Guidelines for Treating Father-Daughter Incest

The needs of father, mother, and child victim are considered and strategies are suggested for meeting them. The strategies make up a comprehensive approach in which individual, group, marital, and family therapies may be used for particular purposes and in a certain sequence.

Incest is one of several kinds of sexual abuse which in itself takes several forms. Although brother-sister incest is probably most common, it is generally considered less pathological and less harmful in its effect than father-daughter incest. Mother-son incest and father-son incest are considered most pathological but are most rarely reported; consequently, less is known about their patterns and dynamics than about father-daughter incest. Incest between father or stepfather and daughter is a form which is both common and harmful. This pattern accounts for three-quarters of reported incest. Therefore, a great deal more is known about it. Although each case of father-daughter incest is unique, enough commonalities exist for a classic pattern to have emerged in the literature.[1]

Writers and researchers have discussed characteristics of this classic pattern as well as of the individuals involved. Effects on the victims have also been described in the literature and the need for treatment is often highlighted. However, very few writers have focused on specific treatment considerations, especially in regard to family therapy. Those suggestions which have been made in the literature as well as the author's own observations are integrated in this article in an attempt to identify treatment needs and suggest strategies to meet them. The relevance to the problem of these treatment considerations can be made evident to readers who are unfamiliar with incest by first describing the classic incest situation.

Classic Incest

In families in which father-daughter incest occurs, the marital relationship has often ceased to be sexually and emotionally satisfying, although a façade of marital harmony may be conveyed to nonfamily members. In one variant of the classic situation, the father is a dominant, powerful man, keeping his wife in a dependent helpless role. She may even suffer from some disabling condition, such as depression or physical infirmity. Although this may have been a reciprocal role relationship which satisfied both partners in the first years of marriage, the strain on the husband of his wife's dependency tends to anger the husband, who eventually distances from his wife. He turns to a daughter, thereby obtaining emotional gratification. The displacement of his wife by his daughter also serves as an expression of anger toward his wife. In another variant, the husband is dependent on a dominant and capable woman, expecting her to mother him. Eventually, the wife tires of this, distances from him, and he turns to a daughter to meet his

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[1] Henry Giarretto, "Humanistic Treatment of Father-Daughter Incest," in *Child Abuse and Neglect: The Family and the Community*, ed. Ray E. Helfer and C. Henry Kempe (Cambridge, MA: Ballinger Publishing Co., 1976); Gwen Kinkhead, "The Family Secret," *Boston Magazine* 8 (October 1977): 100-101, 172-76; Ida A. Nakashima and Gloria Zakus, "Incestuous Families," *Pediatric Annals* 8 (May 1979): 29-42; Frank S. Pittman, "Counseling Incestuous Families," *Medical Aspects of Human Sexuality* 10 (April 1976): 57-58.

dependent needs.[2]

In either situation, the husband may have a history of inadequate nurturing, may be currently overwhelmed by stress of may feel inadequate to master life's demands; he does not meet his emotional needs either with his wife or outside the family with a lover or in other ways. His sense of powerlessness may drive him to dominate his wife and daughter, misusing the power he has in the family. Thus, the choice of his daughter as a sexual object can be understood as a stress related regression from a relatively normal sexual development. This is distinct from the pedophile, who is more likely to be a fixated than a regressed offender.[3]

The father is also likely to be a man who is devout, moralistic, and fundamentalist in his religious beliefs, coming from a background in which morality was preached in public but breached in private. Such a man is likely to be dismayed and angered by his wife's or daughter's use of foul language.[4]

The use of alcohol, although not a necessary condition to incest, is common. Intoxication occasions a loss of impulse control which results in the father giving in to his incestuous impulses. Following each intoxicated incest episode, the father may be shocked at his own behavior, may attribute it to the alcohol, and then vow to never again give in to his impulse. Although fathers may experience guilt and confusion regarding such occurrence, observers have been struck by the artificial manipulative manner with which they express guilt later to outsiders.[5]

