H. Charles Fishman

Incest:

A Therapy of Boundaries

Treating Troubled Adolescents

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> ... at night my father would lie with my mother. Sometimes, I still wouldn't have fallen asleep. I'd just be lying there in front of her and my father would be lying down behind her and I would watch. At first it didn't make me unhappy. But once I was older I started to think, "Why doesn't my father care that I might still be up? I'm fairly old now, why isn't he being more respectful of me? Adults should be concerned about others. Can't they see I'm not sleeping? Why is he lying with her?"
>
> —!Kung Tribes-woman

IN MOST CULTURES childhood involves not only a period of sexual experimentation but also a sense of privacy about sex. Both must be respected by parents. Children may feel hurt when their parents make sexual noises in their presence; they consider it a violation of boundaries. As family therapists we must go beyond the distorted belief that lack of repression is good in all situations—a concept that has influenced much thinking on sexuality. Family therapy theory, which is attuned to the necessity for boundaries, speaks more to the issue of sexual transgression within families.

Over the last decade the extent to which children are sexually abused both within and outside of family life has become increasingly apparent, and sexual abuse is now considered a very significant problem. David Finkelhor (1979) found that "19 percent of women and 9 percent of men report an experience of sexual abuse that appears to have had long-term harmful effects on self-image and the ability to make sexual relationships" (p. 83). Other researchers have found an even higher proportion of cases. Russell (1983) discovered that 30 percent of women reported an experience of sexual abuse before the age of eighteen and 28 percent before the age of fourteen. Such figures are alarming. We should keep in mind, however, that the term "sexual abuse" covers a wide variety of possible violations.

The focus in this chapter is incest. Freud chose to misinterpret this abuse in the sexual life of families, seeing it as a problem of repressed fantasy instead of an actual event. Why he should have done so has been the subject of much recent speculation and controversy. However, it seems clear that as a Victorian he took a position that allowed him to navigate the professional world of his times.

Today the problem of incest, though certainly more out in the open, is as difficult as ever for families to deal with. Incest often presents an extreme of suffering and illness. The issue for the therapist is the inability of the family to mobilize appropriate coalitions to defend the child. Theoretically, if, say, a father has an impulse toward incest there should be strong controls emanating not only from this man but also from the mother to prevent harm to the child. When these walls of control break down, incest is much more likely to occur. It is this rupture in family walls—that is, in the internal organization of the family—that leads to incest and its resulting pathology. As therapists we need to focus on clarifying internal boundaries and the ways in which coercion contributes to the pathology. It is the coercion, after all, that does not allow relationships to be truly symmetrical, that abuses the family hierarchy and assumes parity where none exists, and that prevents justice from reigning in the politics of the family.

General Principles

PROTECTING THE CHILD

Our first responsibility as helpers is to make sure the incestuous behavior is not repeated. Our priorities are, foremost, the protection of the child, *then* the transformation of the family system. Incest is one clinical problem where the family therapist must address the issue immediately, for it is almost always extremely destructive. But we must keep in mind that family therapy does not offer magical therapeutic cures. Therapists must realize that intervention may not necessarily put a stop to the problem. And even if the incest should cease within the current family, we cannot be sure that it will not recur in another community, when the abuser moves on and picks up another family and another child. Incest—and sexual abuse in general—presents patterns that are very difficult to change. As a result therapists must work closely with the legal authorities both to increase the force for change and to protect the child during the early stages of treatment.

In dealing with incest the family therapist treats not only the family but the larger system. Our job is to transform the system so that the incest is stopped, even if this means that the family has to be atomized and that the therapist emerges as an unfriendly consultant. Incest is the ultimate violation of boundaries, and the therapeutic work must concentrate more on repairing boundaries than on maintaining an intact family. The family therapist sees the family as a system of relationships whose purpose is to uphold the

growth and health of those who compose the system. If the system of relationships fails in that job, the individual is the priority.

WINNING THE BATTLE FOR INITIATIVE

One of the key principles in treating incestuous families involves what Carl Whitaker calls the "battle for initiative" in which the therapist struggles against the family's inclination to let the therapist change them (personal communication, Feb. 1982). The battle for the therapist is to make the family *take* the initiative so that, as Whitaker says, "the family maintains total control of their life and life decisions. The family also determines what is discussed in the therapy hour and is responsible for initiating any changes in the family system" (quoted in Neill and Kniskern 1982, 213). When the problem is incest, the family must come to *own* the problem—to have the existential realization that in spite of all the helpers who are involved in their lives, the problem resides in *their family* and that the family must act to overcome it. The family must see that it is in their hands to seize the initiative and begin working toward change.

A THERAPY OF EXPERIENCE

As noted in chapter 5, one cannot assume that the violence will not recur. The same is true for incest. In spite of our best therapeutic efforts, this uncertainty will persist unless we can at least witness an actual change of behavior in the treatment room. As with violence, a therapy of experience is essential. What we look for in the therapy room are dysfunctional patterns residing within the family as well as in other elements of the system, including, if appropriate, any individual therapists. Once identified, these dysfunctional patterns are immediately challenged. If change occurs, that is an indication that the system may indeed be sufficiently flexible to move in a positive direction. If, on the other hand, the system proves intractable, as in the clinical case that follows, then we must conclude that there is a greater probability that the incest will be repeated.

In cases such as the one described in this chapter, the parents were impermeable. They had the ability to talk about changing when somebody is looking—the court, the agency, the therapist—but that did not mean they were changing. In dealing with incest it is important to consider that you may be

dealing with people who are extremely clever at protecting the premises of self and are not willing to change. Thus, we need a therapy that can quickly reach those premises.

EXPOSING DARK CORNERS

In treating incestuous families some individual work must be done to help the victimized self rework the sense of trauma. I believe it is necessary for the victim to have individual sessions with someone of the same gender to work in the dark corners and to help neutralize and detoxify the memory.[1] It may also be necessary for individual work to be done with the other family members, especially the mother. At the heart of all pathology resulting from incest is a psychic numbness to coercion. It is important, therefore, to work with all coerced family members to undo the damage.

Often the mother has also been abused and needs to feel defended, or she feels guilty. It is also possible that the mother may be too lax about any guilt she may bear over being an accomplice to the abuse. Frequently such women have no capacity for self-assertion or for maintaining boundaries, even for simply saying "no." Like their daughters, they must be helped out of the dark. They must come to realize they have options other than coerced silence. Further, they must learn to put the right priority on their children's well-being and to defend not only themselves but their children.

It is, however, acontextual to merely dismiss the mothers as having "no capacity for self assertion." The therapist must examine the mother's contemporary context to see what relationships are giving her the sense of incompetence or powerlessness. Certainly the marriage, but beyond that, for example, what about the mother's family of origin? The family needs to be included in her therapy.

