MOTHER-SON INCEST
AN ANNOTATED REVIEW OF THE LITERATURE ON MOTHER-DAUGHTER
AND MOTHER-SON INCEST

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by
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ABSTRACT
MATERNAL INCEST:
AN ANNOTATED REVIEW OF THE LITERATURE ON MOTHER-DAUGHTER
AND MOTHER-SON INCEST
by
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There is much information available in the literature on the psychodynamics and consequences of paternal (father-daughter, stepfather-daughter) and brother-sister incest, the most common form, but there is little information available on incest or child sexual abuse committed by women, especially the rare mother-son, and rarer, mother-daughter, forms of incest.

This literature review of the handful of cases of maternal incest presents and discusses key issues, conflicts and questions on family dynamics, perpetrator profiles and the psycho-sexual consequences of maternal incest on children. This paper explores conflicts between incest researchers over the definition of maternal incest, the behaviors associated with it, and the taboos against it. Maternal incest remains overshadowed by the influences of research on paternal incest as to family dynamics, psychopathology, and the consequences of surrendered parental sexual boundaries on a child's sexual preference and gender identity. There are more questions than answers remaining. One thing is clear: more research needs to be done.
Chapter I

INTRODUCTION

The purpose of this study was to explore the Pandora's box of maternal incest.

A goal was to present and discuss key issues that make incest between mothers and their children the rarest, and some researchers contend, the most disturbing form of incest (Renvoize, 1982; Maisch, 1972; Kempe, 1984; MacFarlane, 1987; Forward, 1978, and Meiselman, 1978).

This literature review represents an attempt to compile existing data on this form of incest in a single resource for counselors. The object was to provide a reference, not a Bible.

While there is much to be learned from the handful of cases reported, much remains a mystery.

The Problem


Given the small number of female perpetrators, it becomes impossible to further analyze the possible effects of female perpetrators independently of males.

Because there appear to be significant differences in the dynamics and possibly the consequences of sexual abuse of females by other females than for sexual abuse of females by
males, it seems advisable for future researchers to do separate analyses by the gender of the perpetrator whenever possible.

Russell's comment addressed mother-daughter incest. Karin C. Meiselman in her 1978 work, "Incest: A Psychological Study of Causes and Effects with Treatment Recommendations," investigated 58 incest cases. She found only two cases of maternal incest compared to 38 father-daughter and 11 cases of brother-sister incest. She made a remark about the frequency and consequences of mother-son incest that paralleled Russell's findings:

Since the taboo against mother-son incest is the strongest, one would expect to find the fewest cases of it in a sample that includes all of the possible nuclear family combinations.

Since mother-son incest is often reported to be associated with gross psychopathology, one would certainly expect the use of a psychotherapeutic research setting to maximize the number of cases found. The small number of cases found in the present study reinforces the generally held belief about the rarity of this kind of sexual behavior, even though the importance of more subtle, nonovert sexual interactions between mothers and sons may be much more common and have very important kinds of psychodynamic results.

Both of these incest researchers confront key issues, which continue to make maternal incest the least studied, reported, and understood form of child sexual abuse.

Maternal incest often goes unreported because it is not considered or recognized, or because the taboo against acknowledging it is so strong.

In their 1979 work, "The Broken Taboo: Sex in the Family," Blair Justice and Rita Justice agree that, based on the number of known cases, "mothers commit incest less frequently than any other family member," but that statement came with a curious disclaimer:
It should be noted, however, that these are the known cases. In our experience, mothers engage more frequently in sexual activity that does not get reported: fondling, sleeping with a son, caressing in a sexual way, exposing her body to him, and keeping him tied to her emotionally with implied promises of a sexual payoff.

Justice and Justice present another element of maternal incest that, at least in this literature review, reflects an area of conflict in the research of mother-son or mother-daughter incest: what constitutes incestuous behavior by female perpetrators?

Noted prison psychologist A. Nicholas Groth in his 1979 book, "Men Who Rape: The Psychology of the Offender," suggests that women may disguise sexually inappropriate interactions with a son or daughter while performing accepted child-rearing behaviors such as bathing or dressing a child. He also states that children are more vulnerable targets of sexual assaults by female offenders than are adults. "Again, for a variety of reasons, such victimization is not highly visible, but the dynamics in the female offender appear to be identical to those operating in the male offender.

Groth targets another unsettled and uncharted area of maternal incest: how do the psychodynamics of maternal incest differ from those of paternal incest? Little light has been shed on this question perhaps because female-perpetrated incest has yet to be freed from the imposing shadow of research on male-perpetrated incest. In fact, Goodwin and DiVasto (1979), in one of the few cases of mother-daughter incest detailed in the literature suggest that clinicians examine reports of mother-daughter physical contact with one question in mind, "Would this contact be incestuous if the initiator had been father rather than mother?" A "softer" clue to mother-daughter incest, they contend, to explore the issue of homosexual incest is "the presence of overt
homosexuality in either mother or daughter." That theme will be discussed later in this paper.

While the intrapsychic difference between male and female incest perpetrators remain undefined, some comparisons have been made. Susan Forward in her 1978 book, "Betrayal of Innocence: Incest and Its Devastation," outlined some differences between male and female perpetrators:

Incestuous fathers rarely commit incest to satisfy purely sexual needs...but they use sex with their young daughters as a vain attempt to satisfy a variety of emotional needs--needs they are not able to understand, that they have no way of knowing how to meet appropriately. Sometimes, to defend against deep feelings of inadequacy, a father commits incest as an exercise of power.... Those aggressors who pursue power through incest are often violent men. Despite this tendency...such an aggressor rarely resorts to violence when initiating incest. There is no need. To him sex and violence are equivalent means to the same end--power.

Fathers who commit incest are often alcoholics, she adds, citing alcohol-abuse was a factor in between 20 and 30 percent of the cases reported in a number of studies. "He is rarely a freak, a dangerous criminal, or a psychotic. Instead, he is often an otherwise law-abiding, hard-working guy-next-door who, somewhere along the line, has lost the ability to control his impulses."

In contrast, Forward describes mothers who commit incest as seducers in mother-son incest; women whose incestuous behavior is tender, loving and not violent, but who are "possessive and overprotective." Women who perpetrate incest with their daughters are put in an even harsher light:
Despite the paucity of research material two traits seem to stand out in the (female) aggressors. They are usually very disturbed women, and they seem to see their daughters as extensions of themselves.

The fact that these aggressors are often severely disturbed, possibly psychotic, sets them apart from "most other incest aggressors, who generally blend in well with their communities.... More specifically, I have found these aggressors to be infantile and extremely needy. They turn to their daughters for emotional feeding, as babies turn to their mothers, effecting a complete role reversal.

Finkelhor (1984) points out that a large number of fathers have "seductive" relationships with daughters that may border on sexual abuse but never cross that boundary. "Also men have their own forms of psychological abusiveness: making sexual references to a daughter's breasts or body, or inappropriately exposing children to pornography. Women seem to engage in such behavior far less frequently." Finkelhor adds that while the preponderance of child sexual abuse cases, including incest, involves male perpetrators, "(It) is not that women never do harmful things to children's sexuality. It is only that women do not seem to use children for their direct physical sexual gratification as often as men do."

Another difference between the behavior of women and men who commit incest is their choice in the sex of the child victim. Father-son incest is rare, although Raybin (1969) was able to track and study a case of homosexual incest involving three generations of males within a single family. Groth (1979) and other researchers suggest that female perpetrators are more likely to molest male children than female children, but Finkelhor's (1984) review of studies of female offenders does not bear that out:

While it does appear to be true from prior research that boys are less likely to report abuse either to parents or to
public agencies, it is not necessarily true that most abuse by females occurs to boys. In studies on both reported cases and self-reports, a greater absolute number of cases involved females abusing girls, not boys.

The amount of trauma perceived by incest victims also varies with the sex of the perpetrator, Russell (1986) reported:

Despite our small number of female incest perpetrators (10 cases—a mother, three sisters, three first cousins and three distant relatives), some interesting and statistically significant findings emerged from the quantitative analysis, suggesting that when females sexually abuse their relatives, they do so in different ways from males. Not only was incestuous abuse by female perpetrators very rare, it also appears to have been less serious and traumatic than incestuous abuse by male perpetrators.

That opinion seems to conflict with Finkelhor's (1984), at least, along sex and racial lines:

Mothers, although they appear to take advantage of very young children, appear to have a tendency, like fathers, to pick the oldest child.

The mother abuse cases are also remarkable for their distinctive family background characteristics. Mothers who abuse—both sons and daughters—are dramatically poorer than fathers who abuse. Also, they are heavily black. This characteristic is interesting because, on the whole, sexual abuse, especially father-daughter abuse, is one of the most white-dominated forms of child abuse. But when mothers sexually abuse, a large number of them are black.

Consistent with this picture of families who are more like typical child-abuse families, mother abusers are also more likely than father abusers to combine physical and sexual abuse. Over half the cases of mother sexual abuse was combined with physical abuse, something less characteristic of father abuse cases.

It seems that whatever light is shed on the dynamics of maternal incest is filtered through the shadow of paternal incest. To this investigator, that is like
defining the nature of a boy and girl child by describing what the female, by comparison, is not.

There are common denominators in the dynamics of incestuous families, whether parental perpetrators are male or female. These characteristics will be explored later in this paper under the scope of the sex of the perpetrator, but some of the shared traits of incestuous families include a "chaotic" multiproblem family (Kempe, 1984), marital difficulties and family discord, social isolation, the lack of clear role definitions (VanderMey and Neff, 1986), rigid boundaries between the family and others, role reversals, enmeshment, intergenerational boundary confusion, an imbalance in the power status of husband and wife (MacFarlane, 1987) and repressive or lax family attitudes about sex (Justice and Justice, 1979).

This literature review will attempt to explore the theories, conflicts, data and consequences within the existing skeleton and framework of research on maternal incest. There are many partial and missing pieces to the jigsaw puzzle, but one picture seems clear; the dearth of organized study on mother-son and mother-daughter incest apart from male-perpetrator research.

A. Nicholas Groth (1979) described the female offender as "an incompletely studied and insufficiently understood subject."

In an article published in the May 1980 International Journal of Psychoanalysis, Dr. Leonard Shengold chastised colleagues for the paucity of reported mother-son incest cases. In that article, "Some Reflections on a Case of Mother/Adolescent Son Incest," Shengold stated his "conviction that the rarity of mother/adolescent son incest is a fact, and that there are psychological reasons for it, which have to do with the primal importance of the mother for the child of either sex."
He urged colleagues to risk exploring the speck of research and the taboo of maternal incest by first removing the log of unconscious prejudice from their collective eye. His protocol for that operation began with a question, which challenged the lack of reported cases: "Is it because most psychiatrists are male and have a deep resistance to the uncovering or the publication of the fulfillment of the male's characteristic forbidden Oedipal wish?"

Statement of the Problem.

The gods must be crazy.

Zeus killed his father, Uranus, by castrating him with a sickle. He then married his mother, Hera, and begat a legion of gods and goddesses. The Greeks accepted this behavior of their god, but reacted in horror to the maternal incest between mortals in Sophocles' tragedy, "Oedipus Rex" (Wahl, 1960):

Oedipus discovered that he had unwittingly wed his mother, He tore out his eyes in punishment and his wife-mother, Jocasta, hung herself. The man was horrified by what the god had done with impunity.

This horror is still very much with us. Even today in a dozen languages "mother fucker" is the most opprobrious epithet which one can call another.

"Even the Greeks, who seemed to have had a godly metaphor for just about every other psychological situation, wrote no tales about mother-daughter incest," Susan Forward wrote in her 1978 book, "Betrayal of Innocence; Incest and Its Devastation." With the permission of the Field Newspaper Syndicate, the Los Angeles Herald-Examiner, and Ann Landers, however, Forward published one woman's tale:
Dear Ann Landers,

I have read several letters in your column about incest, but it's always been a 'Funny Uncle,' a step-dad, a natural father or a brother. Never have you printed a letter about a mother who molested her own daughter. If you've never received one--here's your first.

I am now fifty-eight years old and am speaking of it for the first time. My mother was a teacher and a steady churchgoer. She did the fooling around when she bathed me. I never knew there was anything unusual about her behavior until my father walked in on us and made a terrific scene. (I was twelve years old at that time--much too old to be bathed by my mother.)

She never touched me after that but the damage she had done was considerable. When I married I had a hard time enjoying sex--and still do, I was afraid to bathe my four daughters and had to force myself to do it, Even now I have trouble diapering my granddaughter.

There must be others like me--grown women who still bear the marks of early abuse and have never told a soul. What a relief it has been to write this letter. Bless you.

