SEDUCTION TRAUMA: REPRESENTATION, DEFERRED ACTION, AND PATHOGENIC DEVELOPMENT

HISTORICAL INTRODUCTION

Seduction trauma refers to a range of phenomena currently described under the rubric of child abuse. Freud elucidated the fantasy distortion and elaboration of traumatic experience and retained the importance of actual trauma. Psychic trauma is associated with the alteration of self and object representations and ensuing new identifications, e.g., with victim and aggressor. The "deferred action" of psychic trauma is an antiquated concept and psychic trauma has immediate effects as well as far reaching developmental consequences. Prior trauma predisposes to later traumatic vulnerability and to trauma linked to phase specific unconscious conflict. The pathogenesis of child sex abuse and the enactment of oedipal incest extends before and after the oedipal phase, is often associated with other forms of abuse, and has a history of pathogenic parent-child relationship.

This is the 100th anniversary of the publication of *Studies on Hysteria* (Breuer and Freud, 1893–1895) with its exploration of seduction trauma and treatment through abreaction or "catharsis." The seduction theory proposed that the psychopathology of adults stems from repressed childhood sexual trauma. Childhood seduction trauma is now designated as the sexual abuse of children, a problem of enormous psychological and social importance. Currently the term *seduction* may be regarded as an umbrella concept which includes seductive behavior, sexual harassment, coercive molestation, sexual abuse, and

Clinical Professor of Psychiatry, New York University College of Medicine.
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child rape. No child can give informed consent to a sexual relationship.

The discarded seduction theory was a theory of etiology with a unitary pathogenic agent. Traumatic seduction, however, was never actually abandoned as pathogenic. Repressed traumatic memories were regarded as similar to encapsulated harmful foreign bodies that could cause later disorder. Freud gradually recognized that the reports by his patients of childhood incest were often fantasies, or as he came to understand, admixtures of fantasy and reality. Freud certainly appreciated the importance of incest and other forms of abusive behavior involving children. No doubt child molestation, child prostitution, and child pornography flourished in turn-of-the-century Vienna, as it did throughout the world.

This paper will address the importance of both psychic and external reality, that is, the importance of both reality and fantasy in the overdetermination of incestuous traumatic abuse and subsequent developmental disturbance. There is a continuous overlap and interplay between psychic reality and external reality, and unconscious fantasy codetermines actual experience (Arlow, 1969). I shall stress the anchoring of unconscious fantasy in external reality; the role of identifications, especially identification with the aggressor, and with the defenses of the aggressor; and pathogenic development. The concept of deferred action will be questioned, highlighting issues of traumatic memory and the immediate and persisting effects of trauma. Incest trauma in protean form will be considered in conjunction with changing psychic representations of self and object, and the subsequent transformation of the personality. Traumatic experience tends to produce a fixation to trauma, a fear or phobia of the traumatic situation; or, in contrast, a traumatophilia, an attraction to and often unconscious seduction of trauma; that is, a seeking after traumatic experience, repetition of the trauma in thought, feeling, and action, as well as a vulnerability to regression and retraumatization. A traumatized person may try to avoid or to arrange potential traumatic revivals.

Breuer and Freud (1893–1895) observed, "hysterics suffer mainly from reminiscences" (p. 7), referring particularly to traumatic memories of "seduction." There was generally not "the single traumatic cause but a group of similar ones" and therapy required

"taking all the provoking causes into account" (p. 173). "The particular nature of the symptoms is explained by their relation to the traumatic scenes which were their cause" (p. 14). Freud (1896) also wrote of partial traumas, "which have only been able to exercise a traumatic effect by summation" (p. 6). One may recognize here the forerunner of the later concepts of strain trauma (Kris, 1956), cumulative trauma (Khan, 1963), and deferred action. When siblings were involved in actual incest, Freud (1896) concluded that these siblings had already been seduced by an adult. This was an early example of the repetition of trauma and the child's identification with the abuser or aggressor in repeating the traumatic experience. Those who were seduced became seducers, and seduction trauma led to the seduction of trauma. Abuser and abused were then alternated or amalgamated. Children who have been abused are at risk for abusing themselves or others.