BEING ALERT TO DANGER TO THE OUTSIDE CONTEXT

Incest should be viewed as a phenomenon that involves more than the nuclear family. One therapist was working with a family in which the coercive father had moved out of the state. At the end of a session with the mother, a trainee who had observed the session told the therapist that he was treating the father for the same problem in another state. The man had simply moved, established a relationship with another family, and repeated the offense.

The lesson we learn from such a case is that some systemic solutions may not be solutions at all. When one of the participants is such an intractable force that he compels the rest of the system to organize around him, excising the organizing entity by blocking the man out and compelling his wife to leave him may seem the best option. In reality, however, such a situation only pushes the problem elsewhere. As therapists we work to make change in systems a process of mutuality. Individuals modify others, and through the recursive loop they are also modified. But not in these intractable cases. We must recognize that there are people who work as catalysts—they enter into a relationship and change the other person, but they do not change themselves. In such cases the therapeutic team, including social service agencies, can work with the homeostatic maintainers within the system and may at times separate the family. However, even if the system is separated, the team should be watchful, cognizant that the man could well move on and repeat the offense elsewhere. If possible, some attempt should be made to do periodic follow-ups to determine the offender's living situation.

ESTABLISHING AND SUSTAINING BOUNDARIES

The concept of boundaries is key in any systemic approach to incest. Incest is not simply a family's private business, it is a delinquent system, one in which extra-firm boundaries must be established by the therapist, if necessary with the help of the law. Part of the strength of family therapy lies in its ability to repair family systems. But incest is one case where such repairs may not be advisable. Establishing boundaries, then, often means violating the cultural expectation that the family be kept together.

The primary problem we address is how to prevent the next incestuous incident. And the therapist who attempts to tame or civilize the incestuous pull while continuing to stress family togetherness may run the risk of sponsoring the next incident by not working sufficiently to sustain boundaries. The work of the therapist who emphasizes keeping the family together may actually prevent people from realizing that in order for them to be sufficient—and safe—they must disengage. In cases of incest establishing protective boundaries should be the first priority. If this can be done with the system kept intact, fine. If not, then the direction should be clear: the therapist must help the family move toward disengagement as quickly as possible, using whatever legal and social resources are available.

UNDERMINING FALSE HOPE

As with violence and other difficult family issues, the therapist treating incest is often confronted by false hope. It is this hope—hope that he won't do it again, hope that things will change—that keeps people in the system. The family hopes that if they do all of the external things, including enlisting outside experts, transformation will come from the outside and change will miraculously occur. But that hope amounts to a denial of the family's own participation in the process of change. The difficult task for the therapist is to encourage the anger and sense of indignation that are absolutely necessary for the motivation of true change. This process, especially the indignation, helps the family to create and maintain boundaries. To bring it about the therapist has to undermine the family's hope that their salvation will come from somewhere or someone outside, or that it will happen automatically just because they have spent time in therapy. Part of the therapist's job is to prepare families for all of the pain and disruption that may be an inescapable part of their process of changing.

TESTING THE SYSTEM

Should one work with the whole family? My friend, Jamshed Morenas, who has had extensive experience consulting in this area for fifteen years, believes that as long as you know that the children are safe then it's important to bring the offender back into the system. He believes that if the offender is expelled the chances of he or she visiting the same behaviors on another community are extremely great. Mr. Morenas, when working with the family, plans a session where he asks the perpetrator what were the specific moments when he started seeing the child, not as a child, but as another adult and potential sexual partner. The hope is that by focusing on these occurrences the other spouse may begin to see his or her role and take some responsibility. This can open the door for working with marital difficulties.

FIRST DO NO HARM

Incest is an area that is rife with controversy. Rigid adherence to any fixed procedure is unwarranted and even dangerous. The interventions must depend on the specifics of the situation such as the age of the child, the intactness of the perpetrator and so forth. Incest is not a homogenous problem.

Clinical Case:
Michele, Struggling to Save Her Marriage

This family, from rural Pennsylvania, was shattered by a profound case of incest between father and daughters. The father had been separated from the family by a social agency, but this separation had not resolved the problems within the system. There remained for this family a kind of glue that bound them together in an unacceptable status quo. They seemed to think that their difficulties could be repaired without the necessity of their facing one another or the disruptive issues that brought about the separation. In fact, it quickly became evident that this family had separated *only* for the sake of the agency and not for themselves. Because the division was imposed from outside, it did not motivate the system to change. Thus, one of the goals of the therapy was to prevent an easy, glib reconciliation.

The job of the consulting therapist in a case like this is to provide the motivation both for genuine separation and for change. To do this one must consider whether the family has the initiative to begin working and must take into account whether the incest was a single incident or chronic and whether it occurred over a long or short period of time. Finally, one must make a preliminary assessment of the abuse of boundaries.

ASSESSMENT USING THE FOUR-DIMENSIONAL MODEL

History

The family consisted of mother, father, and five children. The first four children, two daughters aged fourteen and twelve and two boys aged nine and eight, were the biological children of both parents. The fifth child, a two-year-old daughter, was the result of the mother's involvement with another man during a period when she was separated from her husband. Her husband, the father of the other four children, had agreed to raise this girl as his own.

The father had been having incestuous relations with his two older daughters for the past six years. At the time of the initial session the father was living with his mother. As the family awaited their court date, both parents had been mandated by the court to be in therapy separately. The mother had been participating in a women's therapy group and the father had been involved in both intensive group therapy and individual counseling. The court had allowed the father no contact with the children. He

came to this session only with the court's permission, and it was the first time he had seen his wife and children for some months.

Structure

The therapeutic system included the mother, the father, the father's mother, the children, the court, and the therapeutic staff—each parent's therapist and the father's influential perpetrator's group. At the time the family was seen, the parents had a conflictual relationship. At the same time there was inappropriate closeness, for the mother was very protective of the father. There was also overinvolvement between the father and his mother. Needless to say, boundary violations were rife in the system.

Development

The pressures in this system included those brought on by two adolescent children and two more who were nearing adolescence. An additional pressure involved the re-formation of the family, which had been separated, and the formation of joint parenting of the toddler, even though she was the daughter not of the father but of the mother's former lover. In addition, both parents were in their early thirties, and the father was faced with the economic pressure of supporting all of the children, a task made all the more difficult by the fact that he had been incarcerated because of the incest.

Process

There was extreme conflict avoidance in the family, and the mother was seemingly unable to challenge the father. One reason for this, which became apparent during the session, was the father's potential explosiveness. As the session proceeded, the entire therapeutic staff feared increasingly that he would become violent. Indeed, around him one had the sense of sitting on a tinder box; at times I felt he was going to hit me. My subjective experience of this family was that one had to be very careful or one could get hurt. This was not the conflict avoidance of a psychosomatic family, where the people do not wish to hurt one another's feelings because of the fear of abandonment. The conflict avoidance here existed because it was clear that upsetting the father raised a real risk of injury.