The taboo against maternal incest is strong. Few women violate it. That fact alone deserves study. So do the facts and theories in reported cases. So do the unresolved conflicts, unexplored issues and unanswered questions within those cases. The case of Dickie Loftus left many.


Hortense Loftus was a society woman whose marriage was dull and barren. She talked her husband, Andrew, into adopting an 18-month-old son. The boy, Dickie, was not told of the adoption until he was 15. By then, Hortense had made her son her entire life. When her husband was away on business, she would often romp with Dickie, including sexualized tickling and wrestling, long after
the boy's bedtime. One of those nocturnal rituals, when Dickie was 11, ended with his mother struggling to get away from her sexually excited son. For a long time, she did not visit his room at night and avoided touching him. Nearly a year passed before mother and son were alone while Andrew was away for nearly a week on a business trip:

One evening Dickie made tentative advances and suddenly his mother's arms were about him and they were clinging together and kissing. Then, as Dickie's excitement rose, she thrust him away from her and ran to her room and locked the door.

Later that same night, Hortense Loftus came to her son's room and, in the darkness, the forbidden ritual of incest was made complete.

Andrew died when Dickie was 15. Hortense referred to him as "the man of the house," and the teenager, again, resumed his incestuous relationship with his mother:

From then on, a love-hate relationship developed between the two: love for the sex act and the physical and emotional closeness it brought, hate for self and each other for not having the will or power to stop. After lengthy fights and bitter recrimination, with occasional periods of passionate love in between, the end came when Dickie killed his mother.

Few cases of maternal incest are as dramatic as the Loftus saga, but each one reviewed by this investigator left its mark. Some of the cases reflected only a hint of seductive or exploitive behavior by comparison, yet had serious lifetime consequences for the victim, leading to psychotic, schizophrenic or psychosexually disturbing behavior. In some cases, the mothers were described as "crazy" by their children. Other women who were incestuous with their sons or daughters, like the one in the Ann Landers' column, appeared
"normal." Some of the female perpetrators physically abused their children; others verbally abused their victims or seduced them. The range of incestuous behaviors spread the gamut from exhibiting nudity, exploiting play or familiar child-rearing activities, such as bathing and dressing, inserting fingers or objects into a child's vagina or inducing an erection.

The investigation of maternal incest is both compelling and disturbing. To explore the nature of a phenomenon that violates such a powerful and universal taboo, intrigues, repels, and challenges. There are more questions than answers:

Are mothers who commit incest more pathologically disturbed than their male counterparts? What are the differences between incestuous behaviors of men and women? How is maternal incest perceived by perpetrator and victim? What are the psychodynamics of mother-son and mother-daughter incest? How does this form of incest impact the child's development, sexual identity, mental health and relationships? How is maternal incest to be identified and treated? How does homosexual incest impact women offenders and their daughters? Are sons involved in maternal incest more psychologically disturbed than daughters who are? What are the consequences of maternal incest on perpetrators and their families? What are the limitations of studying mothers who sexually abuse their sons and daughters? What is the importance of such research to counselors?

**Importance of the Problem.**

In his 1960 article, "The Psychodynamics of Consummated Maternal Incest," Charles William Wahl discovered, "In all the literature there are only 34 reported cases of father-daughter incest and only four of mother-son, and the latter are mentioned rather than described."
While the number of father-daughter cases reported has increased considerably since then, the number of maternal incest cases has remained small.

In his 1972 examination of 78 incest cases that came before German courts, Herbert Maisch recorded only one case of mother-daughter incest. In her 1978 book, "Betrayal of Innocence: Incest and its Devastation," psychotherapist Susan Forward, a recognized specialist in the treatment of incest survivors, cited only two cases. In their 1979 review and case study, Goodwin and DiVasto cited five previously reported cases of mother-daughter incest, adding those cases deviated "in some ways from the usual definition of sexual abuse as the sexual exploitation of a child by a caretaking adult." In his 1984 work, "Child Sexual Abuse: New Theory & Research," David Finkelhor reported, "Sexual abuse by women does occur in some fraction of cases, probably 5 percent in the case of girls and 20 percent in the case of boys." In her 1986 survey of 930 women, Russell recorded that females comprised only 5 percent of all incest perpetrators. While those numbers are small, and research on incest overwhelmingly supports Finkelhor's statement "that child sexual abuse is primarily perpetrated by males and that male perpetrators may be responsible for more serious and traumatic levels of sexual abuse than female perpetrators," some researchers contend the number of female perpetrators has been seriously underestimated.

Finkelhor challenges that assumption by stating that "The number of such cases may even have jumped dramatically. But, in fact, the number of cases of all types of sexual abuse coming to light has increased dramatically." The types of cases, he adds, are more varied, and "clinicians are seeing (and also noticing) more cases of abuse by females than ever before." If that is so, then
identifying, understanding, and treating maternal-incest cases would be useful to counselors in a clinical setting. But even access to a comprehensive resource on maternal incest may not be enough to repair the damage to adult sons and daughters sexually abused by their mothers.

Goodwin and DiVasto (1979) reported that victims of mother-daughter incest present a "picture of varying psychotic, depressive, and psychosomatic complaints similar to the sequelae of father-son incest."

Margolis (1984), in his follow-up study of a case of mother-adolescent son incest, stated, "It is possible that there may be limits imposed upon our understanding of such patients by the very nature of their pathology. Thus, the phenomenon of mother-son incest may always remain, to some extent, a mystery."

The purpose of this study is to explore that mystery.

**Limitations and Delineation of Study.**

1. This literature review encompasses research or cases of maternal incest within the last three decades.
2. The issues, analysis and conclusions of this study are drawn from a relatively small body of data: 35 sources including journal articles, books and case studies.
3. Since much of the data collected on maternal incest is presented in comparison to a significantly dominant body of research on male incest perpetrators, some bias, particularly as to definition, identification, consequences and treatment is expected.
Definition of Terms

Incest:

For the purposes of this paper, defining this word is like making another problem statement. It is more of an explanation of a question than a definition, but one that must be discussed.

Let me begin with a dilemma expressed by Kee MacFarlane in her 1986 book, "Sexual Abuse of Young Children: Evaluation and Treatment":

Research on incest has probably suffered most from definitional problems. Here, definitions have ranged from fantasied sexual acts with relatives (Gordon, cited in Rosenfeld, Nadelson & Kreiger, 1979) to fondling, masturbation, or oral copulation, to Bixler's (1981) highly restrictive definition of "heterosexual intercourse between post-pubescent consanguinous nuclear family members." It is obvious that with such divergence in definitions, there is bound to be much variability and disagreement about the incidence, dynamics, and effects of sexual abuse.

MacFarlane also refers to research suggesting that the type of acts perpetrated on a child can be separated into three categories: nontouching acts (e.g., exhibitionism), nonviolent touching acts, and violent touching acts (e.g., rape).

In 1978, Joseph Wetermeyer reported his study of 32 patients in psychiatric practice treatment during a 15-year period (1961-1976). His paper, "Incest in Psychiatric Practice: a Description of Patients and Incestuous Relationship," defined incest as follows:

1. Overt sexual behavior, including either coitus or other activities (e.g., foreplay, oral-genital relations, mutual masturbation);

2. At least one of the Partners aged 13 or older at some time in the relationship;
3. Partners too closely related to contract a legal marriage;

4. Currently living in the same household.

In 1978, Karin C. Meiselman in her book, "Incest: a Psychological Study of Causes and Effects with Treatment Recommendations," broadened her definition of incest to "sexual activity" with relatives (fathers, mothers, brothers, sisters, aunts, uncles and grandparents) by blood, marriage or adoption in heterosexual or homosexual relationships. The key word for her definition of incest was sexual:

Sexual activity was defined as a very definite sexual approach, involving successful or unsuccessful attempts at exposure, genital fondling, oral-genital contact, and/or vaginal or anal intercourse, as perceived by the patient.

Meiselman' definition of incestuous behavior excluded seductive behavior "that consisted only of suggestive dressing or posturing, verbal suggestions, or unusual possessiveness." It also excluded incest fantasies unless they were acted out in "some definite way."

In 1986 Diana E.H. Russell tailored her definition of incest to her study on the prevalence (percentage of girls victimized by incest at some time in their lives) as opposed to the incidence (the number of cases that occurred during a specified period of time) of incest and other child sexual abuse. In "The Secret Trauma: Incest in the Lives of Girls and Women," Russell's definition of incest was simply "any kind of exploitative sexual contact or attempted contact that occurred between relatives, no matter how distant the relationship, before the victim turned eighteen years old."
In 1982 Domeena C. Renshaw suggested a three-stage classification system to describe all incest cases. Her definition in "Incest: Understanding and Treatment" accents a psychosocial, rather than legal, biological, historical or religious definition, but first, she makes an observation:

Psychosocial definitions of incest vary from obvious avoidance (e.g., the total absence of any mention of incest in DSM-I, II, and III) to attack (defining incest categorically as child abuse, or viewing incestuous fantasy, fondling, or coitus as severely deviant or damaging.

Renshaw also criticizes the "sweeping definition" by the National Center on Child Abuse and Neglect, which uses the term intrafamily sexual abuse for incest "which is perpetrated on a child by a member of that child's family group and includes not only sexual intercourse but also any act designed to stimulate a child sexually or use a child for the sexual stimulation, either of the perpetrator or of another person."

By that definition, she argues, "any act" could be a kiss on the lips, a piggyback ride, or breast-feeding.

A clearer and more objective distinction between incest and child abuse is, therefore, called for in the United States by reform of unclear child abuse laws. Incest is not necessarily violent nor is it always child abuse. Involved partners may care a great deal about each other. There may be no exploitation, fear, or force. Today a 12-year-old alone, with confidentiality, may receive treatment for venereal disease. Fourteen-year-olds may obtain contraceptives and sign themselves in and out of Illinois psychiatry hospitals. Society thus gives double messages about the age of consent....

There remains the important question of exactly what constitutes an act of incest. Legally, incest means coitus, but new child abuse laws say "any act." In psychosocial writing, the frame of reference may switch within a single paragraph from describing fondling to presumption of intercourse. Coherent professional evaluation and exchange of information as well as
dialogue with an involved family or community is thus compromised by confusion and misunderstanding. This might be reduced if the psychosocial definition of incest were made more complete, factual, and descriptive of the actual behavior.

Renshaw addresses issues that influence the identification of and reaction to incest in our society. Several of her points will be observed as they impact the research related to maternal incest, particularly in acknowledging the existence of mother-son and mother-daughter incest, identifying it, understanding it, including the consequences and degree of trauma on the victim, and formulating a treatment plan. Playing Devil's advocate, based on Renshaw's points, legally there may be no clear bin in which to file a case of mother-daughter incest. Neither perpetrator nor victim is biologically equipped to complete coitus.

Renshaw's classification system is designed for diagnostic and clinical evaluation or treatment of incest cases. It is explained in this section of the study because it counterbalances the variety of formulations for incest already listed and may serve the reader as a refuge and compass when navigating the turbulent and confounding issues presented in the cases of maternal incest to come. Renshaw's system offers counselors a handle to grasp and a tool with which to build a structure for treatment of clients who have been incested.

Renshaw's three-stage classification system:

1. **Incest Diagnosis**

   More than one may apply and be listed:

   a. Consanguineous (blood relative) or affinity (related by marriage) incest
   b. Consensual, coercive, or forceful
   c. Coital or noncoital incest
   d. Heterosexual or homosexual incest
   e. Adult-adult, child-child, adult-child, or group incest
f. Rape incest

h. Exhibitionist incest

i. Multiple deviance incest (e.g., exploitation, prostitution, transvestism, child pornography, sadomasochism)

j. Fantasy or dream incest

k. Incest craving or envy

l. Incest-accepting family, culture or religion

2. Physical Diagnosis

Are physical signs of incest, e.g., vaginal or anal tears, present or absent?

3. Other Psychiatric Diagnosis

In addition to incest, is a psychiatric disorder present or absent?

Diagnoses in this category might include no psychiatric diagnosis, alcohol abuse, drug abuse, mental retardation, infanticide, depressive disorder, conversion disorder, parricide, avoidant disorder, dissociative disorder, anxiety disorder, somatization disorder, or adjustment disorder, etc.

A sample case format is paraphrased below:

Case: a 30-year-old divorced male now has the stressful symptom of constant preoccupation with fantasies of himself as a 12-year-old having intercourse with his mother.

Incest Diagnosis: Adult fantasy incest (in retrospect) of child-adult heterosexual consensual intercourse. Physical Diagnosis; none; Other Psychiatric Diagnosis: post-traumatic stress disorder or obsessive-compulsive anxiety disorder.