The incestuous activity often begins with fondling and moves to combination of mutual masturbation, cunnilingus, fellatio, frottage, and finally intercourse. When incest begins, the child may be as young as eighteen months and as old as sixteen years but most often is between the ages of six and eleven. She may be threatened by the father, bribed, or simply enticed and coaxed into playing a new and interesting game. Although children may be traumatized by this experience, most are somewhat passive and some actively participate. Compliance, active participation, and even enjoyment are due in part to the parental sanction implied by the father's behavior. Compliance is also due to the special attention the girls receive from the fathers and to the fear of the consequences of discovery. Some girls are afraid of being punished, beaten, or placed away from the home, and others fear their parents will separate. Some are concerned that their fathers will carry out threats of suicide or murder.[6]

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[2] Elva Poznanski and Peter Blos, "Incest," *Medical Aspects of Human Sexuality* 9 (October 1975): 46-76; A. Nicholas Groth, "The Incest Offender," in *Handbook of Clinical Intervention in Child Sexual Abuse*, ed. Suzanne M. Sgroi (Lexington, MA: D.C. Heath and Co., 1982); Judith Herman, "Father-Daughter Incest," *Professional Psychology* 12 (February 1981): 76-80; David R. Walters, *Physical and Sexual Abuse of Children: Causes and Treatment* (Bloomington, IN and London: Indiana University Press, 1975).

[3] Paul H. Gebhart et. Al., *Sex Offenders* (New York: Harper and Row, 1965); Giarretto, "Humanistic Treatment;" Kinkhead, "Family Secret;" Poznanski and Blos, "Incest."

[4] Gebhart et. Al., "Sex Offenders."

[5] Ibid; Pittman "Counseling Families;" Giarretto, "Humanistic Treatment;" Kinkhead, "Family Secret;" Poznanski and Blos, "Incest."

[6] Walters, *Physical and Sexual Abuse*; Herman, "Father-Daughter Incest;" Kinkhead, "Family Secret;"

In many situations, the child victim occupies a special or favored position in the family, playing a parental role and taking on responsibilities beyond her years. To at least some degree, she displaces the mother's traditional role in the family. The attention she receives from the father compensates in part for the deprivation she has experienced from her mother, toward whom she may have to play a parental role as well.

The mother, distanced from her husband and unable to meet his needs, is unwilling to face the possibility of family disruption. Therefore, she may be grateful to provide occasions for her husband to spend time alone with her daughter and thereby meet his needs within the family. One reason that the woman withdraws from her roles as wife and mother may be that she suffers from depression, common to a great number of the mothers. Her complicity or collusion in the incest is usually not conscious, and she is often blind to blatant evidence of the incest and resistant to believe complaints from her daughter. She often is able to recognize her contributing role after she has been in therapy.[7]

The overall situation, including the various roles played by the three main participants, must remain secret in order for the family to continue as an intact unit. The need for secrecy may account for a striking lack of interaction between the family and outsiders, resulting in an insulation of the family. The family's insulation is sometimes fostered by the dominating behaviors of the father, who increases his power in the family by monitoring phone calls, limiting community activities, and otherwise controlling the channels of communication between the family and the community.[8]

When the incestuous situation is a unique event or is discovered early and terminated, prognosis for the victim is fairly good; when it has continued for many years, it will almost inevitably have harmful effects on the victim. Most significant are the victim's negative view of herself, her incompetence in social and heterosexual skills, her disturbed feelings about sexuality, and her tendency to sexualize interactions to meet nonsexual social and emotional needs.[9]

Incestuous situations are sometimes discovered when a child complains or inadvertently reveals the incest to her mother or to another adult. Often it is not discovered until the victim is an adolescent. The reason seems to be that a strain is placed on the incest situation by the victim's greater need during adolescence to be interacting with peers. This may threaten the father's control over the family functioning, over the victim, and over the secret of incest. In addition, he may feel jealous of a boyfriend or of his daughter's outside interests. Conflicts begin to occur, often about typical problems

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Poznanski and Blos, "Incest."

