

# DEFINING A SYNDROME OF SEVERE SYMPTOMS IN SURVIVORS OF SEVERE INCESTUOUS ABUSE

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## ABSTRACT

*Severe symptoms are described in 10 women treated in a group for adult incest victims who had been psychiatrically hospitalized at least once. All these patients suffered at least 7 of the following 11 severe symptoms: dissociative symptoms, borderline personality disorder, legal involvements either with family court or other law enforcement systems, substance abuse, subsequent rapes, physical abuse by sexual partners, multiple suicide attempts, affective disorder, multiple psychiatric hospitalizations, somatization disorder, and eating disorder. All met criteria for post-traumatic stress disorder. Their child abuse histories were extreme.*

Prior surveys of child and adult survivors of incestuous abuse have tended to support the hypothesis that their symptoms represent post-traumatic sequelae (Briere & Runtz, 1987; Burgess & Holmstrom, 1974; Goodwin, 1985, 1987a; Herman, 1981; Livingston, 1987; Meeselman, 1978; Mrazek & Mrazek, 1987). As many as 80 percent of sexually abused children report some acute symptoms (Conte & Schuerman, 1987; Gomez-Schwartz, Horowitz, & Sauzier, 1987). The most commonly seen symptoms, each found in 10 to 33 percent of sexually abused children, include: 1) emotional upset and fears, 2) regression in behavior and abandonment of former activities, 3) repressed and overt anger, 4) recurrent nightmares and 5) low self-esteem with depression. In previous publications, the mnemonic "FEARS" has been used to designate these five types of common sequelae: 1) fears, 2) ego constriction, 3) anger dyscontrol, 4) repetitions (in nightmares or flashbacks) and 5) sadness with sleep disturbance (Goodwin, 1985, 1987a). These symptoms constitute the five cardinal signs of post-traumatic stress disorder originally described by Kardiner (1941) in shell-shocked combat veterans. In studies of adults (Donaldson & Gardner, 1985; Herman & Schatzow, 1987; Herman, Russell, & Trocki, 1986; Lindberg & Distad, 1985; Sedney & Brooks,

1984) these five types of symptoms are each found in over half of incest victims entering treatment. The higher frequency of symptomatology in this adult group may result from the fact that it is the more symptomatic survivors who seek treatment; however, data from victims not in treatment also document the occurrence of these symptoms at higher frequencies than found in child populations (Herman, Russell, & Trocki, 1986; Sedney & Brooks, 1984). Adult incest victims complain of being hyperalert (76%) (Lindberg & Distad, 1985) and nervous (63%) (Sedney & Brooks, 1984); of having inhibitions around sexuality (61 to 94%) (Donaldson & Gardner, 1985); of experiencing continuing anger about the incest (70%) (Donaldson & Gardner, 1985); flashbacks (80%) (Donaldson & Gardner, 1985) and nightmares (70%) (Donaldson & Gardner, 1985), and guilt (100%) (Lindberg & Distad, 1985) and depression (66%) (Sedney & Brooks, 1984). Most adult incest victim's groups (Tsai & Wagner, 1978) are designed to explore these symptoms and connect them with the childhood sexual and other other abuse.

The present study describes a cluster of severe symptoms found in a small sample of adult incest victims all of whom had sustained at least one prior psychiatric hospitalization. Using detailed clinical data, we explore the possibility that these severe symptoms might be sequelae of the extreme incestuous abuse which was present in all cases.