One final definition of incest concerns the inclusion of the terms "sexual misuse" and "sexual exploitation" in the context of child sexual abuse cases and research. In 1979, Blair Justice and Rita Justice clarified those terms in "The Broken Taboo: Sex in the Family."
Sexual misuse

Often described as "exposing a child to sexual stimulation inappropriate to the child's age, development, and role in the family."

We believe that what is inappropriate may also be determined by parents asking themselves whether they are giving physical affection to the child out of their own need for sex, stimulation, love, and nurturing (Justice and Justice, 1979).

Sexual exploitation

Refers to "the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, are unable to give informed consent to, and that violate the social taboos of family roles."
Organization of Remainder of Thesis

Chapter II contains a literature review of the taboos and family dynamics surrounding incest. It will also address the forms and degrees of incestuous behavior, the dynamics among perpetrator, child and other family members.

Chapter III presents and discusses reported cases of mother-son and mother-daughter incest with an accent on the relationship of the pathology of the perpetrator and the psychosexual effects on the child, including homosexual behavior and confused gender identity.

Chapter IV will focus on treatment issues.

Chapter V covers recommendations, unresolved issues in incest research (a summary) and the conclusion.
Chapter II

REVIEW OF THE LITERATURE: FAMILY DYNAMICS

The Family Plot

You ask me to walk through a graveyard
With an ancient spectre at my side,
And only faded tombstones to mark the presence
Of a nightmare buried alive in hallowed ground.

What torch is there to safely light the way?
Memory is a dim flicker of cold glimpses
Trust, a flint I've yet to strike
Faith, a staff too brittle to hold
Hope, a fragile member against the whisper of a soul.

To step on this twilight field,
Rekindles prayers of a violet peace.
Call out to me from the gate, but do not enter,
The echo will find me home.

The incest taboo

Throughout nature the major task of parenthood is to prepare the young for independence. According to Forward (1978), "In no other species is the young animal dependent on its parents for nearly as long as is the human child. The process of preparing a human child for independence is a highly complex one, and the incest taboo does its part to make that process advance as smoothly as possible." Part of that process is to help stabilize the family by preventing role confusion, strain and tension.

Justice and Justice (1979), agree: "Families bog down and stop working under such strains--so do individuals. Children stop growing and fail to get their needs met. Parents turn inward and shut out the world beyond. The most
powerful reason for prohibiting incest is to protect a child's development." That
development, they add, includes "both nurturing and encouragement to become
a separate person. The needs both to belong and to separate must be met."
Incest stunts these and other needs:

The incest taboo, then, serves to protect children's
dependency needs as well as their opportunity to develop
independence and to fulfill roles outside the family. As noted by
social theorist Talcott Parsons, the taboo is the basic
mechanism for the child to develop autonomy and social roles
during puberty and at the end of adolescence. Carl Jung,
pioneer psychoanalyst, also considered the incest taboo as
serving the important psychological function of promoting
separation and individuation.

Freud made the incest taboo and its consequences a cornerstone of
psychoanalysis with the Oedipus complex, but its foundation is linked "solely
(to) the strife between the males of the family in the course of their
competition for the sexual favors of the females" (Arkin, 1984). The role of the
mother is hooked to fear of retribution from a dominant male, guilt or cultural
forces. But as A. M. Arkin asks in "A Hypothesis Concerning the Incest Taboo,"
is that fear and guilt regarding the father convincing and powerful enough to
explain why mother-son (or mother-daughter incest, for that matter) is a rarity
compared to the predominant father-daughter or brother-sister forms? To
Arkin, fear and guilt are not the only deterrents, "Why is it," he asks, "That
many powerful, seductive, doting mothers who are often unheedful of their
frequently weak husbands' prohibitions against financial extravagance,
indulgence in rich foods, drugs, or such, hold back from fully enacting their
sexual yearnings toward their sons?"
The fact that subhuman primates are ignorant of the identity of the fathers of their progeny forces us to conclude that a primordial form of taboo against mother-son incest is capable of mediation by factors which exclude the role of the father or fantasies about him.

The hypothesis of a primary psychobiologically based maternal inhibition of sexual intercourse toward sons while simultaneously allowing for the expression of a variety of other gratifying forms of interactions with their sons, such as stroking, cuddling, nursing, holding, may have clinical importance.

To Arkin, a human mother who rejects or is hostile or indifferent toward a son may be struggling against an "especially intense reactive inhibition of her unconscious incestuous impulses"—aside from other factors, including pathogenic narcissism. "One might imagine," he argues, "that the most crippling maternal attitude would involve a cloying overstimulating, overpossessiveness which would serve to arouse her son's sexual impulses to a fevered pitch."

Arkin's theory about a psychobiological prohibition against mother-son incest is included here because it wedges some interesting questions into the retaliation scheme as a deterrent to mother-son incest. If mothers have a biological edge or protection against the Oedipal indictment, are the women who violate it biochemically unbalanced, psychotic, or irresponsible for their actions? How does this psychobiological view reflect on fathers who incest? Are they to be held less culpable? Are they, too, struggling against an as yet undiscovered psychobiological alarm system against incest that has gone awry in a patriarchal culture? Are a father's incestuous passions primed for expression biochemically in this culture? If there is a psychobiological warning system against incest in females, is it triggered or affected by menstruation or pregnancy, or reinforced by societal conditions, roles or expectations of women—especially in the area of sexual or aggressive behaviors and a gender-
identified tolerance for acceptability? If females have a psychobiological
prohibition against incest, then why is brother-sister incest tied, or ranked
No. 2, in various studies as the form of incest competing with father-daughter
and stepfatherdaughter forms? And if there is a psychobiological system in
females against incest, is it somehow put askew in a dysfunctional family
system?

A family affair

Retrospective case studies list many incest-promoting
factors: cultural pressures for incest; a failure to desexualize
family affection; family isolation; ignorance of incest
prohibitions; family disintegration; affinity kinships; alcoholism;
drugs; unemployment; physical contiguity (same bed); and
psychiatric problems.... (Renshaw, 1982)

Ruth S. and C. Henry Kempe of the C. Henry Kempe National Center for
the Prevention and Treatment of Child Abuse and Neglect at the University of
Colorado School of Medicine in Denver, described two "prototypical" kinds of
family in which incest occurs: the multiproblem or "chaotic" family, and
another described as "on the surface to be much more stable, and often this
family is financially and socially middle-class." The former is plagued by
chronic socioeconomic problems--e.g., divorce, poor education, criminal
behavior or delinquency and unemployment or financial difficulties--from one
generation to the next. The latter "middle-class" family profile may have a
father who is "very authoritarian, with a rigid, very respectable lifestyle but
close friendships"; a wife who is "either immature, dependent, and passive, or
sometimes, independent, assertive, and critical of him," and both may have
"grown up needy, deprived but also unable to give affection." The couple may
also never have attained "a mature sexual relationship with the closeness,
mutual sensitivity, spontaneity, and skill which would make this aspect of their marriage anything but a disappointment."

VanderMey and Neff (1986) compiled a review of incest research literature to describe the "general characteristics" of incest perpetrators, victims, mothers (note the designation as nonperpetrators), and families:

1. Families: lower-class; male dominated; general acceptance of violence as a conflict resolution tactic; role disorganization; socially isolated; children display passivity to father's authority, and the family victimizes the incest victim.

2. Fathers: poor impulse control; authoritarian; emotionally deprived as children; socially introverted; physical child abusers; wife abusers; alcohol abusers, and view children as property.

3. Mothers: disenchanted with marriage; sexually distant with husband; unmet childhood needs; unsympathetic toward the child; likely to have been a victim of incest and/or physical child abuse; victim of wife abuse; dependent, and helpless.

4. Victims: female; first born in youthful marriage begun with a pregnancy; often a victim of physical abuse; becomes prematurely sexualized, and any handicap may heighten victimization.

VanderMey and Neff further develop their family constellation theme by placing the perpetrators (men) in a system of categories developed by Roland Summit and Jo Ann Kryso. In a 1978 article published in the American Journal of Orthopsychiatry, Summit and Kryso created, then placed, ten categories of perpetrators on a spectrum ranked by pathology and seriousness. That spectrum is repeated here because, as explained by VanderMey and Neff, it illuminates the perpetrator in the light of pathology, contexts and motivations; themes to be further explored and discussed with a focus on maternal incest:

The ten categories in the Summit-Kryso spectrum are, in order: incidental sexual contact; ideological sexual contact; psychotic intrusion; rustic
As explained by VanderMey and Neff:

1. **Incidental sexual contact:** comprised of parents' attempts to divert their own sexual curiosity or impulses toward their children. Parents in this category attempt to control themselves by doing such things as bathing children of the opposite sex, wrestling with their children, withdrawing from an older child, erotically intruding upon the child by inappropriate kissing or touching of the child, or engaging in voyeurism.

2. **Ideological sexual contact:** involves parental encouragement of parent-child sexual contact, with the underlying rationalization that the experiences are constructive elements of child development. The dilemma here is that while explicit behavior is being promoted by the parent, it is done without intending to harm the child, (Groups such as the Rene Guyon Society, have advocated sexualization of children to counter the consequences of repression and guilt regarding sex in this culture.

3. **Psychotic intrusion:** felt to be rare in prevalence. Noting that most sexual abusers are not psychotic, Summit and Kryso feels that children rarely fall prey to adults who suffer from psychotic levels of confusion in which children are the object of the confusion.

4. **Rustic environment:** deals with the "local yokel" stereotype of incest as an element confined to rural, backreach areas. Summit and Kryso have on rare occasions encountered families who perceive incest as normal. They usually come from isolated areas and appear naive or ignorant of sanctions against incest.

5. **True endogamous incest:** appears typically among nonimpulsive people who are otherwise socially well adjusted. Fathers tend to initiate an erotic relationship with the daughter, disrupting normative role interaction and enactment. In this situation, there is triangulation in the father-daughter-wife relations.

Wives tend to be emotionally and sexually distant with their husbands and disenchanted with their marriages.

Though the father does not usually premeditate incest, there is a gradual buildup of flirtation with the daughter, with incest resulting from a sexualization of the relationship.
The father typically reincarnates his youth and his bride-to-be through his relationship with the daughter.

Typically, the daughter has assumed the wife/mother domestic role prior to the incest. There evolves a situation in which the daughter uses her power over the father to transcend parental limits on her behavior. The father may retaliate by restricting her freedom or by initiating incest with his younger daughters. Daughters who experience sexualization of their childhood and sexual definitions of self may later enter into relationships characterized by betrayal, loveless sexual bargaining, distrust, rejection, and punishment.

6. **Misogynous incest**: characterized by the father's pathological hatred of women. Women are objects to be abused and used—physically and sexually. Daughters are seen as possessions to be used as the father sees fit. An end result of misogynous incest may be a tendency on the part of the daughter to marry abusive men.

7. **Imperious incest**: elements of the ideological, rustic environment, and misogynous incest appear. Fathers who engage in imperious incest are extremely authoritarian, frequently very self-righteous, and enamored of an emperor role for themselves. The element in common with the rustic environment type of incest is that these families tend to be socially (though not necessarily geographically) isolated, frequently at the father's choosing. Imperious incest perpetrators see themselves as religious figureheads and exercise absolute or nearly absolute control over every family member.

8. **Pedophilic incest**: prefers sexual contact with very young children. Intercourse is rare. While most pedophiles are nonviolent, there are those who rape children.

9. **Child rape**: typically very violent, brutal, antisocial, and has poor impulse control. Raping children gives him feelings of power and confirmation of his masculinity that contact with adult women cannot. His fear of discovery, however, places the child at risk for serious physical abuse. Women married to child rapists are typically passive and dependent and often are characterized by learned helplessness. Typically unsympathetic to her child, this mother fails to intervene or to protect the child.

10. **Perverse incest**: perpetrator pornographically exploits children, forcing them to engage in bizarre sexual activity to fulfill the adult's fantasies. The child's plight is perceived as secondary to the needs of the perpetrator.
In the research for this thesis, no corresponding classification system for perpetrators of maternal incest, nor for female offenders incarcerated for child sexual abuse, could be found. What is interesting to this investigator is that terms such as psychotic and schizophrenic are adjectives rarely applied to father perpetrators in the research. They seem to be reserved for mother perpetrators or for adolescent sons or daughters who are victim-participants in maternal incest. The descriptions of women who incest seem comparatively harsh and pathological when measured against the terms applied to males who incest, such as "emotionally deprived" and having "poor impulse control." As an aside, an "imperious" incest perpetrator, enamored of an emperor role," may have traits—or degrees of them—that qualify for inclusion in a number of DSM-III categories.