[7] Kinkhead, "Family Secret;" Nakashima and Zakus, "Incestuous Families;" Giarretto, "Humanistic Treatment."

[8] Sgroi, *Handbook of Clinical Intervention*.

[9] Ruth S. Kempe and C. Henry Kempe, *Child Abuse* (Cambridge, MA: Harvard University Press, 1978); Kathleen L. James, "Incest: The Teenager's Perspective," *Psychotherapy: Theory, Research and Practice* 14 (Summer 1977): 146-55; Francis Sarnacki Porter, Linda Canfield Blick, and Suzanne M. Sgroik, "Treatment of the Sexually Abused Child," in *Handbook of Clinical Intervention in Child Sexual Abuse*, ed. Suzanne M. Sgroi (Lexington, MA: D.C. Heath and Co., 1982); Poznanski and Blos, "Incest;" Walters, *Physical and Sexual Abuse*.

such as curfews, dates, and peers of whom the father disapproves. Sometimes the conflict escalates to the point that the adolescent runs away, is caught by the police, and in the process makes allegations of sexual abuse against her father. Often, the discovery is less dramatic, with the victim revealing the incest to a guidance counselor or other adult in the naïve belief that somehow, by this revelation, her burden will be miraculously removed without public disclosure or family disruption.[10]

At the point of disclosure, the adult may report the incest to either the police or to a child abuse hotline. Once this is done, the police, the courts, and the child protective service of the department of social services become involved. The family may now be faced with numerous crises, including the possibilities of police and protective service investigations, criminal proceedings against the father, difficulties in retaining employment, marital separation, and placement of the victim for protective purposes. At this point, a suppression phase occurs in which the family exerts pressure on the victim to suppress the evidence by recanting her allegations. Due to this factor and to the fact that these children make very poor witnesses, convictions do not occur in most cases.[11]

Since all such crises can cause a harmful disruption in the child's life and may not result in a favorable outcome for her, some professionals believe that the state's intrusion into these situations is much too common and harmful. They have even gone so far as to argue that state intrusion should be justified only after a criminal conviction or an insanity acquittal. Others have disagreed with this position, arguing that effective treatment is indeed possible and that too many children would be left unprotected if criminal convictions were necessary.[12]

Unless the court has some kind of a hold on an alleged offender, it is very unlikely that the family will follow through with the treatment recommendations. If the family is left alone, marital separation might occur, affording some protection for the victim. However, it is far too common for the family to remain together or to reunite, returning to its former family structure and patterns of interaction. This is particularly dangerous when other daughters remain in the family. Due to fear of family disruption, it is common for the wife to deny her own contributing role in the incest, to blame the daughter for either lying about the incest or for provoking the incest, and to side with her husband. Too often the child is placed in foster care or a residential setting, experiencing the placement as punishment rather than protection. She may feel a keen sense of injustice in being the victim and yet the one being punished. Reunion of the family and lasting therapeutic change can be accomplished only with the greatest difficulty and usually only when the family participates in therapy as a condition for delaying criminal proceedings or sentencing.[13]

This description of classic father-daughter incest cannot apply in every detail to

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[10] Kinkhead, "Family Secret;" Giarretto, "Humanistic Treatment."

[11] Sgroi, *Handbook of Clinical Intervention*; Kinkhead, "Family Secret."

[12] Joseph Goldstein, Anna Freud, and Albert J. Solnit, *Before the Best Interests of the Child* (New York: The Free Press, 1979).

[13] Giarretto, "Humanistic Treatment;" Kempe and Kempe, *Child Abuse*; Sgroi, *Handbook of Clinical Intervention*.

every case. Each situation presents unique variations as well as features common to the classic form. Some variations may be relevant to evaluation and treatment: is the incest incidental or chronic; is it unrelated to family structure or does it conform to the classic structure; is it violent or nonviolent; is the father a fixated offender or a regressed offender? Other relevant factors that may vary include the age of the victim, the type of sexual activity, the degree to which the incest is denied in the family, and the degree to which the family is a multiproblem family.

