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TRAUMA , CONFLICT AND DEPRIVATION IN ACTUAL INCEST .

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The psychoanalytic theories about trauma, conflict and deprivation contribute to understand the pathogenesis of the mental symptoms induced by actual incest. The purpose of this communication is to review how trauma, conflict and deprivation operate to produce psychiatric disorders and how they can be worked through in analytic group psychotherapy. My data base are my observations of over sixty adults who experienced incest during childhood and received psycho- therapy from me, mostly in groups; as well as over one hundred cases about whom I was asked to do consultation or supervision. I shall include brief vignettes of patients I treated.

Two psychoanalytic theories about the etiology of neurosis seem diametrically opposed: one pointed the finger at trauma, the other at conflict. Initially Freud (Freud, and Breuer J., 1893-95) believed in the so-called "seduction theory", according to which childhood sexual trauma would universally explain neurotic symptoms. When Freud discovered that psychic reality or fantasy prevails over external reality, often distorting it in memory recollections, he formulated the conflict theory and apparently dropped completely his previous observations about seduction" (Ganzarain & Buchele, 1988, pp.104~105).When he realized that several patients had given him fantasized, inaccurate reports of childhood sexual trauma, he could no longer ascribe to those childhood experiences the cause of neuroses. Intrapsychic conflict expressed in unconscious fantasies-proved to be universal and therefore lent itself to develop a general theory about the pathogenesis of neuroses. However, Freud continued to acknowledge the real existence of childhood sexual abuse and published about it. Indeed, he only de-emphasized the pathogenic importance of such trauma, without denying its social reality." In recent decades, the confluence of the child protection and feminist movements has once again focused attention on incest. Freud's theories have often been misunderstood as if he discounted the actual occurrence of intrafamilial sexual abuse and its effects

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(i.e: Herman, J., & Hirschman, 1977, and Masson, J., 1982). Freud also formulated theories about "war neurosis"; his ideas about the psychopathology of trauma are today still relevant to understand what is now called "Post Traumatic Stress Disorder" or simply "P.T.S.D".

There are several types of incest; between siblings and father/daughter are the two most frequent. I shall comment mainly about some prototypical father/daughter cases, but the basic family and mental psychodynamics are common to all incest types. However mother/child sexual abuse has possibly some specific differences that I shall address.

It is problematic to define incest; the main difficulties are how to differentiate between "near" incest and the one "properly called so". A narrow definition restricts it to heterosexual intercourse between close blood relatives. The areas of confusion are: 1) the nature of the sexual activity practiced: does incest-require intercourse with vaginal penetration? What about homosexual intercourse? (In the U.K, it does not meet the definition of incest). And what about sexual activities without penetration, such as fondling (the most frequent), oral, anal, voyeuristic or exhibitionistic exchanges? Are those incestuous? ; 2) the type of familial relationship: is sex between adoptive, foster, step or in-law relatives also incestuous?; what about sex between cousins?; and 3) Should ensuing pregnancy be legally required to qualify as incest?(As it is in the U.K.).The problem in defining incest arises when attempting to restrict it to complete and specific requirements (like in the U.K.), running the risk of leaving without any legal intervention those other sexual activities which are also experienced as incestuous and legally accepted as such (like in the U.S.).

In the U.S. mental health professionals have to report every case of current childhood sexual abuse they know about; their regard for confidentiality is superseded by their legal obligation to report such abuse to the police to separate as soon as possible the victim from the perpetrator. The child is subsequently protected. The offender will be punished or forced into treatment. The law appears actively searching for abused children to protect them, hence a big media market of readers, listeners and viewers eager to learn more about the topic in order to shelter possible victims. In the U.S., books, magazines, newspapers, radio and T.V. programs have catered to this public anxious curiosity. Television talk-shows brought to America's living or "family" rooms interviews with victims of incest (i.e.: a former Miss America revealed details of her father/daughter abuse). Incest has become a subject openly discussed, printed, and televised. Such

