THE EXPERIENCE OF MOTHER-DAUGHTER INCEST

by

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Abstract

A qualitative phenomenological paradigm was utilized to explore the phenomenon of mother-daughter incest. Four mother-daughter incest survivors were recruited from Vancouver for this study. During individual, in-depth personal interviews, which were audio-taped, the women described their experience of their relationship with their mother, past and present. Eight common themes were extrapolated from the data using the seven-step model of data analysis as proposed by Colaizzi (1978). The women reported that they experienced their mothers as controlling, emotionally needy and unstable. They experienced profound betrayal, shame and self-blame, boundary violations, impaired sexual development, problems in identification with mother and differentiation from her, and difficulty coping. The results of the study indicated that the women perceived their mother's sexual victimization of them as having profound negative effects on their relationships with self and others.
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DEDICATION

Lovingly dedicated to my mother, Evelyn Edith Ogilvie, who continues to meet my image of the ideal mother;

and

my twin sister and lifelong friend, Brenda Lee Flanders, whose love, support, and encouragement I feel every day we're apart;

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Chapter One
Introduction

Statement of the Problem

Sexual abuse has emerged as the major form of child abuse today (Finkelhor, 1979). The subject of child sexual abuse has received considerable attention over the years and has exploded into public awareness (Sgroi, 1982). Because males perpetrate sexual abuse in far greater numbers than females, the majority of the sexual abuse literature has focused on father-daughter incest or solely on male-perpetrated abuse (Bass & Davis, 1988). Little attention has been given to sexual abuse of children by females. Female pedophilia has been reported in the literature as rare and female sex-offenders have rarely been studied and are poorly understood. With increasing media and professional attention to the problem of sexual abuse and to the dynamics of male victims, increases in the estimated numbers of female offenders have inadvertently been discovered (Johnson & Shrier, 1988). Still the extent of sexual abuse by females remains an issue of controversy. Just as it has been assumed until
recently that boys were rarely victims of sexual abuse, so was it assumed that very few females were perpetrators. According to Banning (1989) and Groth (1982), the true incidence of female sex offenders has been underestimated due to our disbelief that this can occur. Johnson and Shrier (1987) suggest that sexual abuse by females may be far from an uncommon experience.

Incest is believed to be far more common than anyone has documented (Gupta & Cox, 1988; Justice & Justice, 1979; Kilgore, 1988) and may be increasing as a result of familial changes taking place today (Banning, 1989). Until recently, mother-child incest was considered to be virtually non-existent (McCarthy, 1986). Society tends to respond to sexual abuse by mothers with extreme discomfort, shock and disbelief. Women, in particular mothers, are not viewed as sexual but rather as gentle and passive (Bass & Davis, 1988). To confront the knowledge that a mother, the primary protector, is abusive to her child, much less sexually abusive, is to profoundly challenge our cultural images of motherhood (Kasl, 1989).

New research and clinical evidence indicates
however that mothers, in larger numbers than had previously been indicated, may be accomplices to, or co-offenders in, father-child incest or may be sole perpetrators with children of either sex (McCarthy, 1986). McCarthy (1986) explored the characteristics of 26 mother-child incest offenders identified by the Dallas Incest Treatment Program. Five mothers in the study were accomplices to the abuse; nine mothers were co-offenders with a male perpetrator; twelve mothers were independent offenders. Eleven of the mother offenders chose female victims; eight mothers chose male victims while two mothers abused both male and female children.

According to Courtois (1988), recent research suggests that mother-daughter incest is not rare but only underestimated and underreported, because its occurrence involves the breaking of two taboos, incest and homosexuality. Kathy Evert, cited in Vanderbilt (1992), utilized 450 questions to survey 93 women and 9 men who had been sexually abused in childhood by their mother. Evert determined that 80% of the women and men had kept their abuse experience the most hidden aspect of their lives. Only 3% of the women and none of the
men told anyone about the abuse during their childhood.

Definitions

Defining child sexual abuse has been problematic. Definitions vary from study to study, from the very general to the very specific. Differences exist in the criteria utilized in defining what constitutes abuse and in the age classifications that are used.

For the purpose of this study, child sexual abuse will be defined as:

a sexual act imposed on a child who lacks emotional maturational and cognitive development. The ability to lure a child into a sexual relationship is based upon the all-powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's age, dependency and subordinate position. Authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance (Sgroi, 1982, p. 9).

Child sexual abuse may take the form of suggestive sexual comments, child pornography, exposure, fondling, masturbation, vaginal intercourse, oral and/or anal sex. "When child sexual abuse occurs between blood relatives, it is called incest" (McEvoy, 1990). Swink and Leveille (1986) define incest as "any sexual experience between people in a family or caretaking relationship which implies that one person has
authority and power over another, and takes advantage of that position to use or degrade the victim sexually" (p.120). This definition, because of its inclusiveness in that it encompasses several categories of partners (including mothers) and a wide range of behaviours (alone or in combination), is useful therapeutically and has particular relevance to this study.

Incidence and Prevalence

Much confusion exists in the literature on the prevalence of child sexual abuse (O'Hagan, 1989; Finkelhor, 1986). Researchers report varying prevalence rates in their studies of victims who were sexually abused before the age of 18. Dozens of unrelated attempts have been made to establish the prevalence of child sexual abuse in the general population. Startling and contradictory statistics abound. Though estimates of incidence vary significantly, data indicate a widely prevalent problem. It has been estimated that once every two minutes, a child in the United States is sexually abused (Flanagan & Walters, 1987). The Badgley report (1984), which cited the findings of the National Population Survey completed in 1983 by 2008 Canadians
over the age of 18 from 210 communities across Canada, reported that about one in every two females and one in every three males had been victims of unwanted sexual acts. About four in five of these incidents first happened to these persons when they were children or youths.

Estimates of child sexual abuse range from 1 in 10 to over half of all females (Alter-Reid, Gibbs, Lashenmeyer, Sigal & Massoth, 1986; Brunngraber, 1986; Kersher & McShane, 1984; McEvoy, 1990; Russell, 1983; Wyatt, 1985). Russell (1983) questioned a random sample of 930 San Francisco women and found that 38% had been sexually abused before age 18. Eighty-nine percent of these women had been sexually abused by relatives or family acquaintances (Vanderbilt, 1992). The estimated risk of being a victim of child sexual abuse is 1 in every 6-10 for boys (England & Thompson, 1988; Herman, Russell & Trochi, 1986; McEvoy, 1990). Data from the American Humane Association (Russell, 1984) suggests an increase in the number of reported cases of child sexual abuse over a 6 year period between 1976 and 1982 from 1,975 to 22,918 cases. Estimates in the literature range from 100,000-500,000
youths who are sexually abused each year (Russell, 1984).

The best estimates of female-perpetrated child sexual abuse based on a variety of surveys of the general population (Blanchard, 1987; Finkelhor, 1979; Finkelhor, Hotaling, Lewis & Smith, 1990; O'Hagan, 1989; Russell, 1984), put the percentage of sexual contacts by females to be 20% (14-27% range) for male children and approximately 5% (0-10% range) for female children. Since females generally have more socially prescribed and physically intimate contact with children, sexual acts by females might go unnoticed. Although females sometimes abuse in overtly sexual ways, their abuse is typically more subtle, often masked in cuddling and daily caretaking (Russell, 1984; Groth, 1982). The violation is often fuzzier, but its consequences may be no less devastating (Bass & Davis, 1988).

Despite the increase of research on what was once a taboo subject, information still tends to be limited to specific areas of child sexual abuse, notably intrafamilial sexual abuse and sexual abuse of females by male perpetrators (opposite-sexed abuse). There is
little information on the prevalence and consequences of same sex (male-male or female-female) abuse (Mitchell, 1987; Bass & Davis, 1988; Courtois, 1988). Incidence data for mother-daughter incest are virtually non-existent in the literature. Given the confusion that exists in the literature in the area of prevalence rates of child abuse, and the fact that little is known about mother-daughter incest, research in this area may help to provide more accurate information about the victim's experience of her relationship with her mother, past and present.

**Impact of Child Sexual Abuse**

The vast majority of literature in the last 15 years indicates that incest can frequently be damaging and has both short-term and long-term effects (Faria & Belohlavek, 1984). The immediate reaction of the incest victim is usually a negative one involving responses such as depression, anxiety, acting-out behaviour and serious personality disturbances (Faria & Belohlavek, 1984). Additional long-term problems including guilt, difficulty in interpersonal relationships, orgasmic dysfunction, confusion about sexual preference, self-destructive behaviour, feelings
of isolation and stigma, poor self-esteem, a tendency toward revictimization, and substance abuse, have been cited in the literature (Browne & Finkelhor, 1986; Courtois, 1988; Courtois & Watts, 1982; Faria & Belohlavek, 1984; Herman, 1981; Herman & Schatzaw, 1984; Meiselman, 1978).

Gelinas (1983) suggests that it is often the secondary elaborations or untreated effects of sexual abuse that usually cause adults to seek treatment. The most common of these include chronic and atypical depression, eating disorders, alcohol and drug abuse, anxiety, guilt, dissociative disorders, somatization disorders, explosive disorders, low self-esteem, suicidal tendencies and prostitution (Bergart, 1986; Butler, 1978; Faria & Belohlavek, 1984). A variety of physical complaints have been noted in adult victims of child sexual abuse including nausea, dizziness, feelings of dissociation, migraine headaches, severe backaches, gastro-intestinal and gastro-urinary problems, skin disorders, inability to concentrate, lethargy and obesity (Courtois & Watts, 1982; Ellenson, 1986; Faria & Belohlavek, 1984; Meiselman, 1978).

Child sexual abuse has been found to effect the
victim's personality development and every major life sphere, either at the time of the incest or later in life (Courtois, 1988). Parent-child incest reportedly has the greatest potential for harm because it involves the betrayal of the parent's role as nurturer and protector (Courtois; Urbanic, 1987). Incest interferes with the completion of the developmental tasks associated with each life stage, beginning with the most basic task, trust versus mistrust (Courtois). With incest, there is a betrayal of trust by an adult protector, the sense of helplessness without support, the pressure from the imposed secrecy, the guilt from participation in the relationship and chronic stress from the prolonged duration of the relationship (Urbanic, 1987).

Being thrust into a sexual relationship is extremely difficult for the child (Justice & Justice, 1979). This role causes confusion and interferes with the normal developmental tasks of childhood and adolescence. It "violates the child's safety and maturation by triangulating the child into the parents' relationship and by prematurely sexualizing the child" (Courtois, 1988, p. 72). It involves the sacrifice of
the self to the satisfaction or care of the offender and it results in serious injury to the child's sense of self, often causing a fragmented identity to develop. "The sense of a normal self is lost as defenses and symptoms become integrated into the child's developing personality" (Courtois, 1988, p. 124).

There are some unique problems faced by female survivors of abuse by women (Bass & Davis, 1988). Since much of the literature has focused on father-daughter incest, female survivors who were abused by women reportedly feel even more isolated than those females who were abused by men (Bass & Davis, 1988). Children are more reluctant to report sexual offenses when the offender is a parent or someone they are dependent upon (Russell, 1984). Female victims of abuse at the hands of their mothers are likely to feel additional shame and stigma because their incest experience is "out of the ordinary" (Courtois, 1988, p. 68). As a result, they may be even more frightened and reluctant to disclose the incest than are victims of other more commonly reported types of sexual abuse. The magnitude of underreporting becomes clearer when
one considers that victims of mother-daughter incest are unlikely to report their own sexual abuse due to fear, shame or guilt when the perpetrator is a mother (Mrazek, 1981).

This study may provide insight into the manifestations and unique dynamics of this phenomenon through exploration of the experience of mother-daughter incest from the daughter's perspective. It is the investigator's bias that mother-daughter incest survivors experience extreme betrayal because their abuser was their mother; they experience stigmatization and shame which is more profound because their abuse experience is in the minority.

Object-Relations and Self-in Relation Theories

Object-relations and self-in relation theories of women's development can be applied to the evaluation of the mother-daughter dyad as well as the long-term effects of child sexual abuse, particularly in the investigation of female-female sexual abuse (Mitchell, 1987). Rubin (1983) takes the theoretical posture that for a female, the process of developing an independent sense of self presents a whole different set of obstacles than for a male. This process, which
involves crystallization of a gender identity and the maintenance of boundaries, is viewed as a different struggle for boys and girls. Where the task is to establish the boundaries of self, the identity between mother and daughter makes that more complicated for a girl. This identity fusion between mother and daughter, wherein each tends to treat the other as an extension of self, has been documented in a study of 26 mother-child incestuous relationships (McCarthy, 1986). Sixty percent of the victims in this study were daughters who were sexually abused by their mothers. Sixty-seven percent of these mothers reported that they viewed their daughters as extensions of themselves.

From an object-relations perspective, all females (or the majority) develop ego boundaries that are more permeable than a male's, and her sense of self is never as separate as his. She experiences herself always as more continuous with another. Her basic sense of self is connected to others in the world (Chodorow, 1978). According to Chodorow (1978), given the child care arrangements in North American society, where women are major caregivers, daughters develop in the context of same-sex relationships.
Self-in-relation theory, on the other hand, emphasizes that the self for women develops in the context of relationships rather than as an isolated or separated individual. It is the development of mutual empathy in the mother-daughter dyad which facilitates women's special investment and comfort in relatedness (Kerner, 1988). A nurturing figure of the same gender fortifies the young girl's sense of relatedness and connection. The emotional and cognitive connections based on shared understanding over time develop into a mutual process in which both mother and daughter become highly responsive to the feeling states of each other.

Extrapolating from Chodorow's (1978) theory of differences in male and female boundaries, one can assume that female perpetrators, whose boundaries are more fluid than males, will bring to the abuse situation their propensity for merging with another. This merging may be magnified when the child victim is a female who also has fluid ego boundaries (Mitchell, 1987). With a female perpetrator, the potential exists for the child to re-experience the merged mother-daughter relationship, or to never experience separation and distinct identity formation.
"Theoretically, in female-female sexual abuse, the potential for re-enacting the merged boundary relationship of mother-daughter, and consequently delaying or disrupting separation, clearly exists" (Mitchell, p. 49).

From an object-relations perspective, the child recognizes herself as separate from another early in the separation-individuation process only if she is provided with a safe environment in which she is encouraged to relate to people other than the mother (Mitchell, 1987). The female child uses the father to help develop a sense of separateness (Chodorow, 1987; Eichenbaum & Orbach, 1983). Mitchell (1987) notes however that in many mother-child incestuous relationships, the mother is often socially isolated and the father physically and emotionally absent. Hence, one might speculate that the child in these situations is unable to relate to others in a way which facilitates the development of a sense of separateness from her mother.

"The dynamics of an incestuous mother-daughter relationship (as opposed to extrafamilial or other types of female-female sexually abusive situations) may
result in more severe disruptions of the separation-individuation process because it more closely recaptures, or maybe is a continuation of, the early merged mother-infant relationship" (Mitchell, 1987, p.50). Disruption of this process has immediate consequences for the child's ability to differentiate between self and other. Certainly when considering the emphasis in our society on the maternal bond, abuse by mothers in particular might be expected to leave female children with a confused sense of self or a severe lack of boundaries between the child and the parent (Bass & Davis, 1988). This research will investigate, from the daughter's perspective, the extraordinary dynamics of her relationship with her mother and provide information about the consequence of such identity fusion on her life, past and present.

Purpose of this Study

It is the purpose of this research to explore the phenomenon of mother-daughter incest from the perspective of the daughter's experience. The research question being asked is: "How do females who were sexually abused by their mothers in childhood experience themselves in relation to their mothers,
past and present?" The ultimate goal of this inquiry is to explore this phenomenon to provide descriptions that will sensitize other researchers and practitioners to the nature and meaning of mother-daughter incest and to perhaps serve as the foundation for the development of theory in the area (Giorgi, 1985). Sexual abuse by mothers needs to be acknowledged as a reality in the lives of some children. Research in the area of mother-daughter incest may help to contradict prevalent misconceptions about incest as well as decrease social and personal denial of such abuse. More accurate information about mother-daughter incest, its manifestations and unique dynamics may enable the practitioner to better plan and focus treatment so that the needs of survivors of mother-daughter incest may be better met.
Chapter Two

Review of the Literature

In reviewing the relevant literature in the area of mother-daughter incest, four areas of study will be highlighted: the mother-daughter dyad, theoretical perspectives on abuse, reports of mother-daughter incest in the literature, and effects of incest. An exploration of the uniqueness of the mother-daughter relationship may provide a context in which the impact of mother-daughter incest can be better understood. Object-relations and self-in-relation theories as well as theories on abuse are examined since they provide insight into the etiology, and immediate and long-term effects of mother-daughter incest. In examining theories of abuse, it becomes important to understand the influence of the family on the daughter's development, as well as the dynamics of families where incest occurs.