In view of these possible variations, it is essential that the therapist conduct some form of evaluation—even if this has been done by someone else for the court—in order that the therapist have enough facts to tailor the treatment to the particular family. The therapist seeking guidance in evaluation procedures will find it in the works of Frank S. Pittman and Suzanne M. Sgroi.[14]

Guidelines for Treatment

Treatment can be viewed as a series of strategies or interventions intended to meet certain needs. Many of the treatment needs and goals discussed here follow logically from the previous description of classic father-daughter incest. Some of these needs are immediate, some are long-term, and some are intermediate, making it necessary to plan intervention in all stages. The suggested sequence of interventions is based on the practice of those who have had success in treating this problem, but a strict adherence to the sequence is not necessary in each case.[15]

This treatment approach is rather comprehensive, including a combination of individual, marital, child-parent, family, and possibly group sessions, all in a certain sequence. The attempt to implement such an approach can be overwhelming to the lone therapist, especially if appropriate self-help and therapy groups are not available to assist in addressing some of the long-term needs of the family members. Therefore, it can be useful for the therapist to work in conjunction with at least one other therapist, each taking responsibility for different components of the treatment plan, both consulting together frequently, and each pinch-hitting for the other when necessary.

First Stage

The therapist must first clarify his or her role with the court or with protective services so that this role can be described authoritatively and accurately to the family members. Next, the therapist should meet individually with father, mother, and child victim, rather than meeting with them as a family. If the therapist meets with them as a family in the first sessions, they are likely to assure the therapist that everything is now changed and that the sexual abuse either did not or will never again occur. Therefore, this initial format may not be conducive to the kinds of changes in family functioning which the therapist will later attempt to make. Neither does it lend itself to addressing the

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[14] Pittman, "Counseling Incestuous Families;" Sgroi, *Handbook of Clinical Intervention*.

[15] Giarretto, "Humanistic Treatment;" Pittman, "Counseling Incestuous Families;" Sgroi, *Handbook of Clinical Intervention*; Walters, *Physical and Sexual Abuse*.

differing individual concerns of the family members. Family treatment is more likely to be effective at a later stage if the individuals' immediate concerns are addressed in the first stage.

Protection. The first concern is that of adequately protecting the child victim. This may already have been accomplished in some form by the time the therapist begins treatment, but the form the protection takes may vary over time and the therapist may have to play a role in helping to decide the form it takes. If the disclosure of incest is recent and the family is in crisis, it is possible that temporary removal of either the victim or the father is being considered by both the family and the authorities. If removal of one of them is necessary to guarantee protection, removal of the father is preferable because this arrangement fosters a mother-child alliance and prevents punishment of the victim. Removal of the child works against the establishment of a mother-child alliance and enhances the forces of denial in the family.[16]

If the family remains united or reunites, the therapist must give instructions to each family member on what to do if the situation recurs, such as immediately calling the therapist or others. It may also be necessary to help the family members to decide how to alter the sleeping arrangements, workshifts, and family schedules in order to prevent the victim from being alone with the offender.[17]

Denial. Another immediate concern is the manner in which denial of the allegations by the parents may interfere with the therapist's efforts. Denial can present a problem to a therapist who is trying to behave respectfully to parents while at the same time advise them on what precautions to take to guarantee protection for the child. At an initial stage, this problem can be solved by explaining that most children do not make such serious allegations unless something is very much work "in the situation," and that the court believes that "the situation" which occasioned the allegations needs to be addressed in therapy. In this way, the therapist can refer to the problem in vague or ambiguous terms, and yet go on to instruct each person on what to do if "the situation" should occur again.[18]

Commitment to therapy. The family members may be extremely reluctant to make a commitment to therapy. Even if they do so, it is unlikely that their commitments will endure on the basis of their own motivations for therapeutic change. Therefore, it is necessary to have confirmed with the court or protective services whether participation in therapy is a condition for the delay of criminal or court proceedings. It is necessary to clarify this for family members in order to stimulate a commitment to therapy and to reduce any confusion occasioned by the family's multiple involvements with court, social services, police, and therapists.[19]

Basic life needs. The father may have lost his job as a result of the disclosure of

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[16] Walters, *Physical and Sexual Abuse*.