THE HOMEOSTATIC MAINTAINER

It became clear that the homeostasis in this family was being maintained by the mother's and the grandmother's unwillingness to challenge the father. Also, the father's therapist saw him as a victim, not as a perpetrator, and thus the man was neither held accountable nor expected to change. Indeed, at points of stress, this therapist would activate to support the father against either his wife or the consultant. I presumed that the therapist was maintaining the same position as the father's mother, who gladly took in her son when he left prison in spite of his sexual abuse of her granddaughters.

The father's therapist was in a particularly difficult position, of course. The theoretical ideology that guided him was individually centered on the father and his plight. Thus it was quite understandable that he identified with the man. But while he was doing his best for his patient, from my position as an outsider I could see that he would support the father at the expense of the children and the wife.

GOALS FOR THE CONSULTANT

As a consultant in the case I had an opportunity to assist in providing brief diagnostic therapy. My aim was to address the fundamental difficulties in the family so that the children would no longer be abused. I saw the key dysfunctional pattern to be avoidance of conflict—the fact that no one ever challenged the father. As a result of remaining unchallenged, the father had never been obliged to be responsible and, indeed, had lived an amoral life, in part because the family allowed it. My diagnostic goal was to support the mother so that she would challenge her husband, in order to see whether he would respond in a responsible way. Whatever his response, this information would be crucial for a prognosis and an eventual recommendation. Moreover, I hoped that the mother might be able to maintain a position of informed mistrust toward her husband and insist on responsible behavior.

As I entered the session my underlying clinical thought was that a family with incest, much like the family described in the following chapter on suicide, presents the most rigid of systems. Whether the family should atomize or work to stay together, the session must be one in which the therapist challenges the flexibility of the system.

THE THERAPY

What follows is a transcription of a family that I saw in consultation for one session. One of the incest victims, the twelve-year-old daughter, was not present at this session; she was away visiting relatives, as were the nine and eight-year-old boys. The family members present were the mother, the father, the oldest daughter (age fourteen) and the father's mother. Also in the room were the mother's and the father's therapists. The two-year-old daughter was in another room.

DR. FISHMAN: How can we help?

FATHER: Yeah, I guess, it's been rough. I guess I growed up in a bad way or something, I don't know. Different things happen in my life. I don't know what I'm really looking for or anything like that. It's been—the past four months—it's been kind of mixed up and everything.

When I begin with the family in an open-ended way, the father classically blames their problems on forces outside his control; he *is not responsible. His statement, "I growed up in a bad way," reeks of psycho-babble excuse-making. This response is also consistent with an understandable iatrogenic component that may contribute to the bailing out process. It could easily be a response to therapy he has had since the exposure of the incest, therapy that has focused on the ways in which* he *was a victim.*

The father's response that the family's difficulties—his six years of incest with the daughters—are the result of his having "growed up in a bad way" gives me a clue to the system's homeostatic maintainers that allow this grossly dysfunctional behavior to prevail. Has this been a system where the father was never held responsible for his actions? Was he always bailed out, both figuratively and literally? Were there always people picking up for him? In discussions with the staff on this case I was struck by the grandmother's willingness to take her son in even after learning of his behavior toward his daughters.

DR. FISHMAN (*to the mother*): Michele, what's your perception of this?

MOTHER: My main goal in life is to be able to have a happy family —one marriage for all my life. I knew about my husband's problem when we got married. And I assumed the problem.

DR. FISHMAN: What problem?

MOTHER: The abuse that he had when he was a child. *(To her husband:)* I tried to help you with what you were going through then and leave it in the past. *(To the therapist:)* I feel somehow that I failed in some ways in helping him to overcome this. I feel like everything I ever wanted is just falling apart right now.

DR. FISHMAN: Is it pretty hopeless, do you think?

MOTHER: I don't know about hopeless—I always have hope.

DR. FISHMAN: How old are your kids?

MOTHER: The oldest is fourteen tomorrow, that's Diane. Debbie, who's not with us today, is twelve. Jason is nine, Mark is eight, and Mary-Lou is two.

It is clearer now that the mother is one of the people who is helping this man escape responsibility. By implying that his abuse of their daughters is a result of his being abused as a child, she provides yet another context in which he is not responsible for his actions. In this system the locus of control is placed not within the man but somehow in the principal characters who abused him in his childhood. The net effect is a system organized around allowing this man to remain an ethically irresponsible preadolescent.

DR. FISHMAN *(after a long pause):* You've been in therapy?

MOTHER: In group therapy. I started individually but the hours I could get were just too inconvenient, so I stopped.

FATHER: We both go to school.

DR. FISHMAN: What are you studying?

FATHER: She's studying to be a nurse's aid, and I'm going to trade school to become a plumber.

DR. FISHMAN: How's it going?

FATHER: Oh, pretty good, I guess.

DR. FISHMAN: I'm not convinced.

FATHER: Pardon me?

DR. FISHMAN: I'm not convinced.

FATHER: Well, I can't keep up sometimes—when a lot of times you have a lot of things on your mind and everything. I just try to do my best.

DR. FISHMAN *(to the father):* Are you going to finish?

FATHER: I'm going to try.

DR. FISHMAN *(to the mother):* Is he going to finish?

MOTHER: He is going to finish.

FATHER: Yeah. When I do something I usually finish it.

MOTHER: I very rarely know him to start something that he hasn't finished.

DR. FISHMAN: That's been part of the problem all these years. You're studying to be a nurse's aid?

MOTHER: And learn home care.

DR. FISHMAN *(to the father):* Is she going to finish?

FATHER: Oh, yeah.

DR. FISHMAN: No question about her finishing?

FATHER: No question. I supported her for fifteen years—now she's gonna finish so she can support me for fifteen years. *(The mother and father both laugh.)*

This immature father has fantasies of being financially mothered by his wife, who in many ways is already his emotional mother.

DR. FISHMAN: So what are some of the problems that you have as a couple?

MOTHER: As a couple?

FATHER: Kids. We fight about kids all the time. Well, not all the time, but most.

DR. FISHMAN: In what way?

FATHER: Punishments.

MOTHER: He thinks I'm too lenient, and I think he's too strict. When we argue I tend to give in at one time and he'll give in at another. He's just the type that when he gets mad, he says what's on his mind, and then he's not upset anymore. I'm the type that when I get mad I like a good argument and to talk it all out—even if I have to scream and yell. But he doesn't ever give me that chance to let all that out before he wants to make up.

DR. FISHMAN: So nothing ever gets resolved.