As Westermeyer (1978) indicates, many of the studies on incest suffer from a sampling problem: The research draws from a population gleaned from prisons, courts and child guidance clinics. The data from those sources can lead to four conclusions; "virtually all incest is father-daughter and stepfather-stepdaughter," perpetrators are "sociopaths and alcoholics," the daughters/stepdaughters are the only psychiatric casualties in incest, and incest "occurs among lower socioeconomic groups," predominantly. Westermeyer's data from a psychiatric practice lead to different findings:

1. More than half of incest cases may involve partners other than the father-daughter or stepfather-stepdaughter dyad;
2. Fathers as well as daughters are often the casualties of incest, especially when the incestuous relationship is terminated...;
3. Women as well as men initiate incestuous relationships; initiating relationships; initiating partners are almost always older than receptive partners;
4. Younger men introduced to an incestuous relationship show many of the problems manifested by younger women with a similar experience;

5. Among adults initiating incest, the most common factor is loss of a sex partner; sociopathy, hyper-religiosity, or alcohol/drug abuse occur but are not universal;

6. A teenager engaging in incest with siblings or cousins in the same household generally indicates a family that expressed little affection either verbally or nonverbally;

7. Incest occurs in all socioeconomic groups; it rarely comes to the awareness of police or social agencies when it affects middle-class families.

Jill Waterman, in a chapter titled, "Family Dynamics of Incest with Young Children," (MacFarlane, 1986), elaborates on the family-affair theme with some additions: "A variety of psychiatric diagnoses have been given to the fathers, but there is little agreement about them. Recently, the possibility that the offender exhibits borderline personality organization has been raised by several authors."

Mothers in incestuous families where the father is the perpetrator, she adds, are profiled as "frequently emotionally or physically ill, disabled, or absent" in addition to being described as dependent, passive, powerless, "frigid, nonsexual, or repressive in her feelings and attitudes about sex."

Children in incestuous families have been described as "unusually attractive and charming personalities" in the 1930s research to seductive and compliant in the present. Waterman gives a possible explanation:

Some feel that girls who are involved in sexual abuse may be more passive and dependent than their peers (and in this way may resemble their mothers) and therefore comply with the demands of the sexualized relationship with the father. In authoritarian, patriarchal homes, however, this passive compliance may have more to do with the father than with personality characteristics of the child.
One of the major dynamics in incestuous families is a power imbalance; another is the well-documented role reversal between parent(s) and child. When it comes to power plays in incestuous families, the bedroom is a common arena. A majority of couples have sexually dysfunctional relationships and poor communication, as previously stated. But power is also displayed in the attack-surrender metaphor of parental personality styles and characteristics displayed in incestuous families, according to Waterman:

While much of the evidence points to a dominant, authoritarian father with a passive, dependent, and ineffectual mother; the opposite pattern has also been reported, where the mother is domineering and the passive father can only feel powerful in relationship to his child. In either case, the power imbalance is significant.

An interesting note is that the dynamics of the marital subsystem are often switched when the child who is molested by a parent is preschool age, according to Waterman. Mothers of preschoolers may tend to be less dependent in their marriage than mothers with older children; they are more likely to separate or divorce in response to the incest of a preschool-aged child than mothers of teens who are incested, and they tend to have a more protective and higher level of self-esteem.

The power shift in a family can be changed by situational stress, such as unemployment or serious illness, but generally, Waterman's theory of the power scale shows the family "in which a preschooler is abused frequently may be characterized by a dominant mother and a dependent father, while the family in which the child is abused as a later age may be more likely to have a dominant father and a dependent mother."
"In the beginning was the Deed." (Goethe; Faust, 1:3)

The frequency of the abuse, the duration, severity, the degree of force or violence used and the relationship between the victim and perpetrator affect the victims' perception of and reaction to trauma in incest cases (Russell, 1986). In her survey of 930 women to determine the prevalence of all types of sexual abuse including incest, Russell discovered "a significant relationship between the severity of incestuous abuse and the degree of trauma reported."

Of the 930 women surveyed, there were 152 women who reported being incested in 187 experiences by different relatives. For example, a woman may have been initially incested by a grandfather, then an uncle or a brother. To measure the degree of violence and severity of incestuous abuse, Russell created several scales.

For example, her violence scale gave points (0 = nonforceful, 1-3 = forceful, 3 = violent) for degrees of verbal threats, use of a weapon or physical force and violence. A threat (verbal) of bodily harm got 2 points; no weapon got 0; beating, slugging, kicking, or choking ranked a 3.

Her severity scale contained 18 behaviors ranked in three categories from least severe sexual abuse, to severe sexual abuse and very severe sexual abuse. Nonforcible sexual kissing or intentional sexual touching of the buttocks, thigh, leg or clothed breasts or genitals ranked in the "least severe" category; nonforcible breast contact (naked) or simulated intercourse to forcible genital contact (naked) including manual touching or penetration ranked in the "severe" category; nonforcible attempted fellatio, cunnilingus, analingus, anal intercourse, nonforcible attempted genital intercourse, attempted rape and rape (forcible genital intercourse) ranked in the "very severe" category.
It is important to lay the groundwork for the violence and severity scales, because they impact the degree of trauma an incest victim perceives in Russell's survey. Trauma was graded in degree from none or some to considerable and extreme. There was a strong relationship between the type of relative who perpetrated the incestuous abuse and the degree of violence or trauma.

Russell's research "indicates a great variation in the percentages of incest experiences with different perpetrators that were described as considerably or extremely traumatic." Of the eight cases of incest by female relatives measured on the trauma scale, only 38 percent were considered by the victims to be in the "considerable and extreme" end compared to 82 percent for those with stepfathers, adoptive or foster fathers who were perpetrators. Some other interesting findings of Russell's research will be quoted verbatim, but in summary it seems that physical force was not used in two-thirds of the cases of incest reported, that men incested their victims longer, more frequently and with more traumatic results:

1. Duration of incestuous abuse: Grandfathers (were) the most likely to continue for more than a year, followed by sexual abuse by uncles and fathers.

2. Frequency of sexual abuse: Fathers were the most likely to sexually abuse their daughters 11 times or more, followed by grandfathers. No female perpetrator sexually abused a relative 11 times or more. Only a very few male first cousins and brothers did so.

3. Violence and physical force: In 187 incidents of incest, there were only five cases (one "other male relative," two fathers and two first cousins) where a weapon was used. Verbal threats were issued in 9 percent of the cases. No grandfather used a verbal threat.... Brothers, first cousins and other male relatives were the most likely to use physical force, though most of them used the least serious level of pushing or pinning their victims.
4. Severity of incestuous abuse: Fathers were the most likely of the incest perpetrators to sexually abuse their victims at the very severe level. In contrast, no female relative or grandfather sexually abused their victims at that level.

The primary strategy used by perpetrators, in order of frequency, were force or threat of force; taking the victim by surprise; taking advantage of the victim when "she was asleep, unconscious, drugged, ill, or physically helpless"; deception; a threat "other than force," and bribery (Russell, 1986).

Not all in the family (dynamics),

In his 1984 study titled, "Child Sexual Abuse: New Theory & Research," David Finkelhor suggests that the study of incest and child sexual abuse is dominated by "a highly specific family-systems model of father-daughter incest" that tends to ignore other forms of sexual abuse or incest, such as that done by older brothers, uncles, neighbors and women.

Finkelhor offers a model of four preconditions of sexual abuse that weigh intrapsychic, social and victim-resistance controls against such factors as the perpetrator's motivation (emotional congruence, sexual arousal, and blockage or availability of other sources of sexual gratification) and mechanisms or factors, which disinhibit incestuous behavior of child sexual abuse. The model is presented here because it gives internal and external (social) factors that challenge the strict family-systems model for exploring incest or child sexual abuse.

Maternal incest seems to be a round peg in the triangular board of family-systems' theory and incest. A goal in mentioning Finkelhor's theory is to stretch the reader's perspective of the traditional incest model, a construct of
the perpetrator's dynamics that may be too muscular and angular to admit the presence of women.

Finkelhor's preconditions for sexual abuse

Precondition I: Factors Related to Motivation to Sexually Abuse:

A. Emotional congruence
   1. Individual
      a. Arrested emotional development
      b. Need to feel powerful and controlling
      c. Re-enactment of childhood trauma to undo the hurt.
      d. Narcissistic identification with self as a young child
   2. Social
      a. Masculine requirement to be dominant and powerful in sexual relationships

B. Sexual arousal
   1. Individual
      a. Childhood sexual experience that was traumatic or strongly conditioning
      b. Modeling of sexual interest in children by someone else
      c. Misattribution of arousal cues
      d. Biologic abnormality
   2. Social
      a. Child pornography
      b. Erotic portrayal of children in advertising
      c. Male tendency to sexualize all emotional needs

C. Blockage
   1. Individual
      a. Oedipal conflict
      b. Castration anxiety
      c. Fear of adult females
      d. Traumatic sexual experience with adult
      e. Inadequate social skills
      f. Marital problems
   2. Social
      a. Repressive norms about masturbation and extramarital sex
Precondition II: Factors Predisposing to Overcoming Internal Inhibitors

A. Individual
1. Alcohol
2. Psychosis
3. Impulse disorder
4. Senility
5. Failure of incest inhibition mechanism in family dynamics

B. Social
1. Social toleration of sexual interest in children
2. Weak criminal sanctions against offenders
3. Ideology of patriarchal prerogatives for fathers
4. Social toleration for deviance committed while intoxicated
5. Child pornography
6. Male inability to identify with needs of children

Precondition III: Factors Predisposing to Overcoming External Inhibitors

A. Individual
1. Mother who is absent or ill
2. Mother who is not close to or protective of child
3. Mother who is dominated or abused by father
4. Social isolation of family
5. Unusual opportunities to be alone with child
6. Unusual sleeping or rooming conditions

B. Social
1. Lack of social supports for mother
2. Barriers to women's equality
3. Erosion of social networks
4. Ideology of family sanctity

Precondition IV: Factors Predisposing to Overcoming Child's Resistance

A. Individual
1. Child who is emotionally insecure or deprived
2. Child who lacks knowledge about sexual abuse
3. Situation of unusual trust between child and offender
4. Coercion

B. Social
1. Unavailability of sex education for children
2. Social powerlessness of children
Now I lay me down to sleep...

As mentioned earlier in this chapter, blurred boundaries between parent and child are strong contributors to incestuous relationships within families. Several researchers, including two in this chapter (Renshaw, 1982 and Finkelhor, 1984), have listed sleeping arrangements as among the list of potentially harmful or incestuous behaviors within the family circle.

In 1974, Stuart L. Kaplan and Elva Poznanski published a retrospective clinical study in the Journal of the American Academy of Child Psychiatry on 27 child psychiatric patients who shared a bed with a parent. Of 700 cases seen between 1966 and 1968 at the Children's Psychiatric Hospital of the University of Michigan, 60 children were coded as sharing a bed. Of those, 27 met the criteria of repeatedly co-sleeping at night within the year preceding psychiatric evaluation. Some of their findings will bear on the possible impact of forms of maternal incest and the cases of mother-daughter and mother-son incest to follow.

The researchers categorized the parent-child sleepers into six groups: boys in intact families who slept with mothers (seven of 27); boys from broken homes who slept with mothers (seven of 27); boys who slept with fathers (three); girls who slept with fathers (three); girls who slept with mothers (five), and children who slept with both parents (two).

The child's motivations for sharing a bed with a parent were divided into three categories: "reduction of phobic anxiety, reduction of separation anxiety, and the gratification of sexual impulses."

Kapland and Poznanski cited developmental and historical motivations for a child wishing to share a bed with a parent:
A child may begin to share a bed as a solution to one specific problem and psychological development may fail to resolve the issue. Later, as additional psychological issues arise, the child may continue to share a bed to resolve both earlier and more recent developmental problems.

In addition to the historical relationship between categories of motivation for sharing a bed, there is another type of relationship which we call paradoxical relationship. By this we mean that many children, although sharing a bed with a parent seems to be a source of great anxiety, insist upon doing it. The child may begin to share a bed for one reason, only to have his need for sharing a bed intensified as a result of the sexual stimulation of the sleeping arrangement.

To illustrate that point, the researchers gave the example of a child who becomes phobic "as a solution to a conflict over unconscious incestuous wishes." Sharing a bed with a parent to reduce that phobic anxiety also induces further sexual stimulation. The Catch-22 is that the increased sexual stimulation increases the phobic anxiety and the need for a parent protector to share the bed.

For the interests of this paper, sexual concerns were more frequent in children who slept with the opposite-sex parent. Of the seven boys from intact families who slept with their mothers, four expressed sexual preoccupations; only two of the seven boys from single-parent families who slept with their mothers had sexual preoccupations:

The expression of sexual preoccupations in children who sleep with parents of the opposite sex may be inversely related to the threat of the violation of the incest taboo. Culturally, the taboo against mother-son incest is stronger than that against father-daughter incest, and thus boys from intact families who slept with their mothers were forced to repress sexual impulses more stringently than girls who slept with fathers.
On the family-dysfunction/incest link, Kaplan and Poznanski demonstrated that in families where boys or girls slept with their mother, there was a higher amount of family discord and a seriously troubled marital relationship.