[17] Ibid.

[18] Ibid.

[19] Ibid.; Giarretto, "Humanistic Treatment;" Sgroi, *Handbook of Clinical Intervention*.

incest, the family may have need of new housing arrangements, food may be scarce, legal aid may be necessary, and there may be other problems. The therapist can provide concrete guidance where possible and must try to make relevant referrals to community and social service resources which can address these basic life needs.[20]

Coaching. The therapist may have to prepare each family member for future stages of therapy. One form of preparation consists of coaching family members on what they should say and how they should behave toward other family members in subsequent sessions. For example, the parents can be helped to prepare statements of apology to their daughter.

Individual emotional reactions. The immediate emotional reactions of each family member may require attention. The child victim may experience feelings of shame and guilt in regard to the incest and may be worried about the possible disruption of the family. There is a pressing need to provide her with an adult ally at this point in time, preferably the mother. She may need support in resisting the pressures that may be placed on her by the family to recant the allegations of sexual abuse. She may also need support and preparation for any testimony she must give or for any further interviews with attorneys and investigators.[21]

The father may have a strong need to feel accepted as a person, fearing that others perceive him as an inhuman monster. Therefore, the therapist must provide warmth and support, while not condoning the incestuous activity. To provide this help, it may be necessary for the therapist to examine closely his or her own strong defenses against possible incestuous wishes in order that the therapist not convey a sense of loathing to the father. While the father's feelings of despair, guilt, and shame should be addressed by the therapist, the father is more likely to feel angry at being dominated by the criminal justice system and worried about public exposure, loss of employment, and family disruption. It is necessary to show understanding for these feelings, but to also make clear that commitment to therapy is the only constructive means to prevent the court from moving forward with the case.[22]

The mother will require strong therapeutic support, partly because her involvement in therapy is the key to a positive outcome for the child. Her initial reactions may include those of shock and anger. If she acknowledges any role in the incest situation, she may experience guilt. She may also find herself in the throes of confusion over having to choose between the alternative of supporting her daughter and losing her husband and the alternative of retaining her husband and failing her daughter. She may feel that this choice has been unfairly forced upon her and feel angry toward those who she believes are forcing it. She may need guidance in supporting her daughter and encouragement to commit herself to therapy as the best means of restoring as much of the

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[20] Giarretto, "Humanistic Treatment;" Suzanne M. Sgroi and Natalie T. Dana, "Individual and Group Treatment of Mothers of Incest Victims," in *Handbook of Clinical Intervention in Child Sexual Abuse*, ed. Suzanne M. Sgroi (Lexington, MA: D.C. Heath and Co., 1982).*aHHand*

[21] Porter, Blick, and Sgroi, "Treatment of Sexually Abused Child."

[22] Kinkhead, "Family Secret;" Goldstein, Freud, and Solnit, *Before the Best Interests*.

family as possible to a more healthy functioning level.[23]

Second Stage

Depending on the severity of each individual's long-term problems and needs, individual or group therapy can be utilized in tandem with other forms of therapy throughout subsequent stages. Rather than interfering with family therapy, these other therapeutic involvements may help to diffuse the power of the family to resist the family therapist. The needs which can be addressed in individual or group therapy are various.[24]

The child victim. The child may have several needs which require long-term efforts to address adequately. One concern is the role confusion which she experienced in the family and the effect this confusion may have on her sense of identity. Another problem is a consequence of the normal internalization of parent figures. The negative feelings toward her parents which are internalized may damage her self-esteem, and the ambivalent positive and negative feelings may occasion some confusion. These feelings must be sorted out and separated from her feelings about herself.

