[ESSAY]

SEX AND THE CHILD

ARE MODERN APPROACHES TO THE TREATMENT OF CHILD SEXUAL ABUSE, IN IGNORING OR MISAPPREHENDING FREUD, AT RISK OF COMPOUNDING THE TRAUMA THAT CAN RESULT FROM THAT ABUSE? STEVEN ANGELIDES INVESTIGATES.

DURING the last twenty-five years we have learnt a great deal about child sexual abuse. Thanks in large part to feminism and the child protection lobby, we know now that this form of abuse is not a rare occurrence and that children are more likely to be sexually assaulted by known and trusted male adults than they are by strangers. Gone is the tendency to blame the victim, dependent on the belief that children not only routinely lie about sexual abuse but are also often responsible for their own victimisation, behaving precociously and seductively to lure adults into temptation. We know now that children's silence about recurring sexual abuse should not be read simply as an indicator of compliance or consent but often, rather, as an adaptation to, or accommodation of, a traumatic experience. And we know now that, far from being harmless, when sexual abuse does take place it often causes enduring psychological damage.

Yet with the explosion of interest in the question of child sexual abuse there appears simultaneously to have been a decline in attention to the question of child sexuality. As a result, children are at risk of being disempowered and, in some

instances, made more vulnerable to psychological harm by the very therapeutic practices intended to alleviate the psychological trauma of sexual assault.[1]

THE 'REDISCOVERY' OF CHILD SEXUAL ABUSE

THE 1970s witnessed the rediscovery of a social problem that for much of the twentieth century had been trivialised, if not suppressed outright. In an effort to explain why Western societies had so persistently refused to acknowledge the severity and widespread nature of child sexual abuse, a disparate collection of individuals and groups (including feminists, social workers, police, sociologists, child protection workers and sexual abuse survivors) took aim at the professions of psychiatry and psychoanalysis. The emergent movement against child sexual abuse identified Sigmund Freud as both the trailblazer and the turncoat in the campaign to uncover the history of sexual abuse, its patriarchal basis and its traumatic effects.

It was in recognition of his early 'discovery' that experiences of actual seduction and assault were linked to his female patients' symptoms of hysteria and neurosis that Freud would later be seen as a trailblazer. In what was dubbed the seduction theory, he seemed to suggest that forms of adult neurosis and hysteria were the result of a child's premature introduction into the world of adult sexuality.[2] However, in subsequently 'correcting' this theory of childhood seduction and playing up the role of infantile sexual fantasy, Freud left himself open to the charge of betraying his own ideas and research.

In outlining why he changed his mind, Freud explains how upon its initial formulation he was

> not yet able to distinguish between my patients' phantasies about their childhood years and their real recollections. I attributed to the aetiological factor of seduction a significance and universality which it does not possess.[3]

To many of the more recent researchers in the field of child sexual abuse this departure signalled on Freud's part an attempt not only to obscure the pervasiveness of child sexual assault but also to suppress evidence, which he himself had uncovered, that fathers were the main perpetrators of such abuse. His so-called 'correction' of the seduction theory also set in motion, the critics argue, the propensity to blame the victim that became so characteristic of earlier twentieth-century psychiatry and psychoanalysis. Freud's infamous fabrication of a series of incest cases, in which he substituted uncles for fathers as the instigators of

sexual assault, is customarily cited to strengthen the argument that Freud only abandoned the seduction theory because it represented far too great a 'challenge to patriarchal values'. Two of the critics observe that

> though Freud had gone to such great lengths to avoid publicly inculpating fathers, he remained so distressed by his seduction theory that within a year he repudiated it entirely. He concluded that his patients' numerous reports of sexual abuse were untrue.[4]

It is important to note, however, that Freud never 'repudiated' or abandoned the seduction theory, and neither did he believe it to be wholly 'erroneous', as other critics have claimed.[5] Instead, he retained a thoroughgoing commitment to the reality of seduction as a pathogenic force in neurosis. He made this quite clear in one of his *Three Essays on Sexuality*, first published in 1905:

> I cannot admit that in my paper on 'The Aetiology of Hysteria' (1896) I exaggerated the frequency or importance of that influence [seduction], though I did not then know that persons who remain normal may have had the same experiences in their childhood …

Or as he said in *Introductory Lectures on Psychoanalysis* in 1917, 'Phantasies of being seduced are of particular interest, because so often they are not phantasies but real memories.'[6]

Far from repudiating the theory of childhood seduction, Freud merely renounced the idea that actual sexual abuse *invariably* causes hysteria. He was not therefore claiming that sexual abuses of children were an uncommon occurrence. He was suggesting, rather, that precisely because sexual assaults on children were so common they could not have any single effect. And the reason for this view was his observation that not all sexually abused children become hysterics. It was this that led Freud to conclude that symptoms of hysteria or psychoneurosis could not result solely from an act of sexual assault but involved additional factors.

