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### **ABUSE. INCEST. – HOPE FOR RECOVERY...**

**Анотація.** Проаналізовано феномен, який багатьма психологами, психотерапевтами та їхніми пацієнтами розцінюється як табуована тема, що спричиняє занадто багато емоційного навантаження всім асоційованим особам, – феномен інцесту та сімейного кривдження. Аналіз починається описом прикладів і конкретних переживань постраждалих від інцесту та продовжується дослідженням авторської методології встановлення випадків інцесту у вибірці кейсів, у роботу з якими автор була залучена.

Ключові слова: інцест, зловживання, травма, психологічна допомога.

**Аннотация.** Представлен широкий контекст для системного понимания проблемы последствий сексуального злоупотребления ребенком, а именно инцеста. На примере историй, рассказываемых взрослыми пациентками, показано влияние инцеста на самооценку, сложности в построении близких взаимоотношений и

долгосрочную виктимизацию его жертв, обсуждается отсутствие «типичной» реакции на инцест, но общие для переживших эмоции страха, вины, стыда, злости. Предлагается комплекс терапевтических мер для взаимодействия с жертвами инцеста, направленные на отреагирование травматического опыта, восстановление заботы о себе, эмоциональной саморегуляции, способности к доверию.

Ключевые слова: инцест, злоупотребление, травма, психологическая помощь.

*«...I woke up at night, in the dark, to find out that my dad is having sex with me.  
I do not remember how this started, and, fortunately,  
I do not remember how this ended. Within the second that stuck in my memory  
I realized the awful truth and went out again...»*

**Problem identification.** For many, these words might provoke very profound distress and a deep emotional response. Yet for others, these words might be too harsh an introduction and still others might choose to pretend to not hear or understand them.

However, this is exactly this way that we should begin to deal with this issue since multiple taboos will not allow us to help save those facing this traumatic experience. This paper reflects upon a case I encountered in my practice in 2009 with one of my clients, who only during the 11<sup>th</sup> session told me that as a child she had been sexually abused by her father, and therefore had experienced incest.

Thus, **the objective of the present study** is to describe the specifics of the emotional response of incest victims and provide the original methodology of defining incest cases.

Firstly, a definition must be provided of what we mean by incest (lat. incestus – “criminal, sinful”) – and that is, sexual intercourse between close blood relatives (parents and children, siblings). In American psychological / psychotherapeutic literature, the umbrella term is further categorized as follows: “incest” and “molestation”: generally “incest” is used to refer to sexual relations between siblings, aunts and uncles, while “molestation” refers to forced sexual relations between father/mother and a child, or uncle/aunt by blood and a child (Hines et al., 2013; Goodwin, 1982).

Why is incest kept secret? Generally, the issue of incest is considered shameful, therefore people hide this from others throughout their life, whereas they can about any other traumatic events and get help from specialists without the sense of shame that instead characterizes incest (“Practice guidelines: Investigative interviewing in cases of alleged child abuse”, 2002). This latency of incest can be due to multiple reasons. When victims of any kind of abuse involve adults, they always realize that what happened to them is wrong and transcends normal human relations. On the other hand, children who still lack life experience and sense of judgment as to what is right and wrong, might actually believe incestuous relations to be the norm. They trust their relatives believing that they would do no harm. Hence children keep silent and do not ask for help. For this reason, specialists learn about only about a handful of incest cases (Briere & Elliott, 1994).

Incest surely has a significant traumatic effect on the child’s state of mind (Beitchman et al., 1991; Ullman, 2002). Incest can have both direct (actual) and delayed implications which can affect the victims themselves, their immediate surrounding and society altogether (Berliner & Elliott, 2002).

Young victims suffer throughout their childhood and are doomed to carry this secret burden. Some psychological studies have revealed, incest can lead to abnormal behavior along with emotional, motivational, social and cognitive malfunctions (American Bar Association Commission on Domestic Violence, 2001). People around these kids also suffer from such destructive changes, however usually no one suspects what the real reason for such changes can be.

In addition to direct effects, incest can also have some delayed implications, which often affect later on in life (Spaccarelli, 1994; Lataster et al., 2006). This can contribute

to the development of specific family relations and life scenarios. The following is an example from my practice: a 5 year-old girl, who had been seduced by her father, begins to resent her mother as a teenager for not having done anything to prevent this when she was a young child. But eventually his hatred put her in her mother's shoes, and the man whom she took as a husband, started seducing their daughter, so she "had" (the word used by the client, *author's comment*) to shut her eyes to this. This is how incest can pass from generation to generation.