Modern concepts of trauma derive from Freud's discoveries and formulations. Myths and folklore testify to the cross-cultural importance of childhood "seduction traumas." Freud had encouraged Otto Rank to present his studies of incest drama to the first three meetings of the Wednesday night group in Freud's apartment (October 1906). This work became Rank's 600-page volume, *The Incest Theme in Literature and Legend* (1912). Rank provided extensive literary confirmation of Freud's clinical formulations. Freud's studies led him to elaborate the preconditions and predisposition to "seduction trauma," the cause, content, and consequences of trauma, assimilation, and later recovery from trauma. Fixation to trauma implied "unfinished business" and a tendency for trauma to have an organizing effect (Greenacre, 1952), for trauma to be cumulative, repeated, with the interweaving of shock and strain trauma (Kris, 1956; Blum, 1986). Constitutional factors and innate predisposition were important considerations in both parent and child. Defining trauma in psychobiological terms, Freud (1917) referred to "an increase of stimulus too powerful to be dealt with or worked off in the normal way, and this must result in permanent disturbances of the manner in which the energy operates" (p. 275). Freud's (1926) definition of trauma emphasized the experience of traumatic anxiety and ego helplessness and was linked to unconscious conflict: "we have a perfect right to describe repression, which lies at the basis of every

neurosis, as a reaction to trauma—as an elementary traumatic neurosis. . ." (1919b, p. 210). The introduction of structural theory further emphasized universal unconscious conflict, with determinants from all three psychic agencies and reality. The two theories of psychic trauma and psychic conflict were interrelated, though sometimes isolated and sometimes integrated in subsequent theory and practice.

Psychic trauma had damaging consequences. The concept of permanent disturbance remains important, but different from the attenuation, sublimation, and mastery of trauma. Freud (1937) later paradoxically proposed that neuroses in which trauma was a prominent factor had a far more positive prognosis. Freud's multiple perspectives, shifting emphases, and sometimes paradoxical positions contributed to later analytic controversy over his own and subsequent views of endowment versus experience, and oedipal fantasy versus actual traumatic seduction. Furthermore, discrete incidents of traumatic seduction were not equivalent to pathological incestuous relationships and sexual abuse extending over time and different phases of development (Neubauer, 1967). The concept of cumulative trauma coalesced with later concepts of developmental disorder and deviation.

Freud's formulations concerning the fantasy or reality of childhood seduction were inconsistent, and on occasion he proposed that differentiation might not only be impossible but perhaps did not matter (1917, p. 370). Isolated statements were often cited; for example, "neurotic symptoms were not related directly to actual events but to wishful phantasies, and that as far as the neurosis was concerned psychical reality was of more importance than material reality" (Freud, 1925, p. 34) and "hysterical symptoms had derived from phantasies and not from real occurrences" (Freud, 1933, p. 120). He had also learned (1905, p. 274) that seduction fantasies might fend off "memories of the subjects' own sexual activity (infantile masturbation)," but he also questioned his possible personal influence in some patients' reports of childhood seduction.

The notion that Freud abandoned the significance of real experience and attended only to isolated fantasy is contradicted in the corpus of his scientific writing (Schimek, 1987). His case histories and papers are replete with references to actual incestuous seduction. Freud continued to seek historical truth in his final papers on

"Constructions in Analysis" (1937) and "Moses and Monotheism" (1939). Freud (1917) had stated:

> If the infantile experiences brought to light by analysis were invariably real, we should feel that we were standing on firm ground; if they were regularly falsified and revealed as inventions, as phantasies of the patient, we should be obliged to abandon this shaky ground and look for salvation elsewhere. But neither of these things is the case: the position can be shown to be that the childhood experiences constructed or remembered in analysis are sometimes indisputably false and sometimes equally certainly correct, and in most cases compounded of truth and falsehood [p. 367].