Mistrust of others and uncertainty about moral standards may be important issues to address. The victim's sense of being inadequate or damaged as a consequence of the incest is another target for treatment. She may also continue feeling guilt for any family disruption caused by the disclosure of incest. In addition, guilt may be experienced for any bribes or special privileges accepted from the father for the incestuous activity or for any emotional or sexual enjoyment occasioned by the experience. Deprivation of maternal nurturance may have several problematic effects, two of which are the lack of an adequate female role model and intense covert anger toward the mother for failing to protect the child.[25]

If the victim has learned to sexualize interaction in attempts to meet nonsexual needs, it is important to help her to disentangle sexual from social needs and skills. An understanding of her sexuality and comfort with herself as a sexual being are also important goals and difficult to achieve. If current sexual experiences elicit anxiety or images of the father which inhibit normal sexual response, then this inhibition may be an important target for intervention.[26]

The mother. Long-term needs may include the mother's own need for maternal nurturance, a need to learn social skills and assertive behaviors, and a need for sex education. Anger toward her husband can also be addressed. The source of this anger may be in regard to the dependent role she felt forced to play by the dominating husband, or in regard to the mothering role she was expected to play by a dependent husband. Another important target for treatment may be the depression seen in so many of these women. Some other targets for treatment are the same as for the child victim, such as

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[23] Kinkhead, "Family Secret."

[24] Sgroi, *Handbook of Clinical Intervention*.

[25] Porter, lick, and Sgroi, "Treatment of Sexually Abused Child."

[26] James, "Incest: Teenager's Perspective;" Kinkhead, "Family Secret."

mistrust and poor self-esteem.[27]

The father. An important issue to address is the father's anger toward his wife. As discussed previously, this anger may have been a precipitant to the incest. If he is a dependent man, the source of anger may be in his wife's failure to mother him; if he is a dominating man, the source may be in the strain on him caused by her chronic dependency. In many situations, there is open marital discord. Learning to recognize his feelings of anger and experimenting with more adequate ways of handling anger could be helpful.[28]

Since the incest may have been a means of stress relief for the father, alternative methods of stress relief could be explored. Related to stress relief is the need to learn social and other skills which can bring about feelings of effectiveness and adequacy, so that the father does not have to abuse his power in the family to feel effective. Since his daughter may have been a source of emotional support, it may be helpful for him to gain insight into his feelings of deprivation and to explore alternative methods for obtaining emotional support and acceptance.

In some cases, specific treatment for the father's incestuous behavior may be necessary, such as covert sensitization or other behavioral methods which are intended to inhibit impulse dominated compulsions. If the incestuous activity occurred in regular conjunction with alcohol use, it will be necessary for him either to stop drinking or to participate in an alcoholism treatment program as a part of the court mandated treatment plan.[29]

Third Stage

Since individual or group therapy may not be needed at all, or may continue indefinitely, this third stage of therapy should be initiated as soon as possible after the immediate needs have been addressed in the first stage.

Mother-daughter sessions. As soon as possible, the therapies should meet with the mother and the daughter together. The purposes of these meetings are to foster an alliance between them and to help the mother to play protective and nurturing roles toward the daughter, without the potentially interfering presence of the father. This alliance is a prerequisite to effective family therapy in the next stage. The therapist may have to help to articulate the daughter's anger toward her mother for failing to play a maternal role. The mother's feelings about her role in the previous family structure can also be articulated, not as an excuse, but as an explanation; her intention to play a different role can also be stated if the mother is acquiescent. In addition, these sessions can provide an occasion for negotiating the rules and formats of their everyday behavior with one

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[27] Nakashima and Zakus, "Incestuous Familes;" Sgroi and Dana, "Individual and Group Treatment of Mothers."

[28] Walters, *Physical and Sexual Abuse*.