MOTHER: No. So then he says it's the same old crap all the time. Then he wonders why I argue about the same old crap every time. It's because I never feel I get anything resolved.

This lack of resolution is significant in terms of the presenting problem. To the extent that problems are not resolved, the vulnerable couple becomes increasingly distant as time goes on, and the symmetrical, yet underground, battle ensues. This battle makes it more likely that the growing schizmogenesis will be stabilized by the participation of a third party. According to some family therapy theorists, at this point the child is recruited by the father or offered by the mother to compensate for affectional deficits in the spousal subsystem. However, there are problems with this theory: it has no limits, and in some cases it can expand into precisely the myth that "if my wife gave herself to me I

wouldn't take from the child." To accept this myth would lead to an undoing of the therapeutic possibilities and would endanger the child. When approaching incest problems, it is not simply a matter of repairing the affectional exchanges between the adults in order to protect the child. That orientation can jeopardize the whole system, particularly the victimized child.

For this couple the most severe difficulties seem to involve the area of sex. But these problems are never addressed to the point of resolution. Indeed they will have to be raised somewhere along the line as a central issue in the therapy. But in a family such as this, where the presenting problem is so destructive, the protection of the children is the issue that must be addressed first. As the session continues, it is becoming increasingly clear to me that the mother does not see the children as a priority. She seems to think that the couple is more important than the children. The immediate question, then, becomes whether the children will be safe if this family stays together.

DR. FISHMAN: The question I have, from what I heard about your story, is why you would want to be together. I wonder why you would take him back. As a mother, you need to protect your children. That's more important than being a couple.

MOTHER: Um-hm. My kids complain. But I still love him, so ...

DR. FISHMAN: That's a problem. Don't worry, you'll get over that. I think that you really need to think about that very seriously. Can you trust him? See, what troubles me is that when I asked, "What is the problem?" Walt said *(pausing and turning to the father)* that the problem is that he grew up in a bad way. He is not taking responsibility. He's not saying "I did something wrong" but "I grew up in a bad way."

FATHER: What makes you say that I did something wrong?

DR. FISHMAN: That's what I'm talking about. It's exactly what I'm talking about. Talk with—you call him your husband at this point?

MOTHER: Um-hm.

DR. FISHMAN: Talk with Walt about that in terms of responsibility.

FATHER: I don't understand what you're saying.

DR. FISHMAN: You understand—the incest.

This intervention illustrates important principles for working with incestuous families. The mother's priorities should be first to shelter and protect the child and then to think about the marriage. The therapist's primary job is to keep the children safe and not allow the mother to be brutalized. To

achieve this the therapist must give priority to maintaining a strong boundary between the family and the father.

Initially the father tells how he is trying to get himself together, and I show him respect for that. But more revealing is his question, "What makes you say that I did something wrong?" I use this interchange to show the mother that her husband does not take responsibility for his actions and that without taking responsibility there will be no change in his behavior. This represents a challenge to the mother that I hope will lead her to take the initiative and come to the realization that it is indeed *her* responsibility to make the decision whether or not to take her husband back. The therapist's goal here is to reinforce the understanding that the ultimate responsibility resides in the contemporary relationships within the family, not in the parents' past or in the workings of the legal system.

MOTHER: In other words, what you're saying is that he isn't accepting the fact that, as an adult, he is responsible for the way he is now. Is that correct?

DR. FISHMAN: [For] what has transpired.

MOTHER: Then he's responsible for what's happened since he was a kid.

DR. FISHMAN (*to the father*): How old are you now?

FATHER: Thirty-four.

DR. FISHMAN (*to the mother*): Why don't you talk about truth?

MOTHER: How I feel about it?

DR. FISHMAN: Whether Walt accepts responsibility for that.

FATHER: What I've done now, yeah. But from the way you stated it that I did something wrong when I was a kid and I have to take responsibility for it, that's what I was looking at. And I don't see where I did something wrong when I was a kid.

DR. FISHMAN: I agree with you there. It has nothing to do with it. I'm agreeing 100 percent. What's occurred over the last six or seven years has nothing to do with your childhood.

FATHER: No, no, what I'm saying is ...

DR. FISHMAN: Or anything that you had done as a child.

FATHER: What I'm saying is that when you said that when I was a kid I did something wrong and I got to accept the facts about it, I thought you were talking about what I did as a kid.... But now, yeah. We've already talked about

that, and sure I made mistakes.

Of course, the father may be telling the truth: he may have defensively perceived the inquiry as pertaining to what had happened in childhood and considered it unbelievable that he should accept blame for those distant events. If that is the case, however, his tendency to disassociate from the present would be even more reason to focus on the prevention of a quick patching up of relations between him and his wife.

DR. FISHMAN: See, Michele, when you bring up the fact that you can't seem to address conflicts and get anything resolved, that worries me in terms of your future as a family. There will be things that come up. Why don't you take something, take some issue and see if you can resolve it.

MOTHER: Take any issue?

DR. FISHMAN: Any issue that is important to you that you feel hasn't been resolved. Because if you can resolve things that way, it's a better indication that you will be able to work things out.

My focus here is on the principle that in dealing with issues like incest one cannot prove a negative. Instead one has to see dysfunctional patterns resolved in the treatment room.

MOTHER (*to the father*): Well, one of the things that bothers me a lot is the fact that you're not as close to the older two kids as you are to the younger three. In terms of affection and showing that you care.

FATHER (*first pausing*): I don't know why that is.

DR. FISHMAN: I would deal with a more difficult issue. Is there an issue in terms of the two of you, not something that involves the kids? *(He pauses.)* The issue about how you deal with the kids is something that can be dealt with over a longer period of time. But in terms of you two as a couple ...

MOTHER: There's not too many issues just between the two of us. Not resolving an argument that we started ...

DR. FISHMAN: What's the last argument you had?

I am searching for a concrete issue the couple could discuss, an issue that they both have strong feelings about and one from which intensity might be generated.

FATHER: Don't know.

MOTHER: He says I don't want to—you know—he says I never come to him. I've tried, but it's hard for me. I've never been a very aggressive person. You know, we've been together for fifteen years. I've felt that I've often shown it....

DR. FISHMAN (*to the father*): Do you feel that Michele is there for you emotionally?

FATHER: I feel she's there for me in a lot of things—emotional support and....

DR. FISHMAN: Is there any way that she's not there for you? Or is everything just perfect?

FATHER: No. She's been there, she's been my backbone through everything. She's helped me through fifteen years. She's helped me through other things. She's been there.

DR. FISHMAN: Are there ways in which Walt isn't there for you?

MOTHER: Well, the only thing—I'm a very sensitive person and I know that sometimes I let that rule me. When I think that he is not trying to get closer with her [their daughter, Diane], it hurts me a lot. I think Diane is at an age when she needs to be close to her daddy, and to be able to do things with him.