In this connection he stated (Freud, 1900), "Hysterical symptoms are not attached to actual memories, but to phantasies erected on the basis of memories" (p. 491). Freud (1917) repeatedly stressed the reality of trauma: "Fantasies of being seduced are of particular interest, because so often they are not fantasies but real memories" (p. 370). Freud (1931) later stated, "Actual seduction is common enough . . . it invariably disturbs the natural course of the developmental processes, and it often leaves behind extensive and lasting consequences" (p. 232). Half a century later, Anna Freud (1981) reasserted her father's findings: "Far from existing only as a fantasy, incest is thus also a fact. . . . It would be a fatal mistake to underrate either the importance or the frequency of its actual occurrence" (p. 34). The traumatic, pathogenic effects of incest are compounded because the child cannot turn to the parent for help when the parent has sexually abused the child.

Although it is sometimes very difficult or impossible to differentiate the fantasy from the reality of child abuse, there has been an attempt to use this issue to inflict abuse on Freud and psychoanalysis. Freud was accused in his lifetime of often suggesting fantasies and false memories of seduction to his patients. Freud has now been misinterpreted and misrepresented as the parent who abuses the child and conceals the abuse, or as the colluding parent who inflicts parallel or further abuse on the child by denial and disavowal of the reality of sexual abuse. Freud is depicted by detractors as living in a fantasy world where no actual incestuous or abusive behavior has occurred. This form of Freud denigration is also related to treating

his insights as unconfirmed conjecture and to attempts at character assassination as if thereby to kill his ideas.

Freud's preanalytic seduction theory was replaced by the formulation of the Oedipus complex in which incest is a universal fantasy. While both parent and child have incestuous fantasies, the parents are responsible for maintaining intrafamilial boundaries and for not responding inappropriately to a child's immature seductiveness or provocation. Analytic recognition of both preexisting sexual fantasy and actual incest experience provided an intrapsychic focus and unconscious meaning of the trauma without disregarding real trauma. Beyond the simple concept of passive victimization, psychic trauma was related to intrapsychic representation and fantasy as well as real life experience.

DEFERRED ACTION

There were actually several seduction theories of pathogenesis (Blass and Simon, 1994). Freud's formal seduction hypothesis of 1895 and 1896 centered upon memories of infantile seduction which, at the time of registration, were not necessarily experienced as traumatic. The earlier event registered in memory becomes traumatic as a result of deferred action in which a provocative, later experience modified the memory. Freud (1895) wrote: "We invariably find that a memory is repressed that has only become a trauma by deferred action" (p. 356). Deferred action then occurred when an unconscious memory of seduction was revived and altered after puberty. This deferred action (Nachträglichkeit, aprés coup) of childhood trauma is a form of retroactive or retrospective effect. The concept has been generalized to refer to retrospective resignification or changed meaning, or a later reinterpretation or construction which results in a fresh trauma. Freud had referred to the "retranscription of memory" in accordance with fresh circumstances in a letter to Fliess (Masson, 1985, p. 208), a more general concept of the mutative effects of later experiences upon memory not tied to trauma. This conceptual modification was retained by Laplanche and Pontalis (1973, p. 111) who defined Nachträglichkeit as: "experiences, impressions and memory-traces may be revised at a later date to fit in with fresh

experiences or with the attainment of a new state of development." This reformulation was elaborated by Modell (1990) who proposed that the ego can constantly remodel memory, emphasizing the progressive therapeutic impact of the analytic experience and relationship. Deferred action has also been viewed as an attempt to reconcile intrapsychic fantasy and actual trauma and to reconcile past and present theory (Thoma and Cheshire, 1991; Kunstlicher, 1994). The modification of memory with life experience and analytic experience, and its retrieval, report, and reintegration at different phases of analysis, is not equivalent to the deferred action which transforms memory-fantasy into new trauma. Traumatic regression and therapeutic progression are paired, but opposite views of deferred action.

Expansion of developmental theory raised questions about the relationship of trauma to the process of development as well as to unconscious fantasy and conflict. Transformation of an earlier, benign experience into a malignant trauma was largely an intrapsychic process, dependent upon maturation and development, and not requiring new external traumatization. Freud also noted reparative efforts at mastery in the nightmares, transference, and sublimations of traumatized patients. Initial developmental interference, deviation, and arrest due to trauma was in contrast to the general idea of deferred action which indicated that the trauma would first become pathogenic at a later phase. The concepts of deferred action and seduction trauma, fantasy and/or reality, were historically linked together and to early theories of pathogenesis.