To those working in the fields of psychiatry and psychoanalysis, this shift in thinking was the result not of a patriarchal cover-up but of that other momentous Freudian discovery: infantile sexuality. As early as 1896, even before the correction of his seduction theory, Freud had stressed how 'hysterical symptoms can only arise with the co-operation of memories'—a process involving fantasy and the subjective revision of an original event at a later time. In short, the trauma

of a sexual assault is not caused by some force intrinsic to the sexual act but requires a form of psychical interpretation or 'working over' by the victim to give it traumatic and sexual meaning or effect. Embedded in this notion is what Freud would later theorise as 'deferred action', a concept that became a fundamental component of his theory of trauma and neurosis. As he goes on to explain in his 1896 paper:

> Our view then is that infantile sexual experiences are the fundamental precondition for hysteria, are, as it were, the *disposition* for it and that it is they which create the hysterical symptoms, but that they do not do so immediately, but remain without effect to begin with and only exercise a pathogenic action later, when they have been aroused after puberty in the form of unconscious memories.[7]

Or, as he and a colleague had put it three years earlier: 'Hysterics suffer mainly from reminiscences.'[8]

Freud certainly rethought the therapeutic imperative of uncovering the scenes of actual sexual abuse experienced by patients. In so doing his attention definitely shifted to the psychological processes, particularly fantasy, of his patients. This is not altogether surprising given the difficulty of disentangling 'reality' from patient fantasy and memory, and more importantly because of his theory of deferred action. But that he deliberately downplayed the reality of sexual trauma, leading later psychiatrists and psychoanalysts to follow suit, as the standard narrative in the discourse of child sexual abuse would have us believe, is mistaken.

Even more problematic, this revisionist account, which sees the Freudian theory of infantile sexuality, fantasy and deferred action largely as a smokescreen for concealing the patriarchal history of child sexual abuse, has itself served as a kind of call to arms to reverse the apparent Freudian abandonment of the seduction theory. The result has been a steadfast insistence that we must refocus on the *reality* of sexual abuse. Unfortunately, however, we appear to have gone to the other extreme in denying the dynamic role of child sexuality, fantasy and deferred action. This denial, and the simplified theory of sexual trauma that supports it, might be equally as harmful to a child's social and psychological health as disregarding the reality of sexual abuse.

CHILD SEXUALITY AND THE THERAPEUTIC ENCOUNTER

ACCORDING to contemporary psychiatric and psychological wisdom, the essence of the traumatic experience for children involved in sexual encounters

with adults is that they are *prematurely* inducted into the realm of adult sexuality. Children are thought to be without the emotional and psychological capacities necessary to negotiate and to understand sexual relations on adult terms. Freud's original theory of seduction is often cited among child sexual abuse theorists and therapists as the first documented theory of this kind. With this idea of a premature introduction to adult sexuality a sharp distinction is made between child and adult sexualities. Child sexuality, when it is acknowledged at all, is routinely construed as an immature form of play or experimentation, or else an imitation (fantasy) of adult behaviours.

However much we ought to insist on the various psychological and developmental differences between child and adult sexualities, it is socially irresponsible to render child sexuality as mere play or imitation of adult sexual realities, and this trivialisation of child sexuality, and indeed of child fantasy, operates in contemporary therapeutic practices sometimes to the detriment rather than the benefit of child victims of sexual abuse.

A typical finding of therapists who deal with victims of child sexual abuse is the child's belief that she or he is to blame for the abuse. In fact, self-blame is the standard way victims tend to assimilate or 'accommodate' an abusive encounter.[9] Psychologists and therapists commonly refer to such ideas of self-blame as 'cognitive distortions', which they believe are at the heart of the child victim's overpowering sense of guilt and shame. In turn, overwhelming feelings of guilt and shame frequently lead to anxiety and depression later in life. The goal of therapists is to correct the child's 'cognitive distortions', or misperceptions of reality, so as to short-circuit the disabling build-up of guilt, shame, anxiety and depression. The authors of a widely read psychology textbook put it this way: therapists 'must correct some of the cognitive distortions children have about their victimization experiences for them to be able to reformulate the meaning of the abuse'.[10] In short, adults need to persuade children that they neither cause nor are responsible for victimisation at the hands of adults. In a recent manual for treating child victims of sexual abuse, the author Sandra Wieland encourages therapists 'to explain to the older child or adolescent that seeing oneself as causing events is a result of the limited breadth of a young child's thinking (egocentric) and is not from the reality of the situation'.[11]

The trouble with this technique is that it aims directly to impose an adult perception on the child that is at odds with the child's own perception. Although this might be enough to enable some children to reinterpret the event, often it is not enough.