[29] Terry L. Harbert et al., "Measurement and Modification of Incestuous Behavior: A Case Study," *Psychological Reports* 34 (February 1974): 79-86.

another.[30]

Marital sessions. The therapist should meet with the husband and wife during this stage. They can be helped in these meetings to prepare statements of apology to their daughter, aimed at exonerating her for any blame. Clarification that the parents, not the victim, are responsible for the incest situation is another necessary condition for effective family therapy.[31]

The therapist can use the initial meetings between husband and wife to prepare them for the family meetings to follow, but marital sessions should be continued to address other issues. Whether these sessions are spaced, postponed to a later stage, or continued at the same frequency, as family sessions will depend on the features of the case and the judgment of the therapist. One key issue to address is the underlying anger between wife and husband. The anger has gone unrecognized or been mishandled and may have played a role in the incest situation. The wife may have distanced from her husband as an expression of anger, leaving her husband with no emotional support except that which he could obtain from other sources. Among other reasons, the husband's sexual use of his daughter can be understood as an expression of anger toward his wife, since his daughter became a lover who usurped his wife's position.[32]

Another treatment goal which may be relevant is that of modifying the distribution of responsibilities and role behaviors between husband and wife so that neither of them is in a more dominant position most of the time on most issues. The negotiated changes must be satisfactory enough to both of them to bring about a functional equilibrium which can replace the dominant-dependent equilibrium which had become habitual within the incestuous family structure.

Another aspect of the marriage that might require therapeutic attention is the degree and quality of emotional intimacy between the spouses. Some couples may not wish to achieve greater intimacy, having arrived at a comfortable relationship in other respects. This wish must be respected. However, in other cases, at least one of the spouses may feel the need for enriching the relationship.

Although some form of emotional connection may already exist, it may be based on the dimension of dominance and dependence. If so, new dimensions of emotional intimacy can be explored to provide a foundation for a richer relationship. To do so, the therapist an encourage courtship behaviors intended to reawaken romantic interest; the couple can examine how often and by what behaviors each of them values and supports the other; various techniques of marital therapy can be utilized to help the couple to alter their behaviors in mutually validating ways; and sensitivity and communication skills can be learned. If the sexual relationship is unsatisfactory, it is possible that this too can be improved. Sex education and advice may be helpful, and in some cases sex therapy may be necessary.[33]

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[30] Giarretto, "Humanistic Treatment."

[31] Ibid.

[32] Sgroi and Dana, "Individual and Group Treatment of Mothers;" Walters, *Physical and Sexual Abuse*.

[33] Walters, *Physical and Sexual Abuse;* Kinkhead, "Family Secret;" Pittman, "Counseling Families;" Sgroi and Dana, "Individual and Group Treatment of Mothers."

Fourth Stage

Father-daughter sessions. At least one father-daughter session can be useful to allow the father to apologize to the daughter and to clarify the new role relationships which will be necessary between them. The therapist an help to articulate the discomfort each of them might be experiencing in the presence of the other, the reasons for the discomfort, and the ambivalent feelings each has for the other. Even if a significant degree of open hostility remains, it may be possible for both of them to come to a similar understanding about their former relationship, their current one, and the possibility of change in their future relationship.

Family sessions. The previous stages should be completed rapidly so that family therapy can be initiated as soon as possible. If it is delayed too long, the mother may refuse to participate, preferring to remain exclusively in individual or group therapy.[34]

As a first step in family therapy, it is necessary for the therapist to clarify his or her role in regard to the court, including any restrictions that may exist on confidentiality. Although this may seem repetitious, since these issues may have been addressed in previous sessions, the repetition sets the scene for making clear the purposes of therapy. The reason for doing so is to counter the forces of denial and family alliances, which may be especially strong in a family setting.

The therapist may have to continue addressing protective concerns in the initial family meetings. This may be necessary in later meetings as well, as changes in circumstances require changes in protective measures.