Due to anatomic and physiological, hormonal, emotional, personal, and psychosexual changes taking place in adolescence, teenagers are especially vulnerable to the implications of incest (Daigneault et al., 2004).

It is of the utmost importance to diagnose the cases of incest and to estimate its psychological implications as early as possible. This is crucial for the children's psychological well-being, as they can be depressed by the secret of incest which hovers over them, and for the society altogether.

Psychologists differentiate 3 types of incest (Berliner & Wheeler, 1987).

The 1st type of incest occurs between relatives through sexual activity (between mother and son, father and daughter, a girl and her uncle, etc.) whereas the 2<sup>nd</sup> type takes place when two relatives share the same lover. It is showing off in sexual activity when two relatives share one sexual partner and are sexual rivals.

Psychological or symbolic (hidden) incest does not imply sexual relations between its participants. When symbolic incestuous relations take place in the family, a child can become a surrogate spouse. Within such quasi-matrimony, a parent starts to share information of a deeply personal, or even sexual character with his/her child, and makes him or her responsible for his or her own personal problems. In these circumstances, the child has ambivalent feelings and worries: on the one hand, s/he is proud of being entrusted with this whereas on the other hand, s/he is desperate because s/he feels the responsibility which is beyond his/her age and status. This leads to an imbalance in the roles within the family.

In my practice, I have had only a few clients who experienced incest. In all the cases, I was able to identify whether the person experienced incest or not with 90% accuracy already by the end of the first session. Although this might be considered intuition by some, I will describe later on in this paper how I was able to feel this instinctively.

Main behavioral characteristics of people who have experienced incest (Bancroft et al., 2012; Fontes, 2005).

The following feelings are very typical in people who have experienced incest at some level

- unfit, unimportant, dependent, insignificant;
- guilt, unable to identify their own needs and expectations, and therefore having difficulties with self-identification;
- chronic feeling of shame coming from dual connections in "mother-father" relations and from the feeling of insignificance and unimportance;
- ambivalent feeling of love and hatred towards the parent: on the one hand, child feels that s/he is in a special, privileged position, on the other hand there is lack of confidence since child fails to live up to expectations. Inconsistency of messages they receive can make them feel furious, angry, and desperate;
- unhealthy relations with partners: desire to establish superficial and short-term relations with multiple partners. Such people have difficulties creating deep, bonded relations; they easily make superficial connections but fail to gain satisfaction and break them off easily, which in turn, develops addictive behaviors, sexual dysfunctions, and compulsiveness. This is related to the chronic fear of being abandoned by people who can empathize and care about them. There is a constant search for the "perfect" / "flawless" partner, the thirst for unique relations based on mutual love. They usually feel guilty, regretful, remorseful, dissatisfied, and ashamed after each break up. This is not

only about narcissistic feelings after a break up, which would also involve feeling guilty, remorseful, dissatisfied, ashamed; this has more to do with incest-related feelings. The narcissistic feeling of shame differs from being ashamed after having been abuse.

*Working with abuse / incest victims.*

When studying this topic – and especially in my own practice – I found that various psychology and psychotherapy schools have put forward several ways to work with clients, who have experienced incest (“Practice Guidelines: Investigative Interviewing in Cases of alleged child abuse”, 2002). However, the beginning approach is one and the same. Firstly, it is necessary that the client acknowledges the fact that they enjoyed these relations with their abuser (“American Bar Association Commission on Domestic Violence”, 2001). This is characterized by numerous reasons, assumptions and moralizations on the behalf of a psychologist or psychotherapist as to the client should have enjoyed such relations (they mentioned loving the abuser as a parent; not asking for help, and multiple repetitions of incest without anyone preventing such relations). Secondly, the victim needs to recognize and show anger towards the other member of the family (the one who did not abuse, but who failed to protect them from the abuser).

Based on my findings, I would like to put forward a somewhat different approach to working with clients who have experienced abuse. The client, who recognizes what happened, feels enormously ashamed and guilty initially, for being the victim, secondly, for not having told anyone earlier, and, thirdly, for feeling inferior, which is a result of the reaction after the incest. Given the latter, the feelings get so encapsulated that client becomes seemingly “de-sensitized”, or experience alexithymia.