Severe symptoms have been described previously in incest victims but at relatively low frequencies. In 318 children sexually abused within the past 6 months (Conte & Schuerman, 1987) severe symptoms included: 1) daydreaming with memory loss (14%); 2) body image problems (8%); 3) problems with police (3%), and drugs or alcohol (2%); 4) age inappropriate sexual behavior (7%) and self-endangering behaviors (5%); and 5) suicidal thoughts (6%), psychosomatic complaints (10%), and eating disorders (1%). Adult incest victims report a higher frequency of severe symptoms with 1) 33 percent reporting dissociative symptoms (Lindberg & Distad, 1985) and 8 percent diagnosed as multiple personality disorder (MPD) (Cole, 1985; Goodwin, 1987; Putnam, Guroff, Silberman, Barban & Post, 1986); 2) 17 percent have borderline personality disorder (BPD) (Herman & Schatzow, 1987); 3) alcohol and substance abuse are found in 12 to 31 percent of adult victim samples (Donaldson & Gardner, 1985; Herman & Schatzow, 1987; Sedney & Brooks, 1984); 4) rape or other crime victimization is found in 20 to 46 percent (Cole, 1985; DeYoung, 1983; Miller, Moeller, Kaufman, DiVasto, Fitzsimmons & Christy, 1978; Sedney & Brooks, 1984); 5) 46 to 48 percent report suicidal

thoughts (Donaldson & Gardner, 1985; Lindberg & Distad, 1985) with 21 to 24 percent having made prior attempts (Herman & Schatzow, 1987; Lindberg & Distad, 1985), and 23 percent report medical problems (Donaldson & Gardner, 1985).

Previous studies of hospitalized psychiatric patients also describe a sub-group of incest victims with severe symptoms. Livingston (1987) found prior sexual abuse in 13 of 100 consecutive admissions to a child inpatient unit; these children were more likely than either physically abused or non-abused inpatients to have psychotic symptoms, major depression and somatic complaints. Kohan and co-workers (1987) found sexual and violent acting out in over 50 percent of child inpatients with sexual abuse histories. However, Emslie and Rosenfeld (1983) found no direct effects of incest in psychotic child inpatients. Goodwin and co-workers (1987) found prior sexual abuse in half of 40 adult female inpatients. The half of the sample with prior sexual abuse contained all the patients with current family violence problems and all with diagnoses of substance abuse, explosive disorder, and multiple personality disorder. Rieker and Carmen (1985) found increased suicidal behavior in the 20 percent of adult inpatients who reported sexual abuse in childhood. Inpatients with both physical and sexual abuse in childhood were most likely to have harmed themselves (30%), followed by the sexual-abuse-only group (20%), then the physically abused group (14%), and the non-abused group (10%).

To explore the severe symptoms clustering in the 10 patients in this study, detailed clinical data were collected regarding a) post-traumatic symptoms, b) severe symptoms and c) childhood experiences of physical and sexual abuse.

## METHODS

The present study describes 10 consecutive members of a 12-week incest victims' group for survivors who had also sustained at least one psychiatric hospitalization. Included are all individuals who participated in at least one group meeting. This group was designed to provide services to victims who might be "screened out" of other survivor groups in the community which are volunteer-led support groups.

At entry, group members completed 1) a symptom questionnaire (Kellner, 1987), which produces scores for anxiety, depression, somatization and hostility, 2) a sexual abuse screening questionnaire (Goodwin, McCarty, & Divasto, 1982) and 3) checklists for somatic symptoms, dissociative experiences and family violence experiences. Hospital charts and transcripts of group meetings were reviewed.

## RESULTS

The 10 incest survivors ranged in age from 31 to 47. All were supported by disability income. Five had high school education only; five had some college in addition. Five were divorced, three single, and two married. Three lived with male partners and each of those three had a child in the home (one had relinquished parental rights but lived in an

extended family arrangement with the adoptive mother of this child; both other mothers had regained custody after the child had been placed by protective services).

## POST-TRAUMATIC SYMPTOMS

Although none had been diagnosed previously as having post-traumatic stress disorder, the 10 victims in this sample met criteria, and manifested extreme forms of the post-traumatic symptoms previously reported in incest survivors.

*Fear and Anxiety.* Eight of the 10 scored as anxious on the Symptom Questionnaire. Five of the 10 described barricading themselves in their blacked-out rooms at times when they were frightened of men.