The literature is replete with information in the area of immediate and long-term effects of sexual abuse and incest. The bulk of this information however has grown from studies limited to the area of male-
perpetrated sexual abuse. A dearth of information is available on the effects of female-perpetrated sexual abuse. Little is known about female offenders. Reports of mother-daughter incest are sparse. The limited available research in this area will be reviewed.

The Mother-Daughter Dyad

Many authors have theoretically addressed the significance of the mother-child relationship (Magrab, 1979). Viorst (1987) calls the mother-child bond the essential human connection, one that teaches us how to love and without which we cannot be whole human beings.

As our first mirror of life and the world, mother functions as protector, guide and interpreter. The parent-child relationship, and more particularly the mother-child interaction, is known to be extremely important for the child's mental and emotional growth. Friday (1977) acknowledges the following specific components of mother's love: "a kind of basic security, a structure of stability, nurturing admiration (a general feeling that you are worth plenty in your right), warmth and physical affection, cuddling, holding and kissing, caring what really happens to you,
and acceptance" (p. 26). According to Friday, we get our courage, our sense of self, the ability to believe we have value even when alone, to do our work, to love others and to ourselves be lovable, from the strength of our mother's love for us when we were infants.

Friday (1977) defines a true loving mother as "one whose interest and happiness is in seeing her daughter as a person, not just a possession" (p. 69), as one so generous and loving that she will forgo some of her own pleasure and security to add to her daughter's development. Psychiatrist Mia Fredland (cited in Friday, 1977) said it well when she defined genuine mother-daughter love as a "recognition on the part of each of the separateness of the other and a respect for the other" (p. 70). Because of the inevitable modelling relationship between mother and daughter, females are not just stuck with the sense of basic trust their mothers did or didn't give them. According to Friday, "we are also stuck with the image of her as a woman, her sense of basic trust that her mother gave her" (p. 61). In other words, the lessons learned from mother in the way she loved us and the way she loved herself, stay with us for life.
Bromberg (1987) addresses the mother-daughter relationship as "a lifeline held taut between mothers and daughters which begins with the umbilical connection" (p. 8). There will always be a unique tie between mother and daughter in our society. Over time, under conditions which foster such a tie, a reciprocal process may develop in which mother and daughter become highly responsive to the feelings of each other. Both are energized to care for, and respond to the well being of the other (Jordan, 1991). Thus a young girl's identification with her mother continues throughout life. She continues to identify with her caregiving mother, thereby maintaining the mother-daughter relationship while establishing her identity.

According to Friday (1977), "what makes the mother-daughter relationship so poignant is its bewildering reciprocity. What one person does, feels, inevitably affects the other" (p. 83). According to Magrab (1979), as women, we carry our mothers with us in every breath, in every decision, in every success and in every failure. "There is no escaping that often tender, but many times painful, bond that holds us captive to our death" (p. 113). The daughter's sense
of self as unique is entwined with a sense of mother. "There is a shared social role, a shared prescription for life, and a shared psychology" (Eichenbaum & Orbach, 1983, p. 54). Many women never feel free of their mothers. They are separate people but experience their mother as being inside, judging, tempting and disappointing. LaSorda and Fodor (1990) identify the mother-daughter relationship as "complex, unique, and emotionally charged" (p. 593). While it has been described as one of the strongest bonds throughout life, it has also been described as more ambivalent and ambiguous than other parent-child dyads (Fischer, 1986).

According to Bromberg (1987), the developmental achievements of mother and daughter are attained through the mother's ability to anticipate and respond to the child's reaching out for growth. Bromberg conceptualizes that these interchanges go on throughout life forming a complex pattern of mutuality. Each developmental stage requires of them the ability to lose their ties and maintain their connections.

Like Bromberg, Williams (1987) describes the mutuality of the mother-daughter relationship but she
further categorizes this life cycle into three stages: symbiosis, separation, and individuation. The mother is the first love object and the most important attachment she will ever make, according to Williams. Yet the mutuality of the relationship, with its intense needs flowing in both directions, must give way to separateness as the daughter struggles to establish herself as her own person. Magrab (1979) acknowledges this struggle for independence as an "eternal conflict" (p. 113) of this symbiotic bond and the will toward oneness.

Flax (1978) agrees that the most important tasks of the first three years of human life are, first, establishing a close relationship with a caretaker (usually mother) and second, moving from that relationship through the process of separation and individuation. She defines separation as "establishing a firm sense of differentiation from the mother, of possessing one's own physical and mental boundaries" (p. 172). Individuation is defined by Flax as "the development of a range of characteristics, skills, and personality traits which are uniquely one's own" (p. 172). She conceptualizes separation and individuation
as two "tracks" of development which are not identical but can reinforce or impede each other.

During the first six or seven months of life, the infant behaves and functions symbiotically with his/her mother as though the child and his/her mother were an omnipotent system—a dual unity within one boundary (Flax, 1978). This symbiotic bond, according to Flax, provides "grounding, the sense of ontological security, on which the infant can rely as it moves out of the symbiotic orbit into differentiation and exploration of the outside world" (p. 173).

Ideally, the mother should be able to enjoy the sensual and emotional closeness without losing her own sense of separateness. Flax (1978) postulates, however, that this appears more difficult for the mother of a girl to achieve, since mothers of girl children do not seem to have a clear sense of physical boundaries between themselves and their daughters. Because women tend to identify more strongly with their daughters (than their sons), more internal conflict is likely to be stimulated by their role as mother, and memories of unresolved wishes from their own infancy are more likely to be evoked (Flax, 1978).
If the symbiotic experience has not been adequate, the process of separation and individuation that follows is also more difficult for the female infant, since she lacks the firm base from which to differentiate (Flax, 1978). Furthermore since she is expected to be like her mother as a person and in terms of her adult roles, there is less need for her to differentiate. According to Friday (1977), what makes symbiosis hard to break through is that it is so highly endorsed by society. She calls it a "sticky, gooey closeness between mother and daughter that is seen as some idyllic, wonderful thing" (p. 387). But according to Koch and Jarvis (1987), the mother in the symbiotic mother-daughter relationship is unable to negotiate an appropriate middle ground between dependency and isolation. The relationship continually swings from one pole of the continuum to the other, never achieving a healthy balanced position of appropriate interdependence.

Differentiation overlaps with the "practicing phase" from 10 months to 18 months wherein the child is developing pleasure in its own locomotor skills and a rudimentary autonomous ego (Flax, 1978). "If the
mother is ambivalent about giving up the symbiotic phase or if she is parasitic, that is reliving her own infancy through the child, then the child will find it more difficult to take pleasure in his/her own developing capacities" (p. 176). For reasons previously cited this is more likely to be true for the female child.

Flax (1978) calls the third phase of separation-individuation the "rapprochement" phase, which occurs from approximately 15 to 24 months of age. This stage, according to Flax, is marked above all by ambivalence. The mother and daughter are persistently enmeshed in the ambivalent aspects of the relationship. Friday (1977) posits that ambivalence characterizes the mother-daughter relationship more than any other relationship in human life. The child wants to return to the symbiotic state yet fears being reengulfed by it. Fear of losing the love of the mother becomes increasingly evident. Girls seem to be more engrossed with mother in her presence and they demand a greater closeness. On the other hand, the mother's own ambivalence about her adult role may be reexperienced intensely during this period.
There is a cultural bias against mothers who keep their sons tied to them. But what if the child is a girl? Friday (1977) claims that mothers give their daughters less latitude, less chance for growth; they ride like steamrollers over their daughters' individuality. She stresses that the reason so many women do not let go of their daughters is that they have little else in their lives, nothing of their own. Or else they have been so frustrated in their relationships with their own mothers that they try to make up for it through symbiosis with their daughters. Many girls have mothers who are trying to fill up the empty hole inside left by their own cold, distant or absent mother. These mothers may want to merge with their daughters since they never could with their own mothers. They may want their daughters to be the other half of them, the warm extension they longed for. From this perspective, they can't let their daughters go because they are not through with them; they still need them (Gilbert & Webster, 1982). These mothers may insist that their daughters tell them everything about their lives and their friends. Hence, the daughter in this case may have no private corner for her thoughts.
or activities.

Stiver (1991) emphasizes that mothers often feel the need to continue their role as mothers since it has been an integral part of their female identity. Through maintaining attachments with their daughters, mothers may fulfill their needs for interpersonal connectedness. Stiver postulates, however, that the more positive aspects of the mother-daughter bond are countered by the mother's tendency to project feelings of inadequacy onto the daughter. While this may give the mother more license to hold on to the daughter and to mother her, it contributes to the ambivalent aspects of their interrelations. Mothers can become gratified, yet fearful, as they witness their daughters move forward in a positive and competent manner (Friday, 1977).

LaSorsa and Fodor (1990) describe adolescence as the most difficult period for the mother-daughter dyad. "Separation and self-definition, two main tasks of adolescence, produce tremendous anxiety for both mothers and daughters" (p. 594). Both the adolescent daughter and the midlife mother face the challenges of separation, autonomy, and loss as well as the need for
a new definition of self (LaSorsa & Fodor, 1990).
Magrab (1979) also acknowledges adolescence as a period when daughters strive to free themselves from the old bonds of childhood. Nonetheless, despite a daughter's rebellion against her mother, she often still considers her mother as the person to whom she feels closest. The strong mother-daughter bond that has developed from a very young age and has continued over the years makes separation a painful and arduous task for both members (LaSorsa & Fodor). Similarly, Fischer (1986) characterized the mother-daughter relationship as a process of "holding on and letting go," of maintaining an ongoing attachment as they begin to separate.
According to Magrab, adolescent daughters develop strong needs for privacy and as a result often make others their confidante. Some mothers may find this separation extremely painful, and may not understand their daughter's need to establish a separate space for themselves. They may possess their children out of loneliness, fear of failure, and need of confirmation of womanliness not found in the male world. They may bind their daughters to them more closely than their mothers held them (Friday, 1977).
Chodorow (1978) provides an often-cited framework for examining the mother-daughter dyad, a framework based on traditional psychoanalytic and social thought (Boyd, 1989). Chodorow (1974, 1978) speculates, drawing on object relations theory, that societal values which encourage and support the early attachment of mother and daughter as well as the nature of the identification with the maternal figure, allow for self-other boundary flexibility in girls. As Flax (1981) has pointed out, there is less social pressure on daughters to differentiate from their mothers than on sons to differentiate from their fathers. Boys, in contrast, are socially supported to curtail the primary identification with mother, forcing them to establish less flexible self-other differentiation (Jordan, 1991).

Chodorow (1978) emphasizes that the mother-daughter relationship fails to foster separation-individuation, and often leads to a daughter's perception of overwhelming enmeshment. LaSorsa and Fodor (1990) also warn that with loose boundaries and a less separate sense of self, mothers and daughters may grapple with the development of separate identities.
Similarly, Fischer (1983) maintains that because mothers and daughters identify with each other and because their individual boundaries are not always clear, daughters struggle all their lives to separate from their mothers. Among consequences of the mutual and intense identification of mothers and their daughters, Boyd (1985) has noted periods of conflict and ambivalence over separation and individuation. Conflict often arises between a daughter's sense of a separate "I" and her perception of a collective "we" (Lerner, 1985). Flax (1978) notes that women in therapy frequently report that they have no sense of where they end and their mothers begin. They define themselves in relation to the other.

Eichenbaum and Orbach (1983) in contrast, focus on mothers' identification with their daughters. They point out three major activities that shape the mother-daughter relationship. First, the mother identifies with the daughter because of their shared gender (the mother has reproduced herself). Second, the mother projects feelings she has about herself, possibly failing to differentiate herself from her daughter. "She may see her daughter not as another person but as
an extension of herself. This may reawaken in the mother the part of her that feels needy and wants to be nurtured, responded to and encouraged" (Eichenbaum & Orbach, 1883, p. 41). Thirdly, Eichenbaum and Orbach distinguish the repressed little girl inside mother as a shaper of the mother-daughter relationship. Mother becomes alarmed by her daughter's free expression of her needs. Unconsciously the mother acts towards her daughter in the same way she acts internally toward the little girl part of herself. Thus, the daughter becomes an external representation of that part of herself she has come to deny and dislike. The complex emotions from her own childhood deprivation and adult life may be directed inward in the struggle to negate the little girl part of herself, and outward onto her daughter. Similarly, Hammer (1976) suggests that a mother, through her daughter, lives both her own childhood and her own mother's identity. By identifying with her daughter, she becomes both her own mother and her own child.

In summary, object relations theories on the mother-daughter relationship show an interest in identity formation as it pertains to issues of
mothering, association and separation. Like Chodorow, Rubin (1983) claimed that because of their same gender, the boundaries between mother and daughter are less clearly defined than for mothers and sons. In contrast, the boundaries between mothers and sons are more clearly delineated and as a result, less effort is required for little boys to establish their identity. The more contemporary object relations theorists emphasize that for adolescent girls, the process of separation and individuation is made complex by the longer and more intense identification between mother and daughter in the daughter's early years (LaSorsa & Fodor, 1990; Chodorow, 1978). Greater effort is required of adolescent girls to achieve autonomy and a separate sense of self. Conflicts over the need to separate are thought to arise from a perceived lack of psychological distance within the dyad (Boyd, 1989).

theory and a search for principles of self development not based on a male model. This more recent perspective emphasizes attachment and connection, rather than separation, as the basis for female development. Jordan and Surrey (1986) refer to "relationship-differentiation," rather than "separation-individuation," and view differentiation as a dynamic process of growth within the relationship. The central thesis of the self-in-relation model is that "women organize their sense of identity, find existential meaning, achieve a sense of coherence and continuity, and are motivated in the context of a relationship" (Kerner, 1988, p. 102).

Self-in-relation theory stresses that women's reality is different from men's, and that for women the primary experience of self is relational, that is, the self unfolds in the context of important relationships (Boyd, 1989; Gilligan, 1982; Miller, 1976). It involves an important shift in emphasis from separation to relationship as the basis for development. Other aspects of self development, for example, creativity, autonomy and assertion, emerge in the context of relationship. There is no engrained need to disconnect
or to sacrifice relationship for self development (Surrey, 1991).

Jordan (1991) claims that the nature of the mother-daughter identification, and the formation of flexible self-boundaries, intensify empathic sensitivity in females. Surrey (1991) identifies this open relationship between mother and daughter as the beginning stage for the development of self-in-relation wherein the mutual sharing process fosters a sense of mutual understanding and connection. Both the mother and daughter become mobilized to care for and attend to the well-being and development of the other. According to Surrey, this is the "motivational dynamic of mutual empowerment" (p. 60) which leaves both mother and daughter feeling effective and motivated to respond to the other. Surrey emphasizes a two-way interactional model, where it becomes as important to understand as to be understood, to empower as well as to be empowered. The direction of growth according to this model is "not toward greater degrees of autonomy or individuation and the breaking of early emotional ties, but toward a process of growth within relationship where both are encouraged and challenged to maintain
connection and to foster, adapt to, and change the
growth of the other" (p.60).

Like Surrey (1991) and Jordan (1991), Kaplan,
Gleason, and Klein (1991) stress that the dynamic of
the early mother-child relationship initiates the
development of the core relational self for women and
this dynamic is characterized by a finely tuned
affective sensitivity and responsiveness of the mother
to the daughter and vice versa. Hence, the child
identifies not with a static image of mother but with
an image of her as an active caretaker. "Identity is
based on positive identification; connectedness is
based on open, physical, and emotional sharing plus the
early mutuality of caring that is found in healthy
mother-daughter interaction" (Surrey, 1991, p. 246).