Deferred action was then revived and extended in the Wolf Man case history. Freud (1918) inferred that the single, actual parental primal scene experience and associated sexual seduction by his sister and nursemaid shattered the Wolf Man's psychosexual development via deferred action. Freud proposed that this primal scene at 18 months was not traumatic then, not traumatic until a developmental reorganization at age 4. An earlier memory ostensibly became a "retrospective trauma" under present conditions (Sandler, 1967; Mahony, 1984; Schimek, 1987). What is more remarkable is that this altered representation and understanding which resulted in traumatic experience, occurred during a dream on the Wolf Man's fourth birthday—a dream which activated and altered the Wolf Man's presumed primal scene experience at the age of 18 months.

This famous dream is important because of its significance in psychoanalytic history and theory and its role as the centerpiece of the Wolf Man case report. The dream (a nightmare) became a "fresh trauma" which, on analysis, led to the classic exposition of primal scene oedipal trauma. It is doubtless the cardinal example of deferred action, and is also relevant to important, contemporary issues concerning, for example, psychic reality and external reality; memory and myth; and developmental arrest and progression.

The complexity and daring of Freud's conjectures and formulations, the presentation of his own assertions, doubts, conflicts, and changes in psychoanalytic theory, suggest that "nachträglichkeit" requires the most careful and critical evaluation. The deferred effects were described as a "deferred revision" (Freud, 1918, p. 38). The deferred traumatic consequences, both depending upon development and promoting regression, are perhaps without parallel in the elucidation of the psychic trauma of "seduction." Freud (1918, p. 38) wondered whether it was possible at the age of 4 for deferred revision of the impressions at 18 months to later penetrate the child's understanding. He then assigned an extraordinary developmental significance and function to the Wolf Man's dream and asserted, "During the dream he had reached a new phase in his sexual organization.... The activation of the primal scene in the dream now brought him back to the genital organization. He discovered the vagina and the biological significance of masculine and feminine" (pp. 46–47). Freud (1918) then stated that the psychosexual development was "diverted by the scene of observation of the coitus, which in its deferred action, operated like a second seduction" (p. 47). To be sure, Freud did not eliminate immediate effects of the primal scene, and he noted the infantile appetite disturbance as well as an acceleration of sexual maturation. He regarded these effects, however, as "insignificant in appearance" (p. 107), that is, compared to the effects of traumatization by the "second seduction." The traumatic effect of the Wolf Man's infantile malaria, inappropriate, multiple mothering, and paternal psychosis was overlooked at that time (Blum, 1974).

The Wolf Man's dream fantasy, however, was presumed to transform an earlier nontraumatic preoedipal memory into a new trauma. Development here largely occurs in a fantasy world, isolated from

the child's life. The enduring psychic reality of the dream became more important than the actual past experience or its memory, ongoing developmental change, or current pathogenic experience. Deferred action may paradoxically deny past trauma and yet assert its unconscious fantasy evocation and elaboration. Real preoedipal trauma may be denied, devalued, reduced to a dream. As in the expression, "It's only a dream," the "real" traumatic overstimulation is shorn of reality and importance and could invite an exclusive fantasy focus.

"Deferred action" is an ambiguous concept, a dubious, antiquated, theoretical legacy. Deferred action overlooks the immediate and potentially powerful effects of preoedipal trauma and is dissociated from considerations of cumulative trauma and developmental disturbance. Deferred action tended to force pathogenesis into an entirely oedipal configuration. The Wolf Man's preoedipal "seduction trauma" and intervening development were propelled into a phase-specific oedipal trauma. Later trauma actually reactivates early traumatic memories (e.g., infantile seduction), rather than merely indifferent or "provocative" memories. Because of its relation to temporal and causal issues, I propose "nachträglichkeit" or deferred action as an unrecognized precursor of the contemporary concept of developmental transformation. In the prototypical Wolf Man case an out of phase preoedipal primal scene "trauma" at 18 months of age was later transformed into a phase specific oedipal trauma, concurrent with developmental progression. For example, the Wolf Man's preoedipal fears of separation and object loss were revived and were reexperienced as threats of castration and death at the time of his fourth birthday nightmare.