*Ego Constriction—Sexuality.* All 10 had at least one sexual dysfunction. Four were anorgasmic. Two were unable to tolerate certain sexual practices—one kissing and one the inferior position in intercourse. Three had sought sexual relationships with women because of orgasmic difficulties with me. One with multiple personality disorder was orgasmic only in a highly sexualized alter identity. Two practiced compulsive masturbation—up to 70 times per day—with various objects including toothpaste tubes, brooms and bottles. One had "flashed" men, opening what she described as a "nun's costume" to reveal her naked body.

*Anger Dyscontrol.* All 10 had high hostility as measured by the Symptom Questionnaire. Four had detailed plans to murder their primary incest perpetrator.

*Repetitions.* All 10 had waking flashbacks to the sexual abuse. Visual, olfactory and auditory flashbacks were present and were often identical with recurrent nightmare images. Six of the 10 had complained of hearing voices; all heard the perpetrator; some heard other voices as well. One victim's description is typical: "It's like my father's beside me again telling me to commit suicide."?

*Sadness.* Nine of the 10 scored as significantly depressed on the Symptom Questionnaire. One group member articulated the universal problem of self-esteem: "I feel I'll go crazy if I don't do something about my bad feelings about myself."

## SEVERE SYMPTOMS

*Fugues and Other Dissociative Symptoms.* All 10 had at least one major dissociative symptom. One was diagnosed as having multiple personality disorder; her many symptoms are not included in the tallies below. One was diagnosed as having a fugue; she had found herself inexplicably in a foreign county. Seven had trancelike episodes. Four had no memory for important life events. Three had prominent imaginary playmates persisting into late adolescence: two had named childlike playmates that they conversed with; the third had a "little man," three inches high, who she "kept in her pocket." Two had perplexing people, places, and possessions, that is, the recurrent experience of not recognizing persons, places or objects which circumstances indicated should have been familiar. Four were able to ignore pain; these four were also repetitive self-cutters. Two used different names in the group. One had recurrent episodes of



believing she was Marilyn Monroe. One had episodes of "feeling seventeen years old or four."

*Ego Splitting with Borderline Ego Pathology.* Nine of the 10 had been diagnosed as having borderline personality disorder. Of these nine, eight had greater than 5 hospitalizations, seven did repetitive self-cutting and seven had eating disorders.

*Antisocial Behaviors.* This term is used descriptively as none of the victims met criteria for antisocial personality disorder. All six victims with children had lost custody of their children, five with protective service involvement, and three permanently. Parenting problems included neglect in two cases, abandonment in two, and physical abuse in two cases (e.g., "I threw my three year old into a wall and he hit his head on the bathtub." Five had other legal involvements including arrests for prostitution (three had had venereal diseases); drug possession, shoplifting, vandalism and disturbing the peace. Seven had alcohol abuse diagnoses and all seven had other polydrug abuse; six had been hospitalized with a primary substance abuse diagnosis.

*Reenactments.* All 10 had been raped subsequent to their incest victimization. Three had been raped once, 3 twice, 2 three times and 2 four times. One rape had led to criminal conviction of the perpetrator. One rape resulted in pregnancy and stillbirth. Five had been sexually abused by someone in a care-taking or authority role: two by policemen, one by a teacher, one by a family physician, and one by a therapist. The vulnerability of incest victims to sexual abuse by therapists had been previously described by DeYoung (1983). Two women had reported rapes to the police only to learn later that they had invited the man involved to a sexual encounter but had dissociated this; this phenomenon has been reported previously in patients with dissociative disorders (Goodwin & McCarty, 1985; Schafer, 1986). Seven had been physically abused by sexual partners. In four women this had occurred with more than one partner. Two cases involved death threats and weapons. In one of these cases the husband harangued the wife about her incest experiences during beatings; in the other extreme case the husband inserted objects into the wife's vagina during beatings—she was one of the two women in the sample to experience a bone fracture secondary to spousal abuse.