The harshness of the mother-son incest taboo may relate to the disruption of families with boys who share a bed with mother in one of two ways. First, since it is a strict taboo, the threat of its violation might serve as a measure of the gravity of the marital problem or as a measure of the gravity of individual pathology within a family. Secondly, the anxiety associated with the threat of its violation might in itself disrupt the family.

If an implied violation of incest taboo were the only factor leading to family discord, we could anticipate that girls who share a bed with father would at least be second to boys who share a bed with mother in their association with family discord. This did not prove true. Rather, second to boys who shared a bed with mother were the families of girls who shared a bed with mother.

Kaplan and Poznanski stopped short of making a judgment on whether a child-parent sleeping arrangement would have an undesirable effect on the "general mental hygiene" of either, but they did draw some conclusions:

Children who shared a bed with parents of the opposite sex verbalized sexual preoccupations, while children who shared a bed with parents of the same sex did not. No connection between sexual identity confusion and sharing a bed was established.

A boy's sharing a bed with his mother in an intact family is symptomatic of severe marital conflict that might eventuate in divorce.

Children who shared a bed with mother were phobic. The mother used the girl to isolate herself from her husband, the husband objected strongly to the sleeping arrangement, and there was considerable overt marital dissatisfaction.
Chapter III

REVIEW OF THE LITERATURE: CASES OF MATERNAL INCEST

The rarest and least-discussed form of incest is mother daughter incest, and sexual relationships between same-sex siblings are also rarely reported. Mother-son incest is reported relatively infrequently, and it used to be assumed that it only happened with severely disturbed or psychotic mothers; however, we are finding more cases of mother-son incest recently, and new evidence suggests that there may be several types of relationships involved (MacFarlane, 1986).

Mother-daughter incest: Insanity on Lesbos?

The case of J. (Goodwin and Divasto, 1979):

J. was a 28-year-old Anglo graduate student, who began therapy on the recommendation of her doctor. She suffered from migraine headaches, which began 5 years before when she returned to live at her parents' home after an "unsuccessful attempt to emancipate herself by attending a distant university." She was bright, verbal and a "somewhat hostile woman."

Her family lived in a small town. She was the only child of "a highly religious, energetic woman and her quiet, withdrawn husband," an engineer. The mother dominated family interactions with excessive demands on both husband and daughter. The father responded by withdrawing emotionally and taking frequent business trips.

When J. was approximately 6 years old, she began sleeping in her mother's bed. The parents had had separate bedrooms for approximately a year prior to this. The mother's explanation for the new sleeping arrangement was that she "got lonely." They continued to sleep in the same room for eight years. At the same time J. had a room of her own, which her mother fanatically insisted she keep neat; she even refused to let the child play in this room.
When J. was prepubertal, she awoke on several occasions to find her mother leaning over her, after having kissed her. After she reached puberty, there were two incidents in which she awoke to find her mother fondling her breasts. At age 14, J. awoke after feeling a hand on her genitalia. Like the previous experiences this had a dream-like, unreal quality. Soon after this, J. demanded that she return to sleeping in a bed of her own. Her mother reluctantly agreed.

J.'s mother occasionally had a female friend-bed partner. J. suspected the relationship was sexual and wished her father would intervene. He died when she was 18. After his death, J. tried to leave home to attend college, but her mother became ill and demanded her daughter return home to care for her. J. did, and entered a series of homosexual relationships, which usually ended with her rejecting the partner.

J. entered psychotherapy to gain relief from her headaches. She was hesitant to discuss her family history and was guarded in general. The process of psychotherapy focused on her ambivalent strivings to emancipate herself from her mother. Early in treatment she slashed herself in a mutilating suicidal gesture after a disagreement with her mother. After a year of therapy, which included chemotherapy for depression, she was able to move out of her mother's home.

J. later married, and had hopes her mother would not intrude in her life because of the marriage, but the contact continued. J. remained in therapy intermittently.

In their discussion of the case, Goodwin and DiVasto stated confusion about the incestuous nature of the sexual abuse. "Had these same incidents occurred with the father, rather than the mother, it would have been more clear that these incidents were sexual and exploitative in nature."

The researchers cited anthropological and psychiatric evidence to support their contention that "physical closeness between mothers and daughters is much less subject to taboo than are father and daughter contacts." A number of
Indian tribes in North and South America readily accept mothers fondling the genitals of their nursing infants. In Western cultures, they contend, a greater physical closeness is permitted between mothers and daughters "and may be biologically necessary in preparing girls to nurture their own children."

In their 1979 literature review and case study, Goodwin and DiVasto outlined five previously reported cases of mother-daughter incest. While they admitted it was difficult to make any analysis of this form of incest based on so few cases, they did compare the dynamics and history of the reported cases in an attempt to draw some conclusions on the consequences of mother-daughter incest.

The cases cited included:

A 4-month sexual relationship between a mother and her 26-year-old daughter when the two were reunited after the daughter had spent the majority of her infancy and childhood in foster homes. I.B. Weiner reported the case when the daughter mentioned the incest at age 39 after being hospitalized for treatment of depression, The relationship was biologically incestuous, but between consenting adults, (Cit. Weiner, "On Incest: A Survey," Excerpt, Criminol. 4, 137 (1964).

Two cases from Germany involving multiple familial perversions were discussed. In the first, the mother physically abused her 6-year-old son and 5-year-old daughter, smearing them with excrement. She would also masturbate the daughter while beating her. (Cit. D. Cabanis and E. Phillip, "The Paedophile Homosexual Incest in Court," (Ger.), Dtsch, Z, Gesamte Gerichtl. Med, 66, 46, 1969).
In the second, Maisch (1972) described a case where a stepfather's sexual arousal depended on his wife and daughter staging lesbian dramas, which involved mutual masturbation, then his sexual intercourse with both.

Goodwin and DiVasto's case of mother-daughter incest was further unique in that it involved a mother who was a practicing homosexual outside the home and that later, the daughter would practice overt homosexuality.

Goodwin and DiVasto confirm as previously stated in this thesis that the forms of sexual contact in reported cases vary considerably. In their review, they noted maternal incest expressed in a range of behaviors from voyeurism and kissing to fondling and mutual masturbation. In several cases, "sleeping in the same bed was the precurser to more explicit sexual contact."

In their literature review, Goodwin and DiVasto found that victims of mother-daughter incest presented with a number of symptoms including encopresis (passage of feces in inappropriate places), depression, psychosis and migraine headache with homosexual acting out.

This picture of varying psychotic, depressive, and psychosomatic complaints is similar to the sequelae of father-son incest. The presenting symptoms in the child victims of father-son incest have included: 1. sex play with sister; 2. effeminate behavior and suicidal gestures; 3. drug-induced psychosis and homosexual fears; 4. acute psychosis and homosexual encounters, and 5. eczema and delinquent behavior.

The consequences of homosexual incest will be discussed later in this paper, but Goodwin and DiVasto do raise some important questions in connection to the case of J. and others they reviewed in the literature:

Previous studies have discussed female homosexuality as a consequence of heterosexual incest. A survey which compared homosexual and heterosexual women in a non-patient population
found a significantly higher incidence of prior incest among homosexual women. The actualization of the Oedipal wish in heterosexual incest may provoke the regression to mother as the primary love object. Fixation, rather than regression, may occur in the case of mother-daughter incest.

In their concluding statements about the case of J., Goodwin and DiVasto offered a number of suggestions for counselors to identify and explore the possibility of maternal incest. The accent was on homosexuality in mother or daughter, but other clues to mother-daughter incest were bed sharing, the "reliance of a physically ill mother on a particular daughter for nurturance," and exploring the physical contact between mother and daughter with one question in mind, "Would this contact be incestuous if the initiator had been father rather than mother?"

As previously stated, one of the major difficulties in discussing maternal incest is that existing data is so heavily influenced by research on father-daughter incest, which is heterosexual in nature and influenced in the literature by a strong family-systems approach. The case of J. confronts the uncharted course of homosexual incest.

Dixon, Arnold and Calestro (1978), cited the need to investigate the dynamics of homosexual incest in their article in the American Journal of Psychiatry titled, "Father-Son Incest: Underreported Psychiatric Problem?"

The psychiatric literature contains a number of studies describing clinical features and suggesting dynamic formulations associated with heterosexual parent-child incest, but there is a significant lack of discussion dealing with homosexual parent-child incest.

It is unclear whether this conspicuous dearth of information reflects a very low incidence of homosexual incest...a tendency to label this behavior pattern as simply homosexual rather than incestuous...clinicians' failure to recognize the problem, or a combination of all three factors.
The authors also found more parallels between fatherson and father-daughter incest than between father-son and mother-son incest. "This would suggest that the sex of the parent is a more important variable than the sex of the child." The variable of the parent's gender may be a key to understanding the dynamics of mother-daughter and mother-son incest, but the jury is still out, especially since the standard of evidence—even in homosexual incest—is father-daughter incest. Even when confronted with unique and disturbing cases of mother-daughter incest, the tendency of several researchers has been to focus on the victim's pathology or to measure maternal incest by a paternal yardstick.

Goodwin and DiVasto did it with a question, "Would this contact be incestuous if the initiator had been father rather than mother?" They did it by reference:

The reported mother-daughter relationships which most resemble the more common father-daughter patterns of sexual abuse are those reported by schizophrenic women who describe childhood sexual relationships with mothers.

The above observation (Goodwin, 1982), was made in reference to an article in the Journal of Nervous and Mental Disease titled, "Homosexual Tendencies in Mothers of Schizophrenic Women" (Lidz and Lidz, 1969). This article details cases of homosexual incest between mother and daughter with an accent on the disturbing and serious psychological consequences for the victim, and the tentative and reluctant conclusions by the researchers. The cases and analysis will be summarized with more time devoted to the researchers' conclusions,
The case of Miss B: This patient had become acutely delusional and seriously disorganized while in college, and was hospitalized for several years. When released, she managed to resume her studies, but remained socially inept, dependent in relationships (including homosexual and heterosexual flirtations), and used her wit to drive people from her. Miss B's mother died when the patient was a teen, but Miss B recalled that when she was pubescent, "her mother would frequently have her undress after she came home from school and would then scrutinize the naked girl, commenting unfavorably on her breast development, the shape of her buttocks, and her acne." When the mother became bedridden with a chronic illness, the inspections and improvement exercises ordered under her mother's watchful eye continued. The mother also required that Miss B massage her, "an action which the patient experienced as asexual intimacy." Miss B described her mother as bright, but unable to compete with her brilliant, socially awkward and scholarly husband.

The case of Mrs. C: This patient, an extremely shy, but professional woman, entered therapy because of a schizophrenic episode at home with her two young children where she was delusional and sometimes hallucinated. She felt inadequate as a wife, feared she was homosexual and had fantasies of "practicing fellatio with her father" combined with thoughts that she would become "as shrewish as her mother," which led to suicidal thoughts. Mrs. C conveyed disgust at her mother's nagging and "carping criticisms" of her father. At 30, Mrs. C reported that whenever she visited her mother, the woman expected her to sleep in the same bed. Before Mrs. C left home, she recalled her mother "would lie behind her, body to body, and fondle her breasts," a behavior that disgusted Mrs. C.
The case of Mrs. D: This patient became psychotic in college after the resignation of a female instructor she had a "crush" on. Mrs. D was hospitalized for a year, but was able to resume her studies to complete a doctorate, despite bouts of heavy drinking coupled with suicidal attempts, paranoid episodes and attachments to older women. She married, then divorced a passive and somewhat paranoid man, then entered into a homosexual relationship, which ended in a brief psychotic episode. Mrs. D described her mother as "a vague, poorly organized woman with few friends," who had a preoccupation with her daughter's bowel movements.

The mother persisted in wiping and cleaning the girl after bowel movements even after she started school and had difficulty in letting her go to the first grade because she worried that she could not wipe the girl if she had a bowel movement while at school. (The mother) frequently gave herself enemas, taking them while in the bathtub...and often had her daughter keep her company during the procedure. The overprotectiveness and anal preoccupations extended into the night and the sleeping arrangements. Until Mrs. D left for college, she often slept between her parents, nestled against her moher in "spoon" fashion.