In summary, Miller (1976), Gilligan (1982),
Surrey (1991), Jordan (1991), Stiver (1991), and Kaplan
(1991) argue that while existing theories posit some
form of autonomy or separation as the developmental
path, women's core self-structure, or their primary
motivational thrust, concerns growth within
relationship, or what they call "self-in-relation." By
relation, they mean much more than is indicated in
object relations theory. In contrast, the emphasis is on the key aspects of attaining a capacity to be attuned to the affect of others, understanding and being understood by another, and thus participating in the development of others. Being in relationship, empathically sharing with another and maintaining the well-being of relationships function as important motivation for action, and sources for self-esteem and self-affirmation (Kaplan, Gleason, & Klein, 1991). "It is the flow of empathic communication and mutual attentiveness from one to the other that not only permits the child to feel cared for but begins to develop in the child a sense of herself as a caring being, as one who derives strength and competence from her own relational capacities (p. 217).

Miller (1988) investigates what she calls "a sense of disconnection" which occurs when a child or adult is prevented from participating in mutually enhancing relationships. These disconnections occur when the child or adult is grossly abused or when the surrounding relational context is insensitive to the child or adult's expression of her experience. According to Miller, if the child can take action
within the relationship to represent her experience when there is a threat of disconnection, and if others in the relationship respond in a reconnecting way, then the child may encounter growth. If she experiences responsiveness and acceptance of her distress, she may be able to turn the interaction around. Hence, she may feel an increase in her ability to influence a relationship and to build empowering connections.

According to Miller, disconnections can lead to serious consequences if they persist over time without a change in direction. The most terrifying and destructive feeling that a person can experience when he/she feels disconnected, is isolation, defined by Miller as "feeling locked out of the possibility of human connection" (p. 7). This feeling of acute loneliness is usually accompanied by feelings of self-blame, helplessness and powerlessness.

Miller emphasizes the "dynamics of disconnection" in that the adults who bring about serious disconnections and violations of the child, have the most difficulty engaging in growth enhancing relationships because they struggle with allowing the child to ventilate her/his reactions to their actions.
"Whenever one person or group has more power than the other(s) in a relationship, the danger of harm increases; the less powerful person has much greater difficulty altering the course of the interaction" (p.8).

Miller's premise is that when children feel the threat of condemned isolation, they attempt an alliance with those closest to them in any possible way. So that she may be allowed access to relationships with those available people, the child may try to alter her internal image of herself and others. She may construct restricted and distorted images of possibilities of relationships between herself and others. "Since her feelings, thoughts and actions are not originating from her perceptions and desires, nor connecting with her experience, they cannot build her image of herself as worthy" (Miller, 1988, p.9). Thus, she is constricted to act within connections, to know her own experience and to construct a sense of worthiness.

In terms of the mother, her ability to nurture and rear her daughter with warmth, caring, and guidance serves as the criterion for the adaptation to
motherhood. The most disturbed expression of maladaptivity of any mothering role is child abuse and neglect (Magrab, 1979). Miller agrees that the most extreme disconnection and violation occurs when a young girl is sexually abused. Not only has she been violated physically and psychologically, she usually has been unable to voice the truth of her experience within the context of her immediate relationship and on a larger scale. "Because this violence occurs when one person in a relationship has greater power in society, it represents the most severe form of psychological violation and disconnection" (p. 10).

Theoretical Perspectives on Abuse

Some researchers have proposed theoretical perspectives on child abuse. Although not empirically based, these perspectives can be uniquely applied to the area of mother-daughter incest. Rheingold (1964) addresses early homosexual ties between mother and daughter as normal. According to Rheingold, subtle seduction of the daughter allows the mother the opportunity to express her homosexual feelings without fear of detection. Flax (1978) recognizes that although women may be extremely affectionate physically with their
daughters, they may be unconsciously conflicted about this closeness. As Stoller (1973) stresses, in a homophobic society such as ours, incestuous wishes toward daughters are far more forbidden and shameful than toward sons. Similarly, Magrab (1979) addresses the fact that overt mother-daughter incest is even more of a moral taboo than other types of family incest. Driver and Droisen (1989) discuss that as a society, we are operating a double standard. They stress that we take it for granted that men abuse, and yet we refuse to accept that women sexually abuse as well. "Women rarely sexually abuse children, and yet in the few cases that have come to light, public outrage against female perpetrators reflects society's contradictory expectations of women" (p. 9).

Steele and Pollack (1968) describe role reversal in the mother who herself had unsatisfactory mothering. The mother looks for love and mothering from the young child who cannot meet these expectations, thus engendering rage in the mother. The mother's earlier losses from her own childhood may be reawakened. Since mothering is a typically female role, female infants, according to Steele and Pollack, may have greater
expectations placed on them in terms of meeting the nurturance needs of their mothers.

Similarly, Lloyd (1987) addresses the strong element of role reversal in mother-daughter incestuous relationships. The mother may have extreme needs for attention and affection and may rely on her daughter for emotional support. Mayer (1983) also recognizes that by a mother turning to her daughter for emotional nurturance, the effect may be a total role-reversal in their relationship.

Gilbert and Webster (1982) address "the trap of daughterhood" (p. 82) which has definite implications for the notion of parental sexual abuse of daughters. They define the family as a sovereign nation, which requires of all its members, but especially its daughters, an oath of fidelity that predicates and idealizes everything that transpires within its borders. The daughter is expected to join the parents in promoting the rules that maintain family unity. According to Gilbert and Webster, in order for her to escape exile and being thrust out of the emotional familiarity of the family, the daughter has little choice but to take the oath and accept the consequences
of hierarchy and inequality built into daily life. Parents are entrusted with the responsibility of protecting their children from the dangers of their physically and socially powerless position. Children are expected to comply with the adults who supposedly act in their interest. From this perspective, bound by love and duty, gratitude and fear, the daughter can only hope that her parents comprehend and respect the boundaries of childhood and that they act with constraint, tempering their absolute power with mercy and love (Gilbert & Webster, 1982).

According to Magrab (1979), "there are no ideal mothers, nor are there ideal daughters" (p. 124). Yet even as grown women, many females are looking for, still tied to the illusion of the all-loving, good mother (Friday, 1977). Children have to conceive of their parents as perfect simply because they are so dependent on them. Stronger than the desire for cessation of abuse, stronger than life itself, the daughter wants to maintain the illusion that she had a good mother (Friday). In essence, she becomes her mother's protector in order to protect herself. She may even give up her resentment that her mother wasn't
ideal so that it will enhance her life.

Friday (1977), in contrast to Gilbert and Webster, speaks of the "tyranny of the notion of the maternal instinct" (p. 35), or in other words, of the myth that all mothers love their babies. According to Friday, motherhood is idealized beyond human capacity. "A dangerous gap is set up wherein mother feels the mixture of love and hate, affection and anger she has for her child but she cannot afford to know it" (p.35). Mothers may feel there is something wrong with them if they don't respond to their newborn. They may feel guilty and depressed when they don't love their babies at first. Yet, society does not allow mothers to verbalize negative emotions about motherhood, so they may be left feeling unsure of themselves. They may feel that they have something to hide, that they are unnatural or bad mothers. Feeling trapped and alone, they may victimize their own children.

In summary, in cases of parental-incest, there is some form of "family dysfunction where unspoken expectations are met with frustration and immature needs sabotage marital and parental relationships" (Lloyd, 1987, p. 45). The term "symbiotic" (Justice &
Justice, 1979) is used in less recent literature to describe the personalities of parents in families where incest has occurred who turn to their children to meet their nurturance needs. In families where incest occurs, family members are not self-defined. They attach themselves to one another in their struggle to be taken care of (Koch & Jarvis, 1987). Mothers who commit incest may be replicating their own experience of sexual abuse. The literature addresses common themes that may underlie incestuous behaviors including loneliness, the need for intimacy, isolation, rage, insecurity, feelings of inadequacy in carrying out role expectations, dependency and a lack of empathy.

Mother-daughter incest: Reports in the literature.

There are few references to mother-daughter incest in the literature. Very little is known about the phenomenon of mother-daughter incest. Courtois (1988) stresses that the clinician must be aware that mother-daughter incest does occur and that it may be difficult for the daughter or the perpetrator to reveal simply because of the relative rarity of the phenomenon.
According to Courtois, the mother is described in the literature as very needy and emotionally dependent and/or as disturbed and possibly psychotic or sociopathic. The daughter often is the caretaker to the needy or disturbed mother. The routine assumption has been that severe psychological disturbance or psychosis is necessary for a mother to violate societal prescriptions against incest with her child (Courtois, 1988; Renshaw, 1982). According to Mayer (1983), in mother-daughter incestuous relationships, the offender is often extremely disturbed, manifesting infantile and/or psychotic behavior. Feminist authors (Meiselman, 1978; Ward, 1985) have commented however, that no such routine assumptions are made when the perpetrator is the father. Ward (1985) coined the term "asymmetrical incest taboo" to call attention to the double standard that incest by a male/father is more normal and acceptable than similar behaviors perpetrated by a female/mother. In fact, the socially accepted physical intimacy between a mother and her child may serve to mask inappropriate sexual behaviors on the part of the mother (Banning, 1989; Gupta & Cox, 1988; Johnson & Shrier, 1987; Justice & Justice, 1979;
Researchers (Groth, 1982; McCarthy, 1986) report that when the mother co-offends with her spouse, her dependency on him is a major contributing factor, and when she independently offends, her need for nurturance and control appear prominent. She may herself have been a victim of childhood incest with her father or mother and may therefore believe that repetition of this phenomenon is acceptable; she may even be an accomplice to an incestuous relationship between her husband and her daughter (Renshaw, 1982).

Groth (1982) lists the following factors as contributors to mother-child incest: the absence of this parent during the child's early years; relatively little discrepancy between the ages of the parent and child; sexual victimization of the mother as a young girl; the loss of mother's spouse and the assuming of adult responsibilities (such as helping to support the family) on the part of the child; a history of indiscriminate or compulsive sexual activity on the part of the mother; and a history of substance abuse. Chasnoff, Burns, Schnoll, Chisum and Kyle-Spore (cited in Courtois, 1988) report similar characteristics in
three mothers who committed neonatal incest (defined as sexual abuse of newborns) that they studied: they were estranged from their sexual partners; were isolated in their living arrangement; had no ongoing sexual relationships, and thus were motivated in part by loneliness. The mothers also demonstrated some confusion regarding sexual identity and were chemically dependent.

Hyde (1986) discusses covert incest in women's lives:

Covert incest represents a point on the continuum of coercion, control, domination, and subjugation of girls and women by male offenders. When it is women who are covertly incestuous with their children, it is the natural result of their double victimization, first by the culture, and second, most having been overtly sexually abused at an earlier point in their lives (p. 74).

Hyde identifies the presence of the following psychodynamics which are indicative of, and intrinsic to, a father-daughter or mother-daughter incestuous relationship: (1) role reversal or parentification of the child, (2) generational boundary crossing, (3) betrayal of trust, and (4) secrecy or a conspiracy of silence. These indicators of incest appear to reflect the findings of Groth (1982) and Chasnoff et al.
Matthews, Mathews, and Speltz (1991) studied 16 females from May 1985 to December, 1987 who were referred to the Genesis Female Sexual Offenders Treatment Program, which is a private, nonprofit community corrections/treatment agency located in Minneapolis, Minnesota that provides services for adult females and their children. Of the victims, 28 were female (64%) and 16 were male (36%). Nine (56%) of the women abused their own daughters. Abusive behaviors ranged from kissing and fondling to oral sex and penetration. Four of the women abused their daughters over the most extensive periods of time in the sample—from 2 to 6 years. Three of these women self-reported the abuse out of feelings of guilt and shame. Four (25%) of the mothers who abused their daughters reported using drugs or alcohol during at least part of the time they were sexually abusing, and these women lived alone with their children during some, if not all, of the abuse. Four (44%) of these offenders acted alone in the abuse; the remaining five of the women who abused their daughters were initially coerced to participate with their husbands who had begun the abuse.
before the women became involved. Nine of the women described themselves as needing acceptance, attention and closeness; having unmet needs or low self-esteem; and feeling isolated. Feelings of anger, revenge, power, jealousy, and rejection were listed by seven women as reasons for their abusing. The majority reported that their children were safe targets for these displaced feelings. Four of the women believed their acts were expressions of love, either for the victim or the husband.

McCarthy (1986) examined the characteristics of 26 mother-child incest offenders identified by the Dallas Incest Treatment Program, a child protective service of the Texas Department of Human Resources, over a three year period. Mothers constituted 4% of the offender population. Five mothers were accomplices to the abuse. Nine of the mothers were co-offenders in the sexual abuse with a male partner. Four of the nine co-offenders abused only female children. Twelve mothers in the study were independent offenders. Eleven of the women abused female victims only, whose average age was 6.4 years. Eight mothers chose male victims whose average age was 9.6 years. Two mothers offended both
male and female children. Most of the 26 women in the study reported that they lacked nurturance from their family of origin and as a result rushed into marriage. Eighty-five percent were married as teenagers and 8 (31%) were 15 or younger. In the study, all of the independent offenders and 80% of the accomplices were considered to be of at least average intelligence. Fifty-six percent of the co-offenders, however, were considered borderline in intelligence. "The victims in the study suffered similarly to victims of male perpetrated abuse. When the abuse was reported early and the victim was supported and protected, the effects were reduced" (McCarthy, 1986, p.457).

Bass and Davis (1988) provide a short autobiography of a 26-year-old diplomat's daughter who describes her experience of sexual abuse by her mother from the age of 2 to 11. The victim alluded to the fact that her family was well off and kept up appearances, her mother was an alcoholic and a pill addict, and that everything in the house was shrouded in denial and secrecy to keep conflict from surfacing. She describes her difficulty with trusting people, with low self-esteem, kleptomania, suicidal behavior, alcoholism, and
difficulties with intimacy and sexuality.

When You're Ready was written by a woman, currently a therapist, who was physically and sexually abused by her mother. Evert (1987) speaks of her struggle with what she termed "the most difficult thing she's had to face in her life"—the fact that as a child she was sexually and physically abused by her mother. She describes the impact of the abuse as so devastating that not only has it affected the rest of her life, but it was "psychologically indigestible" for 40 years. She spent much of her life's energy blocking out all memories of what happened. Says Evert, "to actually begin to live with the awareness that my mother had used me for sexual purposes was the most devastating experience I've had in my life" (p.2). The reality that her mother abused her not only physically but sexually, "fell on her like a giant redwood" (p.57) and the force of it falling shook her world and everything in it. As a child, she naturally called out for the comfort of a mother, who at the same time incomprehensibly posed the gravest threat to her well-being.

Evert (1987) questions the fact that she has yet
to talk to another human being who was abused by their mother or any other female. She expresses frustration with the lack of books about female perpetrators when there is an abundance of information about father-daughter incest and other male-perpetrated abuse. Thinking of her own deep and heavily guarded repression of her experience of sexual abuse at the hands of her mother, she is frustrated at the fact that, as a society, we've reached the point where we can talk about rape, spouse abuse, and father-son incest, but still keep mother-daughter incest so buried.

Faller (1987) studied a clinical sample of 40 female perpetrators who sexually abused 63 children. The perpetrators were seen by the staff of a university interdisciplinary project on child abuse and neglect (IPCAN) between 1978 and 1987. Sixty percent of the female perpetrators victimized two or more children. More than four-fifths (32) were mothers to the victims. Twenty-two (55%) of the women sexually abused only their own children. Twenty-nine (72.5%) of the women sexually abused in polyincestuous family situations, defined by Faller as families that involve multiple sexually abusive relationships and group sex with
children of both sexes. Types of sexually abusive behavior included fondling, oral sex, digital penetration, intercourse, exploitation (allowing others to use the victim sexually), taking pornographic pictures or allowing them to be taken, group sex, making victims watch the perpetrator or others have sex, and making victims have sex with each other. In general, mothers were reported to have perpetrated fewer and less intrusive sexual acts than male offenders, but children evidenced more emotional distress in recounting instances when women sexually abused them. Faller posits that perhaps it was more threatening for the victim to admit that a mother and/or a nurturing female was an offender than to report that the offender was a man. Six (15%) of the women who sexually abused were single parents. This finding is consistent with observations of Justice and Justice (1979) and McCarthy (1986). In this study, these mothers did not have ongoing relationships with men. The oldest child was always victimized although at times other children were also abused. The oldest child served as a "surrogate partner for the mother, often having adult responsibilities" (Faller, 1987, p.
This finding is compatible with the findings of Groth (1982) who reported that the absence of the mother's spouse and the assuming of adult responsibilities on the part of the child is a contributor to mother-child incest. Three women (7.5%) were classified as psychotic perpetrators and all of them abused their daughters. The findings of this study do not support earlier clinical assertions that most female offenders are psychotic at the time of the abuse. Forty (63.5%) of the victims were female, which supports an observation made by Finkelhor and Russell (1984) that female perpetrators are more likely to sexually abuse girls than boys. The mean age of the perpetrators was 26; they were poor, and poorly educated. They evidenced marked difficulties in psychological and social functioning. About half had mental problems and more than half had chemical dependency problems. Close to three-fourths of the female perpetrators maltreated their victims in other ways in addition to the sexual abuse.