*Suicidality and Somatization:* All 10 had attempted suicide; nine had made more than one attempt. Nine had taken multiple overdoses; seven practiced self-cutting; four practices head-banging or hand-banging (one had broken her hand in this way); three pulled out hair or peeled off skin.

All 10 had been diagnosed as having a major affective disorder. Six had been diagnosed as depressed, two as schizoaffective, and two as having atypical affective disorders. All 10 were taking antidepressant and/or mood stabilizing medication at entry to the group. All had undergone more than three psychiatric hospitalizations.

Nine of 10 had multiple somatic complaints as measured by the Symptom Questionnaire. Eight met Othmer and DeSouza's criteria for Somatization Disorder (1985). Nausea and vomiting, and fainting were the most common symptoms, occurring in seven patients. Two women reported prior conversion disorders; both had experienced

blindness and paralysis. Two reported prior seizures; both pseudoseizures and neurological seizures have been reported in incest victims (Goodwin, Simms, & Bergman, 1979; Goodwin, 1987). Four of the 10 had been diagnosed as having endocrine disorders: two thyroiditis, one hypothyroidism and one hyperprolactinemia. Two were taking medication for asthma and two for seizures. Two had undergone multiple knee surgery. In all, 8 of the 10 were taking medication for non-psychiatric diagnoses.

Seven of the 10 had been diagnosed as having an eating disorder; three had bulimia with obesity; two had bulimia; two had bulimia with anorexia. Two others had episodes of fasting and vomiting which had not been diagnosed as an eating disorder. Two of the bulimics and both of the anorexics had been hospitalized for the eating disorder.

### CHARACTERISTICS OF CHILDHOOD ABUSE

All 10 had sustained intrafamilial sexual, physical and emotional abuse and all 10 had witnessed other family members being physically abused.

In all 10 cases there were multiple sexual abusers in childhood. Natural families were involved in all except one case which involved the foster family with which the woman lived from age two to nine. Father and brother or brothers were involved in eight cases; in three of these situations, additional perpetrators were named as well (cousin; uncle and mother; and brother's friends). In two cases an uncle was the primary sex abuser with non-family members sexually abusing as well. In all 10 cases vaginal intercourse took place; oral intercourse was present in 8 cases; and vaginal insertion of objects was a feature of 2. Nine of the 10 were age eight or younger at the onset of the intrafamilial sexual abuse; the tenth patient was sexually abused by a neighbor at age five, but was twelve when sexual abuse began with her uncle. Total duration—adding the duration with all intrafamilial abusers—was over five years in 9 of the 10. All 10 felt their mothers had failed to protect them. The spectrum of mother's involvement included: 1) participation in the sexual abuse, in one case; 2) participating in physical abuse by the sexual abuser, one case; 3) watching the sexual abuse, two cases; 4) instructing the daughter to keep the secret, one case; 5) blaming the daughter when told, one case; and 6) doing nothing when told, four cases. Protective services were involved in one case; in one other case disclosure was made to a therapist who did not report. However, although only one was removed from home by protective services, eight others left home prior to age 16 as runaways. Six of the 10 identified other sexual abuse victims in the family.

All 10 were physically abused in childhood. In two cases beating and choking were part of the sexual abuse. Two were kicked; eight were beaten with objects; two were threatened with knives or guns. The one patient who was sexually abused in foster care had been placed after being found abandoned in an alley.

All 10 had witnessed other family members being beaten. In nine of these parental fights were prominent, as: "He used to rape her anally and then beat her with a strap." In the tenth case, a brother had murdered the physically abusive

father.

All 10 reported "yelling and screaming" at home. Nicknames in childhood included "ugly," "filthy," "prick tease" and "fat ass." In 8 of 10 cases one or both parents were alcoholic; seven fathers and four mothers were alcoholic. One patient reported alcoholism in four generations of family women ranging from her great-grandmother to herself. Two fathers and one mother were psychiatrically hospitalized for paranoia or depression.

