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THINKING ABOUT INCEST, DEAFNESS, AND COUNSELING

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Introduction

Childhood incest is now recognized as a trauma that *at least* one hearing woman in six has experienced (Belmonte & Boyer, 1983; Russell, 1983, 1986; Wyatt, 1985). There is little reason to assume that deaf (Note 1) women are any less often victimized as children, and there may, in fact, be reasons to believe that deaf women may be more vulnerable as children.

For incest to occur and continue, the sexual offender must choose a victim who will likely remain silent. Or he must choose a victim who will not be believed in the event that she tells. The vast majority of deaf children (over 90%) come from hearing families (Woodward, 1982). During the years that today's adult women grew up, almost 90% of families with deaf children did not use sign language (Mindel & Vernon, 1971). The young deaf child has frequently been prohibited from using sign language both at home and in the school on the mistaken assumption that this would prevent the child from ever developing appropriate speech (i.e., from ever becoming "normal"). For similar reasons, contact with Deaf adults and the Deaf community has also often been systematically avoided. Thus, in many instances, particularly in the past, the young deaf child has essentially been barred from reporting sexual abuse. Also, if a deaf child *did* try to disclose incest (in spite of such language difficulties and the restrictions these difficulties impose on relationships), the incest offender could, with relative ease, claim "misunderstanding" or "miscommunication."

It would seem reasonable then to speculate that incest offenders may have viewed (and may continue to view) deaf children as "disabled" children and as "safe" targets. If so, the percentage of deaf women in the United States today who have experienced incest could well be higher than the estimated 16-33% of hearing women with such histories (Belmonte & Boyer, 1983; Russell, 1983, 1986; Wyatt, 1985).

What is obvious, with or without comparative statistics, is that the experience of incest could be that much more complex for deaf women. Whatever issues are associated with the incest, deafness surely adds its own dimension and power, as the following discussions on denial, stigma, self-blame, self-esteem, confusion, body perception, powerlessness, and loss will illustrate.

Denial

Incestuous families are families adept at denial, families unable to acknowledge and confront problems. A frequent complaint heard from women with incest histories is, "No one ever paid attention to the fact that there were a lot of problems in our home. Everybody just pretended that nothing was happening and that we were an ordinary, happy

family. No one ever listened to me about anything else, so why would I bother to tell them about the incest?"

For deaf women, many of whom may have grown up in hearing families that denied their deafness, that refused to communicate in sign language, and that may have even insisted that they conceal their deafness as much as possible, such issues could clearly be magnified.

Stigma

Women with incest histories commonly experience an extreme sense of alienation and isolation, of being different in such a way as to feel outside the realm of humanity.

Deaf women, all of whom experience devaluing attitudes toward deafness outside the home, and many of whom are exposed to such attitudes inside the home, are made painfully aware of their "differentness." This could obviously compound feelings of shame, abnormality, and nonbelonging that incestuous experiences generally produce.

Self-Blame

As children there is little choice but to blame oneself for whatever might be wrong in the family. It is far too threatening for a child to believe that the people life depends upon are "bad" or, worse yet, "crazy." And it is far too risky for a child to express her rage at the adults in her life. In incestuous families, children often receive messages that if they were just better children everything would be all right. Such children internalize these messages and, when incest occurs, they assume responsibility for that, too. They believe the incest is the result of something they did or failed to do; they believe it's because of who they are or who they're not.

For deaf women, many of whom have received messages as children that they fell short of parental expectations or weren't working hard enough at becoming "normal" (through speech and speech-reading), self-blame and guilt could be exacerbated.

Self-Esteem

Since the self must be viewed as "bad" and anger turned inward when incest occurs, feelings of self-hatred and worthlessness are commonly experienced by women with incest histories.

Deaf women may additionally develop a sense of inferiority as children in response to others' attitudes toward them or rejection of them for their deafness. As adults, assuming they identify as culturally Deaf, negative self-image may be strengthened by societal (and often continued family) devaluation of their language and culture.

Confusion

Incest is a highly confusing event or, more often, series of events, in the life of *any* child. For

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the deaf child, the confusion experienced with incest may be that much greater.

The problems with language development that accompany deafness severely restrict the information the child receives about the world (through the customarily available channels). This imposes limitations on the child's ability to comprehend what is happening and how she feels. A deaf child may have greater difficulty for this reason labeling her experience abusive or exploitive. Since deaf people continue to be denied access to information, a deaf woman's adult understanding of the incest violation and its meaning to her life might, likewise, be delimited.

Body Perception

Ambivalence or negativity related to the body are common among women with incest histories. Many women report feeling "broken," "damaged," or "not whole" as a result of the incest.

Deafness may well complicate and intensify these feelings since deaf children are taught by hearing children (and hearing adults, including parents sometimes) to view themselves as physically deficient, incomplete, or defective.

Powerlessness

Women with incest histories are often routinely controlled and humiliated within their families. They may come to view themselves as helpless and ineffectual in the world, and may continue to be victimized in adulthood.

Deaf women may additionally develop a false sense of inadequacy or a perception of themselves as dependent due to widespread negative attitudes toward deafness and the greater power wielded (and not infrequently abused) by the hearing majority.

Loss

Every woman with an incest history must mourn the loss of childhood and the loss of the ideal family as part of the healing process. For deaf women with incest histories, these losses may clearly be multiplied.

In addition to the ways in which deafness might influence the issues for a woman with an incest history, there are ways in which deafness might influence the therapy relationship should a woman seek counseling.

