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FAMILY SEXUALITY

Transforming Crisis

In the 19th and early 20th centuries, the primary reasons for marriage and family cohesiveness were economical and functional. Each member of the family had a particular job or function, and all functions were required to promote the economic survival of the family. This has radically changed. People marry for very different reasons, the primary ones being intimacy, emotional satisfaction, and self-fulfillment (O'Neill, 1972). In many areas of the world, the divorce rate is fifty percent, and separations occur in one-fifth of all existing families. The ratio of children living in single parent families is one in three, and is projected to be over one-half by 1987 (Press, 1983). This means that the majority of children will be living in homes with one of the natural parents absent. This has strong implications for family sexuality, and especially for sexual abuse (see section below, "The Dynamics of Parent-Child Sexuality").

The family is in crisis. There are a number of factors which disrupt family life, and these could be considered symptomatic or etiological. When divorced individuals are asked to clarify the reason for their dissolution, three main factors emerge: sexuality, money, and communication.

Child rearing is also an issue but doesn't occur as frequently as the other three. According to a survey, these issues are the most common factors which limit intimacy and fulfillment and which lead to divorce (Theis, 1977). Other common reasons are wife battering, child battering, alcoholism, addictions, child physical abuse, child sexual abuse, adultery, and infidelity.

Of all these issues, sexuality may be the most predominant and can be seen as a barometer for the relationship. It is one of the most frequently cited reasons for divorce. Good sexuality does not ensure a good relationship any more than warm temperature ensures good weather, but sexuality reflects the relationship style, as well as the personality dynamics of the partners. The incidence of sexual dysfunctions and sado-masochistic sexuality are increasing at an alarming

rate (Masters & Johnson, 1970). Sexual dysfunctions between parents are also a potential danger area for offspring, and in some cases, result in direct sexual abuse or sexual manipulation of children.

Family Sexuality

There are three types of sexual interactions within the family: between spouses (spousal), between siblings (sibling), and between parents and children (parent-child). The first and second types of family sexuality have both been widely researched and can both be seen as potentially healthy. The main criterion in determining health potential is the consent factor. Consent is defined by Webster as, "... to agree, to concur, to give assent or approval; voluntary accordance with..." Where consent exists, the potential for a healthy and productive interaction exists. Without consent, spousal sexuality can be a coercive and harmful act; in some cases, it can even be considered rape. Spousal sexual dysfunctions are quite common and have been very responsive to family therapy, personal therapy, and sex therapy.

Within the constraints of consent, sibling sexuality can also be seen as productive and healthy. Children often play "doctor" or "nurse" and explore each other's bodies; this is a normal part of sexual and personal development. The main determinant of health, again, is consent (initial and continuing). Without consent, sibling sexuality is manipulative and coercive, and quite harmful to the unwilling recipient. Consent is often a subjective issue, and is difficult to evaluate. Additional parameters which can help to distinguish consent from nonconsent are as follows: is the "victim" much younger, weaker, smaller, or emotionally insecure?; is bribery involved?; has the younger child been threatened with getting in trouble or with punishment if he/she tells?; did the older child have some responsibility for the younger child when the sexuality occurred? When the answer is yes to any of these conditions, it is likely that consent did not exist, and the sexuality which occurred was psychologically abusive.

It would be rare, and perhaps inconceivable, to find a case where parent-child sexuality involved consent. The child is clearly dependent upon the parent for love, has no clear definition of adult sexuality, has little capacity for mature sexual response, and has no needs that exist in the sexual realm. It is clearly a case of the child being manipulated to meet the sexual and/or emotional needs of the parent(s). In the majority of cases, it is the father who abuses the child (Rush, 1980). However, it is increasingly clear that mothers also abuse their children, but in more subtle ways (as will be seen later). Abuse of

children occurs in all types of families, crossing boundaries of social class indiscriminately. Florence Rush (1980) found that even in societies with no incest taboos, or where incest was sanctioned, the effects on the children were primarily negative and unhealthy. Other authors and researchers have described the psychological and emotional damage which molestation by parents creates (Rush, 1982) and this has been supported by the reports of victims as well.

The exact percentage of sexual molestation by parents is not known. Demographic statistics indicate that from 25-40 percent of children are molested by the age of 18. Fay (1979) and Rush (1980) report that 25-30 percent of children, nationally, are molested each year. In a random study of 4,000 American women done by the Kinsey team, 25 percent were found to have experienced a sexual encounter with an adult before age thirteen. Another study found that from 30 to 46 percent of all children are sexually assaulted in some way before reaching the age of eighteen (Fay, 1979). Of the approximately 25-40 percent of children molested, 85 percent are abused by a close friend, relative, or family member, although a common myth implicates the stranger (Fay, 1979). According to a small and recent survey, therapists estimated that one-third of child molestations were committed by parents, one-third by siblings, and one-third by others (Emerson, 1984).