My jaw drops open. I am increasingly concerned that mother is so anxious to have father more involved with his elder daughters. I can't help but wonder about mother's part in this incest. For the present, I chose to ignore this and focus on issues that will facilitate my joining with mother.

If the couple could resolve an important issue right there in the room, that would be an indication that they could resolve similar problems on the outside. Furthermore, the work in the therapy room could provide a template for a new way of interfacing. Of course, if they could not work on and resolve a representative issue with the help of the therapist, it would not bode well for their success in addressing the problems they were confronted with in their family life. More important, if they could not effectively resolve their difficulties and become closer, then we could not be assured that the system would not continue to victimize and exploit the children.

In the next segment we begin dealing with the essential question of responsibility in protecting the children. There was a dramatic backdrop to this segment. The youngest child was in the next room. The doors were somewhat flimsy and the child could hear the parents. As the tension increased, the child in the other room began to cry more and more loudly, eventually becoming so upset that I suggested the mother bring her into the room.

To let this child suffer in the other room while we are talking about protecting children would have belied our message of the importance of caring for children.

DR. FISHMAN: You really want to know whether he's changing or not because of the kids. So really, we shouldn't get away from that. But why would you want to take him back, what would need to change so that you would take him back?

MOTHER: Well, I would want him to get therapy too.

DR. FISHMAN: Therapy is great, but how will he have to change?

MOTHER: How would he have to change?

DR. FISHMAN: Why don't you talk to Walt. Are you interested in having him back?

MOTHER: Yeah, very much.

DR. FISHMAN: Maybe you could get somebody else?

MOTHER: Well, my kids love their dad.

DR. FISHMAN: But that's not a reason to stay with somebody.

There is no doubt that I am expressing my own bias and convictions here. I feel that the family's values are distorted. The mother's protection of her husband and the desire to keep the couple intact has been allowed to override the needs of the offspring.

MOTHER: I love him. He's always been there in every way for support, he's genuinely a loving man.

DR. FISHMAN: Well, yes, we know that. With all due respect, I wonder what he would have to do so you would trust him.

MOTHER: I don't completely trust him, I have that doubt in the back of my mind.

DR. FISHMAN: Are you one of these women who is just kind of a pushover? *(To the father:)* Is she really a pushover?

FATHER: In some ways.

DR. FISHMAN: Is she? See, I don't think your kids can afford it.

MOTHER: Well, I'll be very protective of my children. First of all, he knows that I always made that important from the time I had my children.

FATHER: That's something I would never do again.

MOTHER: But I will always have that doubt. I don't know if I would ever tell you when the kids were home, I wouldn't get over that doubt. It would probably be years ... but I would have to be very protective for a long time. I would like for you to accept or find the true meaning of fatherhood, what it means, the truth, responsibilities.

DR. FISHMAN: In other words, if Walt were to do that you'd have a sense that he was really being a father and not a playmate.

MOTHER: Well, not completely.

DR. FISHMAN: But you'd have a sense?

MOTHER: I would have a sense that he would at least be trying to accomplish that role.

DR. FISHMAN: Why don't you talk to him about it.

MOTHER: What would you be willing to do to find this? To find out what the role is?

FATHER: I've been there.

MOTHER: Then search it to find out.

FATHER: So, you know I'm seeing all these people to find out where I went wrong. My life is all in a shambles because of it.

DR. FISHMAN: Hold on one second, because I think this is a point in which you *(turning to the mother)* get quiet and get soft and don't push it.

MOTHER: I don't have the courage.

DR. FISHMAN: Is that an acceptable answer?

In the following sequence it is clear that the mother pathetically believes that she can hold on to her husband and that somehow some outside force will cause him to be responsible. She remains convinced that fatherhood can be taught, even when her husband disagrees. The motivation to change is not generated from within. The father does not have the initiative to change.

MOTHER: I need to know if he is willing to follow through with it. Take courses or whatever.

FATHER: To what?

MOTHER: If they suggest that you take courses or something would you be willing to follow through with it?

FATHER: You can't take a course on how to be a father. All they can do is tell you what it's like to be a father. But you can't go by what they say. A father isn't just made by a book.

MOTHER: What about guidelines?

FATHER: Sure you can have guidelines. But you can't always follow all the guidelines.

MOTHER: Then it would be—probably something would cause you to lose control, and ...

FATHER: That's why I'm going to therapy.

MOTHER: That doesn't always specify what it is you would need to help you with your problem.

FATHER: I don't see what you're saying.

MOTHER: Okay, you've been going to therapy, and one of the things you have to work on is to control your impulses.

FATHER: Right.

MOTHER: But there aren't any rules or anything for your impulses—that they can give you to do to help you control

them.

FATHER: How can you tell—from just the little time we're together?

MOTHER: Well—I've seen the rules that they have for you to graduate. But I haven't seen anything to help you with any problems.

The mother is looking for outside rules to impose control on her husband.

As the sequence progresses she talks with her husband about having sex with their daughter as if it is simply one more area of infraction, like having too much to drink. Thus the incest is declared to be one more forgivable area. It is increasingly apparent that these parents do not at all recognize the enormity of the father's infraction.

FATHER: I see what you're saying—about our sex, when I get horny I'm supposed to control it.

MOTHER: No, I'm not just saying our sex, I'm saying when you get impulses for, like, when you want to have sex with my daughter.

FATHER: How can you tell?

MOTHER: I'm saying if they did give you them—would you follow by those rules?

FATHER: First, you're asking me what you ain't seen—then you're asking me would I.

MOTHER: Well, if they had.

FATHER: Of course I would.

MOTHER: Because I don't know if they do that.

FATHER: There's two different things: the impulse with the kids or impulse with you is two different things. So I follow my impulses with you a lot different than I follow my impulses with the kids. So you only seen the one I follow for you.

MOTHER: Okay.

At this point I was looking at this system in awe, asking myself if this woman indeed knew what was "okay" the triviality assigned to the incest is extremely inappropriate and indicates strongly that there is danger ahead.

DR. FISHMAN: So what about the impulses? That's very important. What about the impulses between the two of you?

FATHER: When I feel my impulses, what I want to do is between me and her.

DR. FISHMAN: Talk about that.

FATHER: She don't follow the impulses between me and her. It's always later, or she's always put off.

MOTHER: That's true.