overexposure has paradoxically turned counter productive by creating a suspicion that "incest is everywhere", while scientific publications have raised the percentage of incest incidence from ten to twenty per cent of U.S. women. Some mental health professionals question whether a considerable exaggeration has taken place; hence the clinicians' statements about incest are sometimes received with skepticism as if hyperbolic. One day a report appears on how an adult was released -after 5 years in jail- when their alleged victims declared) years later that they had made-up their accusations (P.B.S., McNeill-Lehrer Report on June 21st, 1993). Another day, during divorce litigation over child custody, one parent accused the other of child abuse to win her case (Mia Farrow/W. Allen case). Other publications challenge the interview or interrogation techniques, used by mental or legal personnel, to ask children about their possible sexual victimization, reminding us that children's suggestibility may easily distort the truth. Thus American society is aware of the risk of either over or under reaction to the emotionally-loaded topic of incest.

TRAUMA

To Laplanche & Pontalis, trauma is "an event in the subject's life defined by its intensity, the subject's incapacity to respond adequately to it, and by the upheaval and long-lasting effects that it brings about in the psychical organization" (1973, p.465). These authors remind us that in Greek the word trauma means 'wound', underscoring the external violence that breaks either the skin or the mental integrity of a person.

"Incest implies a very intense often repeated emotional and sexual stimuli that brings about a mental upheaval and long-lasting psychical effects. The overpowering adult breaks the bodily boundaries of the victim and crushes the limits of the partners' respective social, generational roles. The victim's bodily orifices are penetrated and/or the private parts of either partner are exposed, while the victim's erogenous zones are stimulated or the child is forced to touch the adult's genitalia. The victim's consent to engage in shared sexual activities is absent, since children do not know or fully understand what agreeing to have sex with the offender really means" (Ganzarain & Buchele, 1993, p.552). Differences in the anatomical development of the sexual organs can cause bodily harm to the victim. Incest is traumatic from the start and stays so even at its termination. At the beginning it marks also the violation of the victim's social roles and spacial boundaries. "It constitutes an act of intergenerational cannibalism, whereby the needs and the rights of the younger partner

are pushed aside by the exploitative self-centeredness of the offender" (Ganzarain, 1992, p.492). The private spaces of the victim are also often invaded in the bedroom and in the bathroom.

"Incest marks the end, the loss of childhood and of the self, also the premature beginning of a pseudo-sexual life. Secrecy, guilt and the betrayal of others complicate the family life. Attempts to tell the truth are often not even listened to. Acute emotional storms occur in the victim's life" (Ganzarain & Buchele, 1993, p.552). The child becomes "parentified", that is to say is expected to take care of the offender's emotional and sexual needs. The child is treated like the dominated possession of the abuser. The sadistic streak of the perpetrator often prevents the adolescent victim's age appropriate dating, or sometimes forces the child, literally under the gun to extremely humiliating situations such as group sex with several family members, or the sale of the victim's sexual favors.

Other traumas subsequent to incest are the many losses disrupting the victim's emotional development and the continuity of life. The victim has become father's sexual partner and he no longer functions as father any more. The family dysfunctions previously included the mother's emotional unavailability, failing to be nurturant, etc. Familial roles become confused when another relative (usually sibling or father) takes 'maternal' care of the child and later on demands sex in exchange. "Maternal incest is more than inadvertent: it is the mother's repetitive, deliberate actions, aimed at stimulating the child to satisfy herself. The child may be male or female" wrote S. Kramer (1980, p.328). E. Welldon commented that "when Kramer defines maternal incest she is actually describing a 'female perversion (Welldon, E., 1988, pp.98-99) characterized as a sexual gratification compulsively repeated, dehumanizing her child, who is reduced to being an 'extension of the maternal body, a part-object that supplements mother. Kramer explained the resistance to the concept of maternal incest as related to the split between mother, as madonna and whore" (Ibid, p.328). Welldon used those terms in the felicitous title of her book, while observing how often female incestuous offenders have difficulties 'in being taken seriously' by psychiatric/forensic agencies, or by other patients in their same therapeutic groups. In my opinion, the 'split between mother as madonna and whore' is deeply rooted in the human need to ignore and deny our own mother's sexual arousal and pleasure, since acknowledging her satisfaction fills us up with overwhelmingly violent emotions of jealousy/envy, loneliness/rage and curiosity/excitement. Hence we prefer to defend ourselves against those unbearable intense feelings, by idealizing her as a sexless madonna, beyond any animal-like savage sensuality*. But the clinical reality of