Much important development occurred between $1^1/_2$ years and the Wolf Man's nightmare at his fourth birthday. Preoedipal developmental disturbance was then minimized, but the case presaged the preoedipal influence on oedipal and subsequent conflict and development. Trauma not only influenced subsequent development but was influenced by development. Developmental accretions and transformations altered the preconditions for the representation and meaning of traumatic experience. "Deferred action" emphasized traumatic events and memory rather than cumulative developmental effects of shock and strain trauma, and pathogenic object relationships. The concept of deferred action deterred consideration of real

infantile experience and the complex overdetermination of pathogenesis through development. In my view, deferred action should refer to developmental alterations which may not only have traumatic effects but may be detrimental or beneficial, regressive or progressive. Transformations occur through the different phases of development, and recapitulations are new editions rather than replications (Novick and Novick, 1994).

Freud (1911) repeatedly considered "the difficulty of distinguishing unconscious phantasies from memories which have become unconscious" (p. 225). This was a general theoretical problem, and Freud (1911) had noted, "every neurosis has as its result, and probably therefore as its purpose, a forcing of the patient out of real life, an alienating of him from reality" (p. 218). He later added, "We are in doubt to begin with whether we are dealing with reality or phantasies. Later, we are enabled by certain indications to come to a decision and we are faced by the task of conveying it to the patient" (1917, p. 368). Technical as well as theoretical issues in the analytic differentiation of fantasy and reality have continued to be of great importance. The problems of the parents' contribution to the child's distortion of reality and memory, and the analyst's possible similar distortions, surfaced in and far beyond the Freud–Ferenczi controversy (Kirshner, 1993; Blum, 1994a).

Controversy continues in contemporary questions of narrative versus historical truth (Spence, 1982), and "false memory syndrome" (Brenneis, 1994). "False memories" are reminiscent of the seductive stories of incestuous seduction which contributed to the seduction theory or which were attributed to the therapist's suggestion or seduction. Either parent or analyst could be a "false witness." Both patient and therapist might unwittingly collude in their illusory belief, cocreating new pseudomemories and new "innocent victims." Parents and caregivers have claimed to be victimized by false accusations of child abuse. Trauma can be invoked as a defense to mask conflict, to blame others for abuse, disappointments, mistakes, and misfortunes, and to avoid personal guilt and responsibility. Traumatic memory can serve as a screen memory for earlier or later traumas. Traumatic memory may also be registered and retrieved differently from other memories and subject to greater screening and defensive alteration. Defense and memory may be impaired by

structural damage with threats to psychic survival (Laub and Auerhahn, 1993). Preverbal memories may not be encoded in symbolic or linguistic forms, but in visual, affective, or sensorimotor forms. This may be related to the difficulty in retrieving verbal recall of infantile trauma, and the intrusion of frightening, visual flashbacks which are experienced without the psychological distance experienced with other memories (Greenberg and Van der Kolk, 1987). Horrifying "daymares" may take the place of pleasant, wishful dreams. In their vivid intensity and sense of reality, they represent derivative reproductions of traumatic experience. Trauma has overwhelmed repression.

In some instances incest has never been forgotten, though such conscious memory has not been correlated with the type of severity of damage. There may also be isolated areas of amnesia, with gaps and discontinuities in memory and in the sense of self. Periods of amnesia may alternate with disguised flashbacks, fragments, or isolated memories of the sexual abuse. A number of memories may be screened and telescoped into a singular recollection. Implicit aspects of memory in which the person has no conscious awareness of remembering (Shevrin, 1994) are an indication of the compromise between the unrememberable and the unforgettable (Frank, 1969). Any traumatic experience may be secondarily erotized, complicating the specific differentiation of actual incest. Furthermore, incestuous abuse is commonly associated with other forms of trauma and developmental disorder, complicating the evaluation of pathogenic consequences of incest. Though the incidence of incest is far greater than previously known, the problems of conscious and unconscious falsification of memory require separate discussion.