Kercher and McShane (1984) analyzed a large multi-agency sample of 1108 cases of child sexual abuse in terms of victim and perpetrator characteristics and the
circumstances under which victimization occurred. Thirty-five (3%) of the perpetrators were female. When the victim was a female child, the abuse was intrafamilial in the majority of cases regardless of the sex of the perpetrator (56.2% of the cases with male perpetrators and 60% with female perpetrators). Mothers accounted for 44% of the victimizations of female children by female perpetrators. These findings, similar to those from Finkelhor and Russell (1984) and Faller (1984), revealed that most of the victims of female offenders were also female.

Goodwin and Divasto (1979) review five previously reported cases of mother-daughter incest in the literature and add another case. They address some patterns seen in homosexual incest between females. They report that the greater toleration of physical intimacy between mothers and daughters makes recognition of incestuous acts more difficult. They describe sexual behaviors in mother-daughter incestuous relationships as varying greatly, ranging from voyeurism through kissing and fondling to mutual masturbation and penetration. They identify incestuous mothers as aggressive women who have abandoned their
maternal role for an exploitive relationship with their daughters. Contact may begin as an extension of the mother's normal nurturing and caretaking or as a gradual progression in physical closeness.

In sum, reports in the literature on mother-daughter incest describe the mother in two ways; as very deprived and/or as disturbed and possibly psychotic or sociopathic (Courtois, 1988; Renshaw, 1982; Meiselman, 1982). The daughter often takes on a caretaker role, and in cases where mothers take a more controlling, hostile or sadistic bent, she may serve as the object of her mother's intrusive, exploratory and sometimes sadistic sexual contact (Courtois, 1988). A mother may abuse her daughter as a re-enactment of her own abuse or to express hostility or self-hatred (Courtois, 1988). Whatever her motivation for abusing her daughter, the mother abandons her mothering role in favor of exploiting her daughter.

Although most intrafamilial sexual abuse is father-daughter incest, mother-daughter incest does exist. Because mother-daughter incest has been underreported and underinvestigated, confusion exists in the literature in the area of incidence of mother-
daughter incest. Few cases of women abusing their daughters have been reported in the literature, but researchers estimate that the percentage is higher than current statistics imply.

Effects of Incest

Now that there is an increased awareness of the prevalence of child sexual abuse, clinicians and researchers are paying more attention to both the short and longer term consequences to victims and their families. Any episode of sexual violation when you are a child and powerless against an adult, has the potential for leaving scars (Tower, 1988). Any type of assault leaves its victim with residual feelings, but for a variety of cultural, social, and psychological reasons sexual abuse is more likely to leave scars—often secret ones. How a victim reacts to the sexual abuse experience, and the implications of it, are based on several factors which are discussed in the sexual abuse literature (Tower, 1988; Pelletier & Handy, 1986; Courtois, 1979). These are outlined below:

1. Identity of the abuser. It is hypothesized that the closer the relationship with the abuser, the more intense the sense of betrayal and guilt may be.
2. Duration of the abuse. If the abuse transpired over several years, it will probably have a greater effect on the victim.

3. Extent of the abuse. A child who has been fondled through clothing may find the experience less traumatic and guilt provoking than if she were compelled to participate in oral, anal, or vaginal intercourse. The trauma may be intensified by physical abuse.

4. Age of the abused child. A child's age may have a bearing on how the sexual abuse experience will be viewed later in life. Feelings and tasks are mastered at specific developmental stages, such that a child's inability to complete a developmental task at a certain age, will impact greatly in the future.

5. First reactions of significant others to disclosure. The manner in which parents and other important people respond to the child's disclosure of sexual abuse will affect the child's ability to understand the experience, and integrate it.

6. When and how the child reports the abuse. If someone else other than the child reports the abuse, the power of disclosure is taken from the child. Many
survivors do not report the abuse until adulthood.

7. The victim's personality. The same scenario of abuse may create different responses in different people.

Finkelhor and Browne (1985), cited in Courtois (1988, p.121), postulated the following four trauma-causing factors as a result of analyzing the dynamics of child sexual abuse to determine factors most related to traumatization in the victim: traumatic sexualization (defined as a process in which a child's sexuality is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of the sexual abuse); betrayal (the dynamic by which children discover that someone on whom they were dependent caused them harm); powerlessness (the process in which the child's will, desires, and sense of efficacy are continually contravened); and stigmatization (the negative connotations—e.g., badness, shame, and guilt—that are communicated to the child around the experience and that then become incorporated into the child's self-image). Finkelhor and Browne (1985) emphasized that it is the conjunction of these four dynamics in the sexual abuse experience
that make the trauma of sexual abuse unique.

Current knowledge about incest has been mainly derived from small, selected clinical samples. There is agreement in the literature that most incest (80%) is of the father-daughter type. According to Kosky (1987), brother-sister incest makes up about 18% of reported cases, and grandfather-granddaughter incest, may account for 10% of all reported incest cases. Mother-son incest, has been rarely reported in the literature. Father-son incest, although said to be rare, occurring in .4% of referrals to an American child psychiatry service (Dixon, Arnold, & Calestro, 1978), has been claimed to be devastating in its impact (Medlicott, 1967), perhaps more secret in nature (Esman, 1978), and consequently underreported (Schultz, 1973). Reports of mother-daughter incest are virtually non-existent in the literature.

The experience of abuse is not innocuous (Faria & Belohlavek, 1984). Studies show that victims of sexual abuse are plagued by the same kinds of problems but in varying degrees. The immediate reaction of the child incest victim is usually a negative one involving such responses as depression, anxiety, acting-out behavior,
school difficulties, irrational fears, somatic complaints, social withdrawal and abnormal interest in sexual play (Pelletier & Handy, 1986). Victims of child sexual abuse describe feeling rejected, humiliated, betrayed, and disgraced (Justice & Justice, 1979). Other reported victim reactions include fear, anger, phobias and mood changes, hysterical seizures, hyperactivity, nightmares, self-mutilation and suicidal tendencies (DeYoung, 1982; Herman & Hirschman, 1977; Meiselman, 1978; Sgroi, 1982; Wodarski & Johnson, 1988). Anxiety, depression, and mood swings have been reported by child welfare or justice systems (Kosky, 1987). Guilt about the behavior and about family disruption has been observed in many victims. Victims reportedly experience role confusion, poor self image and low self esteem, developmental lags, and learning disabilities (Giaretto, 1982; Herman & Hirschman, 1977; Sgroi, 1982). Adolescents have been described as reacting to sexual abuse with depression, compulsive acting out and runaway behavior, self-injurious and suicidal behavior, substance abuse, sexual acting out, delinquency and juvenile prostitution (Browning & Boatman, 1977; Courtois, 1978; Kosky, 1987). Adult
survivors often have difficulty trusting, have problems with intimacy and sexuality, struggle with marriage and parenting roles, experience depression and feelings of being damaged, and have poor self-esteem (Briere & Runtz, 1984; Courtois, 1979; DeYoung, 1982; Gelinas, 1983; Justice & Justice, 1979; Russell, 1986; Wodarski & Johnson, 1988).

There are many observed effects of sexual abuse that seem readily connected to the dynamic of traumatic sexualization, defined by Finkelhor and Browne (1985) as "a process in which a child's sexuality is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse" (p. 531). Among victims who are young children, clinicians have often noted sexual preoccupations and repetitive sexual behavior such as masturbation or compulsive sex play (Justice & Justice, 1979). Based on their clinical work with 20 incestuous families and 7 young women who were abused by family members as children, Justice and Justice identified the following signs and symptoms of incest:

1. Daughter withdrawn and depressed, has poor self-image.
2. Daughter uninvolved in school activities and grades may fall.

3. Daughter secretive.

4. Daughter shows sexually stylized behaviors.

Cues in younger children included bedwetting, hyperactivity, altered sleep patterns, fears or phobias, overly compulsive behaviors, learning difficulties, excessive curiosity about sex, separation anxiety, and seductiveness (Alter-Reid, Gibbs, Lachenmeyer, Sigal & Massoth, 1986).

Browning and Boatman (1977) in a study of 14 children who were outpatients in a community mental health clinic, noted the following responses to incest: depression, fearfulness, anger, somatic symptoms, and acting out behaviors (running away and sexual promiscuity). The authors postulated that families at risk for incest include those with a chronically depressed mother, an alcoholic abusive father or stepfather, and an oldest daughter who assumes a maternal role.

Some children who have been victimized become sexually aggressive and victimize peers or younger children (Browning & Boatman, 1977). Confusion may
arise about sexual identity. Victimized boys may wonder if they are homosexual; victimized girls may wonder whether their sexual desirability has been impaired and whether later sexual partners will be able to tell (Finkelhor & Browne, 1985). Traumatic sexualization is also affiliated with confusion about sexual norms. One common confusion concerns the role of sex in affectionate relationships, that is, if child victims have traded sex for affection, this may become their perception of the normal way to give and receive affection (Herman, 1981; Meiselman, 1978). Sexual contact in a child's memory may be associated with revulsion, fear, anger, a sense of powerlessness or other negative emotions and these feelings may become generalized as an aversion to all sexual experiences and intimacy. Furthermore, victims of intrafamilial sexual abuse generally have not had appropriate models on which to base their understanding of intimacy or sexuality. They may have witnessed constant fighting and/or complete distance between parents. Often the only attention and affection they received stemmed from the sexual relationship with the abuser (Tower, 1988). This may result in confusion on the part of the victim.
about the role of sexuality in intimate relationships. Many sexual abuse victims describe how lonely and alone they feel. It may be that the victim believes that she is the only one in the world who has experienced abuse. Unable to develop a sense of commonality with others in her social environment, the incest victim may come to perceive herself as markedly different from others (Weiner, 1988). That belief may be compounded by the isolation imposed on the victim, by those around her. "The feeling of aloneness is fed by the family's secretiveness, which is necessary to protect the incestuous relationship" (Tower, 1988, p. 30). According to Tower, a perpetrator cultivates the victim's sense of aloneness, of how different she is from other people, and by doing so, keeps her from reaching out to others. The more alone she feels, the less likely it is that she will be able to tell her story to anyone, either as a child or an adult. She is convinced that she has no one she can trust enough to tell. "Even if she does trust someone, she may not tell her secret, fearful that the awful truth will drive the trusted person away, leaving her alone once more" (Tower, 1988, p. 30). All too often, the victim
believes that any effort to disclose the abuse will be met with disbelief and rejection.

Child victims often feel stigmatized and isolated and as a result may get involved in drug or alcohol abuse, crime or prostitution (Briere, 1984). Victims in whose families there is a history of drug or alcohol abuse, may be even more prone to these addictions. Some women may use alcohol or drugs to mask their difficulty with their sexuality (Tower, 1988). They may experience such sexual conflicts as not wanting to be touched, inability to achieve orgasm, or finding intercourse physically painful. These problems are often related to trauma brought on by the abuse. The memory of what took place is too painful, and it may create too much conflict for these women to enjoy adult sexual experiences.

Conversely, some victims become promiscuous. Tower (1988) considers this to be a compulsive, self-destructive expression of conflict. Through repeated sexual contact, victims may be trying to work through their anxiety over what they experienced when sexually abused. At the same time, because they may be equating love with sexuality, they may be attempting to "fill
themselves up" (p. 38) with as much human attention as they can acquire, even if it is of a sexual nature.

The effects of stigmatization may also bring about self-destructive behavior and suicide attempts (Briere, 1984; DeYoung, 1982; Herman, 1981; Justice & Justice, 1979). Briere and Runtz (1988), while specifically studying the relationship between child sexual abuse and subsequent suicidality in clinical populations of sexually abused adults, found that sexually abused clients were twice as likely as nonabused clients to have made at least one suicide attempt in the past. Herman (1981) compared 40 adult women in psychotherapy for incest related problems to 20 psychotherapy clients who did not report a history of incest. She reported that 38% of her sample of adult survivors attempted suicide versus 5% of controls. DeYoung (1982) reported that 68% of her sample of 60 adult paternal incest survivors had made suicide attempts, 66% of them more than once.

A number of the effects noted with sexual abuse victims are connected with their experiences of betrayal. They may grieve and feel depressed over the loss of a trusted figure (Justice & Justice, 1979).
They may suffer from grave disenchantment and disillusionment and there may be an intense need to regain trust and security. This may be manifested in extreme dependency and clinging, especially in young victims (Finkelhor & Browne, 1985). At the other extreme, betrayal may result in hostility and extreme anger, and distrust may manifest itself in isolation and an aversion to intimacy (Courtois, 1979). The anger stemming from betrayal may lie behind the aggressive and hostile stance of some sexual abuse victims, especially adolescents. It may be a primitive manner of trying to protect oneself against further betrayal.

Many of the initial responses to sexual abuse among children are connected to fear and anxiety. Nightmares, phobias, hypervigilance, clinging behavior and somatic complaints have been repeatedly documented among sexually abused children (Finkelhor & Browne, 1985; Gelinas, 1983; Justice & Justice, 1979). These fears and anxieties often persist into adulthood (Briere, 1984; Gelinas, 1983). Symptoms of posttraumatic stress disorder have been noted in incest victims from preschool age to adulthood (Goodwin,
1985). Many adult victims experience pervasive fear, either daytime anxieties or nightmares. They may experience specific fears such as a fear of strangers. They may recognize the root of their fear or of an upsetting dream, but because of their feelings of isolation and aloneness, they may be reluctant to talk to anyone about it.

Victims of sexual abuse may feel guilt; a guilt that has the potential to disturb their adult lives (Tower, 1988). They may believe that they have somehow caused or contributed to the abuse either by engineering it or by failing to resist it. As the victim gets older, her self-blame may intensify. As adults, they may forget just how powerless they were as children over the events in their lives. Instead they may view themselves as the root of the problem, as having brought it on themselves. Tower (1988) emphasizes that one of the most significant issues faced by victims of childhood sexual abuse is that of control. Victims may come to terms with their childhood experience, or they may never learn to internalize control. They may allow themselves to be controlled by the outside world. They may fall prey to
further victimization. Feelings of worthlessness and of extreme low self esteem are often reported by victims (Finkelhor & Browne, 1985). They may see themselves as incapable of standing alone. They may sabotage their own success. Coupled with their feelings of worthlessness may be a feeling that they have no control over their lives. This lack of control may manifest itself in many areas of their lives, placing them in the role of victim again and again. When victims feel out of control and worthless, as if life holds no promise or hope for them, self-mutilation and/or suicidal tendencies may develop (Finkelhor & Browne, 1985). One of the reasons why victims may try to destroy themselves is because they have difficulty facing the anger or rage they may be feeling.

In reaction to feelings of powerlessness, some sexual abuse victims may have unusual needs to control and dominate. Some aggressive and delinquent behavior may stem from a desire to be tough, powerful and fearsome. When victims of child sexual abuse become bullies and offenders, they may be reenacting their own abuse. It may be in large measure to regain the power
and domination that these victims attribute to their own abuser (Finkelhor & Browne, 1985).

Trust is an extremely difficult issue for many incest victims to deal with, and it is not easily learned. The assault a child experiences may not be as much what was done to her physically but rather the inherent betrayal of trust. According to Tower (1988), the ultimate betrayal is sexual abuse within the family. Once trust is betrayed to this extent, learning to believe in oneself and in others is difficult. Because self-trust is a by-product of trusting others, that too is destroyed (Miller, 1988). The victim learns that not only can she not trust others, but she cannot have faith in her own ability to trust. Hence she continues to feel isolated. Difficulty in interpersonal relationships is a common complaint among incest victims seen in therapy who often complain about feeling detached, and unable to trust (Briere, 1984; Courtois, 1979; Herman, 1981; Herman et al., 1986; Meiselman, 1978). Social skills may be impaired and this may be partly attributable to the fact that separation-individuation is often discouraged in incestuous families (Sgroi, 1982).
In a comprehensive research study on long-term, incest-specific effects in 58 adult outpatients with a history of incest (Meiselman, 1978), 47 female survivors were compared with a control group of 50 female psychotherapy outpatients matched on marital status, religion, education, occupational group, ethnic group, and yearly family income. The incest group presented in therapy with: (1) more sexual difficulties (24% vs 8%), (2) more physical problems (52% vs. 30%), (3) more conflict with husband or sex partner (64% vs. 40%), and (4) more conflict with parents or in-laws (44% vs. 14%).

