assignment. Following this discussion, members will provide feedback, using the guidelines mentioned previously, regarding the strengths, growth, and positive attributes seen in one another thus far. Finally, each woman will be asked to provide positive comments about herself, on the emotional, mental, and physical levels. First, she will be asked to close her eyes, symbolizing an attempt to look inward, and to comment on the emotional strength or growth she has seen in herself over the course of the program. Next, hand mirrors will allow member to focus on their heads only, symbolizing the mental gains, insights, and knowledge they have acquired, and about which they are pleased and proud. Finally, a full-length mirror will allow each member to get a total picture of herself, and to look realistically at the attractive physical traits she possesses, as well as those she would like to change. This exercise could also be completed by each woman individually in a separate room, if desired. It is hoped that, by this point in the program, the levels

of trust and acceptance among members will be high, and therefore all will feel comfortable completing the task within the group. Positive steps for further emotional, mental, and physical improvement can then be shared and discussed. This three-fold approach to looking at self-esteem also reinforces the puzzle piece theme by bringing the various parts of the self together into a whole. Depending upon the orientations of the therapists and group members, a spiritual element could also be included in this session, with its own experiential symbolization developed.

Meet My Family is the heading above week nine, and it will focus upon the identification of the transgenerational aspects of incest, as well as the examination of inappropriate role models in the lives of group members. This will be a very insight-oriented session, with the "doing" part of the meeting consisting of each member drawing out her own genogram. As an introduction, the therapists will provide their family diagrams, and will explain their construction to members. The group will then be divided into two sub-groups, and one therapist will lead each smaller group in the exercise. The purpose of this session is to help the incest survivor look at the broader context, and understand the circumstances in the lives of her father and mother that led them into this family dysfunction. It is in no way intended to exonerate the perpetrator from his full responsibility for the sexual abuse, but rather to help the victim to see how patterns of abuse, neglect, abandonment, rejection, and dissatisfaction can be learned and passed from one generation to the next. It is further intended that members will discuss, within their sub-groups, ways of breaking those dysfunctional, destructive patterns, and of beginning to establish healthier, more constructive ones for the generations to come. It will be suggested

that group members write another open letter to dad or mom in their journals following this session, and contrast it with that written after session three.

The tenth session, simple titled Sex Ed., will begin with a couple of role plays: one depicting a mother telling her daughter the "facts of life," and the other depicting a similar educational process, only this time with the information flowing between age-similar friends. These are intended to spark recollection of the sex education each group member received as a child. For some there may have been no educative process at all, other than that of incest. For others, their knowledge of sex may have been riddled with misinformation and vague allusions. Some may still feel naive and awkward about their sexuality and about sexual activities, even though they may now be married, with children of their own. The Sex Ed. session is intended to provide factual information on human sexual response and sexual dysfunction, as well as to help each group member feel more comfortable with her own sexuality. It is obviously an educative session, and common teaching tools--films, diagrams, and a guest speaker with expertise on the subject--will be utilized. By this point, high enough levels of trust and comfort will hopefully be established, allowing the leaders to invite a male expert, or perhaps a male-female team, into the group.

Leftovers is the title of session number eleven, and it is designed to be something of a "catch-all" session. Members will be allowed to bring up any topics not previously addressed, to return to a former topic in order to ask questions or provide additional input, to ask general questions about leftover thoughts and feelings, and to provide feedback to one another

and to the therapists. Each member will be asked to read from her journal, and for those who so desire, a "divorce" or "burial" ritual can be performed. Members can bring an item that symbolizes the past or the incest, and it can be disposed of in a way that seems fitting to the individual. This is not to say that the past sexual abuse will ever be totally forgotten, for it cannot be. It symbolizes, intead, the disposal of the painful control these experiences have had over the adult survivor, and her newly-found strength in taking back control of her life. It is anticipated that this will be a long session, as members will either have a great deal to say about their growth and the excitement they feel over having made such progress, or they will discover, at this point, that they have not gained as much as they'd hoped from the group experience, and will talk about dismay and disappointment as time for termination draws near.