Parent-Child Sexuality

Parental sexual abuse is defined as the forcing of sexual contact by the parent for the purpose of pleasure and satisfaction. Such sexual contact can be "nonphysical", and may involve a request by the parents for the child to: undress and show their genitals; view the parent undressing and/or masturbating; and listen to "dirty" stories, watch parental sex, or cooperatively view pornography. Physical forms of parent-child sexuality may include handling the child's genitals, handling the parents' genitals, attempts at penetration of the vagina or anus, or actual penetration (a rare occurrence). Following are several anecdotes which clarify the types of activities which parents do not conceive of as abuse, but which were highly disturbing to the children who reported them.

Barbara's mother tells her husband that it's time they talk to their daughter about sexuality. Seven months later the father "explains" sex to Barbara by pulling her into the bedroom, pulling out his erect genital, and masturbating to climax while describing the purpose of intercourse.

Johnny's mother, while bathing him, feels an intense curiosity about his anus, takes occasional secret pleasure in inserting her finger, "washing it out", and noting his "excited reactions".

These are several of many anecdotes reported every year, either as precursors to more extensive sexuality, or as isolated experiences in the lives of children. These abusive patterns might be curtailed to some extent by sanctioning all consenting forms of spousal sexuality as appropriate and ethical. Such sanctioning may be necessary in order to prohibit the spread of unresolved adult sexuality to children. Parents who are free to act out unresolved sexual issues with each other are less likely to do so with their children. When parents have themselves been oppressed – when their sexual explorations have been repressed by well-intentioned parents, it is normal for them to desire the rediscovery and exploration of these lost, prohibitive, and exciting feelings. It seems understandable they would attempt this with a loved and trusted person (i.e. the child) who would not judge them harshly nor condemn them to their peers. But the use of the child for the sexual liberation of the parent is harmful to the child, as well as to the offending parent.

Alice Miller (1981) has written on the kind of abuse which is neither overtly physical nor sexual, is primarily psychological, and involves the subservience and loss of the child's true self to the parents' narcissistic needs. Parents may act out unresolved sexual and other conflicts with their children, they may unconsciously demand that their children love and serve them in ways their own parents did not, and/or they may require their children to become what they are unable to become. In a sense, abuse is rampant in the form of conditional love, and can be seen as a primary precursor of the more pathological forms of physical and/or sexual abuse of children.

The Dynamics of Parent-Child Sexuality

As indicated earlier, fathers are the most frequent parental abusers. In addition, stepfathers have a much higher rate of child sexual abuse than do natural fathers. This has strong implications for single parent families (as mentioned earlier) – the presence of live-in boyfriends and the potential for stepfathers are much higher in single parent families, making them a special risk for child sexual abuse.

In many cases treated by myself and colleagues, a prototypical pattern for parental abuse has appeared, called male despair. The roots of this disorder are formed in the separation/individuation phase from ages two to five (as described in Rubin, 1983). Simply stated, men

have much greater difficulties with emotional connectedness or emotional union than do women. This occurs because they are forced to separate from mother and individuate, without the connectedness (same-sexed role support and role-modeling) that females enjoy as infants. When this is combined with emotional deprivation from father or mother, the potential conditions for despair exist. The male has intense emotional needs for connection or union, and these are difficult to admit to (being contrary to the male role). They are often displaced into adult sexual needs from the wife, and if they are not gratified, intense feelings of rejection and anger occur. If these feelings are not dealt with openly, male despair develops, and (1) the child is in danger of abuse, and/or (2) infidelity is probable. Following is an abbreviated statement from an abusive father:

I felt so lonely and rejected by her (the wife). She just didn't seem interested in me sexually. And I couldn't go elsewhere with my needs because she'd leave me if I did, and that didn't seem right. I just felt miserable and angry most of the time. I don't know why I just didn't get a divorce, but I love her. I guess that's why. I remember being so lonely one night that I even contemplated fondling and doing it with the dog. When my daughter and I cuddled at bedtime, it was difficult to stop from fondling her or touching her improperly.

In cases of male despair, the "charge" around sexuality is so intense that it is often impossible for the wife to feel any choice - there is so much male pressure that sexuality becomes dutiful (and therefore boring) or infrequent. The fact that abusive fathers often say of their wives, "she didn't come across often enough", or of their daughters, "nobody else cares about me", or "it's the only time I really feel loved", characterizes one of the major dynamics underlying abuse of daughters by fathers.