Many children retain an unwavering belief in their own sense of responsibility for experiences, sexual or otherwise, with adults. This is commonly the case where children have suffered ongoing abuse by returning to a perpetrator whom they know or from whom they have continued to accept gifts for sex. In such situations trying to convince the child that it is not their fault may not be very effective, as children ordinarily perceive themselves as having made choices that contributed to the abuse.[12] The therapeutic goal ought not be to invalidate but to acknowledge and engage the child's perception. For it is this perception that is being worked over and over by the child in coming to terms with the encounter. It is this perception that must continue to be owned by the child and worked through.

The problem with this method is the underpinning concept of 'cognitive distortions'. And here we can see how the figure of Freud, and his apparent abandonment of the seduction theory and overemphasis on childhood fantasy, still looms large, even in the contemporary therapeutic setting. Freud came to realise that it is not possible, let alone always helpful, to find some buried 'true' story of the seduction scene. That a sexual act occurred may be indisputable. However, it is the *meaning* of that act to the parties involved that is at issue in any attempt to understand psychodynamics. This is something that is inevitably personal and subjective. Freud understood better than many child sexual abuse therapists how everyone's perception of 'reality' is imbued with personal meaning, invariably inflected with personal projections and fantasies. We have no capacity for an objective appreciation of reality. This does not mean that a child's perception of a sexual encounter with an adult is reducible to Oedipal fantasies, but it does mean that simply trying to change the child's perception will not fundamentally alter the personal meanings or feelings that have helped to shape and have resulted from such an encounter.[13] Efforts by therapists to substitute an adult perception for the child's trivialise and, in some cases, completely ignore the role of child sexuality, and this can be deeply debilitating for the child.

There is research to show that, as well as feeling a sense of power and control in sexual encounters with adults, children can frequently experience sexual pleasure—albeit often mixed with other emotions that may make it an ambivalent experience. In the cases of father–daughter incest that formed the subject of one recent study in the USA, it was discovered that the 'daughters seemed almost uniformly to believe that they had seduced their fathers and therefore could seduce any man'.[14] Such perceptions will often lead to immense feelings of guilt and shame in these children about their own desires and pleasures in the experience. These children need to vent, work through and resolve these feelings.

When therapeutic strategies, such as those outlined in the Wieland manual, are directed at persuading children that such feelings are merely naive forms of childish 'egocentrism', or the result of nothing more than 'curiosity' or 'infatuation', those feelings are more likely to be compounded than diminished. For implicit in this non-recognition of child sexuality is an expectation that children *ought not* have such sexual desires or pleasures and a sense that any such feelings that do exist are abnormal ones. It is imperative that children's sexual desires and sense of power and pleasure not only be recognised but also normalised. Wieland's manual encourages therapists to foster in children a sense of normality relating to their 'increasingly sexual awareness', but in treating cases of sexual abuse of children it insists on conveying to them that such abuse only 'resulted from a decision made by the older or more powerful person'.[15] This does nothing to help the child deal with their own feelings. In fact, it only mandates further repression of the guilt and shame that they harbour for feeling any sense of power and pleasure, and this may simply heighten anxiety and depression.

Some sexual abuse therapists go further and completely deny the significance or even the existence of child sexual arousal. In her discussion of children's inability to disclose an abusive encounter because of shame, the renowned clinical psychologist Anna Salter renders a child's sexual arousal during an encounter with an adult as a mere mechanical, biological response to genital manipulation by the clever and powerful older person.[16] So children are not necessarily experiencing 'real' sexual feelings but merely exhibiting an inevitable biological reaction to having their genitals fondled. This represents a clear failure to take the issue of child sexuality and children's sense of power seriously. When we deny these things and insist on correcting 'cognitive distortions', we prevent or inhibit children from venting and working through the feelings of guilt and shame that threaten to debilitate them. We leave them *more* vulnerable to psychological trauma.

If we conceive of therapy to be any process aimed at achieving a maximum understanding and integration of a patient's thoughts, feelings and behaviour, it is clear that the process is not well served by underestimating, let alone ignoring, the power of sexual feelings and their effects. Therapists are in danger of abusing their own position of power by attempting to change or 'correct' these thoughts and feelings. Sexual desires, sexual arousal, sexual fantasies and a sense of sexual power are at the heart of a person's sense of self. Instead of being dismissed or minimised, these feelings should be acknowledged and explored by the therapist. The clinical encounter is first and foremost an arena for the exploration of personal feelings and of the creation of personal meaning. It should not be a place

for therapists to impose their own feelings of horror at sexual abuse or their own interpretation of a patient's acts and feelings.