In all three cases, the mother's relationship with the daughter had an erotic, intrusive quality. "None of the mothers had been able to provide good nurturant care to the patient as a child, but at the same time, did not establish clear boundaries between herself and the child." In reference to the child-parent relationship, these mothers failed to establish a nurturing-erotic bond, then gradually de-eroticize the relationship: a primary task of family-parental roles. As stated previously, incestuous families tend to have blurred boundaries, repressed or eroticized interactions between parent and child, and marital problems weighted with a power imbalance. These mothers (Lidz and
Lidz, 1969) dominated passive or absent husbands, tried to develop and maintain a dependent mother-daughter relationship, which undermined the daughter's self-esteem and autonomy. These mothers also infused their own anxieties and homosexual or confused gender-role identities into their daughters, which they viewed as extensions of themselves. At this point, Lidz and Lidz dip into ego psychology and family-systems theory:

Studies have indicated that the homosexual concerns and tendencies of schizophrenic patients, as well as their incestuous strivings and fears, reflect the incestuous or homosexual proclivities of a parent and, concomitantly, the failure of parents to maintain their own gender-linked roles and the essential boundaries between the two generations in the nuclear family. The child's development becomes confused when identification with the parent of the same sex does not promote formation of a proper gender identity that is fundamental to the achievement of a stable and coherent ego identity.

...These mother-daughter relationships, like those that so often exist between mothers and sons who become schizophrenic, had the malignant quality of continuing the erogenous aspects of the preoedipal mother-child closeness because of the mother's inability to establish boundaries between herself and her child and between her needs and those of her child.

...In all of these women, the longings for closeness based upon prolonged physical intimacies with their mothers opened the way for polymorphous perverse fantasies and behavior and for tendencies to confuse sexual behavior with men with desires for feminine love objects.

...The mother's confused or nebulous gender identity had widespread repercussions on the daughter's gender identity. A mother who gains erotic gratification from another female, even if it is from a child, promotes confusion concerning appropriate object choice in a daughter who identifies with her.

...The mother's homosexual orientation can also profoundly influence the daughter's relationship with her father. In all of these cases, and very notably in two of them, the father assumed many maternal functions very early in the child's life, tending to fixate the daughter's attachment to the father at a preoedipal, nurturant level.
In their summation, Lidz and Lidz underscored that not all schizophrenic women have "mothers with the types of difficulties described," but these researchers expressed concern about "some of the adverse influences of a mother's homosexual tendencies upon a daughter, particularly the effect when such tendencies include erotic, incestuously toned relationships with the daughters." Even here the words "incestuously toned" represent a reluctance to identify the cases discussed as ones of maternal incest, The researchers refer to mother-son incest in a similar fashion by suggesting that "such mother-daughter relationships are as injurious as incestuously toned mother-son relationships and, in some ways, even more detrimental to the development of the child."

It is interesting to this investigator that so little attention was paid in this Lidz paper to the role of the fathers in these "incestuously toned" cases of mothers with relationship was troubled or poor between the parents of these patients, and in two cases, the fathers were described as withdrawn, shy, absent or dominated by their wives.

In his landmark paper: "Intrafamilial Environment of the Schizophrenic Patient I: The Father" (Lidz, Cornelison, Fleck, and Terry, 1957), he emphasized the "vital role that fathers play in development." Could it be they may play a significant role in families where mothers sexually abuse their sons and daughters?

In that landmark paper, none of the fathers were described as effective and their shortcomings were classified into five patterns. They are outlined and discussed by Michael Nichols in his 1984 book, "Family Therapy: Concepts and Methods."
Lidz' dads

The first group was in constant marital strife: "These men were domineering and rigidly authoritarian." They tried to win their daughters and made the children the center of the husband-wife struggle. These schizophrenic daughters "abandoned their mothers as objects of identification and instead tried to follow their fathers' inconsistent, unrealistic demands. Consequently these youngsters failed to develop a feminine identity." Domineering and authoritarian fathers in the above category also fit into descriptions of fathers in incestuous families.

The second group of fathers were hostile toward children and made their sons rivals for the mother's affection. Hostile, abusive fathers also fit into the incestuous family dynamics.

The third group were aloof and distant and "exhibited frankly paranoid grandiosity," but it is the character of the remaining fathers that may contribute to the psychodynamics of maternal incest.

The fourth group were failures in their homes, ignoring child-rearing responsibilities and described as "pathetic figures" by Nichols.

The fifth group were passive and submissive men who behaved more like children than fathers, offering weak role models.

When it comes to the psychodynamics of maternal incest, this investigator is most concerned about the role of fathers from the No. 4 and No. 5 groups, especially in cases of mother-daughter incest.

In research on father-daughter incest, the nonparticipant mother is put in the light of an "enabler" to borrow a term from Alcoholics Anonymous. By her absence, dependence, irresponsibility, ignorance or benign neglect, she is often
blamed in part for sowing the seeds of incest within her family. Might not the reverse be true for fathers in families where mothers are the perpetrators?

"Incestuously toned" relationships between mother and daughter occurred in two of the cases previously described in this chapter (Lidz and Lidz, 1969). They occurred in households where fathers were described as weak or absent. Other researchers of mother-daughter incest also describe cases where fathers were withdrawn, distant, powerless or sexually dysfunctional in the marriage (Forward, 1978; Goodwin and DiVasto, 1979). The same dynamic occurs in mother-son incest cases to be discussed later in this thesis (Groth, 1979; Justice and Justice, 1979; Renvoize, 1982 and Meiselman, 1978).

**Lady X: A case of bisexual incest (Renvoize, 1982):**

The following case is that of a middle-aged, middleclass lesbian with a history of obesity and alcoholism, and incest perpetrated by both her father and mother. Renvoize presented this case study in the form of a monologue by the victim who, at the time of reporting, was a recovered alcoholic and a participant in a therapy group for sexually abused women. The excerpts are taken verbatim and reflect in an eloquent, precise soliloquy many of the major dynamics of maternal incest (and paternal incest, for that matter) already cited in this thesis:

What's so agonizing about mother-daughter incest is that it's one oppressed woman doing it to another who is even more powerless than she is, a little kid...

I was my father's wife and my mother's husband at the same time.... I was the oldest child in our family.... It's really confusing, playing two sexual roles, being both a little boy and a little girl.... To this day my mother ...still uses little-girl talk to me, and she's sixty five. She does a whole lot of seductive flirting as though I were some escort. She does that with
everybody of both sexes, but I was her little girl, she should have looked after me, not the other way round.

No, she didn't touch me genitally, but there was lots of flirting. Like having me watch her when she took baths, watching her while she got dressed...I felt like I was always on guard, waiting to be pounced on. She'd grab me up--I mean there was no respect. I didn't like it because I had no control over it.

She's like a dragonfly, my mother, the feelings come out in little fragments and she can't stay with them. She and her sister were orphans, brought up by relations and she didn't like them, and I think the only two people who've ever mattered to her were my sister and me. It's a very incestuous family, mine...

My father's family? It was very abusive, physically and emotionally.... They couldn't stand each other but they were very entwined with each other. I don't remember everything yet.... I know my father used to read to me every night, and I remember him being aroused and that he'd kind of pat me around my breasts and I think between my legs, but I'm pretty sure he didn't actually have intercourse with me. I think that he kissed me a lot and that I had to have oral sex with him, because I have lots and lots of choking here (she touched her throat).

It must have started when I was real young, about two or three, and stopped young, too, when I was seven or eight.

My mother was always a much more essential person to me--she had a lot of contempt for my father, saw him as a weak person and an alcoholic, although she herself was also very dependent.

When I was 16 I knew I was lesbian but I didn't think anybody else was, only weird people in books. I married for a while but he was killed.

I'd say the relationship between being an incest victim and an alcoholic is high, and promiscuity too: Most of us have been promiscuous at one stage or another. Lots have been prostitutes--I mean, why not? You've already lost your sense of boundaries. I was always being invaded. I never knew when it was coming, from my mother or my father, and there was no way to be my own discrete person.

In treatment I've learned to see that my different self-destructive behaviors throughout my life were survival strengths for me.... Drinking, for instance, kept me alive. Without it I'd have killed myself in despair...
Of the 80 women who've been through here I only know of one mother who had repeated genital sex with her daughter, made her four-year-old daughter make love to her. With the rest, though some of them have rather hazy memories of things like fingers being stuck up them when they were babies, for those who felt their mothers had behaved incestuously it was mostly covert seductive behavior they got. But it came through to us like incest, it felt like incest, though we don't always use that word for it.

The Case of Lady X, as identified by this investigator, illuminates several effects of maternal incest, including ones dealing with the issue of sexual identity and expression.

According to Wendy Maltz and Beverly Holman in their 1987 book, "Incest and Sexuality: A Guide to Understanding and Healing," questions and conflicts about sexuality are common among victims of all forms of incest.

"Incest creates conflicts and confusions about sex. Since sexual abuse, family betrayal of trust, and sexuality got strongly intertwined in childhood experiences, it's hard to look back and comfortably separate each part so that sex can be experienced in a new light."

Previous findings of sexual problems in victims of incest have linked a number of psychosexual reactions to incest trauma including promiscuity, sexual dysfunction, gender identity issues, low sexual desire (Meiselman, 1980; Russell, 1986; Justice and Justice, 1979, and Forward, 1978), and a tenuous link to homosexuality in some victims (Goodwin, 1982; Maltz and Holman, 1987; Russell, 1986).

Previous studies have discussed female homosexuality as a consequence of heterosexual incest (Goodwin, 1982). A survey of homosexual and heterosexual women in a non-patient population found "a significantly higher incidence of prior incest among homosexual women," according to Goodwin.
In the case of J. (Goodwin and DiVasto, 1979), the authors suggested the homosexual experimentation "seemed to be part of the girl's attempt to find a resolution to the incest by repeating it." (Goodwin, 1982). Referring to cases cited in Susan Forward's "Betrayal of Innocence," Goodwin (1982) makes the following statement:

(In both of these cases), the victim of mother-daughter incest subsequently developed homosexual fantasies or relationships. One of these women identified with the mother to the extent of sexually abusing her younger sister in an even more brutal way than her mother, who was abusing both daughters, had done. Victims of heterosexual incest may resort to homosexuality as a way out of the anxiety and the sexual dysfunction that heterosexual contact would precipitate.

Maltz and Holman (1987) cite a number of sexual concerns for incest survivors including low sexual arousal, social withdrawal to avoid sex, lack of orgasm, fear of sex, difficulty in setting sexual limits, aversion to specific sexual acts, flashbacks to the incest, painful intercourse and physical reactions (e.g., chills) during sex. Sexual orientation and preference was another area of concern, especially to women who had sexual relations with other women. Of the 35 incest survivors in the survey, 12 had had post-incest sexual relations with women.

Of the 12 women in our study who had sexual relations with other women, about half felt strongly that the incest had no bearing on their sexual preference. The other half felt the incest was related to their choice of same-sex Partners.

Maltz and Holman speculated that the first group of women were lesbians who happened to be incest survivors; the other group were primarily heterosexual or bisexual, but may have used homosexual partners/relationships
"as part of their healing process." One of those women said she was "looking for an equal instead of someone dominating me."

Some survivors may feel safer and more comfortable with females because their bodies lack many of the reminders of the abuse, such as a penis, semen, and body hair, and because their voices do not remind them of the low voice of the offender.

Russell (1986) also underscores the need for research to study the relationship, if any, between child sexual abuse and homosexuality—regardless of the sex of the perpetrator:

Some data outside of our survey, as well as clinical evidence, suggest that one response to the trauma of incest is to turn away from heterosexuality and to embrace a lesbian orientation and lifestyle. If such a relationship between incest and lesbianism exists, given the prevalence of homophobia in this society, this would indeed be evidence of the trauma of incest. Whether or not this outcome is viewed positively or negatively, however, is entirely a matter of opinion.

As previously stated in this literature review, mothers who incest are viewed as seriously disturbed, schizophrenic, or psychotic. For women, violating the incest taboo is linked to insanity, especially if the victim is their son.

In her 1984 book, "Father-Daughter Rape," Elizabeth Ward quotes psychiatrist R.M. Sarles: "Mother-son incest is so rare and the taboo so great that when it occurs one or both of the partners may be assumed to be severely disturbed or psychotic."

In her 1985 book, "Incest: Families in Crisis," Anna Kosof discovered in her review of psychiatric records of women who seduced their sons that, "The women were described as deeply disturbed, and living in mental institutions."
In his 1980 case history of mother-adolescent son incest, Leonard Shengold reports, "In recorded instances of mother-son incest, the mother is invariably described as psychotic," but, he adds, "this is a description and not necessarily an explanation," More research and case histories are needed:

One would need a much greater number of cases than have been published to be comfortable with the generalization (which still may be true) that the mother who seduces her adolescent son is psychotic (or at least that the incestuous mothers who come to the attention of psychiatrists are psychotic. I did not directly observe my patient's mother who was able to defy the incest barrier but not the prohibition against the impregnation of the mother by the son.