Another major dynamic in parental abuse of children is recapitulation, i.e., the parent unconsciously recreates his or her own childhood conflicts or traumas in the person of the child, and attempts to work these out through the child. For example, one parent had been severely repressed as a child. She had not been allowed to touch her genitals at any time except while toileting (not even while bathing). In her daughter, she unconsciously created the unhealthy position, and consciously provided the healthy position; that is, she rarely allowed her daughter to touch herself, but at the same time, touched her genitally in order to make her a "free and uninhibited" person. The ambivalent modeling resulted in severe sexual conflicts in the child. There are other cases where abused parents knowingly and willingly

recreate the same abuse in their children, and rationalize it as "character building" or as irrelevant ("it didn't hurt me, so why should it bother them . . . If it's good enough for me, it's good enough for them"). In such cases, the abuse is much more harmful to the child. Rush (1980) found that parental reconciliation with and understanding of the child's abuse was extremely conducive to psychological adaptation and health. The possibility of reconciliation is greater in parents who unconsciously or regretfully abuse than in parents who justify and rationalize their "right" to abuse.

According to Alice Miller (1981; 1984), the primary dynamic has to do with parental narcissism. Parents who were not the centre of attention, who were not special, who were not loved and acknowledged for their uniqueness may in turn demand that their children provide these needs for them. Such children are, in turn, unlikely to be seen and recognized for their uniqueness, for who they really are (the true self remains unrecognized and undeveloped). Such children become the objects of gratification for their parents. And the parents may then act out conflictual and/or ungratified sexual issues. They can be loved, touched, fondled, cuddled, and adored in a way they never were as children. They can feel a sense of power about themselves they never experienced as children. As Miller explains, "The child in his or her helplessness awakens a feeling of power in insecure adults and, in addition, in many cases becomes their preferred sexual object (1984, p.6)". For example, one mother had not been allowed to explore male genitalia while growing up. In many instances she was not allowed to look at or ask about her brother's or father's genitals, and an early instance of playing doctor and nurse had been repressively handled. Her conflicted and real need to explore male genitalia was too deeply buried and too embarrassing to raise with her husband. She was powerless to do anything, and the conflict was unconsciously acted out with her son during bathing and toilet training. She would, for example, "shake his penis out" after urination and delight in cuddling with him and watching it swell up. His bed wetting brought the problem to the attention of the mother and the therapist.

Preferred modes of treatment for such disorders should include long-term therapy and uncovering the repressed and unconscious material. The methods of choice here include psychoanalysis, psychoanalytic psychotherapy, regression therapy, and existential analysis or psychotherapy.

The Politics of Parent-Child Sexuality

The politics of sexuality between parents and their children are analogous to the politics of representative government. Representation is necessary in so far as the constituents (i.e. voters, the children, etc.) have little capacity to understand their choices or to communicate directly with those in charge. Children can do neither. While children can talk directly to their parents, they can rarely (until adolescence) conceptualize their sexual needs and express them clearly. Children are actually unable to represent themselves to parents or others, and require someone to support and represent their true needs and feelings. Children's fears about loss of love, fear of reprisal, or anxiety about family breakup make this sort of representation extremely vital and important.

The possibilities of adequate parental representation break down in the first place because parents do not understand the actual needs of children with respect to sexual issues. Children do not have sexual needs until puberty. Children do have a curiosity about sex, and a need for appropriate role modeling of congenital sexuality between mom and dad. When puberty develops, the adolescent needs the safety of nonsexual contacts with both parents, but especially the opposite-sexed parent. This is necessary because the needs to touch and be touched do not stop. Within the context of appropriate touching, adolescents need the safety of a physical relationship which inhibits the sexual responsiveness of parents and adults. In the healthiest of situations, sexual feelings about peers or family members can be discussed openly with parents, without the need to act out or manifest sexual behaviours. The sexual interests of the child, and the sexual needs of the adolescent require representation because, in simplest terms, they are unable to represent themselves. Children and adolescents need verification of their physical and sexual qualities just as much as they need verification of other talents and unique capabilities. The primary verification is toward sexual experimentation and/or loving contacts with peers, and the precursors of healthy adaptation lie in the verification of rights to feelings in the sexual sphere. Many parents are able to represent and verify the emerging sexuality in their children in appropriate ways. For example, one mother told her 17 year old daughter, "You looked like you were really excited and happy when Bobby hugged you. One of the wonderful things about growing up is the opportunity to feel sexual with someone you love. I can't think of anything I enjoy more with your father than having sex with him. If you ever want to discuss your sexual feelings with me, or birth control, or moral issues, just let me know, I'd be glad to".