It may be noted that analytic assessment of incest no longer depends upon recovered memories, direct recall, or external confirmation. Conscious memory is only more or less a reliable record versus an incomplete, distorted revision of the past. Establishing childhood incest and sexual abuse requires reconstruction. The reconstruction of trauma depends upon the totality, cohesion, and logical fit of the analytic and anamnestic data (Greenacre, 1975; Blum, 1994b; Person and Klar, 1994). It is, nevertheless, not always possible to determine the reality of sexual abuse or to unravel cause, consequence, developmental transformations, and retrospective alterations of experience.

INTRAPSYCHIC REPRESENTATION AND REAL EXPERIENCE

Incest is multidimensional in cause and effect and does not have the same meaning or influence in different phases of life (e.g., latency versus adolescence). The fantasy system of the child or adolescent is altered by the traumatic experience and ego efforts toward adaptation and recovery. There is a continuous reciprocal influence between fantasy and reality. The child's reaction to sexual abuse is related to developmental phase, vulnerability to trauma, and to his or her unconscious fantasies. The reaction also depends upon the nature, onset, and duration of abuse; on caregiver response, such as threats, and/or concealment; the child's ego development, personality organization, resilience, and ego resources; the relationship of the child to the abuser (e.g., whether the sexual abuse was inflicted by a parent, relative, or a sibling; and the availability of protective, comforting, and rescuing objects). Fantasy construction in which memories are altered and distorted may continue through life, thus rewriting and rationalizing history and shaping personal myth.

The sexual abuse of children has protean effects without any uniform etiology or pathognomonic syndrome. Similar disturbances are found in nonabused individuals. There are always both psychological and psychosomatic residues of incest (Levine, 1990; Kramer and Akhtar, 1991). There may also be neurophysiological sequellae, affecting the regulation of pleasure and pain, anxiety and sexual arousal. Pyrrhic oedipal victory, guilt, shame, and narcissistic injury are often of massive magnitude. With all severe trauma such as incest, the traumatized individual is never the same person. Given traumatic and regressive vulnerability, are some parents retraumatized by repeating their own childhood incest trauma with their children?

The fantasy distortions of the seduced and abused child have more than a grain of truth. The fantasies have present and past reality coordinates and determinants. Shared fantasies may be enacted in an incestuous partnership with its own rewards and punishments. Fantasy and reality interpenetrate with mutual influence, and intrapsychic alterations occur without "deferred action." Identification with aggressor, victim, and protectors/rescuers contribute to changing self and object representations and to alterations in identity and character. Inevitable identification with the aggressor includes the motives, defenses, affects, and aggression of the aggressor.

Identification with the aggressor may be included in the role of identification in recovery from trauma, but it is a significant factor in the proclivity to repeat and provoke trauma. The seduced child may then seduce or induce further trauma to the self or others, but only a minority of such abused children appear to become abusive parents. The repetition may also be in the service of turning passive into active and of attempting reparative mastery of traumatic experience. Incestuous abuse may be followed by a protective attachment and allegiance to the abuser, masochistic subjugation, or demands for justice, punishment, and revenge, etc. There may be a global identification with the aggressor or a more selective identification with his or her defenses, traits, attitudes, and particular behaviors such as denial or evasion, fellatio or anal penetration.

The self and object representations of the sexually abused child are often dissociated or "split" in various ways, with a pathogenic internalization of the incestuous self and object relationship. Sexually abused children use dissociation to preserve a representation of a good parent and self-worth. Contradictory images and attitudes may exist in consciousness, and an abusive mother may be described both as "mommy dearest" and as a despised witch. The contradictory representations of a parent and child incest dyad represent the confusion and reversal of the generations. However, the parent may actually display inconsistent attitudes and contradictory behavior. The "parentified child" is expected to comfort and gratify the parent and is a metaphor which also represents realistic aspects of the parent as an overgrown child. Parents may alternate between affectionate interest and incestuous abuse of their child. Some seduced patients remain fixated to their incest partner in all subsequent erotic fantasy.