The final session, Starting Over, carries the "pieces" theme to its conclusion, with all puzzle pieces in place on the flannel board. Members will work together on the opening exercise, which will be the creation of a group collage depicting members' feelings as adult survivors of incest. This collage will be the basis then, for discussion, as members will be asked to explain the various parts of the picture. A resource list of books and articles will be given to each member, as well as references for further support and/or therapy. It is hoped that this group will serve as a starting point for a lifelong growing process within each individual, at times, perhaps, with the assistance of other groups or further counseling. The therapists will summarize the overall progress of the group, and encourage continued work toward individual, personal goals. Friendships and continued support of one another will also be

encouraged, as group members are left with an attitude of "beginning" rather than ending.

Two months after termination, a follow-up phone call will be made to each participant to check on her maintenance or growth as a result of the group experience. Tsai and Wagner (1978) suggest that members return for a follow-up session together after a two to three month period, in order to lessen the anxiety of termination. This author chooses to use phone contact only in order to avoid dependency or the temptation to return to the comfort and safety of the group. The goal is to strengthen adult survivors, helping them to help themselves, and to feel good about their own capabilities. Again, at the final session, new beginnings will be stressed. Thus, members will not be encouraged in any way to "go back."

Also during the phone conversation, members will be informed that they will receive an evaluative questionnaire in the mail, and it will be greatly appreciated if they would complete and return it as soon as possible. Gordy (1983) and Tsai and Wagner (1978) have used such evaluations to improve their current survivors group programs. Since "Picking Up The Pieces" is a new endeavor, input from early participants will be crucial in updating, improving, and strengthening the program in order to provide the best possible treatment experience for the incest survivor.

CONCLUSION

Many women in this country have lived their lives harboring the dark secret of childhood incest. Preliminary evidence suggests that short-term group therapy can be profoundly effective in helping these women to alleviate their guilt, and to decrease other long-term negative consequences of

intrafamilial sexual abuse (Tsai & Wagner, 1978). "Picking Up The Pieces" is one program that attempts to accomplish these goals, as well as provide a multi-modal means of assisting incest survivors.

Tsai and Wagner's (1978) evaluation of a group experience for adult survivors of incest garnered these responses regarding the "best thing" about the group: "being able to share feelings with women who have gone through similar experiences, and who could truly understand" . . . "a feeling of release" . . . "learning what could be done about it (the incest)" . . . and "being able to put the experiences behind me." These statements point to the main purposes of "Picking Up The Pieces," which are the expression and resolution of feelings, and the participant's development of methods for taking control of her life, no longer allowing the past to overwhelm her.

The survivor must reach a point at which she realizes the incest cannot be blotted out of her past, but that it need not be a preoccupation or focal point. Faria and Belohlavek (1984) state that "victims will always live with the knowledge that the incest occurred, but must come to a point at which it no longer controls their lives." Acknowledging that a therapist cannot remake the adult survivor's environment, Kempe and Kempe (1984)indicate that treatment can "help her to understand her own feelings and needs, and perhaps find better ways to meet them." "Picking Up The Pieces" endeavors to assist adult survivors of incest in coming to these realizations. It is not, of course, the answer for all. Instead, it is a beginning for those who have endured their pain long enough, and are willing to face the challenge of making positive changes in their lives.

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"PICKING UP THE PIECES" A GROUP THERAPY PLAN FOR ADULT SURVIVORS OF CHILDHOOD INCEST

by

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Abstract

Over the last ten years, a vast amount of literature has emerged regarding the child victim of intrafamilial sexual abuse. Few references, however, to the adult survivor of incest, or to specific treatment plans for such adults seem to exist. This paper examines available research on women who were sexually abused, as children, by their fathers or father-figures. It also explores the question of why so many incest victims reach adulthood without receiving treatment. The needs and difficulties of survivors are examined, as is the utility of the group therapy modality. Based upon the information gathered, a group treatment plan for incest survivors is developed. Guidelines for group leadership and membership are presented, along with processes, dynamics, and potential difficulties germane to this type of group. Issues for group discussion and resolution are explored, as well as format concerns. The twelve-week program is outlined, presenting specific techniques for dealing with problems common to incest survivors. Evaluation and revision of the program are also discussed.