Meiselman (1978) points out that "no such dire predictions" of disturbances or psychosis are assumed in the case of father-daughter or sibling incest. Although, some researchers coax comparisons between mother and father perpetrators with kid gloves—before lowering the insanity boom.

As for the mother who is directly involved in incest, participating in sexual activity with her child, her characteristics are similar to those of the fathers we discussed. She may deeply love her son and rationalize incest as the highest expression of such love, she may consider she is providing him with sex education, she may be seclusive, shut off from the world with her son and turn to him for human contact, or she may be promiscuous and shares sex with her son along with a number of other males. Finally, she may simply be psychotic. (Justice and Justice, 1979)


People are more ready to see possible sexual implications in the questionable behavior of fathers with their daughters than of mothers with their sons. When a school-aged daughter sleeps
in the same bed as her father, an immediate question might arise concerning at least an unconscious sexual aspect to their relationship. Yet the mother who allows her boy to sleep in her bed may be though to "infantilize" him but not to be acting on unconscious incestuous impulses.

The idea of mother-son incest is generally more abhorrent (and also much more rare) than father-daughter incest. How much of this difference relates to our need to protect the concept of motherhood as an impervious relationship and how much relates to our concept of the differences in normal sexuality between men and women (with men "naturally" and "appropriately" more sexual) is not at all clear.

Some feminists believe that the latter explanation is true, the frequency of father-daughter incest indicating that it is seen as more acceptable and more consistent with masculine rights in a patriarchal society and that mother-son incest is seen as an infringement both on the son's masculinity and on patriarchal rights.

From Freud to modern sociological theory, and throughout the field of anthropology, mother-son incest, not father-daughter, is the heart of the incest taboo (Ward, 1985):

...We find that in real life the clinicians declare such mothers and sons to be psychotic, severely disturbed, and in need of hospitalization. So mother-son incest is, in actual practice, the most condemned form of incest: the real taboo in practice as well as in theory.

The real function of this taboo is to remove sons from the world of women, thereby drawing them into the only other world there is, that of men. Boys become men by being declared taboo for their mothers.

Ward quotes sociologist N. Chodorow's reerspective in "The Reproduction of Mothering," in regards to the functional role of the (maternal) incest taboo:

...given the organization of parenting, mother-son and mother-daughter incest are the major threats to the formation of new families (as well as to the male-dominant family itself) and not, equivalently, mother-son and father-daughter incest.
Father-daughter incest (rape) does not threaten the "male-dominant family"; nor does son-mother incest (rape) when the son is an adult, since he is then "male-dominant" instead of, or as well as, the father, Ward declares, "but mother-to-son or mother-to-daughter incest would threaten the existing male supremacist forms since the father would become comparatively irrelevant to the emotional fabric which determines the relationship within the family."

When we see the incest taboo as the means by which the "male-dominant family" is maintained, then Oedipal theory shifts its emphasis from the (repressed) sexual nexus between mother and son to the more pertinent connection between father and son: the reproduction of male dominance. Seen in this light, the mother's role in the Oedipal triangle is the agent who delivers the son (an embryonic man) up to the father.

In many of the cases of mother-son incest to follow, that deliverance is made in the family temple to an abdicated king.

**Mother-son incest: In the shadow of Oedipus**

One day, on coming home from school, he found himself as usual alone with his mother. She had just emerged from a bath, and had left the bathroom door open. As he approached she bent over, as if to wipe her feet with a towel. She gave him a look of invitation and again bent over, presenting another open door. He was overwhelmed with excitement and, penis erect, advanced toward her "as if in a trace." He penetrated her vagina. She had an orgasm. He was not yet capable of ejaculation, but there was a kind of orgasm. It was felt as a wonderful experience. This sequence was repeated several times over the next few weeks, always without words; and it was never mutually acknowledged.

Then, not long after the incestuous contact began, the boy achieved ejaculation after penetrating his mother. She noted it, became violently disturbed and rushed away, shrieking, "No! no! no!"

The incest was never repeated and never subsequently mentioned; it was as if it had never happened.
Leonard Shengold (1980) reported the above events in his often-cited chronicle in the International Journal of Psychoanalysis, "Some Reflections on a Case of Mother-Adolescent Son Incest." Other elements in this detailed case history of a married man and father who entered analysis in his mid-thirties for depression include the patient's description of a chronically "depressed" mother in an alternately brooding and volatile marriage to a father depicted as "a weak man in a strong man's body," who bullied his children, but passively submitted to his wife or absented himself with work out of town.

The mother often dressed her son in girl's clothes, although she said she hated girls, and was obsessed by his bowel functions, wiping him until he was old enough to go to school. The mother occasionally beat him, but after his sexual abuse (anal intercourse) at the hands of a homosexual, male babysitter, the mother eased her preoccupation with her son's bodily functions and stopped her intrusive ministrations until he was 12. Then, as he began developing secondary sex characteristics, and a precocious genitalia and masculine body appearance, she resumed her preoccupation with her son in the form of intruding in the bathroom, nocturnal visits to his bedroom, and early morning ones where he would awaken to "find himself uncovered with an erection, exhibiting to her."

In his discussion of this case, Shengold addressed the psychodynamic issues of separation anxiety, fear of impregnating the mother (and her willingness to encourage violation of the incest taboo to the point of the reality of that fear), the homosexual-bisexual issue, the teen's assumption of active responsibility (excitement, erection, ejaculation), his rage and fear toward an absentee father, and the lack of barriers to incest in the patient's family.

Another well-documented case of mother-son incest was described in the Psychoanalytic Quarterly (Margolis, 1984).
The case of John:

John was born into a white, middle-class, devoutly religious family. He was the oldest of two sons born to parents of immigrants. His development was normal, however, he was not a "cuddly" baby. Soon after the children, John's father began to drink very heavily, physically abused his wife and children before losing his job. Despite the volatile marital and family dynamics, John was exposed to a highly sexualized environment, showering with his father and bathing with his mother in addition to sleeping with his mother when the father went to work. The parents separated and divorced when John was six. The sons were placed in a religious boarding school, then parochial high school. During those high school years, John's mother would frequently undress and dress in his presence. He masturbated and fantasized about having intercourse with her.

Finally, one day he decided to be insistent (about his wishes to have intercourse) and she reluctantly succumbed. Thus began a period of regular acts of incest that persisted for three years until the date of this arrest.

John was arrested by police at his mother's request after he chased a lover of hers from the house and threatened to murder his mother if she did not have intercourse with him.

Margolis treated the teenage son with psychoanalytic psychotherapy for nine years, then saw him five years after treatment to report, "A Case of Mother-Adolescent Son Incest: a Follow-up Study."

These cases, both treated by psychoanalysis, are the two most frequently cited cases of mother-son incest in that small body of literature. Charles William Wahl's (1960) report of two cases in an article titled, "The Psychodynamics of Consummated Maternal Incest," is also laced with
psychoanalytic themes including maternal seduction, Oedipal fantasies, repressed homosexual fears, and family dynamics: marital difficulties, triangles, boundary collapse, and role reversals.

Others, capsulized below, are remarkably similar.

The case of Mrs. M (Justice and Justice, 1979):

Mrs. M. and her 15-year-old son had slept together since the father left home seven years earlier. Under the guise of "teaching (the boy) sex education," Mrs. M. masturbated her son and asked that he in turn do the same for her. She had sex relations with him a number of times, and was reported by an uncle in whom the boy confided.

The case of Gerard (Kempe, 1984):

Gerard, a 24-year-old virtuoso concert pianist was seen because of recurrent and intermittently disabling hysterical paralysis of his right hand, various psychosomatic symptoms including insomnia, anorexia, depression, phobic anxieties, etc. (Paraphrasing) The man had been sleeping with his mother (between his parents) until age 15 when the father filed for divorce and custody. A judge awarded the mother custody stating the mother had a natural closeness to her child and there was "nothing abnormal about sharing one's parents' bed." Overt sexual relations progressed from mutual genital fondling to weekly intercourse. Gerard became progressively mentally ill (exhibiting signs of schizophrenic behavior) while his mother exhibited marked paranoid behavior. He has been in a state hospital for the insane for 13 years, with a poor prognosis. His mother, in a chronic psychotic state, lives in the family home.

The case of Agnes (Groth, 1979)

Agnes, a 34-year-old, white, widowed female, had an incestuous relationship with her father between ages 5 and 19. She became sexually active with other men while in her teens, married, had two boys and a girl, but had extramarital affairs while in a volatile, unhappy marriage.
Agnes engaged in sexual relations with her two sons for a number of years, starting when they were 10 years old: "I would chase them around the house and grab them between the legs. They were scared of me. I would blow them and fuck them. Afterwards, I'd feel guilty, but then I'd do it again.

Agnes got involved with an abuse man and found her marriage intolerable. She contemplated suicide, but conspired with her lover to murder her husband and make it look like suicide: "I had to pretend grief and loss at Fred's funeral, but underneath I was rejoicing. I think some people knew it was no accident but overlooked it." The truth was discovered, later. (Groth's interview took place at a correctional institution).

During her extramarital affairs, Agnes also became involved with a woman. In reviewing the case, Groth had these comments:

Agnes's psychological evaluation revealed a woman torn between two opposing needs: dependency versus self-sufficiency. This conflict between passivity and aggressiveness, between dependency and autonomy, between weakness and strength, becomes manifest in her relationships with both men and women. The test in all relationships is sexuality: if she achieves seduction, she feels strong and in control. If she is sexually unsuccessful, she feels rejected, worthless, and lonely.

Another feature of this dilemma is Agnes's emotional experience of being caught between depression and rage. Depression is a reaction to her feelings of vulnerability, helplessness, and worthlessness, and rage is her attempt to deny her helplessness, to ward off the depression, and to retaliate against her persecutor.

Her indiscriminate sexual activity may, in part, serve to alleviate the underlying feelings of depression, to reaffirm her worth, to provide a sense of power and control, and to retaliate against and humiliate her husband.

Her sexual involvement with her two sons may constitute a recapitulation of her own incestuous victimization, and, insofar as the boys symbolize her husband, an effort to degrade and punish him through them...in spite of the severe tensions operating within her, there is no evidence of any psychotic distortions in this woman.
Patterns of mother-son incest

These cases reflect what some researchers have identified as patterns of mother-son incest. They include son-initiated and mother-initiated incest (Ward, 1985), and forms of incest that are identified by type of sexual contact (Forward, 1978).

In Forward's patterns of mother-son incest, contact can range from any or all of three categories: no sexually overt physical contact (sleeping together, bathing, dressing/undressing and other forms of exhibition) to sexual stimulation such as masturbation, and the third (and rarest) form of regular intercourse between mother and son.

The key to the trauma (in the first category) is the son's role change. If the son sleeps in his father's spot in bed, becomes his mother's social escort, and is the subject of subtle sexual flirtation, he not only moves into his father's role, but that role is confounded by sexual frustration. The fact that sexual intercourse is taboo in this relationship often conditions him to reject intercourse in any relationship, making him impotent and fearful of women.

Meiselman writes that in nearly all the reported cases where the son initiated the incest he was either schizophrenic or severely disturbed.

...It appears that mother-son incest is seldom an important causal factor in schizophrenia. In many instances, the son is schizophrenic at the time of incest and also afterward, but it seems that the son's gross personality disturbance and lack of ego controls allowed an incestuous approach to the mother to occur. In other words, the son's schizophrenia "causes" incest, not vice versa.

In each of the cases of mother-son incest, the father was excluded or absent, usually by work, death or divorce. According to Forward (1978) that makes the discussion of the family triad the lynchpin of the (dominant) father (dependent) mother (victim) child impossible to discuss in mother-son as
opposed to father-daughter incest cases. "Instead of a silent partner there is usually an absent partner.... This makes mother-son incest much more of a direct relationship between aggressor and victim than father-daughter incest is. There is no third party."

Some researchers argue that the father's absence in families where mother-son incest occurs can affect the boy's sexual identity (Justice and Justice, 1978): "Since the father is excluded in the families where mother-son incest takes place, the son suffers sexual-identity problems from never having a male role model." Meiselman (1978) counters that idea: "Mother-son incest is seldom associated with a homosexual orientation as an adult." Although she cites research on neurotic homosexuals that has stressed the link between sexually seductive maternal behavior "in producing a homosexual orientation as a defense against unconscious fears of incest." Research, she adds, does show that sons in mother-son incest, like daughters in father-daughter incest, tend to develop sexual problems as adults, but as far as the homosexual link goes, Mesielman suggests future researchers address the conflict with a question: "If covert maternal seduction produces a change in sexual orientation, why does overt maternal seduction seldom seem to have this effect?"
Chapter IV

REVIEW OF THE LITERATURE: TREATMENT ISSUES

The range of physical and emotional effects of incest on adults incested as children, and on child victims have been well documented. Major effects will be listed with references, comment by author credited, or summarized. Notations will be made if a specific symptom or reaction is primarily found in the psychodynamics and consequences of maternal incest but, as previously noted, the number of cases of incest in mother-son and mother-daughter areas are so few that conclusions in the research rarely go beyond individual cases.