*Kitayama (1985) studied Japanese folkloric tragedies in which the central prohibition is that of looking. If such prohibition is violated, punishment is losing the gratifying object. He saw this as a mental defence against the acknowledgment of the maternal genital functions from sexual excitation to orgasm and delivery. Japanese folklore sees women as an animal suggesting a split between the good mother and the sexual mother. (Okanogi, 1968, p.104). Kitayama suggests: "that such stories depict the struggles that babies had to engage, in order to inhibit his incestuous fantasies with their mothers

maternal incest reminds us of the basic animal nature of human sexuality. Maternal incest includes using the child to suck mother's nipples to get aroused and experience orgasm, often facilitated by engaging the child in oral sex; other times, consists of fondling the child's genitals to reach the mother's pleasure. Inflicting pain or other ways of physical abuse are used as punishment to terrorize the child into 'loyal', fearful homosexual submission. Maternal incest with sons can be idealized by the victims as having been 'privileged' by mother. But the emotional scars of incest limit and complicate these men's lives.

Some incestuous mothers have hidden from sexual partners, who were their sons, the true nature of their relation, pretending not to be that man's progenitor.

Incest offenders who are not the victim's mother, also use the child as a part-object, insofar as they do not consider the child as a separate person with her/his own needs and interests; however such perpetrators are generally able to enjoy their own bodies as sources of pleasure, without requiring the excitement and pleasure of their victims, to enjoy sex. By contrast some incestuous mothers can reach orgasm only through stimulating their victims.

Often mother has not a frontline role in the incest drama, but acts instead as an 'unconscious enabler' of the interactions, facilitating the abuse or almost setting it up. Such role implies a confused mixture of omnipotent denial of the abuse, combined with being in collusion with the victimizer. For instance a F/D incest victim lived in the family house designed by her mother who was an architect; she provided an independent bedroom for father, directly communicated with a bathroom that led to his daughter's bedroom. This mother acted as a "go-between", in secret alliance with her husband; meanwhile she denied the abuse and her enabler role. No wonder the frequent complaint of incest victims that nobody believed them, and no wonder their resentment when asked questions to verify their experiences of actual incest!

Symptoms of P.T.S.D are observable in adults who experienced incest during childhood, such as flashbacks, nightmares, the avoidance of situations that recall the traumatic events, and intense suffering when undergoing experiences that resemble the trauma (hence sexual problems); memory impairment (selective repression of the initial trauma) or dissociative hysterical episodes, like fugues or the appearance of multiple personality. Many clinicians evaluate such P.T.S.D symptoms as indirect evidence of actual, real incest trauma.

Ellenson (1985, 1986) described "elementary hallucinatory experiences" he observed in incest victims who repressed their sexual abuse; those episodes always occur at night, when the patients are alone. Emma-a person I treated reported peculiar hallucination-like experiences under the above circumstances. The presence of a "monster" in her bedroom was convincingly felt by her, having no specific shape, it was perceived more as a "presence" than as an image. Emma reacted to these incidents with

intense anxiety, anger and shame. Her descriptions of the monster were received by her group mates, with a mixture of support and concern for her sanity. Emma contacted me, years after termination of her three and a half group analytic psychotherapy. She reported that under hypnosis, she had recovered memories of having on several occasions complete sexual intercourse with her father, when she was thirteen. She had experienced then the dramatic, albeit figurative loss, of her mother when her younger sibling was born and mother remained hospitalized because of complicated puerperium. Emma's father developed a manic episode while his wife was at the maternity ward. During such psychotic episode, he had repeated sexual intercourse with Emma.