PATHOGENIC DEVELOPMENT

The pathogenesis of incest is vastly overdetermined and often encompasses more than core oedipal conflict. I shall focus here on preoedipal influence and the continuing pathogenic parent–child relationship throughout development rather than "deferred action." Incest gradually emerges in disordered families, exacerbates

the disorder, and may repeat previous incest in the parent's childhood. The predisposition to act out oedipal fantasy, however, may depend upon preoedipal (and oedipal) disturbances and traumatic life experience, including adult trauma. Such acting out may be precipitated by psychosis or drug addiction, but is not limited to a specific diagnostic category. The sexual abuse of children is, at times, predictable on the basis of prior parental traumatization and parental fantasies even before the child is born (Steele, 1994). It should be noted that a colluding nonprotective parent actually protects the parents! The abusive parent is protected and the colluding parent is also self-protective. "Unknowing" collusion avoids conscious guilt and is self-exonerating while condoning vacarious incest and child abuse.

Incest behaviors range along a continuum from unconscious to conscious, from inhibited arousal to orgasm, from remote derivatives to incest enactments of intercourse. Immature, irresponsible parents may exploit the child for their own gratification and their own defensive needs. Empathy and appreciation of the child's developmental needs are deficient or impaired. Some parents are sexually excited by babies, others by adolescents. Some are only fixated on an incestuous relationship, others are generally pedophilic and also molest children outside the family. Some parents only gradually initiate incest through years of excessive hugging, kissing, and caressing. Others sporadically rape their sons and daughters and may or may not seek to continue an incest relationship. Daughters who are impregnated through incest constitute a separate subgroup. A father and daughter may be incestuous allies against the mother just as mother and son may be incestuous allies against the father. A parent may seek infantile love and simultaneously seek to avenge or punish the child's other parent and his own parent through repeated incestuous abuse. An entire family may directly as well as vicariously participate in incest. Those children who are neglected, callously mistreated, rejected, and affection starved are more vulnerable to sexual exploitation. Incest also serves the parent's infantile narcissism and the narcissistic love or rage of the parent. Some cases highlight the lack of maternal bonding, holding, attunement, and the lack of appropriate physical stimulation. Parents who cannot permit separation-individuation and who retain omnipotent ownership of the child's

body and the child's personality, are at much greater risk for erotization of the parent–child relationship. Neither parent nor child can separate and individuate, and the child may be a fetish object for such a pedophile parent (Mahler, Pine, and Bergman, 1975). Parents may bed, bathe, and toilet with the infant and continue to possessively engulf the child; their incestuous behavior is suffused with pregenital aims.

The mother who masturbates her infant, or has oral genital contact with her infant, or the father who invites the toddler to play with his genitals or rubs his penis against his baby, is sexually abusive prior to the child's oedipal phase. Incestuous parents may stimulate and invite the child's seduction and cannot set limits for the child or themselves, so that unconscious collusion ensues. Through projection and identification they may regressively confuse their child's needs and wishes with their own narcissistic and sexual gratification. Though outwardly presenting a strong, supportive facade, an incestuous parent may be starved for affection and nurturance and symbiotically dependent. Oedipal jealousy and incestuous demands may simultaneously represent preoedipal infantile envy, rage, and omnipotent control of a narcisistic object.

I differ with those who have proposed that incest may be benign or adaptive or a "love affair." To my mind, incest may promote certain ego functions such as anticipation and vigilance, but there is usually far greater ego injury. Family secrets and the "conspiracy of silence" about incest add severe insult to injury. Since incest tends to be associated with multiple traumas (physical abuse, spouse abuse, etc.) it may superficially appear to be the "lesser evil." Resilient individuals may surmount, in degree, such pathogenic life experiences. Perhaps spurred by the need to master trauma and to overcome shame and guilt, they may develop highly refined artistic and scientific sublimations.

The psychoanalytic literature on cases of actual incest with sexual intercourse (e.g., Shengold, 1989; Margolis, 1984; Richards, 1988; Gabbard and Twemlow, 1994) is continuing to enlarge with important new observations and formulations. The vast psychoanalytic literature on incest and related sexual abuse of children initially derives from Freud's initial investigation of seduction trauma. These fertile studies promise new, expanded analytic understanding and treatment of sexually abused patients.

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Roslyn Estates, NY 11576