## DISCUSSION

The 10 women seen in this group experienced post-traumatic symptoms as usually found in adult survivors but in more extreme forms. However, their clinical courses were dominated by five additional groupings of more severe symptoms. These more severe findings included: 1) dissociative symptoms (10:10); 2) borderline personality disorder diagnoses (9:10); 3) legal problems including child custody matters or arrests (all six with children had lost custody of the child at least temporarily) and other antisocial behaviors including alcohol and substance abuse (7:10); 4) revictimization in the form of subsequent rapes (10:10) and physical abuse by sexual partners (7:10); and 5) multiple suicide attempts (9:10) and somatic symptoms. All 10 had been diagnosed as having major affective disorder, and all had had multiple (three or more) psychiatric hospitalizations. Eight of 10 had multiple somatic symptoms, and seven had diagnosed eating disorders. All 10 survivors in the group had at least seven of these 11 severe symptoms.

I would suggest a second FEARS mnemonic for these severe symptoms: 1) Fugues and other dissociative symptoms; 2) Ego splitting and disintegration (borderline personality disorder); 3) Antisocial acting out (arrests, abuse of own children, alcoholism or substance abuse); 4) Reenactment of the abuse (rape, battering); and 5) Suicidality and Somatization (including mood disorder, multiple hospitalization, eating disorder).

The child abuse histories were extreme in these cases. Abuse was multimodal including sexual, physical, and emotional abuse as well as witnessed violence. The sexual abuse was severe involving penetration and multiple partners in all cases. Age at onset was early, duration was long, maternal protection was not available. Previous studies have reported associations between these indices of severity of

incestuous abuse and the severity of later symptoms (Goodwin, McCarty & DiVasto, 1982; Goodwin, Attias, McCarty, Chandler, & Romanik, 1987; Herman, Russell, & Trocki, 1986).

In group psychotherapy there were indications that certain of the severe symptoms usually considered part of borderline personality disorder (BPD) were integrally related to prior abuse. Previous studies have reported a 30 to 70 percent frequency of prior incest in patients with BPD (Herman & Van der Kolk, 1987; Saltman & Solomon, 1982; Schultz, Kluff, & Braun, 1986). Both homosexuality and paraphilias are found with six-fold higher frequencies in women with borderline personality disorder (Zubenko, Anselm, Soloff, & Schulz, 1987); in this group extreme sexual behaviors appeared to be related to the sexual dysfunction aspect of their post-traumatic disorder. Self-mutilation may be another borderline symptom which can be linked to prior child abuse. Three of the self-cutters in our group also described detailed revenge plans to stab the incest perpetrator. Two found themselves frequently holding knives with amnesia for how this had happened. Two described the self-cutting as a way "to keep bad memories away." One patient with multiple overdoses had been chemically abused from infancy by her substance abusing mother.

Eating disorders have been reported previously in patients with dissociated traumatic experiences involving eating (Torem, 1986). Five of the seven survivors in this group diagnosed as having eating disorders related their habitual vomiting to oral sex. "If I could get the semen out of my stomach I'd feel better." "I have the feeling of the penis in my mouth all mixed up with food." "When I self-induce vomiting it's like my father's right behind me pressing against me." "It's like I'm pretending I'm purging all over him."

It is perhaps expectable that multiple and extreme symptoms would be associated with multiple and extreme environmental risk factors. More research is needed to document the link found in this small sample between severe symptoms and prior extreme incestuous abuse and to determine whether treatment focussed on the child abuse can mitigate the disabling severity of these problems. These preliminary data suggest that patients with severe symptoms may be at risk for multiple diagnoses and multiple medications while their ongoing family violence experience remains relatively unexplored and their severe symptoms continue. ■

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