Researchers on trauma describe an addiction to trauma (van der Kolk, 1989) mediated by the brain endogenous opiate system, developing a stress-induced analgesia. Moreover, resistance to pain is accompanied by a 'high' or hypomanic sense of well-being and excitement (the typical "combat high" of war veterans). "Re-exposure to stress may have the same effect as the temporary administration of exogenous opioids, bringing relief of anxiety. As a result, victims may learn to neutralize fears and pain by a series of addictive, quasi counter-phobic behaviors, including repeated exposure to situations reminiscent of the trauma. For instance, some war veterans become mercenary soldiers, some incest victims practice prostitution and others repeat their trauma becoming sexually involved with their therapists" (Ganzarain & Buchele, 1993, p.552).

Repression, disavowal, dissociation and splitting are the mental defense mechanisms to deal with trauma. Painful memories of past abuses can be totally repressed or evocated on and off. While being abused, victims of incest often deny their perceptions, dissociating their attention by either turning away into a withdrawn, dream-like state of mind, or focusing in a perceptual small detail, which is used almost as a meditation "mantra" to concentrate all the victim's attention on it, without registering what is actually happening in the sexual abuse scenario. So, dissociation may be operative from the first experiences of abuse.

CONFLICT

Moore & Fine (1990) state "intrapsychic conflict refers to struggles, among incompatible forces or structures within the mind; external(or 'social') conflict is that between the individual and aspects of the external world" (p.44: "intra-systemic conflict refers to opposition between constituents within the same structure (i.e. the Ego)"(p.45).

The clinical symptoms after incest, are based on conflicts at all these levels: intra-psychic, external and intra-systemic, but mainly on the latter. Confused identity and

unclear self-definition are very important consequences of intra-systemic conflicts suffered by incest victims. Such conflicts are between opposed split self-representations, between an accepted part and another rejected portion that represents an identification with a degraded object image, like that with the Nazi jailers experienced by the prisoners studied by E. Jacobson (1959); when they caught themselves behaving like their jailers, they experienced anxious depersonalization crises, as if claiming: "This is not me! I am not myself now!". Such opposing self-representations express conflicting identities divided along power lines: strong/weak; dominant/submissive; sadistic/masochistic and are the internalized replica of the interpersonal dynamics of abuse, an expression of a split part of the Ego identified with the aggressor. Jacobson (1971) studied depersonalization as a "disturbance in a person's relation with his own self", not limited to psychotics, but observable in normal persons after trauma (my italics, p.137).

Wilma was a father/daughter incest victim, treated in a homogenous group by Dr Buchele and I as co-therapists. Wilma caught herself flirting with a ten years younger man, wishing to seduce him as a way of overcoming her doubts about herself as woman. When Wilma realized she was attempting with this man what her father had done with her, she violently hated herself for being like her abuser. She was using this young adolescent man to bolster her self-esteem. Later on, her self-hatred increased and she became intensely depressed. Soon, during evenings, she needed to get drunk to feel better about herself, obliterating her preoccupation with this young man; afterwards she would catch herself driving drunk and recklessly. Although it was not really the case, Wilma felt she was planning to abuse a child (the man in question was the son of a woman who was Wilma's coetaneous and a friend of hers) just as Wilma's father had.

We interpreted her self-hatred, as anger at the part of herself that was like her father, and explained her suicidal fantasies as a wish to rid herself of the "abuser within herself". In response, she cried saying that she did not want to go on living. The fear of being like the hated abuser is a common concern of incest victims. Because of their identification with the aggressor, it is peculiarly combined with struggles to overcome an unbearable persecutory guilt. Wilma was playing out this drama in her psychotherapy group, striving to expiate her own guilt and be pardoned (particularly by a group mate who had a son about the age of Wilma's young man); at the same time, she implicitly asked forgiveness for her abuser, whose internal tragedy she was sharing. The group helped Wilma to forgive herself, through understanding her narcissistic needs,

her unfulfilled sexual wishes, and her need to be domineering with a person she cared for. The group members succeeded in getting Wilma to understand herself. She also put herself in her father shoes and diminished her condemnation of him. The group's love for Wilma helped her to forgive (Ganzarain & Buchele, 1988, p.49).