Herman and Hirschman (1981), through an informal network of private practitioners, recruited 60 female outpatients matched by age, social class and religion, and then interviewed them to obtain background and current functioning information. A comparison was made between 40 females with a history of serious, overt father-daughter incest and 20 females who were not victims of paternal incest. The incest group had significantly lower self-images. They also showed feelings of isolation, negative self identities, fantasies of power over men, depression, difficulties
in forming trusting relationships, anger toward women and fears of being inadequate mothers.

Justice and Justice (1979), in a study of 112 incestuous families, found that 94% of the victims were female. Ninety-one percent had been involved in father-daughter incest and 9% of the cases involved brother-sister incest. The authors reported the following similar effects of incest for female survivors as reported in the above studies: low self-esteem, guilt and depression; feeling uniquely different; problems with sex and men; distrust; and self-destructive behavior.

Brunnegraber (1986) recruited and interviewed 21 women with a history of childhood or adolescent paternal incest in order to examine the characteristics, immediate and long-term after effects of father-daughter incest. Most of the volunteers in the study reported feeling extremely isolated from others, different or less worthy than their peers, and distrustful of others. They reported longterm difficulty making friends, feeling self-conscious, insecure and panicky in social situations. In the psychological-emotional realm, they reported immediate
after effects of suppressing or denying their feelings, feeling overwhelmed at times by emotions, feeling self-conscious and dirty, confused, and ashamed. In the long term, they reported that they suffered from alcohol and drug abuse, guilt, confusion, hatred and distrust of men. Half of the sample reported such long-term physical effects as gastrointestinal discomfort in large groups of people; insomnia; sexual dysfunction; migraine headaches; menstrual problems; and feeling ashamed of their bodies. In the long term, victims reported that they avoided or feared sex, or that they were sexually active, or promiscuous. They experienced difficulty blending emotional intimacy with sexual activity. Six of the participants reported confusion about their sexual identity. Seventeen of the 21 participants experienced an extremely negative self-image; low self-esteem; feeling powerless, unlovable, withdrawn; and lacking self-respect. Brunngraber's (1986) findings suggest that the female victim of paternal incest may endure more social, physical, self-identity, familial and interpersonal difficulties during and shortly after the incest has terminated. Relationships with men and sexuality may be more
adversely affected in the long term.

In summary, whatever the type of sexual abuse, incest occurs in a family that is fractured and unable to provide fundamental emotional development for its members. Anna Freud (1981) stated that of all the common forms of maltreatment of children, incest is the most harmful to the child's normal development. Combined issues of dominance, fear of loss, and secrecy make incestuous families into extremely tight knit units from which escape can be very difficult for any member. Recognizing that their family was not whole helps many victims understand that they were in no way responsible for what happened to them.

Not only do perpetrators frequently have histories of being sexually abused themselves, they are often products of physically abusive or neglectful families. According to Tower (1988), the abuser usually perceives him/herself as ineffective with his/her peer group. The abuser feels out of control, and is someone who has learned that those who have control are powerful. To feel powerful and to achieve control, the abuser turns to one less powerful. Thus, the offender feels that control can only be achieved through victimizing
The effects of incest can only be described as traumatic (Dominelli, 1989; Ward, 1984), especially if the abuse is accompanied by violence and threats, and is directed, as it usually is, at the young pre-pubescent child. Their impact can stretch over a number of years causing untold physical and mental anguish. Although the literature is replete with examples of a wide range of sexual abuse experiences, many sexual abuse victims appear to suffer from the following similar consequences, in varying degrees: substance abuse, eating disorders, guilt, difficulty in interpersonal relationships, difficulty in forming sexual relationships, self-destructive behavior, feelings of isolation and stigma, poor self-esteem, a tendency toward revictimization, and depression caused by a history of abuse (Browne & Finkelhor, 1986; Courtois, 1988; Dominelli, 1989; Herman, 1981; Herman & Schatzaw, 1984; Meiselman, 1978).

Effects of mother-daughter incest
Relatively little is known about female sexual offenders (Matthews, Mathews, & Speltz, 1991). Most of the research on female perpetrators has been conducted
within the last 10 years and has focused primarily on profiling the offender. Through these limited research undertakings, tentative portraits of different types of female sex offenders are emerging.

Bass and Davis (1988) suggest that although women sometimes abuse in overtly sexual, or violent ways, for the most part, their abuse is more subtle and less forceful, often masked in daily caretaking. "Since children frequently bond most closely with their mothers, abuse by mothers in particular can leave a child with a severe lack of boundaries between herself and her offender" (p.97). According to Hyde (1986), when a child's boundaries have been violated by her mother, she does not grow up with a clear, solid sense of herself. "Through years of mother's invasion and impingement, her boundaries become unclear; she has little sense of where she begins and ends and what constitutes intrusiveness" (p.80).

Incest between mother and daughter has been reported to result in aftereffects similar to those resulting from other forms of incest (Courtois, 1988; McCarthy, 1986). Goodwin and Divasto's (1979) research however, highlighted the fact that victims feel
additional shame and stigma when their abuse is "out of the ordinary." "As a result, they may be even more scared and reluctant to disclose the incest than victims of other, more commonly discussed types" (Courtois, p. 6). This may account for the fact that mother-daughter incest is underreported and underinvestigated.

Evert (1987), in her autobiography which describes her experience of mother-daughter incest, speaks of deep-rooted shame, and of the embarrassment she felt as a result of being violated by her mother. She addresses feelings of deadening isolation and of how incredibly strong, from the beginning, the taboo on telling was; how difficult it was to break the conspiracy of silence. When she connected the words "mother-daughter incest" with her experience, she recalls the deep emotions that the words stirred in her. As Evert said, "In my guts, the idea of having been sexually used by my mother is difficult at best, and impossible most of the time. There's not only terrible conflict about it but some ragged, torn wounds in my self-concept" (p.98).

Evert (1987) found the idea of incest at the
hands of her mother to be distasteful, disturbing and degrading. She wanted to believe that it never happened. She felt flawed, used, depressed, confused, crazy, anxious and alone. She wondered how long her condition of helplessness would persist. She felt that the difficulty of her past would forever have the power to simply expand and recapture her. Sometimes she felt there was no escape. She speaks of tremendous difficulty with self-esteem, trust, and being able to receive positive messages. She addresses the struggle with the wounded child within, and to break the taboo of silence imposed on her a long time ago.

Hyde (1986), in her discussion of the female child victim of covert incest at the hands of the mother or the father, recognizes the deep sense of confusion that the victim feels about what is wrong with her. According to Hyde, as a woman the victim may be a high achiever and a perfectionist, but secretly aware of her deep hidden depression, her hidden sense of despair, and a deep exhaustion that she does not understand. She may feel cut off from her feelings and her body. She is afraid of intimacy, and has low-self-esteem. She feels guilt-ridden, different from others
and isolated. She feels profoundly unlovable. "She has no words for what is wrong with her, no language to explain to herself or anyone else what was done to her" (p.76).

Mother-daughter incest is more difficult to recognize because society accepts a greater closeness between mothers and daughters. According to Mayer (1988), this greater latitude in mother-daughter relationships means that when the line is crossed, the victim's trauma is deeper. The mother-daughter incest survivor may feel depressed, suicidal, and confused about her own identity. Tower (1988) posits that it is not uncommon for a mother-daughter incest survivor, in search of a non-exploitive mother figure to love her for herself and not for her sexual acquiescence, to choose lesbian partners in later life. Survivors who are not lesbian may be plagued by fears and confusion about the meaning of their feelings toward other women.

"The victim of mother-daughter incest may feel guilty and tainted. She may bury her secret deep within her mind. Because her mother, the abuser, is of her own sex, the victim may experience more self blame and self-destructive behavior" (Tower, 1988, p. 44). She
may reach a point where she believes that she must have imagined what happened to her—that it couldn't have really happened. Mother-daughter incest survivors may doubt their experience since it took place at the hands of the one person who was supposed to protect them and nurture them, their own mother. Her feeling that her perception of the abuse is somehow distorted and that she is crazy, may become more intensified if, as a child, her attempt to tell someone was met with disbelief. The victim's feelings of isolation, the pain in remembering the abuse, and the secrecy involved make it easier to deny its existence. As an adult, she may find that carrying her shame is too overwhelming, and that it is easier to doubt her memories than to live with them or take the blame. "By assuming that her abuse experience was a fantasy, she may also prevent herself from trusting her instincts and recognizing that there are people and situations that may involve her, blindly, in repeating her past" (Tower, 1988, p. 32).

So deep is the effect of the abuse that often victims of mother-daughter incest find it difficult to mother their own children. Some may even cross the
line with their own daughters. Goodwin (1982) found that in a study of abusive mothers, 24% of them had been incest victims. "Because it is the very first and fundamental relationship, that of mother and child, that is abusive, the road to wholeness for the victim can be a difficult one (Tower, 1988, p.45). Given the fact that one of the strongest bonds, that of mother and daughter, was abusive, and given the sense of aloneness and isolation that a mother-daughter incest survivor feels, it may be very difficult for her to become intimate with anyone. Nonetheless, like many victims of sexual abuse, mother-daughter incest survivors move on by affirming the strengths they have developed, and by recognizing their own resiliency and drive to be healthy (Bass & Davis, 1988).

In summary, although social awareness of sexual abuse has greatly increased over the past decade, a dearth of information exists in the area of mother-daughter incest. This study explores the phenomenon of mother-daughter incest. It is hoped that as our knowledge of the dynamics of female-perpetrated abuse increases, so too will our understanding and perceptions of mothers as offenders change.
Design
A qualitative phenomenological paradigm was utilized in the study since the attempt was to identify and understand the phenomenon of mother-daughter incest. Phenomenology refers to a method which captures the phenomenon as it is lived by the individual (Colaizzi, 1978). It is a particularly valuable method of inquiry when little is known about a phenomenon (as is the case with mother-daughter incest), or when perceived biases or omissions permeate the literature.

The phenomenological approach provides the researcher with the following guidelines. First, the researcher must observe and describe the phenomenon as it is experienced by people as accurately as possible in a manner that retains the meaning of the experience for the co-investigator. Second, rather than taking the stance of a distant and impartial observer, the researcher is "present in every imaginable way and involved" (Colaizzi, 1978, p. 64). Third, the researcher investigating a phenomenon must acknowledge
that she/he is influencing it. Through readily examining his/her biases, the researcher is propelled to more clearly understand the investigated phenomena from a personal as well as an objective point of view.

Participants

Cochran and Claspell (1987) delineate the following criteria for selection of co-researchers: (a) experience with the phenomenon; (b) ability to articulate the phenomenon; and (c) sufficient involvement as well as distance from the experience. Four co-investigators (participants) from the general population, who satisfied the criteria, volunteered for the study. Inclusion in the study was based on the following dimensions: (a) females who had experienced an incestuous relationship before the age of 18 with their biological mothers; (b) who had received individual and/or group counselling to assist them with their recovery. It was believed that participants, who had received counselling, would feel more comfortable sharing their stories and that they would be better able to articulate their experience than would participants who had not received therapy.
**Procedure**

Participants for the study were recruited through notices placed with several clinics, agencies and professionals specializing in the provision of services and programs for sexually abused women in Vancouver. An advertisement placed with a small women's newspaper, "Kinesis," served to recruit one of the participants for the study. Word of mouth also contributed to the recruitment of two volunteers. In addition to the four co-researchers who participated in the study, there were three respondents who expressed interest in participating in the study. Two of these respondents withdrew from the study on the day they were to be interviewed. The other respondent did not satisfy the selection criteria. A pilot study was completed prior to the recruitment of participants.

Women interested in participating in the study were asked to contact the researcher by phone. At that time, those individuals were asked if they satisfied the selection criteria. Participants who met the selection criteria were accepted for participation in the study and a time was set within the upcoming weeks for an in-depth personal interview. Interviews were
tape-recorded and transcribed at a later date. Interviews occurred in settings mutually agreeable to the participants and the researcher. Three of the participants were interviewed at their residences since they felt safer there. The fourth participant however requested that she be interviewed at the investigator's residence. During an initial phone call, and again in a meeting over coffee of up to 60 minutes in duration, the participant and researcher became better acquainted. At this time, participants were oriented to the purpose of the study and encouraged to express only what felt comfortable to them. Participants were reminded that they were under no obligation to complete the interviews and they could discontinue participation at any point. They were reminded that their identity would not be revealed in any written or oral material resulting from this research. At the outset of the initial meeting, participants were asked to read and sign two copies of an ethical consent form and to suggest an appropriate pseudonym for the purpose of ensuring confidentiality in any oral or written account of the data. They were also given a copy of sample questions that were asked by the investigator during
the personal, indepth interview.

Personal interviews, up to two hours in length, provided depth, fulness and detail about the victim's experience of her relationship with her mother, past and present. Open-ended questions (such as "How would you describe your relationship with your mother, past and present"? "How have you integrated the abuse experience into your sense of self?") were extremely effective. They served to facilitate further elaboration and a comprehensive understanding of the participant's experience. Open-ended questions allowed the interviewer to respond to expressions of uncertainty, and served to gather additional information and elicit fuller, more individualized statements of each participant's thoughts and feelings (Cleveland, 1986). The use of empathy, paraphrasing, reflection and clarifying questions helped to elicit information about the experience. Probes were utilized to establish detail while allowing for individual construction of meaning. Silence was employed to allow participants full expression before probes were utilized. Interviews were loosely structured and informal. The co-researchers were eager to
participate, and readily responded to the questions. Although the subject matter was very unsettling at times, the investigator found the experience of interviewing these women very moving.

Upon transcription of the data, co-researchers were given the opportunity to examine their transcripts in order to make additions or deletions to their stories. At a second interview of a 30-45 minute duration, they were shown a list of themes identified by the researcher, and an exhaustive narrative called the phenomenological description (Colaizzi, 1975). The participants were asked to review this material for the purpose of involving them in their role as co-researcher and providing a measure of internal validity. Participants were given the opportunity to recommend corrections, additions and/or deletions to the text to ensure that it more closely represented the essence of their experience. Themes were clarified and refined further during this interview. Each co-researcher was asked during this validation interview how representative each theme was of her experience and what needed to be deleted, or refined to more faithfully describe her experience. This was
incorporated into the final construction of themes. The co-researchers were engaged as editors in the final description of the phenomenon of mother-daughter incest by softening certain statements, emphasizing others, making additions and deletions so that the final research product faithfully described their experience. When the co-researchers were convinced that the description reflected their experience, internal validity was achieved.

Data analysis

The seven-step model of data interpretation as proposed by Colaizzi (1978) was followed. This method involved (a) reading the descriptions and acquiring a general feeling for them; (b) extracting significant statements from each protocol that directly pertained to the investigated phenomenon; (c) formulating meanings of each significant statement by the process of creative insight; (d) organizing meanings into clusters of themes that provided a structure of the data while remaining true to each participant's experience; (e) integrating the results into an exhaustive description of the investigated topic; (f) formulating this description into a statement of the
participants' experience; (g) returning to each participant, and validating that the investigator's descriptive results compared with her experience. Any new data that emerged from these interviews were integrated into the final synthesis of the research.