The father's statement is an indication of the survival of the repression or deflection theory: if he did not have to repress his sexual impulses with his wife, he would not need to abuse his daughter. This theory of repression and deflection may have been the basis of this family's past therapy. The father's therapist felt that somehow the father's abuse of his daughter was at least understandable, if not justified, because of the insufficiencies between the husband and wife, and he assumed that a therapy designed to repair the marital relationship would cause the incest to cease. This assumption was dangerous. In most therapy, even with very difficult cases, we can assume that the generational boundaries will hold, but such assumptions are shattered in cases of incest. It was, in fact, quite possible that this man would continue to use both his wife and his daughters. The abuse of the children was very likely independent of the availability of the spouse.

DR. FISHMAN: The question is, can you trust Walt not to go out of control?

FATHER: I don't go out of control.

MOTHER: What do you mean by out of control?

DR. FISHMAN: Get very angry—lose his temper—or have sex with your daughters.

MOTHER: Oh, yes.

FATHER: There's one thing, I would not hit nobody.

DR. FISHMAN: You hit the wall.

FATHER: I've hit a wall, I'll hit anything but I won't hit anybody.

DR. FISHMAN: You see what you're doing is very important, you're being very clear in terms of what you need from Walt. Are there other needs? See, it's your responsibility, it has to be. Are there ways in which you will be able to spend some time ... the two of you and one of your children? Will you be able to see what kind of father Walt is? Maybe Walt can help you with that.

MOTHER: I would love to be able to take just one of the children and spend some time together with Walt. One idea would be to take one full day with one child and to see his type of reaction with that child and *[to her husband]* the different reaction you have with each child.

FATHER: We got too much things going, we ain't got enough time to spend the day.

MOTHER: No, I'm saying if we had the time to take one whole day with each child, even if it's just one Saturday a week and take that with one child and the following Saturday with another child. We don't have to have money to go and do that, just take a picnic, that's all.

FATHER: We get there, I'll go to sleep.

MOTHER: Unless it's the baby, because she makes you play with her.

DR. FISHMAN: See, I think that's giving you information. Giving you information that maybe you shouldn't be together.

FATHER: No, it's just that I work Friday nights.

DR. FISHMAN: I don't mean just about the specifics, but I think you need to think as the mother: "That's information."

The tension in the room was beginning to build. The father was getting angrier and angrier. We had arrived at an issue that crystalized the problem in the system: can this man be a nurturing, caring father, or is he instead a man who is going to abuse his children? He had not, after all, had a relationship where he acted like a true parent. If the mother and father could be together with the children in a way that allowed him to work on becoming a true parent figure, then both the therapeutic system and the mother would have an indication that he could indeed function in a different way.

It should also be noted that there was a complementary aspect of this family system: in some ways the mother acted to exclude her husband and so contributed to his inability to function as a true father figure. As a result he felt treated as only a breadwinner, responsible for supporting five children and a demanding wife. Nevertheless, a characteristic pattern in this man's life was that he organized the surrounding systems so that they accommodated to him. At this moment, however, his wife, with the therapist's support, was asking him to do the accommodating. This situation could be used as a diagnostic test: if he does not accommodate here, he cannot be expected to accommodate to the generational and societal boundaries that would restrain him from abusing his children whenever he has the urge.

MOTHER: What would you do if you didn't have to work all the time? What would you do then?

FATHER: I would be able to sleep at night on Friday and Saturday nights.

MOTHER: What would you do during the day?

FATHER: Catch up on everything else I had to do prior in the week. You know there's a lot of things I have to do. Keep the van running.

MOTHER: Take the day off. That's all I'm asking, just take the day off.

FATHER: That means twice as much work I got to do the following day.

I suspect that this man stayed with his cars and vans so that he would not have to get close to people. Creating this artificial boundary may have been the best he could do to protect the world a little bit from himself. As the mother continued to try to get him to spend some time with her and the children, his responses revealed that he was not comfortable in his relationship with his wife and children.

MOTHER: Well what you're saying is that the kids don't come first anymore.

FATHER: What do you think I'm out there working for? Why do you think I'm out there keeping the van running so you can take them to the doctors if you have to, in case of an emergency or something like that?

MOTHER: Don't worry about the kids, because they're growing and the things that they need, they're the emotional needs.

FATHER: I never got them.

MOTHER: Well, that doesn't mean you have to deprive the children.

FATHER: I don't know what it's like, okay. I grew up where I had to take care of myself.

MOTHER: But you should know how hard it was as a kid.

DR. FISHMAN: The thing is, do you want the kids not to get what you didn't get?

FATHER: No, I want the kids to get it. I want the kids to learn affection.

MOTHER: But you want it to be from me, and not from you.

FATHER: I got something in me that's hard.

As the father says "I got something in me that's hard," an honest description of his affective limitations, he glances across the room at his therapist. Apparently they had had many sessions on this issue, sessions in which the father may have somehow felt that his own lack of nurturing as a child somehow justified his abuse of his own children. In glancing at his therapist he seems almost to be looking for protection. As the session continues I have a sense that the father and his therapist are joined in a "helpful" stance. They are in a coalition.

MOTHER: I know.

FATHER: Like something that was put there a long time ago.

Observing the father's intractability and his seemingly impermeable defense of "something in me

that's hard," I attempt to bolster the wife's position by using her as my co-therapist. As the challenging consultant I increase the intensity by bringing in the larger context, asking the mother whether she is seeing anyone else.

DR. FISHMAN: Are you dating at this point?

MOTHER: No.

DR. FISHMAN: Are you legally separated?

MOTHER: No.

DR. FISHMAN: You're not legally separated. Did you think about it?

MOTHER: No.

FATHER: I love her too much.

MOTHER (*to Dr. Fishman*): Well, don't you think that's the reason.

FATHER: What do you think I'm doing? I'm going to these people to get help and you're pushing all the shit on me at once.

DR. FISHMAN: So you believe that the helpers are going to change things for you and the family. We as helpers are terrific, and we help lots of people. But we don't do much.

FATHER: No, I don't believe you guys are going to help us change. You're going to help us, but in a certain way.

DR. FISHMAN: All the helpers that you had really didn't make much difference. I think you have to believe if you're going to change.

FATHER: How can you have a family separated and be able to live a normal life and then turn around and do what people suggest you do?

The father is working hard to have the agency people turn him loose to go back to his family. I am reluctant to do so, but I sense that he might be effective in turning around the various helpers so that they would endorse his quick return to the family. I feel that a premature return is potentially disastrous and attempt to instill the thought that any return must be done with great caution.

DR. FISHMAN: You see, your wife just said very clearly that you had hope. She hopes that you have hope. She is making it a kind of laboratory to see if maybe you have a day that's just for your family.

FATHER: That's what I'm hoping for.

DR. FISHMAN: But with all due respect, your feet don't follow your words.