Other Ego's splits affecting incest victims are; the separation between their "body Ego" and their self, as well as the contradictory self-representations as either a helpless child or an omnipotent (maternal) provider. The split body-Ego may be experienced as a part of the self that "gets out-of-control", while the mind is assumed to exercise an omnipotent self-control, through denial, repression and splitting. When they experience their body "being out of control", defy and defeat their view of illusory omnipotent self-regulation, the victims anger at themselves for their sexual responses, became a problem, particularly when they have lubricated and had orgasms during incest. Often they hate their bodies for having had a normal physiological response to sexual stimulation, while they were mentally rejecting their sexual incestuous partner. Their automatic, independent physical reactions, regardless of the emotions of anger and revulsion, made them hate their own bodies" (Ibid, p.47).

Through the split between a part representing the helpless child self-image and another self-portion cast as an omnipotent (maternal) provider, the victim may re-enact the experiences of being a helpless infant, while experiencing -on the other hand- an identification with the omnipotent mother who seemed to use her power to nurture, as a way to dominate those who need her. Regressive sadomasochistic fantasies permeating early mother/infant relations, are thus replayed; such fantasies are also in the background of the relationships between abuser and victim, with rapidly changing views about who dominates who.

In incest victims, numerous Ego splits become pathogenic, contributing to the development of severe personality disorders, or to serious antagonisms between the mental and the bodily self representations (such as in sexual dysfunctions, hypochondriasis and anorexia).

The chaos in their families of origin, complicated, their contradictory split Ego identifications, creating a gigantic confusion in the victim's minds. Parental images get vaguely fused with each other, so that the father behaves maternally and mother powerfully dominates. She was unavailable but promoted that someone else replaced her as provider of her child. The offender's pseudo-maternal care of the victim, did not compensate for the maternal deprivation and was complicated by sex being solicited in exchange for the care provided. Thus, love came across mixed with sadistic attempts to impose the provider's will upon the child; the latter responded with love infiltrated by

masochistic submission and resentful humiliation. Confusion between love and hate, dominion/submission created an atmosphere of perversion as an important background of every incestuous relationship.

DEFICIT OR DEPRIVATION

Deprivation or deficit is an early trauma relative to mother's emotional unreliability. Winnicott correctly distinguished between privation and deprivation. Privation refers to the failure of the earliest stages of development, while the infant "has no means of knowing about maternal care". Deprivation refers instead "to good-enough environment experienced and lost" (Winnicott, 1963, p.78). Later he wrote: "Human beings fail and fail; and in the course of ordinary care a mother is all the time mending failures. These relative failures with immediate remedy undoubtedly add up eventually to a communication of love, of the fact that there is a human being there, who cares. Where failure is not mended, within the requisite time, then we use the term "deprivation". A deprived child is one who knowing about failure mended, comes to know about failure unmended" (1968).

Emotionally not available mothers are often suffering from more or less mental illness, sometimes schizophrenia (as Wilma's mother did) or major depression. The maternal surrogate caretaker may later on become that baby's abuser, building on that person's credentials as a rescuer. An important "narcissistic contract" was gradually elaborated between the rescuer and the prospective victim (Ganzarain, 1992, p 491). Such contract is "based on the fact that incest perpetrators treat their children as though their main purpose in life were to gratify the offender's needs. The victim tacitly agrees to supply the approval that the offender requires (almost as if returning the favors received) and the abuser's dependence on the child support satisfies the child's desperate urge to be needed. By controlling a child, the adult may feel omnipotently powerful, yet in so doing the offender simultaneously empowers the victim to exert control over him. The perpetrator strives to occupy a special position in the abused child's life, while reciprocally making the victim feel special. As a result, confusion may ensue about who is the provider and who the beneficiary. The child is parentified, expected to lovingly support the older partner (Ganzarain, 1992). The abuser is idealized as a "good" maternal surrogate, while denying both the offender's badness and the past deprivations with mother. Omnipotence promotes a shared self-deception and the incestuous partners jointly imagine a make-believe story about their "special" relationship. One partner pleases

the other by submitting to the companion's apparent power, in order to get control of the relationship. Pleasing is used to dominate the other. The provider pretends to be omnipotent in order to gratify vicariously his own denied helplessness, also via pleasing the other.

Group psychotherapy offers a delayed and partial compensation to the incest victims' maternal deprivation, through the nurturant group functions of a "good mother": providing a sense of belonging, of being valued by their peers, and of being 'sustained' and 'accepted'. (Hearst, 1981)

DISCUSSION.