Limitations of the Study
Since the study was based on self-report, it was limited to what the participants were capable of reporting. Any study involving retrospection is affected by memory. Possibilities of distorted recall exist especially with sexual abuse survivors since dissociation is a commonly reported occurrence. With only four co-researchers, no claim to generalizability can be made. Results cannot be generalized to all females who experienced a sexual relationship with their mothers. Generalizability is not achieved by one study, but by ongoing dialogue as other women tell their stories and researchers check, dispute, sharpen and challenge the themes to more faithfully reflect the experience. This study made no attempt to examine other incestuous relationships but, instead, was delimited to the exploration of mother-daughter incest from the perspective of the daughters. Only one member
of the family/system was involved in the study. Only one source of data was collected.
Chapter Four

Results

This chapter will include a summary of the importance of therapy in the women's experience, a brief synopsis of the women's stories, a listing of common themes found in their experiences, and a detailed discussion of each of the themes. In reference to the context of this study, it is important to set the frame by emphasizing that the co-researchers volunteered to describe their experience of mother-daughter incest. They came to the study, then, focused on telling their stories of mother-daughter incest, which had a definite effect on the nature of their disclosures.

Importance of Therapy in the Women's Experience

All the women in this study received long-term therapy for their abuse, which enabled them to better articulate their experience during the interviews. This had a significant effect on the study. The women reported that therapy started them on their healing or recovery process. They emphasized that their motivation for seeking therapy was to break the silence, find meaning in their abuse experience,
breakdown feelings of isolation and shame, and promote healing. The women reported that therapy provided them the opportunity to explore unconscious material about their childhood that they had repressed in order to survive. During therapy, they learned to recognize, label, and express their feelings. Therapy allowed these women to process their multiple losses and break away from patterns of behavior, and feelings of fear and guilt. The women explained that therapy provided the arena for them to build their self-esteem, recognize their strengths which enabled them to survive, confront guilt and self-blame, and acknowledge their right to anger and other intense feelings. Therapy offered these women hope for a fuller, richer life.

The Women's Stories
The four women who were interviewed for this study were recruited through notices placed in agencies in the lower mainland that deliver services to incest survivors. An advertisement placed in Canada's only feminist newspaper, "Kinesis," served to recruit one of the participants for the study. Word of mouth resulted in the recruitment of two of the volunteers for the
study. The fourth participant was recruited through a sexual abuse recovery association. The participants chose their own pseudonyms for the study. Following is a description of each of the participants:

Beth

Beth, aged 34, is the second youngest of 4 children. She is single, a recovering bulimic, and lesbian. Her parents divorced when she was adult. During the first year and a half of her life, she was frequently hospitalized with a serious heart condition. The bulk of her sexual abuse occurred between the ages of one and a half and two and a half. It primarily involved sexual behaviors such as touching and fondling which occurred in the context of bathing or changing. Beth recalls one "assaultive episode" by her mother which involved painful digital penetration of her vagina for a long period of time. At this time, her mother was pregnant with Beth's youngest brother. Shortly after the birth of Beth's brother, her mother had a breakdown which resulted in her hospitalization. Beth's older sister assumed the role of mother and was expected to look after her ill mother. Beth experienced her sister as very maternalistic.
Beth has recollections of being sexually abused by her mother more subtly when she was between the ages of 4 and 9. At this time, the abuse involved primarily touching and fondling that was often disguised in caretaking and nurturing activities. Beth's father was physically absent during the time of her sexual abuse since he worked regular daytime hours. In reference to her mother, she remembers being "home alone with her during the early stages" of her violation since Beth's siblings were attending school at the time. Her background, and that of her siblings, involved a "strong undercurrent of physical abuse," by their mother. Beth recalls episodes of "being knocked down, beaten, tormented and teased by her mother." These abusive episodes were interspersed, however, with "family fun times which were culturally enriching."

Currently, Beth works in the area of mental health and is a student as well. She is politically active, working to defeat violence against women. She has regular contact with her family, but is attempting to separate herself from her mother as much as possible.

Louise

Louise, age 36, is the oldest of 4 children. She has
two brothers, one 2 years younger and the other 9 years younger than she. Another brother died shortly after birth. Her sister is 5 years younger. Louise's parents were married at a young age. At that time, her mother was pregnant with Louise. Her parents separated, however, when Louise was 15, and divorced a year later. Louise maintains contact with her family including her grandmothers. She has regular contact with her mother, now disabled, as well as her "maternal grandmother who also figured in on some abuse." On occasion, her father will visit Louise and her sister who she is living with, along with her sister's two children. Louise is separated from her husband and their two daughters. She presently works with children who have behavior problems.

Louise was sexually abused by her mother primarily from the time she was an infant to age 6 when she started school. Her mother sexually abused her covertly on a daily basis, while the overt abuse occurred approximately 4 times weekly. Types of sexually abusive behavior ranged from fondling and voyeurism to masturbation and penetration digitally and with implements. To this day, her mother sometimes
violates Louise's boundaries when she pats her behind as she is leaving her mother's house.

Louise grew up in the presence of an extremely angry mother. Physical abuse usually preceded any sexual abuse. Louise remembers her father as being emotionally and physically withdrawn while she was growing up since he worked the majority of the time. She was also quite isolated from her friends.

**Taylore**

Taylore is a 28 year old single mother of a 5 year old girl. She has 2 older brothers; one is 4 years older and the other is 3 years older. Another brother died at birth. Taylore's father, an alcoholic, and her mother, a heavy drinker, separated when Taylore was 6 years of age. Taylore's mother remarried 3 years after her divorce from Taylore's father.

After one and a half years of marriage, Taylore separated from her husband. One year later, when her husband was visiting from Calgary, he sexually abused their daughter. Taylore has reason to believe that he had previously abused their daughter when she was 6 weeks old.
Taylore is the victim of ritual abuse which occurred between the ages of 6 weeks and 8 years of age. It was during the day, when Taylore's brothers were at school, that the sexual abuse took place. Taylore's father owned his own business so he worked flexible hours. The sexual abuse, initially perpetrated by her father while her mother watched, involved oral and anal sex until she was 3 and a half years old, at which time he penetrated her. Up until this point in time, her mother's role in the sexual abuse was one of voyeurism. As if the taking of Taylore's virginity was, in her words "a ceremonial rite of passage," her mother became an active participant in Taylore's abuse for the next 4 and a half years. Between the ages of 3 and a half and 4 and a half, Taylore was locked in her room. During this time, she only received sex and the occasional meal. She remembers sitting on the hardwood floor in the corner of her room day after day. She was subjected to mental and physical cruelty at this time; she recalls having to eat the majority of her meals off a toilet seat when she wasn't locked in her room. Sexual abuse by her father ceased when she was 6 years of age, at
which time her parents separated. But for the next 2 years, she was subjected to severe sexual abuse at the hands of her mother. She was forced to kiss and caress her mother, have oral sex with her, masturbate and penetrate her. Taylore was subjected to bondage, being hung from the ceiling while her mother penetrated her with anything from coat hangers to soup cans. She has flashbacks of being placed in a coffin, having blood poured on her, and of snakes crawling over her body, entering her mouth and her vagina.

Taylore has no contact with her mother, stepfather, or brothers. On occasion, she has phone conversations with her father, who is seriously mentally ill. She is supported by social services while on stress leave due to her sexual abuse. She leads self-help support groups for adult as well as teen survivors of sexual abuse.

Christine

Christine is a 30 year old student presently working in the science field. She has an older brother and a 6 year old half-sister who she is very close to. Her biological parents separated when she was 2 years old. Her mother remarried three years later. She has
contact with her brother, natural father and stepfather. Christine, who was married for 7 years, is a recent divorcee of one year. She maintains contact with her ex-husband as well as her mother-in-law, who she terms a "surrogate mother."

Both Christine and her brother sustained physical abuse and sexual abuse at the hands of their mother. Christine received 3 skull fractures, several broken bones, and was stabbed by her mother. She was run over by a car with her mother behind the wheel. To this day, she is still petrified of her mother.

As early as age 6 and continuing until age 17, Christine was exploited in that her mother allowed others (neighbors, relatives, friends, babysitters, rock musicians, local pedophiles) to use Christine sexually. She would tease Christine after friends or relatives had oral sex with Christine or seduced her. She was pimping Christine and using her "as a sexual carrot" to attract men to her. Both Christine and her brother were subjected to their mother's nudity, her frequent conversations about how good she was at sex, her participation in sexual activity with her husband in the living room of their house, and to pornography.
Christine's step-father was continuously occupied elsewhere: as a student, for a while at his own business, or working elsewhere. While growing up, Christine was extremely isolated from her friends. They refused to visit her at home because they feared her parents. At age 14, Christine left home to live with a girlfriend, and later her brother.

Common Themes

The process of data analysis yielded eight common themes which were extracted from the women's in-depth interviews as well as the validation interviews. Each of the themes mirror the experience of all the women. The quotations were chosen because they most accurately represent the essence of their experience. The first three themes involve mother as agent; the victim is agent in the remaining five themes:

1. Experience of mothers as controlling
2. Experience of mothers as emotionally needy and unstable
3. Experience of profound betrayal
4. Experience of shame/self-blame
5. Experience of boundary violations
6. Experience of impaired sexual development
7. Problems in identification with and differentiation from mother

8. Experience of difficulty coping

**Experience of Mothers as Controlling**

The women in the study reported feeling suppressed, dominated or possessed by their mothers; of being kept from reaching out to others. This cultivated in them a sense of aloneness and of being different. The following words of Louise, in reference to her inability to express her frustration, exemplified the extent of her mother's control over her: "anger came really easy but it was always thwarted. I was in my room all alone or I was slapped into submission."

Similarly, Christine spoke of suppression and domination by her mother in terms of how she and her brother were prevented from expressing their anger: "It was o.k. for her to yell at us but it wasn't o.k. for us to yell at each other or at her." Beth identified her mother as "a totally cold tyrant that's pulling a string inside." Beth also addressed her mother's attempts to possess her: "I own you, I'll never let you go, you'll never have anything without me."
Experience of Mothers as Emotionally Needy and Unstable

All the women in the study strongly emphasized that they experienced their mothers as lonely, insecure, and isolated. They perceived their mothers as having extreme needs for attention and affection. They felt their mothers relied on them for emotional support, as exemplified in the following words of Louise: "When I came home, she was sitting up waiting for me like she always would all through my teens, and it was 20 questions....I just couldn't stand coming home and have her ask all these questions...she wanted it all."

Beth, in reference to her mother's response to their disagreements, described her mother's instability: "When I lose it, it's such a big hassle because it's not like dealing with a normal person where you can call and say hey...I had a bad day. It's because she's miserable and isolated. A two minute incident ruins her week or her month."

Similarly, Christine described her experience of her mother's unsettledness: "She never stayed in one job very long. After a year she would start to think that everybody was out to get her. She was really
paranoid and she would say everybody at work was trying to get her."

Taylore in reference to her being "put in the lover role" by her mother, angrily reported her mother's need for affection: "She really liked to be caressed. She wanted my touching her to feel like love...she always wanted to be kissed alot."

**Experience of Profound Betrayal**

This theme was accentuated more than any other by the women and occurred repeatedly during the analysis of the transcripts. In light of these abusive experiences, the women in the study felt they received little nurturance and guidance from their mothers when they were growing up. The women were left feeling that they had been deceived, double-crossed, misled, deserted or taken in by their mothers. All of the participants reported an impaired ability to trust themselves and others. The women focused on their difficulties in learning to believe in themselves and others. In reference to their upbringings, they expressed grief and depression over the absence of a trusted figure as indicated by the words of Louise while referring to the lack of intimacy in her
relationship with her mother: "There was never any physical contact like hugging or sitting beside each other on the couch, or sitting on her knee."

The women also ventilated feelings of extreme hostility and anger as a result of feeling cheated out of the kind of relationship they would like to have had with their mothers. As Beth replied: "I have a strong sense that I don't want anything more taken off me. That's why I'm struggling to get through school and pay the rent here...I'm saying to my mother and the world you've taken enough. I've paid my dues!"

The women reported confusion, anger and a profound sense of loss about the fact that their mothers did not bond with them. As Taylore said: "What about the mother-child bond? Where the hell was mine? Why didn't she bond with me...comfort me, hold me, and chase away all the boogiemen and kiss all of my booboos better?" Taylore reported an incredible sense of loss in these words: "My life's been put on hold for so long trying to...see above the debris ...she left me. She didn't leave a legacy of happiness and smiles and those lovely talks that mothers and daughters have. There wasn't any of that."
The women reported little recognition by others of their victimization at the hands of their mothers. As such, the women felt that they had also been betrayed by significant others in their lives. Christine expressed her frustration in these words: "Nobody helped me. I told my friend's mother about my mother abusing me and she told me what a terrible kid I was."

The women felt extreme anger as a result of feeling deceived and ostracized by society, as evident in the following quotation by Taylore: "Start looking at the offender as the offender instead of the victim as the offender because I didn't do anything wrong...stop pushing us away and isolating us cause we're already isolated enough."

As a result of their abuse experience, the women voiced that they felt uniquely different. They stated that they felt extremely isolated and alienated. Taylore described her isolation: "It's a very big feeling of being alone... It's like I have all these people telling me that I'm weird because this happened to me...society thinks I'm weird because there's no books on mother-daughter incest. There's nothing to say that other women have had this happen to them."
Louise also stressed her feelings of detachment in this message: "Because I am a mother-daughter incest survivor, I feel so isolated. The group that I was in spoke of the men who abused them. It took me a long time to say to these women that my mother abused me."

For all the women, these feelings of detachment were manifested in an impaired ability to trust and an aversion to intimacy. Hence they experienced difficulty with interpersonal relationships. They struggled with self-mastery and control, and felt confused about their relationships with other women. They sometimes experienced, however, an intense need to regain trust and security. At times, they longed for relationships and connection.

**Experience of Shame/Self-Blame**

All 4 women expressed that they felt responsible for the abuse; that they had somehow caused, engineered or contributed to it. Christine illustrated that she felt that she was to blame for her abuse: "I still blame myself for the abuse. I just figured that there must be something really wrong with me. Somehow it was the way my body was or my personality....it's just so hard not to believe that it wasn't my fault when it's your
During the study, self-blame took the form of self-criticism and condemnation by these women, as delineated in the words of Louise: "I still blame myself for the abuse by the males in my life. The first time it happened I was somewhere that my mother told me not to go... I shouldn't have been doing what I was doing or I shouldn't have been there. Still now, if anything goes wrong, I blame myself in any aspect of my life. I become very defensive if I'm reprimanded for something." These women saw themselves as deficient individuals, particularly in their daughter role.

Due to their abuse experience, the women felt debased or discredited, diminished, humiliated, cast down, humbled or degraded. Christine reported feeling ashamed: "I'm really ashamed right now of myself. I still have a lot of shame around it." She also expressed feeling uncomfortable with her body since the abuse: "I hated my body from then on. I wore bathrobes and I tried to hide my body as much as possible.... I still can't stand to look at my body...I'm still ashamed... I still dress in layers and layers and I can't wear skimpy clothes. I'm afraid
Experience of Boundary Violations

All the women in the study described feelings of personal violation by their mothers, as portrayed in Louise's words: "Still to this day sometimes when I leave her home, she'll pat my bum."

The women described that the boundaries between themselves and their mothers were blurred or diffuse: "There were never any boundaries between us," said Taylore. "She always wanted to know everything that was going on with my boyfriend sexually."

The women reported that they had been invaded, offended and intruded upon by their mothers, as exemplified by the following quotes of Christine: "She would bring guys in, cousins, friends, some of them were pedophiles, to abuse me. She would either watch or tease me about it afterwards."

Beth spoke of invasion by her mother: "I remember my mother powdering me after a bath when I was 8 or 9 and that was sort of the condition that I could have this powder if she could put it on me." Louise also felt invaded: "The bathroom door was not to be locked and she would just come in and watch me when I
was having a bath. When I was buying bras and stuff, she would have to come in and watch me put them on when I was a teenager." Although some of the violations on the part of the mothers were overtly sexual in nature, many of them were more subtle, often masked in daily caretaking.

**Experience of Impaired Sexual Development**

The women experienced themselves as being easy prey for further victimization. Feelings of powerlessness and shame led to further victimization as exemplified in this quotation by Beth: "I was gang raped when I was 19 and every destructive relationship brought its own set of garbage and memories."

Taylore spoke of her susceptibility to sexual victimization due to her feelings of powerlessness: "I went out with guys that would insist I have sex with them 5 or 6 times a day, and I would do whatever they told me to do, whether I wanted to, or whether I felt safe... Even if I didn't like what a guy was doing...I did it because I was afraid not to."