One important goal in family meetings is that of enriching the mother-daughter relationship, with the mother being encouraged by the therapist to provide guidance, nurture, and affection. Tasks can be assigned in which mother and daughter spend mutually enjoyable time together. These should not be occasions in which mother gives daughter rides to the daughter's activities, but rather activities in which they have the opportunity to talk and share feelings. It is possible that these can be activities in which the mother can provide some guidance to her daughter based on her broader experiences in life. If such tasks are not feasible because mother and daughter do not enjoy one another's company, it may be necessary to begin by helping them to learn more about one another during the therapy sessions.[35]

The mother may need direction and support in limit setting, limit enforcement, and providing guidance to the victim and other children. This can be difficult for her if she has not played this role before. It is made even more difficult if the father and the daughter engage in habitual behaviors which undermine the mother, enhance the child's power and special position, and maintain a coalition between father and daughter against mother. These habitual behaviors should be blocked by assigning tasks to the father which result in his supporting the mother in her limit-setting role, such as by playing a consultative role. Parental behaviors by the daughter or other behaviors which maintain

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[34] Sgroi and Dana, "Individual and Group Treatment of Mothers."
[35] Pittman, "Counseling Families."

her special position in the family should also be blocked. Instead, she can be given tasks which involve her with siblings or peers. Also the parents can be encouraged to assign their daughter age-appropriate responsibilities and privileges.

Once the mother's power has been enhanced and the child's power has been reduced, the therapist can begin to negotiate mother-father agreements in regard to limit setting. This is intended to restore the father to a limit-setting role to be shared with the mother. Limit setting can begin on peripheral, nonessential issues; as the parents become more practiced and competent, limit setting can move inward toward more controversial and conflict-laden issues in the family. The goal is to achieve long-term change in family interactions, which requires repeated practice, results that are satisfying, and a snowballing of successful experiences with new solutions.

Family sessions can also focus on helping family members to understand more about one another, such as learning about one another's likes and dislikes. Blurred role boundaries and poor communication can be addressed to some degree by teaching communication skills and by helping family members to develop more realistic expectations of one another.[36]

Another problem may be that family members share a stereotyped view of male and female sex roles, with the male viewed as dominant, powerful, and physically abusive, the female as dependent, weak, and obedient. This view needs to be revised if misuse of power in the family is to end. Revision of these views of sex roles is relevant not only to the marital relationship but also to the future relationships of the children.[37]

Another target for intervention may be the insulation of the family. To reduce this insulation, the therapist can urge family members to create interests and alliances in the outside world. These connections may serve to reduce the father's power in the family, increase the resources of each family member, and enhance the self-esteem of each member.

Changes in family functioning need to be more than superficial in order for a positive outcome to occur. At first, the family members may simply go through the motions of following tasks. However, if the resulting interactions can become habitual and reinforcing, there may be lasting changes in family role relationships and structure.

The necessary changes in family structure can be depicted by the diagrammatic method used in structural family therapy. Figure 1 shows a progression of family structures, beginning with the incestuous family structure at the outset of therapy and ending with a more healthy structure. Symbols used in the diagrams include a solid line to depict great psychological distance between the family members separated by the line, a dashed line to depict normal flexible psychological distance, and a dotted line to depict excessive closeness. Power, dominance, or authority is depicted by the relative vertical positions of the husband (H), the wife (W), and the child (C).

Figure 1 depicts a progression from (a) a family structure which fostered the incestuous situation, showing either a dominant or a dependent husband, a child in a hierarchical position at least as powerful as the wife's, excessive closeness between husband and child, to (b) where the excessive closeness is eliminated between father and daughter and an alliance is fostered between mother and daughter, to (c) where wife and

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[36] Walters, *Physical and Sexual Abuse*; Sgroi, *Handbook of Clinical Intervention.Han*

[37] Herman, "Father-Daughter Incest."

husband assume authority in the family by providing guidance and protection to the child, to (d) where the marital relationship is improved. This last feature is likely to occur earlier in the sequence in some cases.

Guidelines Only

Although these guidelines to treatment result in a fairly detailed step-by-step approach, each and every step will not be relevant in every case. For example, in some cases only individual treatment will be possible or advisable, while in others only family therapy may be advisable. Often, the best sequence for the different types of therapy is different than suggested here. Therefore, the approach suggested here will not be useful if it dictates a rigid approach to therapy. Rather, it is more useful to view this approach as a body of rough guidelines which can sensitize the therapist to potentially relevant treatment considerations in problems of father-daughter incest.

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