While representing the sexual needs and feelings of the child or adolescent to himself or herself is vital, the need for representation is even greater when abuse has occurred. The probability of adequate representation is much less in such cases, because of communication difficulties on the victim's part, and resistance issues on the parts of parents and health-care practitioners. Children's communication patterns about sexual abuse are vague and indirect. They are most often unable to talk about what happened. Instead, they may, for example, be reluctant to go to a particular place in the house, may suddenly turn against the "offending" parent, may show an unusual interest in the genitals of people or animals, or may want to "french kiss" or show other inappropriate sexual behaviors. Many times they exhibit general signs of emotional conflict such as bed wetting, sleep disturbances, nightmares, excessive fears, loss of appetite, and other symptoms of emotional difficulties (not just sexual traumatization). In turn, the parents are often unable to represent their child. The offending parent is likely to deny or rationalize the sexuality. For example, common responses of fathers when they are forced to acknowledge that something did happen are: "It wasn't serious - what's the big deal?; It didn't hurt the kid, in fact she enjoyed it; It was her fault, she asked for it". The non-offending parent (usually the mother) is often unable to acknowledge the indirect information from the child because she is dependent upon her husband, economically or emotionally. In addition, she often fears reprisal from her husband, fears that reporting it will further traumatize her child (especially hearings and court appearances), considers her child incapable of talking about the sexual incident anyway, and/or may feel guilty because of her own sexual unresponsiveness to her husband.

The possibility of representation is further complicated by the mental health profession. In fact, therapists have traditionally been unable to represent the sexually abused child. Sexual traumatization is severely repressed. The therapist needs to be familiar with approaches which uncover and explore the unconscious realms, such as art therapy, play therapy, sandtray therapy, regression therapy, and child psychoanalysis. The majority of therapists have not been trained in these approaches. In addition, the proliferation of Freudian theory in the backgrounds of most therapists supports an anti-representative position with respect to sexual abuse. Freudian theory treats reports of sexual abuse as fantasy rather than fact. So from the early 20th century onward, analysts and therapists have been suspicious of their patients' (especially child patients') reports of parental seduction. In addition, children themselves have been suspect because of their capacities to "tell stories". However, most child experts agree that children are not able to lie about such issues. As Press (1984) concluded, "Most

experts insist, however, that children almost never lie about sexual abuse, since most of it goes beyond anything they can imagine - or even see on TV". In fact, children are more able to distinguish reality from fantasy than are adults (Fay, 1979), and their memory of the seduction is more recent. For both these reasons, the reports of children should be believed and honoured.

The politics of parent-child sexuality is infused with inadequate representation. For the reasons cited above, psychoanalysis, psychotherapy, and abusive parents have colluded in the suppression and repression of children who had in fact been abused. The same conclusion has been reached by Miller (1984), who elaborated eloquently on the history and pervasiveness of this condition. This collusive effort has enormous implications: (1) the child's sense of trust in his/her own experience is not only ignored, but is lost and ultimately destroyed by the unsympathetic milieu of the healer and the family; (2) abusive parents are protected from confrontation, and can thereby continue their patterns of abuse; (3) the pathological impacts of child abuse remain hidden; (4) the child carries the burden of repression and unconscious guilt; and (5) the etiology of abuse-related psychopathologies remains obscure. On the other hand, if the ultimate goals of representative politics were manifested, then (1) the primary position of the mental health practitioner would be representational, i.e., to reflect and verify the actual experiences of the traumatized patient; (2) the primary position of the offending parent would be to admit misrepresentation, i.e., to admit the wrongdoing, to accept responsibility for meeting sexual needs in a responsible manner, and to acknowledge the pain, rage, and betrayal of the child as justified; and (3) the major activities of the non-offending parent would be confrontational (getting the truth from the offender) and representational (verifying the actuality and the emotional trauma of the child's abuse; and representing the child to legal agencies and authorities).

With respect to legal representation, it is hopeful that parents will be able to testify for their children, and/or that children will be able to testify by closed circuit television. Current legislation in California and other states is being proposed which would allow children to testify via closed circuit or videotaped testimony. In addition, various states in the U.S. are making courts more appealing and functional for testifying children, e.g., children are provided with appropriately sized furniture, anatomically-correct dolls and puppets, and even therapists to help them to "show" with their anatomical models what had happened to them.

In spite of the above support systems, the main support for the abused child or adolescent is likely to be the non-offending parent. When the non-offending parent can mirror the pain and confusion of the abused child, can discuss and model (along with a parent advocate) appropriate sexual roles for the offending parent, and can represent the child in the legal sphere, the harms caused by sexual abuse of children will be productively ameliorated for the child as well as the offending parent. In turn, the adequate protection and representation of abused children will refocus the family in a direction of truthful confrontation. The resulting clarification and resolution of sexual and emotional conflicts within the offending parent, and between both parents, will strongly promote the growth and solidarity of the family unit.

In the meantime, it would be well for existing parents, teachers, and others involved with children to teach them to say "NO", to discriminate OK touches from non-OK touches, and to hollar for help if they feel something "not OK" is happening. An ounce of prevention is worth a ton of cure.

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