The women reported difficulty with intimacy and sexual identity. They generally expressed that they were promiscuous during their teens. However, at times
they avoided or feared sex, and were sexually dysfunctional, as suggested by Louise in referring to her sexual relationship with her husband: sex was "...a huge issue with my husband...We always had a hard time sexually." Beth stated that she was committed to a lifestyle of celibacy at this point in time because of many sexually and emotionally abusive relationships: "the fact that I have been celibate for 6 years is no accident."

Taylore recounted her confusion about the role of sex in intimate relationships during adolescence in saying: "I slept with guys who were just friends because I had this philosophy that sex is like baseball- if you like to play the game, why don't you? I didn't look at it as being something intimate between two people."

Christine depicted her repetitive sexual behavior during late childhood and early adolescence: "I was masturbating excessively and I began a cat and mouse game with my mother where she would try to burst in and watch me." She also discussed confusion about her sexual orientation: "I don't even know what my sexual orientation is. I'm really confused about my sexual
Similarly, Louise also expressed confusion about her sexual identity: "He said to me one time, are you celibate, not interested, or are you lesbian? I really couldn't answer him."

In summary, the women reported that they felt conflicted about intimacy and trust. They displayed impaired sexual development throughout their lives in a variety of ways.

Problems in Identification with and Differentiation from Mother

All of the women in the study experienced difficulty in identifying with and differentiating from their mothers, as indicated by the words of Louise: "I still struggle with being as far away from my mother as possible identity-wise." The women reported extreme anxiety and fear of being like their mothers: "I don't want to be similar to her in any aspect. I don't want to look at anything the same way that she does because to me that would be too close that I might carry her mental illness. That's a really big fear that somehow I'll become crazy like her," said Taylore.

Louise expressed her enormous desire to be
different from her mother: "I wanted to be as
different as I could from my mother and I wore my
brother's clothes...just to be as different as I could
be."

Beth discussed her reluctance to disown her
mother: "It's hard for me too because I don't want to
reject everything of my mother in me. A person can't
be a whole person if you're trying to deny half of what
you are."

Louise further described her difficulty with
identity formation due to her enmeshment with her
mother: "I had no sense of who I was at all. When I
was little, I didn't know who I was...as a teen, I
didn't...either."

Since the women perceived their mothers to be
inadequate in their mothering role, they reported deep
anxiety about becoming inadequate mothers themselves.
"I read books and go to seminars and do everything that
I can do," said Taylore, "to find out what healthy
parenting is." Similarly, Louise addressed this
impaired identification with her mother: "When I was a
teen and even a young adult, I wasn't going to have
children at all...I was scared because I had been told
all my life that I was so much like my mother...if I were to have children, then I would be like her."

The women in the study emphasized that they struggled with separation and identity issues. Because of the inevitable modelling relationship between mother and daughter, abuse by their mothers resulted in extreme anxiety on the part of the women in the study that they might abuse another. Two of the women feared they might abuse their own children.

**Experience of Difficulty Coping**

All the women described self-destructive, non-adaptive methods of coping with their sexual abuse including such behaviors as self-mutilation, suicidal tendencies, substance abuse, depression, promiscuity, eating disorders, suppression or denial of feelings, difficulty with self-mastery and control, as well as physical difficulties and somatic complaints. The statements of the participants which follow are indicative of some of the above maladaptive coping behaviors.

Beth spoke of complications due to her eating disorder: "I have physical scars. I had two surgeries directly resulting from my bulimic behaviors."
Christine disclosed her past substance abuse and suicidal behaviors: "I did lots of drugs and I attempted suicide at 21, and again just two years ago."

Taylore had childhood physical repercussions as a result of her abuse: "When I was a child every holiday that came around, my skin would break out in some kind of a bizarre rash....I didn't want them to do it to me at Christmas. I didn't want them to do it to me at Easter. I just didn't want them to do it to me at Easter." All of the women in the study suffered from physical and somatic effects.

In response to the women feeling that they had little control in their lives, they experienced an excessive need at times to dominate others or take control over situations (especially sexual situations), as indicated by Taylore's quotation: "I always took the initiative with sex as a teenager. I had to have control over that first time we had sex." Christine also described her attempts at gaining control: "I would fake a seizure whenever I was pressed into sex or beaten, and it worked."

Throughout their lives, due to the enormity of shame they felt as a result of their abuse experience,
the women suppressed or denied their feelings. As Beth stated: "I guess that a lot through my childhood, I was denying that any of it happened. It just sort of went into this numb nowhere place."

In conclusion, the women in the study perceived their mothers as having abandoned their mothering role. As victims of mother-daughter incest, the women in the study felt guilty and tainted. Hence, they buried their secret deep within their minds. As the above eight themes demonstrate, the women experienced their relationships with their mothers as "complicated" and "contorted." All four of the women felt that they were "left holding the bag." Two of these women reported that it is inconceivable that they will ever have any further relationship with their mother. For the other two, who choose to maintain contact with their mothers, extreme tension between themselves and their mothers magnifies their feelings that their relationships with their mothers "will never be healthy."
Chapter Five
Discussion

It was the purpose of this study to explore the phenomenon of mother-daughter incest from the daughter's perspective. The research question asked was "How do females who were sexually abused by their mothers in childhood experience themselves in relation to their mothers, past and present?" In this chapter, a narrative will be presented, representing a synopsis of the women's experience. Sample characteristics and nature of abuse will be addressed before discussing the results, the implications for future research, implications for counselling, and meaning of this study for the investigator.

Narrative of Maternal Abuse

The four women in the study were clearly from fractured families that were unable to provide fundamental emotional development for their members. There was a lack of nurturance and safety provided for the women throughout their childhood and adolescence. There was inadequate parenting due to the fact that the needs of the children were sacrificed for those of the parents. The children were expected to look after
inconsistent in their discipline of their children. As children, the women were often ignored one day while exhibiting a certain behavior, but the next day would be severely punished for the same behavior. The threat of violence was always present during childhood. The women constantly felt physically, emotionally and sexually threatened by their mothers. Physical violence was the norm for these women. Threats of harm by their mothers ensured that the secret of abuse would be kept. Hence, these women lived in social isolation which was enforced by their mothers. Although they were violated in varying degrees by their mothers, the grave consequences of their violation impacted them developmentally throughout their lives. As children, these women carried the secret of their abuse into adulthood, leaving them with conflicts that affected their daily functioning.

In spite of the severe physical, sexual and emotional abuse they experienced throughout their lives, the women in this study survived by finding and tapping their inner strength. Although the road to healing has been long, and their search for wholeness
fervent and sometimes arduous, all the women expressed that their struggle has been worth it.

Sample Characteristics and Nature of Abuse

The bulk of the abuse for three of the women started during infancy and continued for a minimum of six years. The fourth participant, who was primarily a victim of sexual exploitation, was victimized from age 6 to 17. The participants experienced a wide variety of overt and covert sexual behaviors ranging from voyeurism, exploitation, kissing and fondling to oral sex, digital penetration and penetration by implements. As mentioned earlier, all of the women experienced other forms of abuse by their mothers. Two of the women sustained skull fractures and numerous broken bones. One woman was stabbed and run over by a car, with her mother behind the wheel.

In terms of the women's response to their abuse experience, comparison to the following factors that have been discussed in the literature will be made: identity of the abuser; duration of the abuse; extent of the abuse; and age of the abused child (Courtois, 1988; Pelletier & Handy, 1986; Tower, 1988). Given the lengthy duration of the sexual abuse, the severity of
the abuse, the young ages of the victims when the abuse occurred, and the fact that the abuse experience took place at the hands of their mothers, the women in this study sustained severe physical, emotional and psychological damage which resulted in long-lasting scarring.

According to the literature (Courtois, 1979; Pelletier & Handy, 1986; Tower, 1988), the closer the relationship with the abuser, the deeper the sense of betrayal and guilt. Indeed, the women in the study experienced an intense sense of betrayal and guilt because their abuser was their mother. In terms of duration of abuse, Courtois (1988) highlights the fact that if the abuse had occurred over a long period of time, the effects are generally much greater on the victim. Consistent with this hypothesis, the sexual abuse of the women in the study transpired over several years. They reported that the abuse had profound negative effects on their lives. Courtois (1988) also emphasized that the extent of the abuse has a definite impact on the degree of trauma experienced by the victim. Given the fact that the women in the study were compelled to participate in extensive sexual abuse
and subjected to physical abuse, they reported that the trauma they experienced was intensified. Some researchers have argued that the younger the age of onset of sexual abuse, the greater the degree of damage (Herman & Schatzow, 1987). Certainly, the young age of the women in the study at the time of their abuse, had a significant bearing on their development throughout childhood and adolescence, and on how they viewed their abuse experience later in life.

Finkelhor and Browne's (1985) model of traumagenic dynamics emphasizes the conjunction of the four following trauma-causing factors as unique to the sexual abuse experience: traumatic sexualization; betrayal; powerlessness; and stigmatization. Certainly, the women in this study, as children, had their sexuality shaped inappropriately as a result of sexual abuse. They experienced betrayal due to the fact they were harmed as children by someone they had been vitally dependent upon. As Finkelhor and Browne (1988) stated, a child feels powerlessness when her "will, desires and sense of efficacy are continually contravened" (p. 532). The authors refer to stigmatization as negative messages that are
communicated to the child and then integrated into the child's self-image. Given the difficulties the women experienced in their sexuality in terms of profound feelings of betrayal, powerlessness, shame and guilt, it appears that the women were deeply impacted by their abuse experience.

Comparison to Sexual Abuse Literature
According to Tower (1988), any episode of sexual abuse has the potential for leaving scars, especially when the victim is a child and powerless against an adult. In accordance with the findings of Faria and Belohlavek (1984), Justice and Justice (1979), and Kosky (1987), the immediate reaction of the women in the study to their sexual abuse experience was depression, anxiety, acting out behavior, school difficulties, fear, somatic complaints, social withdrawal and abnormal interest in sexual play. Similar to the findings of DeYoung (1982), Herman and Hirschman (1977), Meiselman (1978), Sgroi (1982), and Wodarski and Johnson (1988) on male-perpetrated abuse, the women reported self-mutilation, suicidal tendencies, poor self image and low self-esteem. During adolescence, the women reacted to their abuse with depression, suicidal behavior, substance
abuse, and sexual acting out. As adults, they reported difficulty trusting, intimacy and sexuality problems, feelings of being flawed, and poor self esteem. These findings are in agreement with those of Briere and Runtz (1984), Gelinas (1983) and Russell (1986).

As is the case for many sexual abuse victims, the women in this study reported boundary violations, and overwhelming feelings of infringement and invasion. This finding is consistent with Courtois' (1988) perspective that families where incest occurs typically demonstrate boundaries which are too rigid or too permeable.

Many sexual abuse victims are described in the literature as lonely, and as perceiving themselves as markedly different from others (Weiner, 1988; Tower, 1988). Briere (1984) addressed the sexual abuse victim's feelings of stigmatization and isolation as a result of her abuse experience. In accordance with the findings of the above authors, the women in the study reported similar feelings of aloneness and stigmatization as do victims of other forms of sexual abuse.

According to Miller (1988), when one person in a
relationship has more power than the other, the danger of harm increases. From this perspective, the weaker person has great difficulty altering the course of events in her life, and struggles with ventilating her reactions to her abuser's actions. In accordance with Miller's perspective, the women in this study were suppressed and dominated to the point that they were cut off from the outside world. They felt trapped with no place to go. The offending mothers verbally and emotionally abused these women, leaving them feeling worthless and powerless to stop the abuse. The combined issues of dominance, fear of loss, and secrecy made escape from their incestuous mothers unlikely for these women.

A significant number of sexually abused victims come to believe that something about them caused the sexual abuse to occur (Courtois, 1988). Due to feelings of responsibility for the abuse, the women in this study reported self-hatred and negative self-esteem. They reiterated that something must have been inherently wrong with them if their own mother abused them. This finding supports Tower's (1988) statement that the closer the relationship with the abuser, the
more intense the guilt feelings on the part of the
victim. The belief that they had engineered or
contributed to the abuse coupled with guilt and anxiety
resulted in a shamed sense of self for the women in the
study. They believed they were unlovable, damaged,
flawed, deserving of the abuse, and unworthy of care.

In response to feelings of worthlessness and
powerlessness, many sexual abuse victims fall prey to
further victimization (Tower, 1988). Certainly this
appears to mirror the experience of the women in this
study. The message that these women received
throughout their childhood and adolescence was that
mastering their own lives or becoming a worthwhile
person without their mother was impossible. The only
way they could justify their existence was to be used
over and over by someone else. They conceptualized
that since they had experienced extreme disconnection
and violation (Miller, 1988) at the hands of their
mothers, somehow they were less worthy of respect, and
deserving of further victimization. Hence the women in
this study found themselves in extremely vulnerable
positions time and time again.

The literature is replete with evidence that
incest strongly affects later sexual behavior. Many incest victims experience sexual difficulties of one sort or another (Courtois, 1988). During adolescence and beyond, perhaps as an attempt to gain some control over their bodies and their sexuality, the women in the study alternated between being indiscriminately sexually active or being socially and sexually withdrawn. Browning and Boatman (1988) reported that confusion about sexual identity may arise as a result of sexual abuse. Consistent with this literature, two of the women in the study indicated that they were confused about their sexual orientation. Herman (1981) and Meiselman (1978) stated that a child may become confused about the role of sex in affectionate relationships or may develop an aversion to all sexual experiences and intimacy. In accordance with this literature, the women in the study experienced confusion about the role of sexuality in intimate relationships, and at various points each developed fear and aversion to all sexual experiences.

The literature is replete with references to the secrecy and isolation imposed on the sexual abuse victim. Tower (1988) addressed the perpetrator's role
in cultivating the victim's sense of aloneness. Certainly the women in the study felt isolated and alienated. Their mothers throughout their childhood and adolescence definitely cultivated the women's sense of how different they were from other people. This served to prevent the women from venturing outside the family for social interaction. They reported that the stigmatization they felt contributed to their substance abuse, self-mutilation behaviors, and suicide attempts. These findings are similar to those of Briere (1984), DeYoung (1982), Herman (1981), and Justice and Justice (1979) who reported that victims of sexual abuse often get involved in drug and alcohol abuse, self-destructive behavior and suicide attempts due to the stigmatization and isolation they feel.

In conclusion, the findings of this study are similar to the literature on the experiences of other sexual abuse or incest victims. The sexual abuse experiences of these women affected their personality development and every major sphere of their lives. The results of this study are different however from the literature on other sexual abuse experiences in that the women reported additional shame, stigmatization,
impaired identity development and, for the women in the study who were mothers, fear of replication of their abuse experience with their daughters.

Comparison to the Literature on Mother-Daughter Incest

According to Vanderbilt (1992), incest is about betrayal of trust. It is usually an offense committed by adults against children, by the powerful against the weak. In accordance with the perspectives of Urbanic (1987) and Pelletier and Handy (1986), the women experienced betrayal of trust by someone who was expected to be their adult protector, the sense of helplessness without support, and imposed secrecy. Pelletier and Handy (1986) emphasized that the closer the relationship with the abuser, the more intense the sense of betrayal. According to Tower (1988), because of the strength of the mother-daughter dyad, victims of mother-daughter incest, perhaps more so than other incestuous dyads, feel betrayed, deserted and rejected since their abuser was their mother. In accordance with this literature, the women in this study reported that they experienced profound betrayal by their mothers.

All of the women emphasized that because they felt
they couldn't trust their own mother, they had an impaired ability to trust themselves and others. They feared intimacy and experienced difficulty with interpersonal relationships. They particularly struggled with trusting women. They accentuated the fact that they feel isolation and alienation because of the uniqueness of their abuse experience. As a result of society's disbelief that mother-daughter incest can occur, feelings of betrayal, of being defective, different, and stigmatized for these mother-daughter incest survivors appeared to be exacerbated. These findings are consistent with those of Goodwin and DiVasto (1979), Bass and Davis (1988), and Courtois (1988) in that they reported mother-daughter incest survivors may feel additional shame and stigma because their abuse experience is in the minority.

The literature identifies the incestuous mother as relying on the daughter for love and mothering, attention, affection and emotional support (Lloyd, 1987; Mayer, 1983; Steele & Pollack, 1968). Consistent with this literature, the women in this study experienced their mothers as lonely, in need of intimacy, dependent, isolated, insecure, inadequate,
unstable and unempathic. Even in adulthood, the women struggled to try to, as one participant explained, "avoid the lassoo" or "fish line," and loosen their mothers' grip on them.