CONCLUSION

IN too easily dismissing Freudian theories of child sexual abuse, we risk losing some of the crucial innovations Freud introduced in understanding trauma. It is true that Freud shifted his focus from uncovering scenes of actual abuse in patient biographies to theorising and exploring the dynamics of sexual fantasy. Yet for Freud, traumatic symptoms are inextricable from fantasy. And fantasy in this sense is not mere whimsy, illusion or something distinct from 'reality'; rather, it is an inextricable part of personal meaning-making that informs everyone's sense of reality. Fantasy, and *personal meaning-making* more generally, 'work over' an original experience of sexual seduction and retrospectively imbue it with traumatic or neurotic force. In other words, any experience, whether sexual or otherwise, is mediated and interpreted by the individual, whether ten minutes, ten days, or ten years after the actual incident; and it might involve a perpetual process of revision.

In psychoanalytic terms, it is an oversimplification to assume that certain sexual acts *in themselves* cause a standard traumatic response. If this were the case, how could we explain why it is that one child who was fondled by an adult is suffering traumatic symptoms while another subject to the same experience is not? At its most basic, what makes two people differ in their reactions to any experience is the subjective meaning attributed to that experience. Freud was not arguing that actual sexual assaults played no role in causing trauma, but that additional psychological factors in the context of that person's particular biography and psychological functioning are required to produce traumatic symptoms. Even in his 1896 seduction theory paper Freud proposed a far more complex model of traumatic symptom formation than the one identified by more recent therorists of child sexual abuse:

> no hysterical symptom can arise from a real experience alone, but that in every case the memory of earlier experiences awakened in association to it plays a part in causing the symptom.[17]

None of this is taken into account adequately in the therapeutic practices and theories of contemporary experts on child sexual abuse. One of the reasons for this is perhaps the fear that children will once again be blamed, as they were

throughout much of the twentieth century. We should not, however, let the history of victim-blaming deter us from more precise and sensitive examinations of the power and authenticity of child sexuality. The time has come for a rapprochement between psychoanalysis and the contemporary therapeutic discourse of child sexual abuse.

NOTES

1. For a fuller treatment of these issues, see my 'Feminism, Child Sexual Abuse, and the Erasure of Child Sexuality', *GLQ*, 10.2 (2004), pp. 141–77.
2. Sigmund Freud, 'The Aetiology of Hysteria' (1896), in Peter Gay (ed.), *The Freud Reader* (London, 1995), pp. 97–111.
3. James Strachey (ed.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. III (London, 1955), p. 168.
4. Judith Lewis Herman and Lisa Hirschman, *Father–Daughter Incest* (Cambridge, Mass., 1981), pp. 9–10.
5. See, for example, Florence Rush, *The Best Kept Secret: Sexual Abuse of Children* (Englewood Cliffs, NJ, 1980), p. 83.
6. The quotations from these essays are translated and reprinted in the Pelican Freud Library, vol. 1 (Harmondsworth, Middlesex, 1973), p. 417, and vol. 7 (1977), p. 108. See also Sigmund Freud, *An Outline of Psycho-Analysis* (1938), translated and edited by James Strachey (London, 1940), p. 44.
7. Freud, 'The Aetiology of Hysteria', in Gay, pp. 102, 106.
8. Sigmund Freud and Josef Breuer, 'On the Psychical Mechanism of Hysterical Phenomena: Preliminary Communication' (1893), in *Complete Psychological Works*, vol. II (1953), p. 7.
9. Roland Summit, 'The Child Sexual Abuse Accommodation Syndrome', *Child Abuse and Neglect*, vol. 7 (1983), pp. 177–93.
10. John W. Pearce and Terry Pezzlot-Pearce, *Psychotherapy of Abused and Neglected Children* (New York, 1997), p. 305.
11. Sandra Wieland, *Techniques and Issues in Abuse-Focused Therapy with Children and Adolescents: Addressing the Internal Trauma* (Thousand Oaks, Cal., 1998), p. 27.
12. Sharon Lamb, 'Treating Sexually Abused Children: Issues of Blame and Responsibility', *American Journal of Orthopsychiatry*, vol. 56 (1986), p. 305.
13. Nancy J. Chodorow, *The Power of Feelings: Personal Meaning in Psychoanalysis, Gender, and Culture* (New Haven, Conn., 1999).
14. Judith Lewis Herman and Lisa Hirschman, 'Father–Daugher Incest', *Signs*, vol. 2 (1977), p. 751.
15. Wieland, pp. 27–8.
16. Anna C. Salter, *Predators: Pedophiles, Rapists, and Other Sex Offenders: Who They Are, How They Operate, and How We Can Protect Ourselves and Our Children* (New York, 2003), p. 14.
17. Freud, 'The Aetiology of Hysteria', in Gay, p. 100.