I was struggling with the battle for initiative. This family thought that their changing would in some way be done for them by their professional helpers: since they had elicited so much help, they would be magically transformed and their problems would be ameliorated. This notion of powerful outside help allowed them to justify not doing very much work themselves. This was one homeostatic force. Another was the persistent hope expressed by the mother. This hope, fostered by the legion of therapists, kept them in there struggling, but it was essential to convey the reality that their only hope lay in taking responsibility for their problems and making immediate change in this very enactment.

DR. FISHMAN *(to the mother):* Are you going to continue your therapy? Do you think that's a right move?

MOTHER: I think it's worthwhile.

DR. FISHMAN: Do you think you learn from it?

MOTHER: I think that will eventually come.

DR. FISHMAN: You are hoping that the other situation will change, aren't you?

MOTHER: What situation?

DR. FISHMAN: The one that you were referring to earlier—the illegal behavior—the incest.

MOTHER: Uh-huh.

DR. FISHMAN: Didn't your hope keep you from doing anything?

MOTHER: What do you mean?

The mother's reaction here is the symmetrical equivalent of the father's earlier reaction, when he did not understand what he had done wrong. Tending toward quick healing and denial, she glosses over the atrocity her daughters have experienced, thereby making its repetition likely.

DR. FISHMAN: Did you hope that his behavior would stop—that he would change his behavior?

MOTHER: What behavior?

DR. FISHMAN: With your daughters.

MOTHER: Yeah.

DR. FISHMAN: You believe in hope.

MOTHER: Yeah.

DR. FISHMAN: I don't believe in hope. You know why? Because to the extent that people believe in hope they don't change. I'm going to step out now for a minute. But I have a clear sense that he's already told you what you want to know.

FATHER: I ain't told nothing.

The father is getting more and more angry as he accurately perceives my intent, and I am afraid that he is going to lean over and hit me. I am slowing down the forces that would return him to the family, and he does not like it.

DR. FISHMAN: You'd be surprised.

At this point I was the lone skeptic in the room. This was the hardest part of my job in this session—being the voice of hopelessness. I leave the room and go behind the mirror. As I leave, the father's therapist moves into the seat next to the father and starts talking to him.

In the sequence that follows it is quite clear that the father did read my intentions correctly and that he would try to defy me by being more truthful.

THERAPIST: Why are you so upset?

FATHER: He was trying to get her separated from me.

THERAPIST: That's wrong. The impression that I got was that the situation was not going to change, that hope is not going to change it.

FATHER: Everybody has hope. He said he doesn't believe in hope. That doesn't make any difference. But when he made that remark about "your feet don't follow your words," that got me upset.

THERAPIST: That was your impression.

FATHER: I'm going to prove him wrong.

THERAPIST: What did you feel about it?

FATHER: I feel he's working against us.

THERAPIST: At what point did you feel that?

FATHER: As soon as he said that.

THERAPIST (*to mother):* How about you, did you feel that?

MOTHER: Well, I have doubts about me and Walt living together. I don't know if we can do that—if I would be a good

mother.

The mother's doubts about their living together and about her capacity to mother correctly are a change from her earlier glib confidence, apparently endorsed by the helpers, that it was just a matter of one more round.

(*Upon returning to the room I am relieved not to be seated next to father any more and to have a six-foot three-inch tall therapist between the two of us. As I return, the father's therapist offers to give me back the seat next to the father. I indicate that he should stay put!*)

FATHER: I have a feeling your idea that you're not a good mother may come from ...

THERAPIST: From what?

FATHER: From—something, what?

MOTHER: From the feeling that I'm not protecting my children.

DR. FISHMAN: No, you're not. You weren't ...

MOTHER: That makes me feel like I let it happen.

DR. FISHMAN: Partly you did.

MOTHER: I had no idea what was going on.

DR. FISHMAN: The question now is, can you trust him.

MOTHER: I don't know if I can trust him yet.

DR. FISHMAN: You see, what we did earlier, we said if you could spend a day together, if somehow Walt would arrange his schedule, it would give you a sense that he could change his behavior and his impulses, or whatever, for you and for the kids. So far, what I've heard is that he said "no."

One of the forces that had allowed the mother to be blind for so long to her daughters' abuse was the fact that she shared a patriarchal notion that men can do no wrong. She believed that her role was to make up for her husband's damaged childhood and to exonerate him. Her devalued self-concept as a woman was part of what permitted her to accept the abuse of her girls. As she suddenly began to realize that she may, in a complementary way, have been involved in the incest, she became defensive. I needed to enlist her support, not alienate her, so her defensive response was a clear indication that I should backtrack.

MOTHER: I feel like I'm being contradicted, because I go to group therapy and they tell me that it's not my fault that

it happened, that I had no idea what was going on.

DR. FISHMAN: It's certainly not.

MOTHER: But in here it's my fault because I let it happen.

DR. FISHMAN: I don't think that's correct. I hope you're not getting that. What I'm asking is how you can keep things from happening in the future. How can you look at him and trust him?

The mother has, of course, caught me in a contradiction. As she begins to acknowledge her role in the incest, the danger is that she may drop totally into depression and self-blame. I try to avert this and to get her to think about what to do next.

MOTHER: I don't know, it's going to take a lot of time, with a lot of safety precautions—things like that.

DR. FISHMAN: Okay, that's true. My question is, from what I've heard, Walt says he will not accommodate to you.

FATHER: That's not what I'm saying.

MOTHER: I don't believe that that's ...

DR. FISHMAN: Well, then, talk to him. Maybe I'm wrong.

FATHER: My kids come first, but who is going to put food, clothes, and whatever they need on their backs?

DR. FISHMAN *(looking at the mother):* You don't have to convince me.

FATHER: I got to, she knows; I have to take care of business around the house and do what I have to do to get a little extra money while I'm going to school.

MOTHER: Okay, let me give you a "for instance," okay?

FATHER: No "for instance."

MOTHER: Yeah, just this.

FATHER: No "for instance," because you can't do it right now.

MOTHER: Will you just listen to me, please. You graduate in December and I graduate in September, all right?

FATHER: When we get on our feet ...

MOTHER: Will you listen ...

FATHER: When we get on our feet and I can take Saturdays and Sundays off and not have to worry about time and we can both take the baby or whatever ...

MOTHER: I know it's hard right now ...

FATHER: But I'm not looking for when we get on our feet, I'm looking for tomorrow, the next day.

MOTHER: It's going to take time anyway. I know that.

FATHER: I don't look for the future, I look for tomorrow.

MOTHER: I look for the future.

FATHER: I don't and you know that.

MOTHER: Well, I have to look for the future because my kids are going to be there.

FATHER: I might be killed tomorrow, you never know.

MOTHER: But still you have to look. You're the one who always told me that—before you changed.

FATHER: I never told you that.

MOTHER: Yeah, you always took out life insurance policies and everything else.

FATHER: No.

MOTHER: You said you wanted to make sure the kids and I were taken care of.