Confidentiality

Confidentiality is a primary concern for any woman with an incest history. However, for a woman who is deaf, confidentiality can become a major problem.

The Deaf community is somewhat comparable to a small town in which everyone knows one another. Deaf women may meet acquaintances coming from or going to therapy. In fact, given the limited number of clinicians who work with deaf

people, this is likely to occur. Or deaf women may be observed at locations where it is known that certain events (such as incest groups) take place on particular evenings. Such information may then leak to other Deaf people and become a source of speculation or gossip among members of the Deaf community.

If a woman's therapist is Deaf, or is involved to any degree in the Deaf community, social contact is very likely to occur (whatever the therapist-client boundaries) because of the nature of the Deaf community. In these instances, privacy for the therapist as well as confidentiality for the client may become problematic.

Another factor to consider is that breaches of confidentiality have frequently been part of the experience of deaf women growing up. In school settings for deaf children, where a sense of "family" sometimes exists, administrators or teachers may be given access to information from counseling sessions. In hearing schools, confidentiality may be breached simply because hearing teachers and administrators find it easier to talk to hearing parents than to a deaf child. Such occurrences may contribute later on to concerns on the part of deaf women that confidentiality will not be respected by the therapist.

Trust

Trust is an equally important concern for any woman with an incest history, given the betrayal that occurs with incest. For deaf women, additional layers of mistrust may have developed due to their experiences with hearing people.

Historically, deaf people have been viewed from a clinical-pathological perspective. For years deaf people were vulnerable to misdiagnosis and confinement in institutions for the mentally retarded and mentally ill because mental health professionals didn't understand deafness, couldn't communicate, and were culturally insensitive. In school settings, which have traditionally been controlled by hearing people, deaf women may have experienced a variety of betrayals. They may also have been taught in such settings to view counseling as discipline for "bad girls."

Deaf women with incest histories may approach therapy (which generally occurs with a hearing professional whose loyalties are questionable) with double suspicion and a justifiable fear of humiliation.

Power and Control

In the therapy session, power and control automatically rest with the therapist. This is something that women with incest histories may be acutely aware of and something that therapists should be sensitive to.

For deaf women with incest histories, the experience of therapy directed by a hearing clinician may well be overwhelming. Adding a hearing interpreter may obviously compound the issues.

The hearing therapist should recognize, partic-

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ularly with miscommunication, that s/he may be identified with the hearing parent. This means that the transference may be to an incest offender who had total control over the client (and perhaps the family) or to, at best, a nonoffending parent who didn't have sufficient power within the family to protect the client as a child. Power and control issues (and the complexity of transference phenomena that may arise in relation to both the hearing therapist and the hearing interpreter) would clearly be minimized in situations where the hearing therapist is fluent in ASL (American Sign Language) and chooses not to work with an interpreter, or where the therapist is also deaf.

Avoidance

Many women with incest histories report having had the experience of meeting with a clinician (even over time) who was unable to directly discuss the incest. The therapist's avoidance, often rationalized as the *client's* inability to "handle it," generally conveys several messages to the client. These are: (1) Maybe it's not really so. (2) It's true, but how much difference could it make? (3) It's true, but it's too unpleasant to confront. (4) We don't talk about such subjects here.

Likewise, avoiding direct discussion related to the origin and history of a client's deafness (assuming an alliance has developed) conveys similar messages. These messages may be very reminiscent of the messages the client received from her family regarding her deafness. This, again, could create negative transference situations. Denial and minimization, assumption (from a "nonmember" mind set), and inadvertent insensitivity are common to both work in the field of incest and work in the field of deafness.

Protection

Work with women with incest histories may provoke (among other things) powerful rescue fantasies in the therapist. If these are not well managed by the clinician, boundaries and identities may become blurred and confused. The therapist who attempts to compensate for all past parental failings experienced by the incest client may invite client

regression, discourage the growth of autonomy, and interfere with the development of a healthier self-image.

If the incest client is deaf, she may be perceived by the rescuing therapist as that much more in need of care. The therapist may become inappropriately involved in the life concerns of the deaf client (employment, housing, etc.) under the assumption that this will be welcomed. In fact, the deaf incest client may experience such caring as humiliating or intrusive and may be reminded of other such humiliating or intrusive experiences. There is a difference between acknowledging the real needs of a deaf client (such as assistance with a telephone call) and undermining the client's sense of independence and competence.

The therapist would do well to keep in mind, with both deaf and hearing women, that incest is likely to produce a strong need for independence (symbolic of safety) and a deep longing, despite the fear, for dependency (symbolic of the lost childhood). Even appropriately offered help or protection may be difficult for the incest client (who has clearly experienced a lack of parental protection or help) to accept. For the deaf incest client, this difficulty may be complicated by the fact that she may also have experienced a lack of parental protection or help in relation to cultural and linguistic oppression.

The complexity of issues for the deaf woman with an incest history may not be fully recognized until well into therapy. The compounding of effects from the two experiences may present what appear to be insurmountable challenges at times. And yet, as with incest, the experience of deafness often produces remarkable strengths and internal resources to draw upon. When I think of deaf women with incest histories, I think of the incredible capacity of children to persevere, and even triumph, in the face of injustice and cruelty.

Note 1. In this paper, the use of the lower-case "deaf" refers to audiological deafness, and the use of the capitalized "Deaf" refers to cultural (i.e., sociological) deafness, as originally proposed by James Woodward (1972).

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