In some cases, when the event of abuse/incest is discovered significantly later (5 and more years after), the victim’s memories get so confused that it is already hard to tell what exactly the client was feeling at the moment of the abuse. And, thirdly, when approaching work with such clients in gestalt therapy, generally therapists cannot ask the client to admit to having received pleasure from their relations with the abuser, since the therapist does not know what the client feels, and every client’s feelings are unique.

Below are some replies to the question “What do you feel now, that you have told me about this?”

- I do not know, I feel prostrated. I do not know what to say.

- I feel ashamed. I feel ashamed that this happened to me. I feel guilty for not talking about it earlier, now that so many years have passed...

- I feel devastated, injured, betrayed... How could this person do this to me?

Hence, the first stage of work with victims of incest should ask the victims to share what happened. This is not easy for the clients, since often abusers, especially when they are the mother or the father, tell kids: “This is our business”, “If you tell anyone about this, something bad is going to happen to us”, or “If you tell someone, mom or dad is going to be in big trouble.” Sometimes even when no one forbids talking about incest, the victims suggest themselves that they should not tell anyone due to their projections of the abuser’s unwillingness. In any case, if the client surpasses the “first step”, we can then move forward to the second stage, which involves expressing suppressed feelings and emotions.

When listening to victim’s narration, psychologist / psychotherapist should be as neutral as possible, and, at the same time, be rather sensitive. Indeed, by showing feelings after the narration (those of shock, fear, anger, etc.), therapists demonstrate to the client that it is ok to have feelings. This transitions to where we gradually pass to the next stage of work, which involves expression of suppressed emotions.

The therapist’s sensitivity at the moment of transgression from the first stage to the second one is very important and merits further consideration. It is very important not to facilitate the client to have feelings which are identical to what therapist displays. Due to our own individuality, professional experience and ideology, we can each have different reactions to what is happening. Thus, the therapist might have a dominant feeling

of disgust in reaction to the story; however, this does not mean that the client is going to have the same feeling. Therefore, therapists should be careful and tolerant to not replace their clients' feelings with their own.

Our work becomes more complicated and delicate if the client refuses to recognize what has happened. When the client does not recognize the fact (and, alongside, the related burden and pain) of what happened but has shared his story, the therapist might ask himself if the story is really true and if the client was really abused, or whether it was merely his or her imagination. Nevertheless, the bigger question is not whether this is true or not; rather, the main question is: "Do I really need to know, whether this is true or not regarding this person (my client)?" The attention then shifts: we are interested not in the Truth per se, which is a legal issue, but the truth of this person and the way s/he explains her attitude towards what happened.

When the psychologist / psychotherapist is open and keeps his or her level of energy and vitality while keeping a firm attitude at the same time, the client feels support that he does not usually have, and knows that s/he can rely on his/her therapist when experiencing all the pain related to incest. This helps the client express suppressed emotions which used to be blocked. The therapist's work is to initiate this process and accept these emotions. Emotions can include fear, disgust, and rage towards the abuser and others, as well as the feeling of pleasure that was mentioned beforehand. However, it must be noted that usually this feeling replaces other feelings which are rejected by society. It is easier to feel and show guilt and be offended, as well as to justify the abuser (and the other parent), rather than to feel anger, rage, or even disgust, which are socially unacceptable feelings.

Throughout the work with such clients, the therapist perceive the victims' sense of shame. This feeling can permeate all therapeutic sessions, and, accordingly, throughout clients' lives. Feeling shame comes from being around other people, or when one feels being observed (which sometimes is only a work of imagination). It can be hard to identify, define and express. Initially, feeling of shame can seem toxic, but with the help of systematic / patient work of psychologists / psychotherapists, it will gradually diminish, giving way to other emotions, such as resentment, anger, rage, feeling guilty (the work concentrates on transgression from the child's way of feeling guilty to becoming an adult and a guilt-free grown up.)

This is the stage when anger toward the other parent, who was not the abuser but remained a tacit witness, can first appear. However, in my practice, I have found that anger and rage usually come to the surface significantly later, by the end of the cycle of sessions. This is related to the deep "parent-child" connection and to the pattern of justifying the one who did not defend, which was becoming engrained in the client's conscious and subconscious from the time of the abuse.

The final stage of work with clients who have experienced incest involves assuming responsibility for one's own future life. This is due to the fact that for an extended period of time, the traumatic experience had prevented or impaired healthy relations with the opposite sex, from assuming responsibility for restructuring relations with others, and from discovering one's sexuality. Although this is the final stage, it is the most crucial stage in the client's total recovery.