DR. FISHMAN: See what's happened? You said that you never really resolved anything and you never have a sense of satisfaction in terms of issues. You started an issue, and now somehow you're talking about life insurance.

MOTHER: I was talking about looking into the future.

DR. FISHMAN: Something very practical.

MOTHER: And, I was just saying for instance when we get on our feet and we can start seeing each other with the children, it really won't be an issue whether the kids need this or that.

DR. FISHMAN *(to the mother):* Do you have a sense that you're backing down? That you're doing what everybody does with this man? They accommodate to him: he doesn't budge. If he says he can't spend one evening with you and the kids, he's so busy, but you're saying now that it's the future, isn't that backing down?

MOTHER: I know what he's saying isn't what he's saying because I know if he has the time he will spend time with us.

DR. FISHMAN: Time is a funny thing. We make time for what we have to do. You said that yourself.

FATHER: Right, make time for what we have to do, and when I got to work on the van or I have to work in the yard, I have to make time for them, sure. I'd like to make time for a lot of things, but ...

DR. FISHMAN: You don't have to convince me, you have to convince Michele whether she will be able to trust you.

FATHER: After fifteen years of marriage if she can't trust me, well, I can't say that. There is no real way that she can

say that she can trust me.

DR. FISHMAN: Don't be so optimistic.

FATHER: And there ain't no real way that I can trust her. It's her word and it's my word, that's it.

DR. FISHMAN: Do you believe him?

MOTHER: I know what he is saying is true, he trusted my word. Do you want to go play with the kids, huh? You tired? Do you think you will ever have time for the kids?

FATHER: Yeah.

MOTHER: When it's convenient. Would you make time?

FATHER: It's hard to say.

MOTHER: I make time after the housework. I make time. You don't think the yard could wait one day. There's a lot of times we can just do things together; we all used to pitch in and do the yard together, do the house together. That would be a way of spending time together.

The mother further accommodates to her husband by saying that they can be together while doing various chores around the house. This offer allows him to continue to resist extending himself any further.

DR. FISHMAN: I see clearly that you're a very caring mother. You make tremendous sacrifices for those kids.

In the hope of keeping the mother from backing off, I move to support her.

FATHER: I suppose I don't?

DR. FISHMAN: Okay, we need to think about whether you want to do therapy with this couple right now. I don't know if there's hope, I don't know if it's worth it. (To *the couple)* With all due respect, maybe you could do better not being together. *(To the mother:)* How old are you?

MOTHER: Thirty-one.

DR. FISHMAN: A young woman.

FATHER (*to Dr. Fishman*): And you're a real fucking asshole too.

DR. FISHMAN: You don't prove anything by a hassle with me.

FATHER: That's the way I feel. I come here to try to get something done and to work together with my wife and you sit here.

DR. FISHMAN: I'm trying to be responsible, responsible to you as a family.

THERAPIST (*to the father*): Don't let those feelings stay inside. It's important to work them through.

The father and his therapist both turn in their chairs, the therapist turning away from me. The father is crying and the therapist is also crying, wiping the corners of his eyes. The father, who has just showered me with expletives, is obviously very angry. A clear sense of a homeostatic maintainer in operation can be seen in the therapist's telling this man, whose difficulty has been a lack of impulse control, to express his feelings fully. I must confess to having some personal concern here as well; if the therapist continues to encourage the father to express himself, I could be in trouble.

FATHER: I ain't giving up what I have for you or nobody.

DR. FISHMAN: You just talk to your wife, and I think your wife will be very happy to take you. But the question is whether you can change, too. See, it's pretty simple. All your wife says is that she wants to spend an evening with you and the kids. Okay, I'm going to leave it to you. You know, I was impressed with the work that you're doing and how well you're proceeding, and I respect that you're starting a new career. The question is, do the two of you want to start a new relationship?

MOTHER: Better than what we had before.

DR. FISHMAN: Yes.

MOTHER: We can't keep the one we had.

Summary

The primary goal of this session was to see that the incest was not repeated. Great intensity was generated in the hope of producing an essential realization in the mother that whether or not she had any responsibility for the original incest, she indeed had a responsibility to see that it did not recur. Our job was to protect the children from being traumatized and victimized any further. That meant that our goal was not to keep the family together but to transform the system so that the children would be protected and all family members would be able to differentiate, feel safe, and get on with their lives. As part of the therapy it became necessary to utilize the law to create a boundary between the children and the father, limiting and controlling his access to them. Furthermore, the boundaries had to make very clear the difference between the parental functions and the spousal functions. Our task was aimed at creating a vertical, generational boundary instead of a horizontal boundary between father and child. This boundary-making had to be done in the mother's presence, for reasons of safety, because the mother in many ways was the key to effective control of the father's access to the children.

The session raised some very important theoretical concerns. Why did the father get so angry? Was it because he thought I was expelling him from the family? Did he sense a coalition against him, a coalition that reminded him of experiences at home? Was he angry because I was provoking his wife to drop him? Let us consider the sequence of events. I began by generating considerable intensity around the issue of his spend ing some time with his wife and one of the children. The man refused, saying he had to take care of a van for the family. The mother, remaining adamant, replied, "All I want is to spend a little time together." Still he refused. Why? Could it be that he was, perhaps understandably, engaged with his therapist in a process of building walls, and that I was beginning to dismantle that process? The man did say that he very much wanted to be with his family and to move back home. It is possible that he wanted walls built because without them he was afraid he might slip. Because of this understandable fear I scaled down the suggested amount of time to be spent with his wife and child, limiting it to just an evening. Even this, however, proved too much of an accommodation for this man.

Whatever theoretical insight we might gain into the father's behavior, the quality of the system suggested that the man was fundamentally unaccustomed to accommodating to others. Instead he insisted that everyone else accommodate to him. I saw this immobility as a very grave prognostic sign. For if this father would not adapt to a small change when he had so much to gain, what hope was there of his adapting to control his impulsive desires if he should get back together with his family?

As a result of the father's intractability, I had few illusions about this family's capacity to transform itself on its own. It would be up to the external societal system to remain responsible and vigilant and to accept a constant role in the monitoring of rules and in the maintenance of boundaries. With this family there was simply not enough responsibility and initiative for self-directed change. In this case we had at the center an extraordinary prince, a narcissist, who organized the family system around his needs. As long as this was true, a continuation of the incest would be possible and the daughters would remain in jeopardy.

Notes

1 Clinicians are of two minds regarding the gender of the therapist for this work. Some people believe therapy should start with a therapist of the same gender because there would be more freedom to share what happened. On the other hand, it is not with persons of the same gender that the victim is likely to have difficulties. Having a therapist whose gender is the same as that of the offender could serve as a model or template for a more functional, respectful relationship.