The pathogenesis of incest could be discussed from multiple viewpoints. I'll review only two related issues: the denial of incest and the search for the truth, when dealing with victims.

Feminism has fought several battles against psychoanalysis: complaining that analysts have denied the existence of incest, following Freud's dismissal of the seduction theory; instead they claim incest almost as an exclusively feminine problem. Feminism has often seen psychoanalysis as another instrument of male domination and has also complained that psychiatry easily acknowledged the seriousness of the Post Traumatic Stress Disorder after military wars --- mostly staged only by males, while minimizing the importance or not recognizing even the existence of women's traumas in the 'wars between the sexes'. The feminists' protests for not being listened to or believed reminds me of the emotional relationships between incest victims and the abuse enabler who denies the existence of incest, secretly facilitating it, through colluding with the offender to sacrifice the victimized child to keep the family going. Perhaps the intense needs for unconditional credibility experienced by incest victims is, in part, a displacement or a delayed expression of their struggles to overcome the denial of the abuse enabler; their need to be believed may have become a "transference-generated production", as suggested by Gannaway (1989). If so, it could be analyzed as such after reaching advanced stages in the psychotherapy of each of these patients. By contrast, most therapists yield to the victims need to be unconditionally believed, feeling often tempted to "define the goal of therapy as a quest for the truth". Knowing the truth" is often distorted to mean discovering who is to be blamed, with an implicit hope that clarifying the issue will itself eliminate the pain of incest. However, if 'the truth' is confirmed, disappointment results when the incest trauma continues to cause its manifold effects in the patient's mind (Ganzarain & Buchele, 1988, p.105-106).

The need for unconditional credibility may re-enact the traumatic relationship between the victim and the mother, as the abuse enabler. In these context the patient may find him or herself in an ever increasing spiral of "therapist testing". If this acting out in the transference is not recognized, there may be a risk of

catalyzing increased productions of confabulatory historical material. "The manifest content of the re-enacted factual trauma experiences might be adorned, redressed by the use of unconscious fantasy to fit whatever appears to fascinate the therapist the most" (Gannaway, 1989, pp.215-6). The violent anger at the abuse-enabler is disguised by submissively pleasing the therapist (unconsciously casted in the role of that facilitator), while hiding the victim's attempt to defensively exercise control over the situation.

The enabler's collusion with the abuser is violently hated and feared by the victim as an expression of the highly persecutory "combined parental image" that children fantasize about, as discovered by Melanie Klein. In therapy, the victim takes revenge against the abuse-enabler (or combined parents) by attacking the therapist, transferentially cast in such role, by parading the horrors experienced "because of you"; the victim's own sado-masochistic fantasies make the emotional, unverified recollections ever more horror and guilt inducing, as a masochistic way to express rage, "acted in" the transference.

However, we should not scapegoat the incest abuse-enabler as the personification of denial, but recognize instead the universal need to deny. As everyone denies her or his own death, so is sadism or cruelty denied, often by projecting them to either the opposite gender, another social class or culture. Pervasive human violence and madness tend to be easily forgotten, together with most social evils. Incest is then, not only the product of a single person's or a couple's actions, but it is a systemic, social phenomena, closely related to the common foibles of human nature, a by product of the widespread sadism, resulting from the deprivation of love. Hence, attempts to solve the societal serious mental health problem of incest require a systemic approach, a focus on the broader scenario of preventive mental health, besides helping the suffering individuals. As educating the public and the health professionals has succeeded in breaking the past denial of child physical abuse, so education about incest, may slowly contribute to its diagnosis and possible prevention, while a given family may still be only at a probable risk.

To sum up, trauma and conflict are not mutually exclusive; neither one completely explains the pathogenesis of incest psychopathology. We don't have to choose one over the other, since both are intertwined as pathogenic factors. Deprivation is an earlier form of trauma, which creates a break in the continuity of an infant's development, becoming a significant loss. Attempts to compensate for such maternal deprivation may lead to repeat the trauma as the incestuous relationships abundantly illustrate.

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