According to Bridget Martell's concept, the client needs to "repair the damage" either in reality or symbolically. How might this be? – Everyone has their own way and creative vision. A client of mine called her father-abuser after years of silence and asked him to apologize for having raped her for 7 years. This was her way of repairing the damage done to her.

«He was not sincere when saying sorry... First I got angry... I hung up and did not call any more. Six months passed and he called back and said that he had a dream where he again was having sex with me, and that he regretted it, saying that he could not forget



this, and he was sorry and it hurt to remember... Because after everything was over, when I was 14, I did not communicate with him for 11 years...”

As to how I can tell whether the client experienced incest / abuse already during the first session – I first analyze the relations the client builds with me. We can identify several types of relations therapist can be invited by the client to engage in:

- The client demonstrates a “victim” behavior, reproducing “child-parent (abuser)” relations.

- The client reproduces relations with the other adult (the one who did not commit the incest), i.e. client can in the same way keep what happened “in secret” (not talking about what happened for a number of sessions), and, on the other hand, be angry at the therapist who here represents the other adult who did not protect and did not save the victim.

- The client behaves as a “wounded” person, hoping to receive help, support, recognition of one’s significance and value from a third party, who (as the client hopes) shall figure out what “in fact happened”. This reminds the relations client used to have with significant people (teachers, coaches, distant relatives, friends), i.e. relations present in the background of incestuous relations.

When talking about countertransference, the therapist can subconsciously reproduce the situation of incest symbolically (Martel, 2007). Firstly, this can appear in the desire to become close to the client as soon as possible, and establish trusted relations with him/her, the way the abuser did to become sexually “close” with the victim. Secondly, the therapist can assume responsibility for a certain situation, the client’s life in general, rising from the desire to support and take care of him or her, especially at the moment when the client speaks about his/her sense of inferiority, insignificance, and shame; thus infantilizing the client, taking responsibility over him/her, making him/her dependent, re-traumatizing him/her in this feeling of insignificance, much like the abuser who took responsibility at that moment of the incestuous relations, making the client feel inferior and dependent. In this connection, the therapist should be very tactful and deeply reflexive when starting to work with clients who have experienced incest/abuse, to not re-traumatize them in order to achieve a successful outcome.

In conclusion, I would like to underline that incest is one of the most traumatizing abnormal contacts and relations among human behaviors (Lataster et al., 2006). According to the idea of ‘borders’ – a major principle in gestalt therapy – early transgression of borders in a child’s contact with the world leads to his or her building specific unproductive relations with other people for the rest of his/her life. That is, every time client breaks up with a partner with whom she fell in love, in reality, s/he is break up with his/her abusive parent. S/ he may have a pattern of finding men who are psychologically (less often, physically) abusive, and in this way, recreating, again and again, the role of a victim.

It is important to help victims go through the whole range of emotions related to the incestuous event, for clients to eventually gain true understanding of what happened. In this case, the past can and will become an invaluable experience. The person who was once a victim of incest will become free of it and with the help of this experience can receive hope for a full and healthy life.

*“I went to bed and was crying out loud from pain for three days. I felt devastated, injured, betrayed. How could this person do this to me? I was scared that if I told this secret, everyone outside would point fingers at me and say nasty things... But this did not happen. I was shocked. And soon I understood that sharing the secret brought the long-awaited liberation. I found that my childhood secret was not as shameful as I imagined...”*

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Л. Одишарія

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## СОВРЕМЕННЫЙ ВЗГЛЯД НА ОБЩЕПСИХОЛОГИЧЕСКУЮ ТЕОРИЮ УСТАНОВКИ

**Анотація.** Стаття відкриває цикл публікацій, присвячених сучасним поглядам на загальнопсихологічну теорію настанови і може слугувати посібником для ознайомчого екскурсу у цьому питанні. Перша публікація присвячена аналізу історичного, культурного та філософського контексту, в якому виникла теорія настанови. Стисло розкрито, в який спосіб поняття настанови «взаємодіє» з так званим постулатом безпосередності у психології; зауважено на особистісному характері настанови та її структурі. Коротко описано дослідження феномена настанови, її характеру та властивостей через ілюзії сприйняття. Представлено види настанови, які автор розуміє як компоненти структури настанови глобальної (цілісної).

Ключові слова: установка, об'єктивація, виправданість, розвиток, поведінка, несвідоме, потреба, ситуація, внутрішні сили.