The effects of sexual abuse on preschoolers (MacFarlane, 1986):

1. **Affective effects**: guilt (or shame), anxiety (manifested in relations with the opposite sex, somatic and behavioral symptoms—-including encopresis, enuresis (bedwetting), stomachaches, sleep disturbances, headaches and tics), separation anxiety, nightmares, fear, depression and anger (often directed at both parents).

2. **Behavioral symptoms**: regressive behaviors (return of thumb sucking, fear of the dark or strangers), tantrums, hostile-aggressive behavior, withdrawal into fantasy, repetition compulsion often apparent in play with toys or interactions with adults.

3. **Sexuality**: sexualized behaviors (preoccupied with sexual matters and exhibit atypical knowledge of sexual acts or body parts), confusion about sexuality and sexual orientation, seductive or sexually inhibited behaviors, excessive masturbation.
4. **Physical:** sexually transmitted disease, bruising, bleeding in genital areas, difficulty walking or sitting.

"Incest at any age appears to cause major difficulties, particularly in the distortion of development of close, trusting, and dependent relationships" (Kempe, 1984). Incest during adolescence is "especially traumatic because of the heightened awareness of the adolescent and the active involvement in identity formation and peer group standards." Incest abuse can manifest during these years--and beyond--in sexual dysfunction, conversion hysteria, promiscuity, alcohol or drug abuse, phobias, suicide attempts or psychotic behavior if not treated.

In childhood and teen years, incest victims can manifest a variety of symptoms described as indicators of "disturbed personality development" (Maisch, 1972): dissociality (lying, truancy, running away from home, stealing, forgery and prostitution) to "special neuroses" including fear of death, suffocation, anxiety dreams with hallucinatory phenomena on waking, claustrophobia, somnambulism (sleeping walking), and compulsion to talks about the incest. (Many of Maisch's "traumatic neuroses" symptoms can be found in the DSM-III classification of post-traumatic stress disorder).

Adult victims of child sexual assault or incest can manifest any of the above symptoms, but the degree of psychopathology can include "almost every known psychiatric syndrome" (Goodwin, 1982). That list includes suicidal depression, hysterical seizures, psychosis, postpartum psychosis, anxiety attacks, paranoia, and obesity or anorexia nervosa. Dissociative states, including multiple personality have also been reported in adult incest or child sexual assault survivors. Male incest survivors are also more likely than
nonabused males to have erection or ejaculation difficulties (Maltz and Holman, 1987).

Many of the cases reviewed for this paper on maternal incest offered little or no guidance on specific treatment techniques for mother-son or mother-daughter incest. Psychoanalytic approaches were used by Shengold (1980) and Margolis (1984), while Forward (1978) preferred group therapy as an effective form of treatment, often combined with individual psychotherapy. VanderMey and Neff in their 1982 article, "Adult-Child Incest: a Review of Research and Treatment," discussed the current emphasis of a variety of treatment modes used primarily in family-systems or child sexual abuse treatment programs. Henry Giaretto set up the first Child Sexual Abuse Treatment Program in Santa Clara County in 1971 with a focus on joint and group counseling sessions for the victim and perpetrator, victim and mother, perpetrator and spouse and the entire family. "The goal of the therapy sessions is to resolve anger, hostility, shame, fear and jealousy so that people can communicate and function as a family again--without incest." (VanderMey and Neff, 1982). Psychodrama, often used by Parents Anonymous, and play-therapy for nonverbal children have proven effective tools to help preschool or severely regressed children communicate feelings and "work through" the trauma. Forward (1978) also notes that Gestalt therapy, transactional analysis, behavior modification and crisis intervention techniques have proven useful in treating victim, spouse and perpetrator.

In her 1982 book, "Incest: Understanding and Treatment," Domeena C. Renshaw lists several forms and techniques of psychotherapy effective in treating adult incest survivors. It offers detailed interview techniques to
address long-term incest issues including shame, memory loss, acting out behaviors, and the link between "intellectual and emotional insight."

Renshaw discusses the timing of interventions, marital therapy, support groups, individual therapy (with a focus on therapy stages of engagement, insight, action and integration), father-daughter dyadic counseling, and common psychiatric disorders associated with incest including the frequency of schizophrenia, manic-depressive illness, pedophilia, psychosis, severe depression, acute anxiety, withdrawal reactions and conversion disorders.

The classification and diagnostic tools previously mentioned in this paper on page 19 (Renshaw's three-stage classification system) and on page 37 (Finkelhor's preconditions for sexual abuse) will not be repeated here, but Renshaw's list of internal mechanisms that may help heal the incest trauma are presented below:

1. Sharing the secret with an understanding, concerned person (relief from opening up without being rejected)

2. Cognitive evaluation of the actual events and the responsibility of each family member (gaining perspective)

3. Objective consideration of the history with feedback from a professional or respected authority regarding the possible cause-and-effect relationships (gaining further perspective)

4. Obtaining information regarding affection and sex (education about sex and feelings)

5. Learning that conflictive feelings toward the incest partner, such as love and anger or love and fear, are quite normal (further education about feelings)

6. Obtaining information regarding incest laws and practices (incest education)

7. Understanding in retrospect, with feedback from a professional or other authority, possible family dynamics leading to inappropriate sexualization of affection toward the patient (family perspective)
8. Possible forgiveness of the incest initiator, the self, and the nonprotective parent (Forgiveness means "to understand and pardon; to stop being angry with; to give up efforts to punish.")

9. Letting go of the past, that is, past regrets, remorse, blaming, guilt, envy, or upsetting fantasies.

10. Tolerating ambivalent feelings toward the incest partner and other family members.

Marital discord, broken family boundaries, isolation and highly sexualized interactions between parents and child, in addition to reversed sex roles have all been cited as precursors or warning signals to incest. Many of the researchers advocated prevention in the form of marital or family therapy, but in "The Broken Taboo," Justice and Justice offered a set of guidelines for parents to follow in the areas of communication and appropriate sexual contact with their children.

Their "nine commandments" are listed under a chapter heading dubbed "Do's and Don't's for Parents":

1. Be aware that a child has sexual feelings toward his or her parent and the parent has sexual feelings toward the child. These may express themselves at any age in a variety of ways, but they can be visibly seen during the time of the family romance when the child is approximately 3 to 6 years old and again when the child approaches adolescence.

2. Don't sleep with the child.... We are referring to a regular routine of a parent being in the same bed with a child night after night and the child developing a sensual dependency--a dependency to touch and feel the parent's body. Such a sleeping arrangement also is likely to give rise to a sexual stimulation on the part of both parent and child.

3. Don't overstimulate the child by walking around the house nude, by continuing to take showers or baths with the child, by performing sex in front of the child, or by French kissing the child.
The time for parents to let the child see them in the nude and to become aware of the adult anatomy is early, when the child is a toddler. This is also the time to start answering the child's questions about babies and sex. When children reach preschool age, many have started to develop a sense of privacy about their bodies and they are uncomfortable with nudity, either on the parent's part or their own part. Their sense of privacy should not be violated.

4. Be aware of the sexual aspects of body-contact games played by parent and child. Just as sexual tensions can be released through romping and wrestling, the same games can heighten sexual arousal when they go on too long and lead to overstimulation.

5. Don't go to the child with complaints and criticisms about one's spouse or encourage the child's fantasies of capturing mother or father for himself or herself. The son should not become mother's "little man" or "man of the house" and the daughter should not become her father's "woman" or "best girlfriend." Such role confusion and pseudomaturity on the part of the child are characteristic of incestuous families.

6. If two parents have drifted apart in terms of having sex with each other, or one has cut the other off, the answer is not to turn to a child to make up the deficit. Get to a marriage counselor or a family therapist. Masturbate more or find someone else (adult), if necessary, but don't take on a child as a sex partner.

7. Encourage the child to have whatever feelings he or she wants and to express them to the parents. Teach the child the difference between feelings and actions, between feeling angry and hitting, between feeling sexually stimulated and acting on that feeling.

8. Don't betray the child's trust. A child places trust in the parent to provide protection, approval, and affection. If a parent offers sex as the means of giving the child attention, the child will feel confused and betrayed.

9. Give the child plenty of physical affection but be aware of the line between "loving sensuality" and "abusive sexuality." As we have noted, if the parent keeps getting sexually aroused from the physical affection or the child starts having unexplained physical problems, the line has been crossed.

When the parent is loving the child for being himself or herself, and expressing that love with kisses, hugs, and touching, that is being physically affectionate. When the
parent is being physically intimate with the child to meet his or her own needs for closeness, warmth, stimulation, nurturing, love, or sex, that is being sexually abusive and exploiting the child.
Chapter V

CONCLUSIONS AND RECOMMENDATIONS

Summary

This study only peeked into the Pandora's box of maternal incest. The disturbing, turbulent psychodynamics remain shrouded in a musty, stale darkness that needs the light of research set apart from the shadow of male-perpetrated incest. In a patriarchal society that gives tacit or overt approval of sexualized contact between fathers and daughters, but fails to acknowledge the sexual power of women, that could be difficult. Reflected against a mirror of male-dominated family dynamics, supported by a muscular, patriarchal marital system, it is surprising that even a few incest researchers have glimpsed the possibility of women who incest. They are Medusas in the mythology of the incest taboo.

This study attempted to air some of the major dilemmas, conflicts and issues that confront the research into maternal incest. As several researchers pointed out, a key dilemma is defining the behaviors of incest in light of the taboos against it. An understanding of the motivations behind sexually stimulating interactions between a mother and child might be a beginning, instead of defining maternal incest by the sexual actions or reactions that occur in paternal incest. In some studies, women would be incapable of committing incest simply because they lack the genitalia to perform intercourse.

The family dynamics of incestuous relationships appear to be another factor that influences perpetrators and victims in incest cases, but to this
investigator, the role of the father in cases of mother-son and mother-daughter incest needs attention. In father-daughter incest cases, mothers are described as dependent, nonprotective or blaming. There are no corresponding adjectives for fathers in maternal incest beyond absence (usually by divorce) or abandonment.

Further study also might be useful on the gender dynamics between perpetrator and victim. Parallels between father-son and mother-daughter (homosexual) incest have been drawn, but with little color to flesh out the psychodynamics of how homosexual incest may impact a child's sexuality or how traumatic same-sex incest may be to development of gender identity, self-esteem or intrapsychic structures. The impact of homosexual incest has a particular interest to this investigator on ego functions including identity, internalization and defense mechanisms. Two papers not mentioned in this thesis, (Brooks, 1983 and Cohen, 1981), address pre-Oedipal issues (loss, guilt, abandonment, rejection and anger) and objection-relations theory on the impact of trauma on memory, drives and affects. They are included in the bibliography for the reader's reference.

More research needs to be done in understanding the intra-psychic mechanisms of mothers who sexually molest their children. Is it repetition compulsion? A carbon-paper re-enactment of previous sexual trauma? The result of unresolved Oedipal issues? An awry biological system? And are all women who incest insane? Psychotic? Schizophrenic?

The impact of mother-son incest seems to be stronger when initiated, in part, by the son, usually an adolescent son. Several researchers report schizophrenia in victims of mother-son incest, but a chicken-or-egg question remains unanswered: Is maternal incest a cause or consequence of schizophrenic
behavior in highly disturbed families? What is interesting to this investigator is the serious nature of the pathology linked to mother-son incest (psychosis and schizophrenia) and to father-daughter incest (promiscuity, lesbianism, schizophrenia). The consequences of maternal incest are equally, if not more, severe than paternal incest, but a key dynamic is missing: blaming the victim. As Mary de Young (1982) states in the dynamics of paternal incest the daughters are frequently held responsible for the incest in whole or part, "researchers have frequently concluded that the child encouraged, seduced, colluded or otherwise brought on the victimization." In maternal incest cases, the victim is sick, the mother insane and the father is absent (forgive the simplification). This investigator agrees with de Young: "Incest is victimization; it is a reflection of adult culpability; and it is never the fault of a child."

In maternal incest and paternal incest, the culpability may be anchored to an ancient responsibility: parenthood. Not to a taboo.
REFERENCES


MacFarlane, Kee and Jill Waterman, et al. (1986). *Sexual Abuse of Young Children; Evaluation and Treatment*, The Guilford Press, New York