According to Courtois (1988), since mother-daughter incest is the last taboo, forbidden by society, mother-daughter incest survivors feel additional shame and stigma because their abuse experience is "out of the ordinary" (p. 88). So huge was their secret that the women in the study couldn't share the awful truth for fear that it would drive away the few individuals they trusted. This served to feed their feelings of complete isolation and alienation. In essence, they felt "locked out of the possibility of human connection" (Miller, 1988, p. 7). These feelings of deep-rooted shame and deadening isolation were similar to those expressed by Evert (1987) about her own experience of mother-daughter incest, and by Hyde (1986) in her discussion of the effects of covert mother-daughter incest.

The women in the study felt guilty and tainted. According to Tower (1988), mother-daughter incest survivors may experience more self-blame and self-doubt
because the abuse experience took place at the hands of their mother. The women reported overwhelming feelings of self-blame. Due to the extreme pain, as well as feelings of isolation and profound shame, they found it easier to doubt their abuse experience. This finding is in agreement with Tower's (1988) perspective that mother-daughter incest survivors may reach a point where they believe their abuse experience couldn't have happened. According to Goodwin (1982), the effect of mother-daughter incest may be so deep that mother-daughter incest survivors may struggle with mothering their own children. Consistent with this literature, two of the women in the study experienced difficulty in their mothering role, particularly in terms of establishing boundaries. These mothers reported that they had crossed the line with their own children. They had begun to commit boundary violations against their daughters which contributed to their decision to seek therapy.

In conclusion, the women in the study reported an impaired ability to trust self and others and an incredible sense of aloneness and isolation. Consistent with the literature (Goodwin, 1982; Mayer,
1988; Tower, 1988), the women found it extremely difficult to become intimate with anyone. They experienced the road to recovery as an extremely difficult one.

**The Importance of the Mother-Daughter Dyad**

Chodorow (1978) and Rubin (1983) indicated that diffuse boundaries and a less separate sense of self are integral to mother-daughter relationships. Similar to this perspective, Flax (1978) and Mitchell (1987) postulated that the dynamics of mother-daughter relationships may result in a different process of separation-individuation. In accordance with the perspective of Bass and Davis (1988), given the closeness of the maternal bond, abuse at the hands of their mother left the women in this study with a confused sense of self, and a severe lack of boundaries between themselves and their mothers. They reported that because their mothers had poor boundaries themselves, it was difficult for them to learn that they had distinct boundaries. Consistent with the above literature, the women found it extremely difficult to establish a sense of differentiation from their mothers. They struggled with a separate sense of
self that was unique and different from their mothers. Given the dynamics of mother-daughter incestuous relationships wherein individual boundaries are diffused to the extent that mothers and daughters fail to recognize where one ends and the other begins (McCarthy, 1986), the women in this study continued to grapple with a separate sense of identity.

Several authors (Bromberg, 1987; Friday, 1977; Jordan, 1991; Magrab, 1979; Viorst, 1979) have addressed the significance of the mother-daughter relationship in the mental and emotional development of the daughter. In particular, Jordan (1991) emphasized that the daughter undergoes an on-going identification process with her mother while establishing her own identity. Because of the inevitable modelling relationship between mother and daughter (Friday, 1977; Jordan, 1991), mother-daughter incest survivors may have impaired identification with their mothers. The women in this study were not provided with the opportunity to identify with a caregiving mother. To the contrary, they experienced their mothers as deficient and defective in their mothering role. It was difficult for them to identify with their mothers.
as active caretakers. Their identity was not based on positive identification; there was an absence of connectedness based on what Surrey (1991) called "mutuality of caring that is found in healthy mother-daughter interaction" (p. 246). As a result, the women in the study feared themselves to be incomplete or insufficient. They were afraid they were like their mothers. Two of the women were fearful that they too were inadequate mothers. Given the role of empathic communication and mutual attentiveness in the establishment of self-esteem and self-affirmation (Kaplan, Gleason, & Klein, 1991), it is not surprising that the women in this study felt that they lacked strength and competence in their relational capacities.

In summary, given their relationship with their abuser, the women in this study experienced extreme difficulties in identification with and differentiation from their mothers. This may be one of the critical differences in this type of sexual abuse.

Implications for Future Research

The findings of this research are consistent with past findings in the area of short and long-term effects of childhood sexual abuse. It is hoped that
the findings presented in this study will stimulate research in areas such as the long-term effects of female perpetrated sexual abuse and same-sexed abuse.

This study only represents a beginning exploration of the phenomenon of mother-daughter incest. Further research is needed in this area to obtain data about mother-daughter incest from which to formulate theory and to design therapeutic interventions. Research aimed at expanding current knowledge of the characteristics of the abuser and the long-term effects of mother-daughter incest is needed in order to understand the female perpetrator, the etiology of mother-daughter incest, and the consequences of such abuse.

Only the experiences of four mother-daughter incest survivors were examined in this study, and clearly all of the participants sustained severe damage as a result of their abuse experience. Given the small sample size of this study and the fact that all four participants were white, more research utilizing larger samples and varying ethnic groups and cultures, is needed to further verify the themes. This study only explored the mother-daughter incest survivor.
Therefore, research with female perpetrators is necessary to expand knowledge about differing dynamics based on gender of the abuser. Given the fact that emphasis in this study was on the female survivors of maternal incest, further research comparing male and female victims of both paternal and maternal abuse is needed to increase knowledge in the area of effects of gender of the perpetrator on the victim's perception of and reaction to the experience.

In summary, treatment issues for mother-daughter incest victims will be further clarified for both child and adult survivors once information becomes available on short-term and long-term consequences of mother-daughter incest. The women in this study perceived the multiple violation and deprivation they experienced in childhood as having a traumatic and devastating effect on their lives. This study indicates that the women perceived their mother's sexual victimization of them as having a severe negative impact on their relationships with self and others. These results may help to stimulate other researchers to further explore the phenomenon of same-sexed abuse, whether it be mother-daughter or father-son incest.
Implications for Counselling

To understand incest and to help victims in their recovery process, clinicians must acknowledge that women as well as men sexually abuse their children. According to Vanderbilt (1992), the therapist working with mother-daughter incest survivors must be open and able to hear what the survivor needs to say. The therapist must be able to believe what is said, to provide human contact, warmth, and engaged conversation in therapy.

The women in this study expressed that they needed their therapists to serve as parent surrogate for them, and to educate them in basic life skills, interpersonal relations, decision making, conflict resolution, sexuality, assertiveness, parenting, and boundary establishment. Hence the clinician must be open to the fact that the mother-daughter incest survivor may seek some education and skill-building. Given the fact that mother-daughter incest survivors have experienced unhealthy role modelling, the clinician must be open to the possibility that mother-daughter incest survivors, who are mothers, may present with deep concern and fear about continuing the cycle of abuse. Certainly, the
mothers in this study reported anxiety and fear that they might at some point victimize their own children. The therapist must be able to ask the survivor if she has offended due to the fact that she may be playing out her own sexual abuse with another.

Given the impaired identity development of the women in the study due to problems with identification with mother and differentiation from her, it may be important for the clinician to acknowledge that mother-daughter incest survivors struggle with the process of separation from their mothers which may trigger symptoms of low self-esteem, poor interpersonal relationships, depression and fearfulness. This difficulty with differentiation must be identified during therapy in order for the survivor to be consciously aware of her difficulty with the process of identity formation, and to develop her own individuality separate from her mother and other significant people in her life. The therapist may suggest and encourage opportunities for identity development, self-definition and self-regulation for the client so that she will be able to determine who she is apart from her mother and her incest experience.
The therapist must encourage the mother-daughter incest survivor to break away from patterns of behavior conditioned by fear, anxiety, self-blame and guilt such that she can reclaim lost parts of herself. The therapist may encourage the survivor to resolve fears, learn new ways of coping and relating, accept her body and her sexuality. The therapist can facilitate these changes through encouragement and patience, which will also serve to enhance the client's self-esteem and self-efficacy. Counselling may focus on how the mother-daughter incest victim coped with her abuse. The therapist can give the mother-daughter incest victim respect by honoring her methods of surviving her abuse experience.

Given the fact that the women in this study experienced boundary violations by their mothers, it may be critical for the therapist to pay particular attention to the establishment and maintenance of clear boundaries within the therapeutic alliance such that the client does not face further violation.

After years of individual and group therapy, the women in the study continued to struggle with trusting their therapist(s). Given the women's profound sense
of betrayal, it may be important for the clinician to pay particular attention to fostering the development of a therapeutic alliance and a safe environment within which to conduct treatment. The therapist might expect that a lengthy period of time may be required to establish a therapeutic relationship. The clinician must be open to the fact that, because of the severity of the abuse, its devastating impact on the developmental process, and the time required to establish a therapeutic alliance, therapy may be long-term. Because the incest wound is particularly deep, mother-daughter incest survivors may respond slowly to treatment. One of the women in the study had been in therapy for 11 years.

The therapist also needs to be receptive to the fact that the shame of mother-daughter incest is more profound and the stigmatizing more extreme because the abuse experience is in the minority. Hence, she may feel reluctant to disclose that her mother was the abuser. Certainly the women in the study experienced extreme reluctance to disclose their abuse experience during their lives. One woman for years failed to disclose that her abuser was her mother but instead
allowed her group members to assume that her abuse was male-perpetrated. Group therapy can be helpful for the survivor however, since it provides the context for reworking the impaired interpersonal functioning and mistrust which resulted from the trauma of the abuse experience (Courtois, 1988). Group therapy encourages breaking of the silence, isolation and stigma resulting from the abuse. The sharing and empathy within the group help to build a safe and consistent environment within which to explore the effect the abuse experience has had on members' lives. Trust is developed and new skills and behaviors rehearsed which help group members undo the damage from the abuse.

The clinician needs to pay particular attention to the fact that distance in the therapeutic relationship may touch the client's shame. The mother-daughter incest victim may long for a restorative relationship in therapy. The female therapist, in particular, needs to be receptive to the possibility that a mother-daughter incest victim may need to make connections with other women. Certainly the women in the study endeavored to develop trust in their relationships with their female therapist(s).
The clinician must address the issue of therapist gender, given the nature of the abuse experience by mother-daughter incest survivors. The clinician must be open to the fact that a mother-daughter incest survivor may choose a male therapist, basing her preference on the belief that she cannot trust a woman. Secondly, it might better meet the clients' needs if one group leader is male and the other female. In all likelihood, many female therapists will work with maternal abuse survivors. Given this fact, the female therapist may need to be aware of tranference issues surrounding anger and rage toward the mother. The female therapist must not dismiss the anger and mistrust that the survivor may feel toward her, but instead may need to be open to the exploration of it. On the other hand, the therapist needs to be receptive to the possibility of non-angry, ambivalent feelings that the client may experience toward the mother. The female therapist due to her strong identification with the client, must pay particular attention to the fact that she does not overidentify with or overprotect the client, making it difficult to maintain professional boundaries within the therapeutic relationship.
A therapist must be open to the possibility that a sexual abuse victim may present with issues around paternal incest, when in reality, the abuse had been perpetrated by her mother (Goodwin & Divasto, 1979). Furthermore, a mother-daughter incest victim may experience difficulty with labelling her abuse as mother-daughter incest. The therapist in this case must attempt to understand and respect the client's position, in particular, the shame and stigma the client may be feeling as a result of her abuse experience. This shame and stigmatization may contribute to her reluctance to disclose or accept that her mother may have been her abuser.

In summary, the therapist needs to be open to the possibility of mother-daughter incest. Although rare as a phenomenon, it appears to be devastating in its impact, with implications that extend far and deep in the lives of its survivors. Since betrayal of trust is a major cause of wounding for the mother-daughter incest victim, the therapist needs to pay particular attention to the therapeutic alliance and to the maintenance of healthy boundaries between client and therapist.
Conclusion

This study explored the phenomenon of mother-daughter incest from the daughter's perspective. The results clearly indicated that the experience of mother-daughter incest was traumatic for the women who participated in this study. Due to their premature sexualization as children, the profound betrayal of trust because their perpetrator was their mother, and the taboo and enforced silence which has historically surrounded the phenomenon of mother-daughter incest, the women inevitably experienced deep wounding leaving a devastating impact on their lives.

Meaning of this Study for the Investigator

The experience of exploring the phenomenon of mother-daughter incest was personally moving but disturbing. The co-researchers opened their hearts and homes to me. As a result of spending five to six hours with each of the women as they told their story, I experienced a great deal of their pain. Their desire to break the silence, and promote healing of themselves and other mother-daughter incest survivors was enormous. Their belief in this project served as a real motivator for me. I was left in awe of the inner strength of these
women. Despite the extreme physical, sexual and emotional abuse that they experienced throughout their lives, they survived. They expressed an inner strength, the source of which at times remains a mystery to themselves and an inspiration to me.

Because of the profound taboo against mother-daughter incest and the fact that research in the area has been sparse, I was of the opinion that the topic of mother-daughter incest needed to be explored. The experience of this study has personally brought to light the incredible bond that I share with my mother and the tremendous love and respect for each other that my family so richly enjoys.
References


Appendix A

Recruitment Letter

WOMEN

SURVIVORS OF SEXUAL ABUSE

My name is Beverly Ogilvie. I am currently conducting a study on childhood sexual abuse of females by their biological mothers, for my masters thesis in the Department of Counselling Psychology at UBC.

I plan to conduct personal interviews with 5 adult female survivors of mother-daughter incest. Participation in the study is voluntary, so participants can withdraw from the study at any time. Inclusion in the study will be based on the following criteria: (a) females who as children experienced an incestuous relationship with their biological mothers; and (b) who have in the past received individual and/or group counselling regarding the issue of mother-daughter incest.

It is hoped that information gained from the study will provide some insight into the phenomenon of mother-daughter incest. Your participation will be helpful and valuable to my research. Please feel free to call me anytime at XXX-XXXX if you are interested in participating in the study, or you may call my research supervisor at UBC, Dr. Judith Daniluk, at XXX-XXXX, if you want more details. Thank you very much.

Yours sincerely,

Beverly Ogilvie
Graduate Student
Dept. of Counselling Psychology
University of British Columbia
5780 Toronto Road
Vancouver, BC
Appendix B

Consent Form

I am presently a UBC masters degree Counselling Psychology student conducting a study of childhood sexual abuse of females by their biological mothers. My supervisor's name is Dr. Judith Daniluk and her phone number is XXX-XXXX. This research will help us to understand the experience of mother-daughter incest.

If you choose to participate in the study, you will be personally interviewed by me at a place of your choosing. You will be one of three to five participants taking part in the study. During this personal, in-depth interview(s), you will be asked to tell about your relationship with your mother now and in the past. The interview will last as long as you need to "tell your story." A second interview may be required in order for you to complete your story. Interviews will be audiotaped and then transcribed at a later date. A follow-up interview will also be required which should take no longer than 60 minutes to complete. During the follow-up interview, you will be asked to review the themes and the meaning I've drawn from your transcript, and to recommend corrections, additions or deletions to the text to ensure it more closely represents the essence of your experience.

You are under no obligation to complete the interviews, and you may decide to discontinue your participation at any point. Your identity will not be revealed in any written or oral material resulting from this research. The tapes will be erased upon completion of the study.

I have read and understand the preceding and hereby consent to participate in this study. I acknowledge receipt of a copy of this consent form.

_________________________________________  ________________________________
Date                                                Applicant's Signature

_________________________________________  ________________________________
Researcher                                           Address
Appendix C
Sample Questions

Can you tell me about your family constellation, present situation, number of children, etc.?

Can you tell me about your experience of sexual abuse by your mother, i.e. When did it start? Did it happen several times? How old were you when it stopped?

What was going on for you (happening in your life) at the time of the abuse?

How would you describe your relationship with your mother, past and present?

How did you make sense of the abuse in your own mind?

How do you think it has influenced the way you mother? (your attitude toward mothering)

How have you integrated this experience into your sense of self?

What aspects of your relationship with your mother are/were most difficult for you?

If you could remake your relationship with your mom, what would it look like?

How would you describe your mother? What stands out most in your mind in terms of who she is?

Do you see yourself in her? How? In what ways?

How are you different?

In what ways do you feel you carry the abuse experience with you? in terms of your relationship with self? in terms of your relationship with others?